

Deep Dive Child Guarantee

Analysis of politics,
programmes, budgets
addressing child
poverty and social
exclusion in Italy

Prepared by

In consortium with

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Glossary

0–6 Integrated System (Sistema integrato 0–6): The 0–6 integrated system guarantees all children, from birth to six years, equal opportunities to develop their potential for relationships, autonomy, creativity and learning to overcome inequalities, and territorial, economic, ethnic and cultural barriers (Legislative Decree 65 of 2017). The 0–6 integrated system aims to: a) promote the continuity of the educational and scholastic pathway; b) reduce cultural, social and relational disadvantages by promoting the full inclusion of all children and respecting and welcoming all forms of diversity; c) support the primary educational function of families; d) encourage the reconciliation of parents’ work time and childcare; e) to promote the quality of the curriculum, including through university qualifications (a degree in Science of Education has been instituted) for educational and teaching staff, on-the-job training, and pedagogical coordination; and f) facilitate attendance at educational services. The 0–6 integrated system includes: educational services for infants, managed by the local authorities, directly or under licence by other public bodies or by private individuals; and preschools, which can be state-run or privately run. Attendance at state preschools is free; families are responsible for the cost of meals and any services requested by the individual (such as school buses, extended hours).

(Adapted from: Ministry of Education website, <<https://www.istruzione.it/sistema-integrato-06/>>)

Abuse and neglect: Any physical and/or emotional abuse, sexual abuse, neglect, and exploitation for commercial or other purposes that results in actual or potential harm to the child’s health, survival, development, or dignity in the context of a relationship of responsibility, trust or power. The right of the child to be protected from abuse and neglect is set forth in Article 19 of the CRC. State parties are required to take all appropriate measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

(Adapted from: UNICEF, ‘Glossary’, ‘Abuse and neglect’, <www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=73&PoPuP=No> and United Nations, ‘Convention on the Rights of the Child’, 1989, Part 1 art 19, <www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>)

Adequate housing, right to: The United Nations Committee on Economic, Social and Cultural Rights has underlined that the right to adequate housing should be seen as the right to live somewhere in security, peace and dignity. For housing to be adequate, it must, at a minimum, meet the following criteria: a) Security of tenure: housing is not adequate if its occupants do not have a degree of tenure security which guarantees legal protection against forced evictions, harassment, and other threats. b) Availability of services, materials, facilities and infrastructure: housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or garbage disposal. c) Affordability: housing is not adequate if its cost threatens or compromises the occupants’ enjoyment of other human rights. d) Habitability: housing is not adequate if it does not guarantee physical safety or provide adequate space, as well as protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards. e) Accessibility: housing is not adequate if the specific needs of disadvantaged and marginalized groups are not considered. f) Location: housing is not adequate if it is cut off from employment opportunities, health care services, schools, nurseries, and other social facilities, or if located in polluted or dangerous

areas. g) Cultural adequacy: housing is not adequate if it does not respect and consider the expression of cultural identity.

Adequate standard of living: CRC state parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development. State parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

(United Nations, ‘Convention on the Rights of the Child’, 1989, Part 1 art 27, <www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>)

Alternative care: Article 20(2) of the CRC grants children temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, the right to alternative care. State parties are required to ensure alternative care for such children in accordance with their national laws. Article 20(3) of the CRC provides that alternative care could include, inter alia, foster placement, *kafala* of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children.

(Adapted from: UNICEF, ‘Glossary’, ‘alternative care’ <www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=53&PoPuP=No>)

At risk of poverty or social exclusion: Abbreviated as ‘AROPE’, corresponds to the sum of people who are either at risk of poverty, or severely materially and socially deprived or living in a household with a very low work intensity. The AROPE rate is the share of the total population which is at risk of poverty or social exclusion. It is the main indicator to monitor the EU 2030 target on poverty and social exclusion and was the headline indicator to monitor the EU 2020 Strategy poverty target.

(Adapted from: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_\(AROPE\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE)))

At-risk-of-poverty rate: The share of people with an equivalized disposable income (after social transfers) below the at-risk-of-poverty threshold, which is set at 60 per cent of the national median equivalized disposable income after social transfers. This indicator does not measure wealth or poverty, but low income in comparison to other residents in that country, which does not necessarily imply a low standard of living. The at-risk-of-poverty rate before social transfers is calculated as the share of people having an equivalized disposable income before social transfers that is below the at-risk-of-poverty threshold calculated after social transfers. Pensions, such as old-age and survivors’ (widows’ and widowers’) benefits, are counted as income (before social transfers) and not as social transfers. This indicator examines the hypothetical non-existence of social transfers. The persistent at-risk-of-poverty rate shows the percentage of the population living in households where the equivalized disposable income was below the at-risk-of-poverty threshold for the current year and at least two out of the preceding three years. Its calculation requires a longitudinal instrument, through which the individuals are followed over four years.

(Adapted from: Eurostat, Statistics Explained, ‘Glossary: Equivalised disposable income’, <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Equivalised_disposable_income>)

Caminanti: see Roma

Care of children: Article 3(2) of the CRC obligates state parties to ensure the child such care as is necessary for his or her well-being, considering the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her. In addition, under article 18(2), state parties are required to ensure the development of institutions, facilities and services for the care of children.

(Adapted from: UNICEF, Innocenti Publications, *Children's Rights Glossary*, 2000, <www.unicef-irc.org/publications/pdf/crc_glos_eng.pdf>)

Care leavers: Those who, upon turning 18, live outside their family of origin based on a court order. (Adapted from: Ministry of Labour, EU, PON Inclusion, 2022, 'Care leavers' <<https://poninclusion.lavoro.gov.it/areeintervento/lottaallapovera/Pagine/Care-Leavers.aspx>>)

Child: Every human being below the age of 18 unless relevant laws specify otherwise.

(Adapted from: UNICEF, Glossary, 'Definition of the child', <www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=157&PoPuP=No>)

Child poverty: Condition of deprivation (material and non-material) affecting children up to 17 years of age.

(Adapted from: <http://www.disuguaglianzesociali.it/glossario/?idg=59>)

Community learning agreement (patti educativi di comunità): Community learning agreements are agreements concluded between schools and other public and private bodies to define the implementation aspects of educational and pedagogical projects taking account of local conditions and opportunities. These agreements enable schools to obtain services not only to respond to the emergency needs of the moment, but to help meet other priorities such as combating educational poverty, school dropout, and lack of digital skills in schools. The School Plan 2020–2021 from the *Ministero dell'Istruzione* [Ministry of Education] sets out that these agreements can have the following aims: to encourage the provision of other facilities or spaces, such as parks, theatres, libraries, archives, cinemas and museums, to carry out teaching activities complementary to the traditional ones; to support school autonomy, taking into account the different conditions and characteristics of each school, in forming partnerships with the various local players that can contribute to the enrichment of the curriculum, identifying the aims, roles and tasks of each on the basis of available resources.

(Adapted from: INVALSIopen, 'Patti educativi di comunità: una Scuola per il territorio' 2021, <www.invalsiopen.it/patti-educativi-comunita/>)

Disability, person with: The United Nations Declaration on the Rights of Disabled Persons (1975) defines an individual with disabilities as anyone "unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life as a result of a deficiency either congenital or not in his or her physical or mental capabilities." Under Article 2(1) of the CRC, state parties are required to ensure to each child within their jurisdiction all the CRC's rights without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's disability. In addition, Article 23 accords to the mentally or physically disabled child the right to special care and assistance. The purpose of this provision is to ensure that disabled children enjoy a full and decent life,

in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community.

(Adapted from: UNICEF, Glossary, 'Disabled children', https://www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=172&PoPuP=No)

Early childhood education and care: Any regulated arrangement that provides education and care for children from birth to compulsory primary school age. Early childhood education and care (ECEC) includes centre and 'family day care', privately and publicly funded, and preschool and pre-primary services provision. High-quality early childhood education and care lays the foundations for later success in life in terms of education, well-being, employability and social integration. It is especially important for children from disadvantaged backgrounds. Ensuring the provision of high-quality early childhood education and care is, therefore, also an efficient and effective investment in education and training.

(Adapted from: European Commission, European Education Area, 'Early childhood education and care initiatives' <<https://education.ec.europa.eu/levels/early-childhood-education-care/initiatives>>)

Early leaver from education and training: Previously named 'early school leaver', is a person aged 18 to 24 who has completed at most lower secondary education and is not involved in further education or training; the indicator 'early leavers from education and training' is expressed as a percentage of the people aged 18 to 24 meeting such criteria out of the total population aged 18 to 24.

(Adapted from: Eurostat, Statistics Explained, 'Glossary: 'Early leaver from education and training', <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Early_leaver_from_education_and_training>)

Education, right to: CRC state parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need; (c) Make higher education accessible to all on the basis of capacity by every appropriate means; (d) Make educational and vocational information and guidance available and accessible to all children; (e) Take measures to encourage regular attendance at schools and the reduction of dropout rates. State parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the Convention.

(Adapted from: United Nations, 'Convention on the Rights of the Child', 1989, Part 1 art 28, <www.ohchr.org/en/professionalinterest/pages/crc.aspx>)

Educational poverty: The deprivation, for children and adolescents, of the possibility of learning, experimenting, developing, and allowing abilities, talents and aspirations to flourish freely. It means being excluded from the acquisition of the skills necessary to live in a world characterized by the knowledge economy, by speed, and by innovation. It also means limitations of the opportunity to grow emotionally, in relationships with others, in the discovery of oneself and the world.

(Adapted from: Save the Children Italia, *La Lampada di Aladino*, <<https://s3.savethechildren.it/public/files/uploads/pubblicazioni/la-lampada-di-aladino.pdf>>)

Ethnic minorities: The term minority as used in the United Nations human rights system usually refers to national or ethnic, religious, and linguistic minorities, pursuant to the United Nations Minorities Declaration. All states have one or more minority groups within their national territories, characterized by their own national, ethnic, linguistic or religious identity, which differs from that of the majority population. According to a definition offered in 1977 by Francesco Capotorti, Special Rapporteur of the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities, a minority is: A group numerically inferior to the rest of the population of a state, in a non-dominant position, whose members – being nationals of the state – possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language.

(Adapted from: UNICEF Italy, 'Tutela delle minoranze', 2009 <www.unicef.it/media/tutela-delle-minoranze/>)

Foster placement: Intervention aimed at families experiencing difficulties in the care and education of their children. Fostering is provided in a number of ways, through a set of collaborative agreements between foster families and the various bodies that, in the local area, deal with the care and protection of children and with family support. These agreements aim to respond adequately and appropriately to the varying needs of children and their families, and have as their purpose the reunification of children with their families.

(Adapted from: Ministero del Lavoro e delle Politiche Sociali, Linee di Indirizzo per l'affidamento Familiare, <www.minori.gov.it/sites/default/files/linee_guida_affidamento_familiare_2013.pdf>)

Family unit: Sociological unit that coincides, typically but not necessarily, with the birth family. Except in special cases, the law provides that spouses are part of the same household, even if they have a different registered residence; children under 18 years of age are part of the household of the parent with whom they live; children over 18 years of age, if they are not married and do not have children, are part of the household of their parents, even if not living together, if they are considered dependent on them for IRPEF purposes.

(Adapted from: Ministero del Lavoro e delle Politiche Sociali, 'Che cosa si intende per nucleo familiare beneficiario?', 2018, <<https://urponline.lavoro.gov.it/s/article/Che-cosa-si-intende-per-nucleo-familiare-beneficiario?language=it>>)

Food security: Food security, as defined by the United Nations Committee on World Food Security, means that all people, always, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.

(Adapted from: IFPRI, 'Food security', <www.ifpri.org/topic/food-security>)

Health, right to: CRC state parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right of access to such health-care services. State parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate prenatal and postnatal health care for

mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health-care, guidance for parents and family planning education and services (art.24 CRC). The Constitution of the World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being. Health is therefore not regarded as merely the absence of disease or infirmity. This definition was reaffirmed and expanded in the Declaration of Alma-Ata, which was adopted in 1978 at the International Conference on Primary Health Care by UNICEF and the WHO. According to this Declaration, good health should enable individuals to develop to the maximum of their physical and mental potential, and to live economically and socially productive lives in harmony with the environment, and therefore requires the action of many other social and economic sectors in addition to the health sector.

(Adapted from: UNICEF, Glossary, 'Health and health services' <www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=245&PoPuP=No> and United Nations, 'Convention on the Rights of the Child', 1989, <www.ohchr.org/en/professionalinterest/pages/crc.aspx>)

Household: The concept of household is based on the arrangements made by people, individually or in groups, for providing themselves with food or other essentials for living. A household may be either (a) a one-person household, a person who makes provision for his or her own food or other essentials for living without combining with any other person to form part of a multi-person household or (b) a multi-person household, a group of two or more people living together who make common provision for food or other essentials for living. The people in the group may pool their incomes and may, to a greater or lesser extent, have a common budget; they may be related or unrelated people or constitute a combination of people both related and unrelated.

(Adapted from: OECD, Glossary of statistical terms, 'Household' <<https://stats.oecd.org/glossary/detail.asp?ID=1255>>)

Housing hardship: Housing hardship refers to the financial difficulty a household may face due to a combination of high shelter expenses and insufficient income. More specifically, a household is considered to be in housing hardship if the disposable income after housing expenditures (or residual income) is such that the household is unable to afford other basic living expenses.

(Adapted from: Government of Canada, 'Introducing the housing hardship concept', 2020 <https://publications.gc.ca/collections/collection_2020/schl-cmhc/nh18-33/NH18-33-29-2020-eng.pdf>)

INVALSI National Assessments: INVALSI is the Italian research organization that studies evaluative and qualitative aspects of the school system on a national scale. INVALSI National Assessments measure students' abilities and explore the overall quality of the learning offered through educational and vocational training institutions. INVALSI also studies the causes of poor learning outcomes and school dropout. Assessments are prepared annually on a national basis to verify the general and specific levels of learning achieved by students and to ensure comparability.

(Adapted from: INVALSI, 'Presentazione', <www.invalsi.it/invalsi/istituto.php?page=chisiamo>)

Majority, age of: The legal age at which political, economic, or other forms of participation begin in various countries.

(Adapted from: UNICEF, Glossary, 'Majority' <www.unicef-irc.org/php/Thesaurus/Glossary_Display.php?GLOSS_ID=293&PoPuP=No>)

Material deprivation: State of economic strain defined as the forced inability (rather than the choice not to do so) to pay unexpected expenses, afford a one-week annual holiday away from home, a meal involving meat, chicken or fish every second day, the adequate heating of a dwelling, durable goods like a washing machine, colour television, telephone or car, being confronted with payment arrears (mortgage or rent, utility bills, hire purchase instalments or other loan payments). The material deprivation rate is an EU-SILC indicator that means the inability to afford some items considered by most people to be desirable or even necessary to lead an adequate life. The indicator distinguishes between individuals who cannot afford a certain good or service, and those who do not have this good or service for another reason; e.g., because they do not want or do not need it. It was one of the components that defined the at-risk-of-poverty-or-social-exclusion rate (AROPE) according to the Europe 2020 strategy. The indicator adopted by the Social protection committee measures the percentage of the population that cannot afford at least three of the following nine items: 1. to pay their rent, mortgage or utility bills; 2. to keep their home adequately warm; 3. to face unexpected expenses; 4. to eat meat or proteins regularly; 5. to go on holiday; 6. a television set; 7. a washing machine; 8. a car; 9. a telephone. Severe material deprivation rate is defined as the enforced inability to pay for at least four of the above-mentioned items. Persistent material deprivation rate is defined as the enforced inability to pay for at least three (material deprivation) or four (severe material deprivation) of the above-mentioned items in the current year and at least two out of the preceding three years. Its calculation requires a longitudinal instrument, through which the individuals are followed over four years.

(Adapted from: Eurostat, Statistics Explained, 'Glossary: Material deprivation' <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Material_deprivation>)

Mental health: State of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. Specific ways to promote mental health for children include early childhood interventions (e.g., providing a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating); support to children (e.g., life skills programmes, child and youth development programmes).

(Adapted from: WHO, 'Mental health: strengthening our response', 2018 <www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>)

Nutrition, right to: Nutrition is mentioned specifically only three times in the Convention on the Rights of the Child. However, through its emphasis upon food, health and care, the Convention makes it clear that good nutrition should be regarded as a fundamental human right.

(Adapted from: Jonsson, 'Urban Nutrition and the United Nations Convention on the Rights of the Child,' Innocenti Occasional Papers, Child Rights Series no. 5, 1993.)

People living in households with low work intensity: People living in a household where those of working age worked equal to or less than 20 per cent of their total work-time potential during the previous year. The work intensity of a household is the ratio of the total number of months that all working-age household members have worked during the income reference year and the total number of months the same household members theoretically could have worked in the same period.

(Adapted from: Eurostat, Statistics Explained, 'Glossary: persons living in households with low work intensity', <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Persons_living_in_households_with_low_work_intensity>)

Person with a migratory background: A person: (a) who has migrated to the current country of residence; and/or (b) who previously held a different nationality from that of the current country of residence; and/or (c) with at least one parent who previously entered the current country of residence as a migrant.

(Adapted from: <http://www.emnitalyncp.it/definizione/persona-con-un-background-migratorio/>)

PISA: The OECD's Programme for International Student Assessment. PISA measures 15-year-olds' ability to use their reading, mathematics and science knowledge and skills to meet real-life challenges.

(Adapted from: OECD, PISA, 'What is PISA?' <www.oecd.org/pisa/>)

Poverty: Poverty is a denial of choices and opportunities, and a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or a clinic to go to, not having the land on which to grow one's food or a job to earn one's living, or having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living in marginal and vulnerable environments, not having access to clean water and sanitation. (Economic and Social Council, Statement of commitment for action to eradicate poverty adopted by administrative committee on coordination, 1998)

(Adapted from: United Nations, 'Statement of Commitment for action to Eradicate Poverty Adopted by Administrative Committee on Coordination', 1998 <www.un.org/press/en/1998/19980520.eco5759.html>)

Poverty, absolute (or extreme): To measure poverty across countries consistently, the World Bank's international measures apply a common standard, anchored to what 'poverty' means in the world's poorest countries. The current extreme poverty line is set at US\$1.90 a day in 2011 PPP terms, which represents the mean of the national poverty lines found in the same poorest 15 countries ranked by per capita consumption. When measuring international poverty of a country, the international poverty line at PPP is converted to local currencies in 2011 price and is then converted to the prices prevailing at the time of the relevant household survey using the best available Consumer Price Index (CPI).

(Adapted from: UNStats, 'SDG indicator metadata', 2022 <<https://unstats.un.org/sdgs/metadata/files/Metadata-01-01-01a.pdf>>)

Poverty, economic: Condition in which current income is not sufficient to reach a minimum level of consumption considered socially necessary.

(Adapted from: Banca d'Italia, 'Asset-based measurement of poverty', 2010 <www.bancaditalia.it/pubblicazioni/temi-discussione/2010/2010-0755/index.html?com.dotmarketing.htmlpage.language=102>)

Poverty, relative: Defined in relation to the overall distribution of income or consumption in a country; for example, the poverty line could be set at 50 per cent of the country's mean income or consumption.

(Adapted from: UNTerm, 'Relative poverty', <<https://unterm.un.org/unterm/display/record/unhq/na?OriginalId=ddb4b230240c29f985257a3d006a7a71>>)

Poverty line: An income level that is considered minimally sufficient to sustain a family in terms of food, housing, clothing, medical needs, and so on.

(Adapted from: OECD, Glossary of statistical terms, 'Poverty line' <<https://stats.oecd.org/glossary/detail.asp?ID=6337>>)

Reddito di Cittadinanza (Basic Income): The active labour policy measure to combat poverty, inequality and social exclusion. It is an economic support to supplement family incomes associated with a path of re-employment and social inclusion, in which the beneficiaries are protagonists by signing a Work agreement or a Social inclusion agreement. It has been active since March 2019. (Adapted from: Reddito di Cittadinanza, 'Operatori' <www.lavoro.gov.it/redditicittadinanza/Pagine/default.aspx>)

Roma: The Roma are Europe's largest ethnic minority. Out of an estimated 10 to 12 million Roma living in Europe, approximately 6 million are citizens or residents of the EU. The umbrella term 'Roma' encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Caminanti, etc.). (Adapted from: European Commission, 'Roma equality, inclusion and participation in the EU', <https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-eu/roma-equality-inclusion-and-participation-eu_en>)

Preschool (Scuola dell'Infanzia): Preschool is part of the 0–6 integrated system of education from birth to six years of age and is the first step on the educational path; it lasts three years, is not compulsory and is open to all children between the ages of three and five. Preschools contribute to the education and the emotional, psychomotor, cognitive, moral, religious and social development of children by promoting their potential for relationships, autonomy, creativity and learning, and aims to ensure effective equality of educational opportunities. In respect of the educational role of parents, it contributes to the integral formation of children and, within its autonomy and educational and pedagogical unity, achieves educational continuity between the nursery and the elementary school. (Adapted from: Ministry of Education website, 'Scuola dell'infanzia', <www.miur.gov.it/scuola-dell-infanzia>)

Single-parent family: Family consisting of a single parent as widowed, single, or unmarried, legally separated or divorced. (Adapted from: Gazzetta Ufficiale, <www.gazzettaufficiale.it/atto/regioni/caricaArticolo?art.progressivo=0&art.idArticolo=9999&art.versione=1&art.codiceRedazionale=13R00235&art.dataPubblicazioneGazzetta=2013-06-22&art.idGruppo=0&art.idSottoArticolo=1>)

Sinti: see Roma

Social exclusion: A situation whereby a person is prevented (or excluded) from contributing to and benefiting from economic and social progress. (Adapted from: European Commission, Migration and Home Affairs, 'Social exclusion' <https://ec.europa.eu/home-affairs/pages/glossary/social-exclusion_it>)

Social services: The social services system – through the direct and associated knowledge of the individual and collective problems and resources present in the territory – plays a key role in promoting social cohesion and building social security. It promotes social cohesion by maintaining, supporting and developing the network of relations, activities and collective initiatives that allow the full participation and contribution to society of all citizens. It builds social security because it organizes a structured network that offers the certainty to all individuals and families that they can count on a protection system that will act to meet social needs, to prevent and counter exclusion and to promote

well-being not only through interventions aimed at reducing discomfort and poverty but also through the active and direct involvement of the recipients of the assistance system in their paths to social and economic inclusion. The system of social services is universal. The construction and promotion of social cohesion is independent of the contingent situation of need and individual characteristics. Moreover, the needs to which the social services system offers answers touch all stages of life, from early childhood to the years of education and gradual activation in the social context, from the working years to old age; the social services system is called upon to guarantee and promote participation and full social inclusion, to offer support, services and responses to events that may range from difficulties in fulfilling the parental role, to the presence of disabilities or vulnerabilities, perhaps linked to sexual orientation, conditions or life events, which would risk becoming elements of social exclusion, to the loss of autonomy, associated with the loss of work, housing, or the deterioration of physical conditions, perhaps linked to age. (Adapted from: Ministero del Lavoro e delle Politiche Sociali, *Piano Nazionale degli Interventi e dei Servizi Sociali 2021–2023*, 2021, <www.lavoro.gov.it/priorita/Documents/Piano-Nazionale-degli-Interventi-e-dei-Servizi-Sociali-2021-2023.pdf>)

Specific learning disorders (SLD): People with SLD do not have intellectual disabilities, or sensory (vision, hearing) or neurological problems. They do, however, have difficulty learning to read, write and compute. Based on the type of specific difficulty they cause, SLDs are divided into: dyslexia, difficulty in reading accurately and fluently, with possible repercussions on the understanding of written text; dysgraphia and dysorthographia, difficulty in writing graphically and spelling correctly, in writing fluently and legibly; dyscalculia, difficulty in memorizing numbers and formulas for mathematical calculations.

Unaccompanied foreign minor: A child who does not have Italian or European Union citizenship and who is in the territory of the state or otherwise subject to Italian jurisdiction, without the assistance and representation of parents or other adults legally responsible for him/her according to Italian laws. (Adapted from: Ministero dell'Interno, *Vademecum per la presa in carico e l'accoglienza del minori stranieri non accompagnati*, <www.interno.gov.it/sites/default/files/2021-03/vademecum_operativo_per_la_presa_in_carico_e_laccoglienza_dei_msna_def.pdf>)

Welfare policies: A set of public policies implemented by a central government that intervenes, in a market economy, to guarantee the assistance and well-being of citizens, modifying in a deliberate and regulated manner the distribution of income generated by market forces. Welfare therefore encompasses the complex of public policies aimed at improving the living conditions of citizens. (Adapted from: Treccani, <www.treccani.it/enciclopedia/welfare-stat>)

List of Acronyms

ADHD Attention Deficit Hyperactivity Disorder
ADI *Assistenza Domiciliare Integrata* (Integrated Domestic Assistance)
AFAM *Alta Formazione Artistica e Musicale* (Higher Education in the Arts and Music)
AGEA *Agenzia per le Erogazioni in Agricoltura* (Agency for Agricultural Subsidies)
AGIA *Autorità Garante per l’Infanzia e l’Adolescenza* (Guarantor Authority for Childhood and Adolescence – a cross-ministerial oversight body for children’s rights)
ANCI *Associazione Nazionale dei Comuni Italiani* (National Association of Italian Municipalities)
ASD Autism spectrum disorder
AUUF *Assegno Unico Universale per i Figli a carico* (Universal Child Benefit (UCB))
BFCI Baby Friendly Community Initiative
BFHI Baby Friendly Hospital Initiative
BPS Baby Pit-Stop
CF *Consultorio Familiare* (Family Counselling Centre)
CG Child Guarantee
CPIA *Centri Provinciali per l’Istruzione degli Adulti* (Provincial Centres for Adult Education)
CRC Convention on the Rights of the Child
CRPD Convention on the Rights of Persons with Disabilities
CSA Child Savings Account
DAD *Didattica a Distanza* (Distance Learning)
D.l. *Decreto Legge* (Decree Law)
D.lgs. *Decreto Legislativo* (Legislative Decree)
DPCM *Decreto del Presidente del Consiglio dei Ministri* (President of the Council of Ministers’ Decree)
DPR *Decreto del Presidente della Repubblica* (President of the Republic’s Decree)
ECEC Early Childhood Education and Care
ENI *Europeo Non Iscritto* (Non-registered European)
ERDF European Regional Development Fund
ERP *Edilizia Residenziale Pubblica* (Public Housing)
ESF European Social Fund
ESF+ European Social Fund Plus
FAMI *Fondo Asilo Migrazione e Integrazione* (Asylum, Migration, and Integration Fund)
FEAD Fund for the European Aid to the most Deprived (*Fondo di aiuti europei agli indigenti*)
FHS *Fondazione Housing Sociale* (Social Housing Foundation)
FISM *Federazione Italiana delle Scuole Materne* (Italian Federation of Nursery Schools)
FNS *Fondo Nazionale di Sostegno* (National Fund for Support to Rental Housing)
IACP *Istituti Autonomi delle Case Popolari* (Autonomous Institutions for Social Housing)
ICAM *Istituto a Custodia Attenuata per Madri* (Institutes with limited custody for mothers)
IEA-PIRLS *Associazione Internazionale per la Valutazione dei Risultati Educativi – Progressi nello studio internazionale di alfabetizzazione alla lettura* (International Association for the Evaluation of Educational Achievement – Trends in International Mathematics and Science Study)
INDIRE *Istituto Nazionale di Documentazione, Innovazione e Ricerca Educativa* (National Institute of Documentation for Innovation and Educational Research)
INVALSI *Istituto Nazionale per la Valutazione del Sistema Educativo di Istruzione e di Formazione* (National Institute for the Evaluation of the Education System of Learning and Training)
IPE *Indice di Povertà Educativa* (Index of Educational Poverty)
IRAP *Imposta Regionale sulle Attività Produttive* (Regional Tax on Productive Activities)
IRCCS *Istituti di Ricovero e Cura a Carattere Scientifico* (Scientific Hospitals)

IRPEF *Imposta sul Reddito delle Persone Fisiche* (Income Tax)
ISEE *Indicatore Situazione Economica Equivalente* (Indicator for the Equivalized Economic Situation, or means-tested income)
ISS *Istituto Superiore di Sanità* (National Institute of Health)
ISTAT *Istituto Nazionale di Statistica* (National Institute of Statistics)
IVG *Interruzione Volontaria di Gravidanza* (Voluntary termination of pregnancy)
L. *Legge* (Law)
LEA *Livelli Essenziali di Assistenza* (Essential Levels of Care)
LEP *Livello Essenziale delle Prestazioni* (Essential Level of Services)
L.R. *Legge Regionale* (Regional Law)
MIPAAF *Ministero delle Politiche Agricole, Alimentari e Forestali* (Ministry of Agricultural, Nutritional and Forestry Policies)
MLPS *Ministero del Lavoro e delle Politiche Sociali* (Ministry of Labour and Social Policies)
MMG *Medico di Medicina Generale* (General Practitioner)
MIUR *Ministero dell’Istruzione, dell’Università e della Ricerca* (Ministry of Education, University and Research)
MSNA *Minori Stranieri Non Accompagnati* (Unaccompanied Foreign Children)
NAI *Neo Arrivati in Italia* (newly arrived in Italy)
NPIA *Neuropsichiatria Infantile e dell’Adolescenza* (Child and Adolescent Neuropsychiatry)
NUTS *Nomenclatura delle Unità Territoriali Statistiche* (Nomenclature of Territorial Units for Statistics)
OECD Organization for Economic Cooperation and Development
PAI *Piano Annuale per l’Inclusione* (Annual Plan for Inclusion)
PINQUA *Programma Innovativo Nazionale per la Qualità dell’Abitare* (Innovative National Program for Quality of Living)
PISA Programme for International Student Assessment
PLS *Pediatri di Libera Scelta* (Primary care paediatricians)
PNRR *Piano Nazionale di Ripresa e Resilienza* (The National Recovery and Resilience Plan)
PON *Programmi Operativi Nazionali* (National Operational Programmes)
PTOF *Piano Triennale dell’Offerta Formativa* (Three-year curriculum plan)
RdC *Reddito di Cittadinanza* (Basic income)
SAI *Sistema di Accoglienza e Integrazione* (Reception and Integration System)
SILC Statistics on Income and Living Conditions
SINBA *Sistema Informativo infanzia, adolescenza e famiglia* (Childhood, Adolescence and Family Information System)
SIOSS *Sistema Informativo dell’Offerta dei Servizi Sociali* (Social Services Supply Information System)
SIUSS *Sistema Informativo Unitario dei Servizi Sociali* (Unified Information System of Social Services)
SLD Specific Learning Disorder
SNV *Sistema Nazionale di Valutazione* (National Evaluation System)
SSN *Sistema Sanitario Nazionale* (National Health System)
STEM Science, Technology, Engineering and Mathematics
SPT *Straniero Temporaneamente Presente* (Temporarily present foreigner)
UN United Nations
UNAR *Ufficio Nazionale Antidiscriminazioni Razziali* (National Antidiscrimination Office)
UNICEF United Nations Children’s Fund
UNICEF ECARO United Nations Children’s Fund – Europe and Central Asia Regional Office
USR *Uffici Scolastici Regionali* (Regional Education Offices)
WHO World Health Organization

1 Introduction

This document maps and analyses policies and services for social inclusion, focusing on the groups of children at highest risk of not benefiting from these services, and whose rights are thus not being fulfilled. Section 2 contextualizes Child Guarantee (CG) policies within the frameworks of poverty, social exclusion, and the mechanisms of the main income support instruments for families with children in Italy considering the significant legislative changes that have taken place in recent years. Section 3 discusses the regulation, financing, organizational model,

and coverage levels of interventions in the five policy areas covered by the GC. Section 4 further analyses the main categories of children on which CG Action Plan priorities should focus. Section 5 investigates the main challenges in Italy of ensuring the accessibility and quality of interventions in the five CG policy areas for relevant categories of children. Section 6 proposes recommendations on possible priorities for policy intervention. Section 7 identifies a preliminary list of indicators to measure the effectiveness of the CG's implementation.

2 The role of cash transfers in the fight against poverty and social exclusion of children in Italy: implications for the objectives of the Child Guarantee

2.1 The role of cash transfers in child poverty

2.1.1 The big picture

The Child Guarantee aims to ensure that a network of essential services is accessible to all children, starting from the most vulnerable. Before analysing and proposing improvements on how to ensure access to these essential services, it is necessary to conduct a preliminary analysis of the impact that cash transfers have on the risk of poverty for children residing in Italy. This is for three reasons:

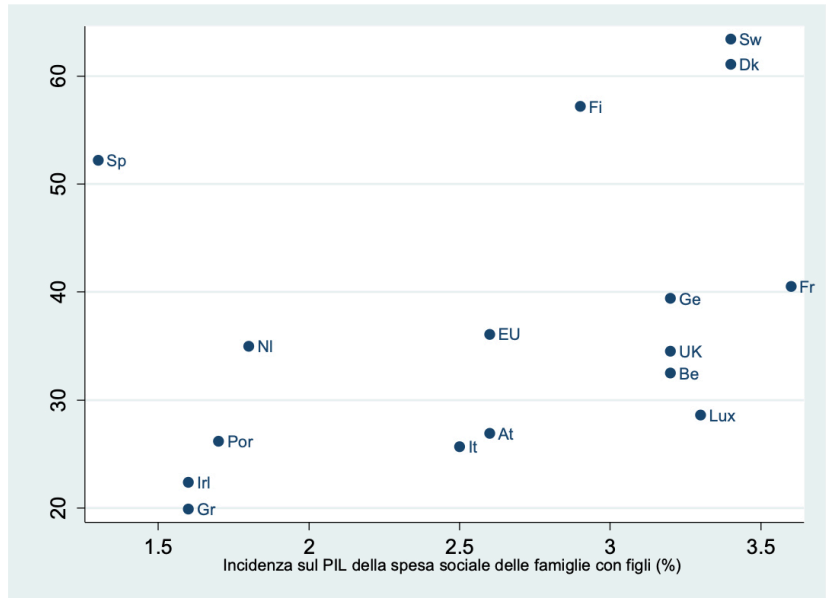
- the central importance that cash transfers have traditionally played and still play in supporting families with children in Italy;
- the introduction of two important recent innovations in financial support to families with children, the *Assegno Unico Universale per i Figli a Carico* [Universal Child Benefit

(AUUF)] and the *Reddito di Cittadinanza* [Basic Income (RdC)]; and

- the fact that the *Reddito di Cittadinanza* is not only a form of financial support, but is associated with a path to re-employment and social inclusion where beneficiaries sign a 'Work agreement' and a 'Social inclusion agreement'.

Regarding the first point, the Child Guarantee represents a break with the traditional Italian welfare system, which is characterized by a preference for financial support over the provision of services. A comparison of the Italian welfare system with those of the other main Western European countries (Figure 1) shows that expenditure on families with children is below the overall European average and below most Western European countries, and that investment in services represents only 26 per cent of total expenditure on families with children. Three quarters of expenditure is devoted to cash transfers or tax breaks.

Figure 1 - Characteristics of social expenditure for families with children in Italy from a European comparative perspective



Source: Own data processing from Eurostat-ESSPROSS

Meanwhile, the field of economic support instruments for families in Italy has changed drastically in recent years. L.41/2021 (*Decreto Sostegni*) established the *Assegno Unico Universale per i Figli a Carico*, which is granted to families for each dependent child from the seventh month of pregnancy onwards to the age of 21. The *Assegno Unico* replaces five measures currently in force:

- IRPEF deductions for dependent children (up to the age of 21), present in IRPEF since its introduction in 1974;
- The family allowance (instituted by L.153/1988);
- The allowance for the third child (instituted by L.448/1998 (*Misure di Finanza Pubblica*

per la Stabilizzazione e lo Sviluppo [Public finance measures for stabilization and development]);

- The birth allowance (established by L.190/2014);
- The birth premium (established by L.232/2016).

The *Assegno Unico* aims to cover all families with children who did not have access to the family unit allowance (the self-employed, unemployed, and smallholder farmers).

D.l 4/2019 established the *Reddito di Cittadinanza*, which constitutes an essential level of benefits within the limits of available resources.

Over the last three years, two new forms of income support have been introduced to provide additional funding. In particular, the 2021 national budget set aside an additional €6 billion for the AUUF compared to pre-existing economic support instruments. In 2020, *Reddito di Cittadinanza* costs were around €7.2 billion, increasing to €8 billion in the first 11 months of 2021.

Finally, within the Child Guarantee framework, it is important to emphasize that the disbursement of the *Reddito di Cittadinanza* is conditional on working-age members of the household declaring an immediate availability to work, as well as committing to follow a customized pathway into the labour market and programmes of social inclusion. These pathways include community service, professional requalification, the completion of studies, as well as other commitments identified by the relevant offices aimed at job placement and social inclusion. In addition to job placement, the 'Social agreement inclusion' consists of social measures and services to combat poverty. Families with children receiving the *Reddito di Cittadinanza* commit to ensuring "school attendance and engagement" and "prevention and treatment behaviours aimed at health protection, as identified by health professionals" (as indicated in D.l. 147/2017, art. 6, paragraphs 5c and 5d). These commitments are directly linked to some of the objectives of the Child Guarantee in terms of the education and health rights of children.

Given these factors, this section presents a disaggregated analysis of cash transfers, including the *Reddito di Cittadinanza* and the *Assegno Unico Universale per i Figli a Carico*. The RdC and the AUUF affect the number of people and children at risk of economic poverty because, when added together, they show an increase in spending for families

(often with children) of more than €13 billion per year.

The effects of cash transfers are assessed against two indicators of income poverty: living in a household with income below the threshold of 40 per cent or 60 per cent of the national median. Other indicators used by Eurostat to calculate the risk of poverty and social exclusion (i.e., low labour intensity and severe material deprivation) are not used because the aim of this section is to calculate the effects of cash transfers on poverty, which can only be measured with reference to an income variable. The use of two different poverty thresholds, 40 per cent and 60 per cent of the median income, is necessary to examine the effects of payments on poverty risk for somewhat different segments of the population: those with incomes below 60 per cent of the median income (which also include households with a standard of living not far below the poverty threshold) and those with incomes below 40 per cent of the median (which face greater poverty).

Appendix 1 supplements this analysis by showing the poverty dynamics of children residing in Italy in the past few decades.

The main benefit schemes for households with at least one child are considered here, including social and disability pensions. Only pensions directly linked to a previous labour income are excluded. Simulations have been conducted using the data set of the *Istituto Nazionale di Statistica* (ISTAT) and Eurostat's SILC (Statistics on Income and Living Conditions) data from 2017, which form a representative sample of the demographic and income structure of households in Italy.

In some cases the unit of analysis is the household and in others it is the individual child. This means that in some analyses, data are presented on the percentage of

households in poverty, while in others data are presented on the share of children in poverty. When considering the prevalence of poverty among individuals, each individual is given an equivalized income equal to the total income of the household to which they belong. In other words, it is assumed that within any given household each member has the same standard of living, which is represented by the equivalized household income.¹

Our aim was to estimate the effect of existing cash transfers on child poverty at present. However, the data set used is for 2017, when various important subsidies that are currently part of the Italian tax-benefit system had not yet been introduced. As a result, we conducted simulations on the sample by taking the main measures introduced in recent years, namely the *Reddito di Cittadinanza*, the AUUF and the employee bonus, and applied them to the information contained in the data set relating to income, assets, and the characteristics of members of each household. We also simulated the deductions for dependent children and reconstructed the family allowance, as well as the *Indicatore della Situazione Economica Equivalente* [Indicator of Equivalized Economic Situation (ISEE)].

All calculations were conducted through a tax-benefit microsimulation model developed by the Marco Biagi Department of Economics at the University of Modena and Reggio Emilia.

Table 1 shows summary statistics on cash transfers made during the second half of 2021. Total annual expenditure exceeded €100 billion, more than a third of which went to households with at least one child. Pensions have only marginal effects on households with children, who instead receive 100 per cent of

the payments directly. We have also included the cash transfers made by regions and municipalities, as reported in SILC.

The most frequent benefits among households with children – both overall and among households with children in poverty – are the dependent child deduction, the employee bonus, the family allowance, and the so-called bonus nido. The last two columns in Table 1 show the percentage of households with children in poverty receiving each benefit. Poverty status is defined here based on gross income [using the Organization for Economic Cooperation and Development (OECD) modified equivalence scale] i.e., after paying any direct taxes but before receiving the benefits. The share of very poor households (with gross income equal to or below 40% of the median) receiving the *Reddito di Cittadinanza* is high, while less poor households (with gross income equal to or below 60% of the median) receive more of the family allowance, the employee bonus and the child allowance, which require job income.

The reason why many poor families with income below 40 per cent of the median and with children do not receive the *Reddito di Cittadinanza* is because they fail to meet income requirements: household income must be below €9,360 multiplied by the equivalence scale of the *Reddito di Cittadinanza* for renters, and €6,000 multiplied by the same scale for homeowners. The equivalence scale assigns a very low weight to members under 18 years of age (0.2 against 0.4 for each adult and 1 for the first adult), and as a result excludes many poor families with children from the possibility of receiving the *Reddito di Cittadinanza*. The second main cause of exclusion from this measure is the stringent constraints on property assets.

Table 1 - Cash transfers to households: total expenditure and share of households receiving them

	Total expenditure in € billions	Of which: expenditure allocated to households with children	% of total expenditure allocated to households with children	% beneficiary households of total households	% beneficiary families among those with children	% beneficiary households among those with poor children by gross income (40% of the median income poverty threshold)	% of beneficiary households among those with poor children by gross income (60% of the median income poverty threshold)
Disability pensions	19,709	1,816	9%	10%	5%	11%	9%
Career allowance	10,722	652	6%	7%	2%	4%	3%
Social allowance	4,665	203	4%	3%	1%	2%	1%
Unemployment benefits	23,178	8,825	38%	19%	30%	37%	36%
Maternity allowance	393	391	100%	1%	5%	8%	7%
Local minimum viable	333	113	34%	1%	1%	3%	2%
Allowance for three children	350	348	100%	1%	4%	13%	11%
Family allowance	5,079	4,402	87%	17%	61%	42%	52%
Birth allowance (<i>Bonus bebè</i>)	679	676	100%	2%	7%	8%	8%
Birth premium (<i>Bonus mamma domani</i>)	63	63	100%	0.3%	1%	2%	1%
Bonus for childcare and for forms of support at home	480	480	100%	1.5%	6%	4%	5%
Deductions for dependent children	8,894	6,706	75%	32%	93%	72%	83%
Employee bonuses	16,186	5,985	37%	45%	69%	36%	52%
<i>Reddito di Cittadinanza</i>	7,500	2,568	34%	5%	6%	35%	20%

Source: Analysis of SILC 2017 microdata

The potential of a cash transfer to lift a person out of economic poverty depends mainly on two factors: its prevalence among poor households and its average amount. For a person to escape from poverty after his or her household has received a payment it needs to be of a significant amount, especially if the household has an income well below the poverty line.

Tables 2 and 3 show by how much the risk of child poverty is reduced if one payment

is added to the gross household income at a time. For these tables, the unit of analysis is individuals up to 17 years old. The poverty line, at 60 per cent of the median income for the first table and at 40 per cent for the second, is recalculated after adding each payment to the gross income. The effect of various benefits on poverty risk is assessed using two indicators:

The headcount ratio

The first indicator is the poverty prevalence (or incidence) index. This is the share of children

living in households with equivalized income below the poverty line. Before cash transfers (i.e., based on gross equivalized income) the prevalence of poverty among children is 32.2 per cent if the poverty line is at 60 per cent of the median income, and 17.7 per cent if the line is at 40 per cent of the median income. That is, without cash transfers approximately one third of children would be below the poverty line at the 60 per cent threshold, and approximately one sixth at the 40 per cent threshold. The left-hand items in Tables 2 and 3 show by how much the share of children in poverty varies if one transfer is added to gross income at a time, while the last row of each table considers the effect of all transfers. Only the most quantitatively significant transfers (i.e., the unemployment benefit, family allowance, child allowance, birth allowance and employee bonus) or those that are skewed heavily towards families with children reduce the prevalence of poverty among children. The strongest effect is seen for deductions and the family allowance, which tend to affect families with employed people. These families, while poor, often have incomes not significantly below the poverty line, so they are more likely to leave the poverty set after the payments. Conversely, the *Reddito di Cittadinanza* fails to decrease the share of poor people with a median income poverty line at 60 per cent because it is a benefit which skews heavily towards lower-income households who fail to rise above the poverty line after the payment (which, at 60% of the median, is significantly higher than the average income of people below the poverty line). On relative poverty at the 40 per cent line, the effect of payments is more evident: there is an increase in negative values in the column measuring changes in prevalence rates. The *Reddito di Cittadinanza* succeeds in lifting a significant amount of people below this threshold out of poverty. The last row of the two tables shows the cumulative effect of all transfers: overall, the share of children in poverty decreases by 6.5

percentage points (from 32.2% to 25.7%) for the poverty line at 60 per cent of the median income, and by 8.2 percent (from 17.7% to 9.5%) if the poverty line is set at 40 per cent of the median income.

The FGT Index

The poverty prevalence index is widely used and intuitive but has a flaw: if households receiving a transfer are severely deprived and their income remains below the poverty line even after the benefit, then a transfer may appear to be ineffective in reducing the risk of poverty if the index remains unchanged, even though their conditions have improved. In fact, after a transfer, the prevalence index only decreases if the income of at least some of the recipient households rises above the threshold. To overcome the problem of the insensitivity of the index to the severity of poverty, the right-hand side of both Tables 2 and 3 also contains a second measure of poverty: the Foster-Greer-Thorbecke index (FGT). This index considers not only whether income is below or above the poverty line, but also by how much: it assigns a weight to each person in poverty that is greater the further his or her income is from the line.² This index, therefore, decreases after a transfer not only if some households manage to rise above the threshold, but also if their income approaches the threshold itself, and it decreases the more the lower incomes increase. The more the transfer is concentrated on the incomes of the poorest, the greater the decline in the index. Without the payments, the FGT index of equivalized gross income measures 9.1 at the 60 per cent line and 6.2 at 40 per cent of the median income. While there is no effect of the *Reddito di Cittadinanza* on the diffusion index at the 60 per cent line, the FGT index calculated at the same line results in the biggest decrease as a direct consequence of this payment, precisely because it significantly increases the income of the poorest, even if they do not exceed the poverty line.

Table 2 - Simulation of the effect of each cash transfer on poverty prevalence (for households with income below 60% of the median)

	% of poor children if payment is added to gross income	Change in % of poor children	FGT index (x100) if payment is added to gross income	FGT index change due to individual payment
Disability pensions	33.4%	1.2%	8.9	-0.2
Career allowance	33.2%	1.0%	9.1	0
Social allowance	32.4%	0.2%	9.1	-0.1
Unemployment benefits	31.4%	-0.8%	7.8	-1.3
Maternity allowance	31.9%	-0.3%	8.9	-0.2
Local minimum viable	32.2%	0.0%	9.1	0
Allowance for three children	32.0%	-0.2%	8.7	-0.4
Family allowance	28.8%	-3.4%	7.9	-1.2
Birth allowance	31.9%	-0.3%	8.9	-0.2
Birth premium	32.2%	0.0%	9.1	-0.1
Deductions for dependent children	30.0%	-2.2%	8.1	-1
Employee bonuses	31.8%	-0.4%	8.9	-0.2
<i>Reddito di Cittadinanza</i>	32.2%	0.0%	6.1	-3
Nursery bonus (<i>nidi</i>)	32.1%	-0.1%	9.0	-0.1
Total	25.7%	-6.5%	3.3	-5.8

Source: Own calculations based on SILC micro-data. Note: poverty = 60% of median equivalized gross income. Gross income: prevalence of poverty 32.2%, FGT 9.1

Table 3 - Simulation of the effect of each cash transfer on poverty prevalence (for households with income below 40% of the median)

	% of poor children if payment is added to gross income	Change in % of poor children	FGT index (x100) if payment is added to gross income	FGT index change due to individual payment
Disability pensions	17.7%	0.0%	5.9	-0.2
Accompaniment allowance	18.0%	+0.3%	6.1	-0.1
Social allowance	17.8%	+0.1%	6.1	-0.1
Unemployment benefits	16.2%	-1.5%	5.1	-1
Maternity allowance	17.2%	-0.5%	6.1	-0.1
Local minimum viable	17.6%	-0.1%	6.1	-0.0
Allowance for three children	17.1%	-0.6%	5.9	-0.3
Family allowance	14.6%	-3.1%	5.5	-0.7
Birth allowance	17.1%	-0.6%	6.0	-0.2
Birth premium	17.5%	-0.2%	6.2	0
Deductions for dependent children	15.4%	-2.3%	5.5	-0.7
Employee bonuses	17.2%	-0.5%	6.1	-0.1
Reddito di Cittadinanza	15.6%	-2.1%	3.1	-3
Nursery bonus (<i>nidi</i>)	17.6%	-0.1%	6.1	-0.1
Total	9.5%	-8.2%	1.3	-4.9

Source: Own calculations based on SILC micro-data. NB: poverty = 40% of median equivalized gross income. Gross income: prevalence of poverty 17.7%, FGT 6.2

On average, the prevalence of child poverty increases with age (Figures 2a and 2b). Payments are significantly more effective in

reducing the prevalence of poverty at younger ages, especially in the case of the highest poverty line.

Figure 2 - Poverty before (gross income) and after (disposable income) cash transfers, by age of individuals – for individuals with incomes below 40% and 60% of the national median respectively

Figure 2a. Poverty before (gross income) and after (disposable income) cash transfers, by age of individuals - for individuals with incomes below 40% of the national median

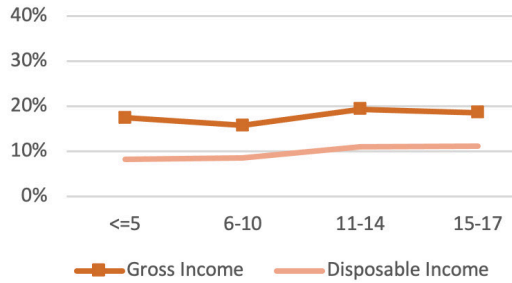
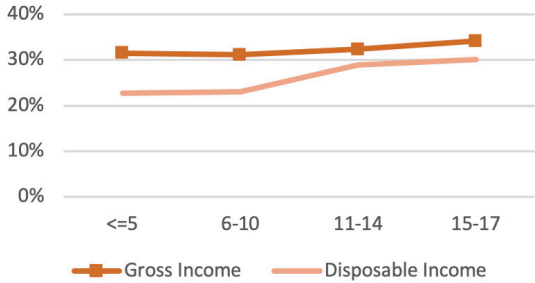


Figure 2b. Poverty before (gross income) and after (disposable income) cash transfers, by age of individuals - for individuals with incomes below 60% of the national median

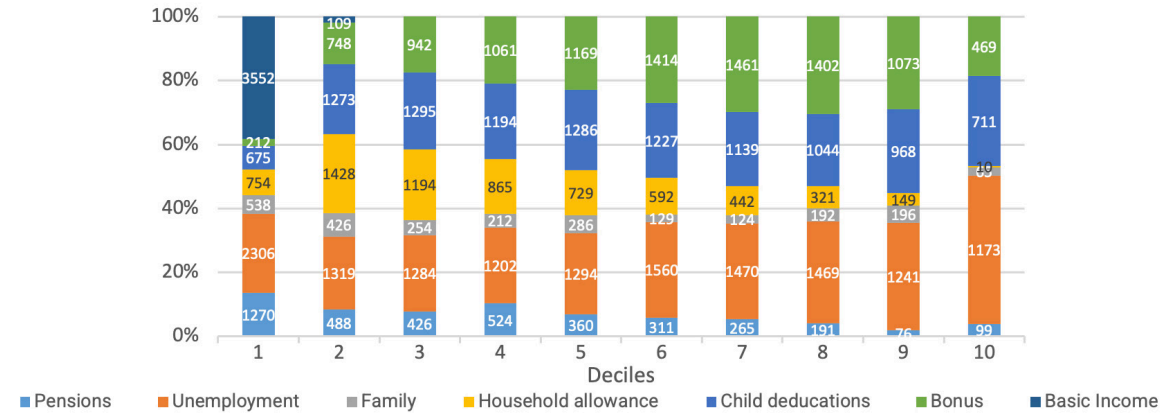


Source: Own analysis of SILC microdata

As the position in the income distribution changes, the composition of transfers received by households with dependent children changes (Figure 3). For households in the first decile,³ the most important items are the RdC (not equal to zero only for this first decile) and the transfers

associated with unemployment status. Starting from the second decile, the IRPEF bonus for employees, the deduction for taxpayers with children and the family allowance become significant, but then the average contribution progressively decreases in the upper deciles.⁴

Figure 3 - Composition of transfers received by households with at least one child, by decile of equivalized gross family income, in euro



Source: Own analysis of SILC microdata

2.1.2 The role of the new Assegno Unico e universale per le famiglie con i figli a carico (AUUF)

By once again applying the tax-benefit Euromod microsimulation model used for the 2017 SILC data, we can simulate the possible distributional effects of the *Assegno Unico* for dependent children up to age 21, which will come into effect in March 2022.⁵ For this analysis, we simulated the *Assegno Unico* transfers for each household in the data set, eliminating all the measures that the allowance replaces, specifically the family allowance, the deduction for dependent children under age 21, the allowance for families with at least three children, the birth allowance, and the birth premium.

Table 4 shows the effect of the AUUF on the poverty measures used thus far. The prevalence of the most severe levels of poverty, at the 40 per cent line, would decrease for people

under 18 by 3.2 percentage points (from 9.5% to 6.3%), much more than for the population as a whole (from 7.2% to 6.2%). This would bring the risk of serious poverty among people under 18 to the same level as that of the entire population, whereas it was previously much higher for people under 18 than for those over 18. This is certainly positive in terms of the effectiveness of the measure. Even in the case of poverty at the 60 per cent line, the effect of the measure is much greater for children (around 2% less, compared with 0.5%), even though they remain at a higher average level of poverty risk than the overall population. The FGT index confirms how the *Assegno Unico* has a strong impact on the equivalized incomes of children, so much so that their FGT, at both lines, falls below that calculated for the overall population. Figure 4 confirms that the decline in poverty after the *Assegno Unico* is concentrated among children and their parents, and it is especially significant at the lowest threshold.

Figure 4 - Poverty before and after cash transfers, by age of individuals with incomes below 40% and 60% of the national median, respectively

Figure 4a. Poverty before and after cash transfers, by age of individuals with incomes below 40% of the national median

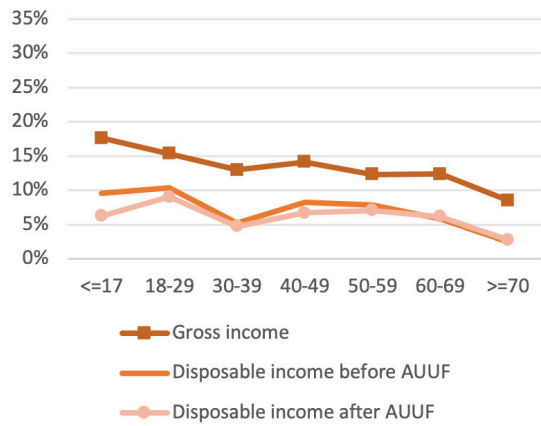
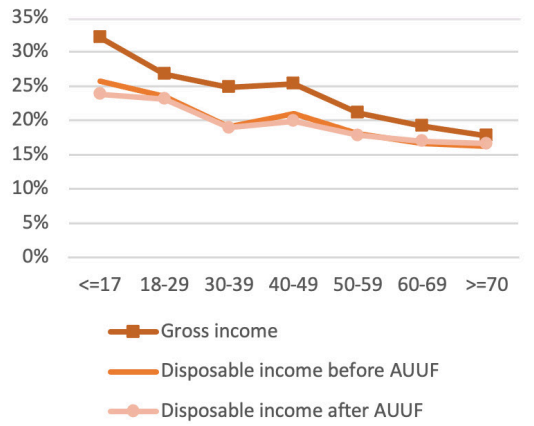


Figure 4b. Poverty before and after cash transfers, by age of individuals with incomes below 60% of the national median



Fonte: elaborazione propria su microdati SILC

Table 4 - Effects of the AUUF on poverty measures

	Children				Entire population			
	Poverty prevalence for individuals with incomes below 40% of the national median	FGT index for individuals with incomes below 40% of the national median	Poverty prevalence for individuals with incomes below 60% of the national median	FGT index for individuals with incomes below 60% of the national median	Poverty prevalence for individuals with incomes below 40% of the national median	FGT index for individuals with incomes below 40% of the national median	Poverty prevalence for individuals with incomes below 60% of the national median	FGT index for individuals with incomes below 60% of the national median
Equivalized gross income (before transfers)	17.7%	6.2	32.2%	9.1	13.5%	5.6	24.3%	7.6
Equivalized disposable income with transfers (without Single Paycheck)	9.5%	1.3	25.7%	3.3	7.2%	1.3	20.2%	2.8
Equivalized disposable income with Single Paycheck	6.2%	0.61	23.8%	2.2	6.2%	1.1	19.7%	2.5

Source: Analysis of SILC microdata

The *Assegno Unico* is available to all young people up to the age of 21, regardless of their parents' employment status. Thus, the largest beneficiaries of the new measure should include children living in households with self-employed workers (since the latter did not receive the family allowance in force until 2021), and children with parents who do not have a high enough income to take full advantage of the child deduction; in other words, low-income workers and the unemployed. If we consider all people up to 17 years of age, our simulations show that after the introduction of the *Assegno Unico* the risk of poverty (60% line) of children living in households in which the main income earner is an employee only decreases from 17.9 per cent to 17.3 per cent (-0.6%), while it drops from 32.9 per cent to 27.1 per cent (-5.8%) for those living in households in which the main income earner is self-employed. If the threshold is at 40 per cent of the median income, the prevalence of poverty moves from

3.9 per cent to 3.4 per cent (-0.5%) for children of employees, while for children of the self-employed it shifts from 14.8 per cent to 7.4 per cent (-7.5%). For children of unemployed parents, the reduction with a 60 per cent line is 3.6 per cent (from 61.8% to 58.2%), while with a 40 per cent line it is 11.1 per cent (from 34.5% to 23.4%). Given that the prevalence of poverty among children decreases more for those living in households that had a higher prevalence of poverty before the *Assegno Unico*, the transfer appears to reduce the variation in poverty prevalence rates. It therefore results in less inequality.

Breaking down the set of children by age group (*Figure 5*) shows that child benefit transfers reduce the risk of poverty at the 60 per cent line especially for teenagers, while the effect is almost absent for children under 11. The value for prevalence rates at the 40 per cent line confirms this result, also showing some

effects for the 6–10 age group, but not for the early years group. Child benefit transfers are more effective in determining the escape from poverty as age increases for at least three reasons: younger children already benefit from many payments, some of which are targeted towards them (Figure 2). The AUUF, increased

from the third child onwards, is particularly generous to very large families who are more likely to have children of different age groups. The amount of the transfer is inversely related the ISEE, and the presence of many children of different ages results in a low ISEE and a high payment amount.

Figure 5 - Poverty before and after cash transfers, by age of individuals with incomes below 40% and 60% of the national median respectively

Figure 5a. Poverty before and after cash transfers, by age of individuals - with incomes below 40% of the national median

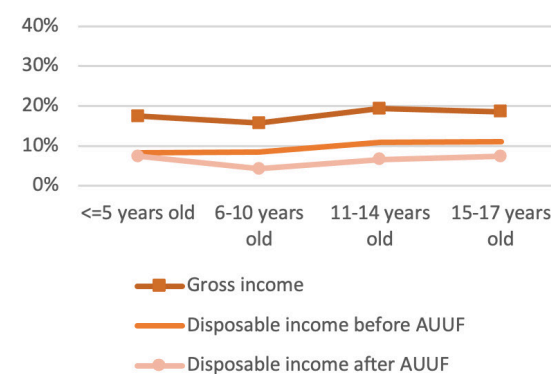
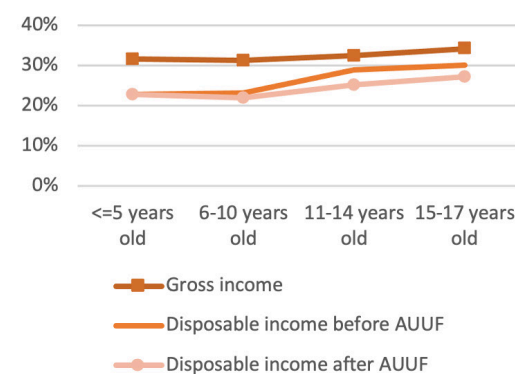


Figure 5b. Poverty before and after cash transfers, by age of individuals - with incomes below 60% of the national median



Source: Own analysis of SILC microdata

2.1.3 Summary

The aim of these analyses has been to understand the degree to which the system of cash transfers in Italy helps reduce the risk of economic poverty, and to simulate the combined effect of the AUUF within this system. Since the issue of childhood poverty is multidimensional, addressing issues such as adequate nutrition or adequate housing solutions for families with children will depend on how many children per family are in situations of economic vulnerability.

The fact that emerges most strongly from the analyses in these pages relates to the growing positive impact of recent innovations in cash transfers on poverty reduction for children (e.g., the *Reddito di Cittadinanza* and the soon-to-be-introduced AUUF), which affect them more than the general population.

Despite the positive effects of these transfers, the age-risk-of-poverty curve still shows a negative slope: children still suffer a higher risk of poverty than other age groups. This is especially true if one adopts the standard

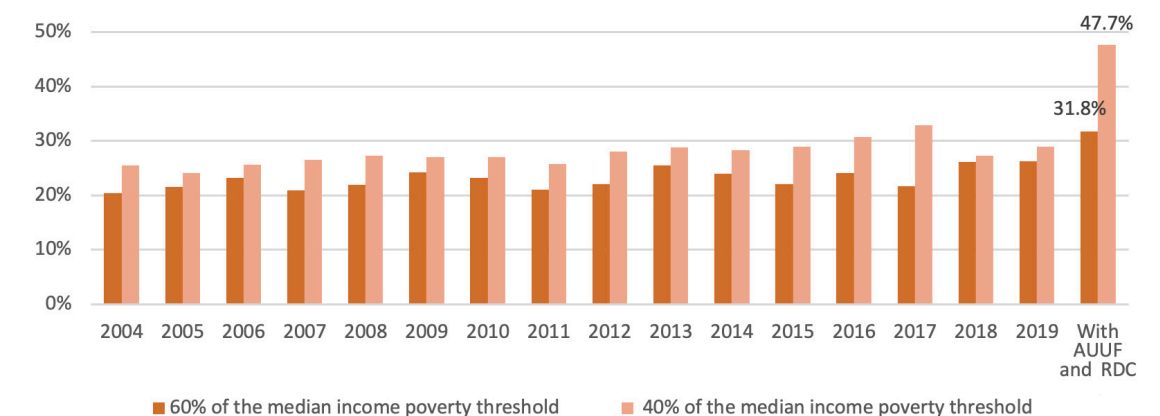
poverty line of 60 per cent of median income. However, there is no doubt that recent legislative innovations have helped to mitigate the differences between age groups. In particular, the two recent reforms that have had the most effect on children poverty rates are the introduction of the RdC in 2019 and that of the AUUF, effective March 2022. The statistics on poverty on the Eurostat website cannot consider these two instruments because at present (December 2021) the data for Italy stop at the 2019 SILC survey, which reports income statistics from 2018.

Figure 6 shows the changeover time of the effect of cash transfers other than pensions on the prevalence of economic poverty among people aged under 18. For the years 2004–2019, this effect is measured by the percentage reduction that the poverty prevalence index undergoes when cash transfers other than

pensions are added to income.⁶ The last value changes the measure by subtracting the reduction in the poverty prevalence index from the index relating to net disposable income, most likely caused by the combination of the AUUF and the RdC.

Over the 15 years in question, both measures show a slow upward trend. If we add the AUUF to the traditional cash transfers (obviously, eliminating the payments that the allowance absorbs and integrates) and the *Reddito di Cittadinanza*, we obtain a marked increase in the reduction of poverty percentage indices which, of course, are higher at the 40 per cent of the median equivalized income threshold. This confirms that the introduction of these two measures should result in an important qualitative leap in the capacity of the welfare system to address economic poverty among children.

Figure 6 - Percentage reduction in the poverty prevalence index among children due to transfers other than pensions in Italy



Source: Own analysis of SILC microdata

At the same time, the fact that the prevalence of poverty is still higher for people under 18

warrants greater investment in developing services aimed at this age group.

2.2 The impact of cash transfers on poverty for specific family types

In this section we document the variability of the poverty risk reduction effect among children following payments relating to household conditions. We were unable to consider disability because data on health status and on the possible receipt of disability pensions is collected from the age of 16 onwards.

In this section we have also found it useful to present the effect of payments on the prevalence of poverty at both the 60 per cent and 40 per cent lines, keeping the effect of the AUUF separate to measure which family types it affects the most.

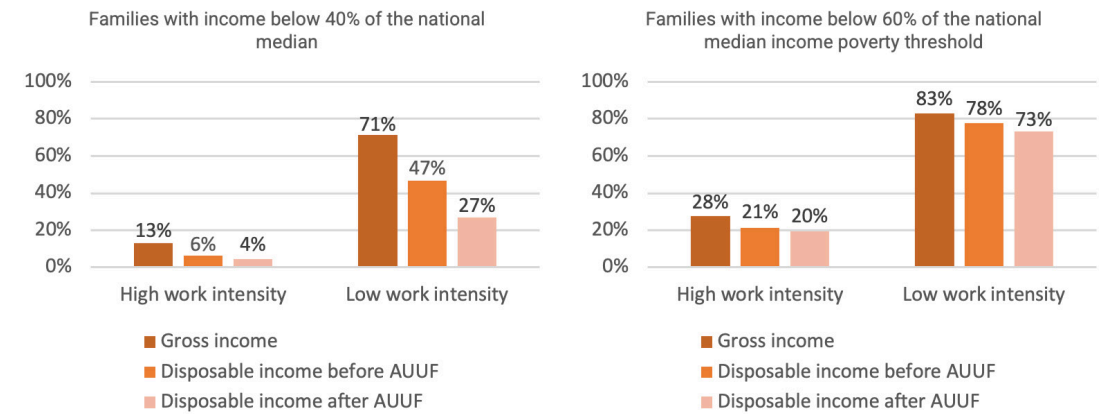
Labour intensity in the household. Children

living in low work intensity households (according to the Eurostat definition, a household is of low work intensity if members of employment age have worked less than 20 per cent of potential months in the previous year) have a much higher risk of poverty than others. The prevalence of poverty at the 40 per cent line would decrease markedly under the new AUUF because work-poor households do not currently have access to the family allowance (intended for households with employed people) or tax deductions for dependent children (for which employment income is required). If we disaggregate the set of low work-intensity households by gender, further analysis shows that the prevalence of poverty by income before payments is significantly higher if the reference person is a woman, and that the effectiveness of payments in reducing the risk of poverty is higher for these households.

poverty rates than others. In the case of the poverty line at 60 per cent of the median income, the gap between the indices remains considerable even after benefits, a sign that if the poverty line is high, transfers only reduce the poverty risk among non-citizens to a limited extent. If, on the other hand, the poverty line is placed at 40 per cent of median equivalized income, the prevalence of poverty among children living in households with a reference person of non-Italian citizenship is markedly reduced by the transfers, even if it remains higher than that of children living in households with a reference person of Italian citizenship. The transfers that most interest non-Italian families are the family allowance and deductions for dependent children. For both benefits, the average amount received by foreign families exceeds that obtained by families with an Italian reference person. On the other hand, the average amount of the RdC is higher for households with a

reference person of Italian citizenship for three reasons: a) non-Italian households are mainly located in the northern Italian regions and, at an equivalent standard of living, they have a higher income than poor households in southern Italian regions due to higher costs of living. This results in a greater probability of not meeting the income requirement; b) the rule requiring residence in Italy for 10 years penalizes non-citizens, even though more than 80 per cent of low-income non-citizen households have been residents for more than a decade. Prolonged stagnation has made the Italian economy less attractive to migrants, with a consequent reduction of net inflows in recent years to which the recent pandemic has also contributed; c) non-Italian families are likelier to have more children and are therefore penalized in accessing the *Reddito di Cittadinanza* by an equivalence scale that assigns a very low coefficient to each child.

Figure 7 - Effects of cash transfers on child poverty for select household characteristics: Household work intensity

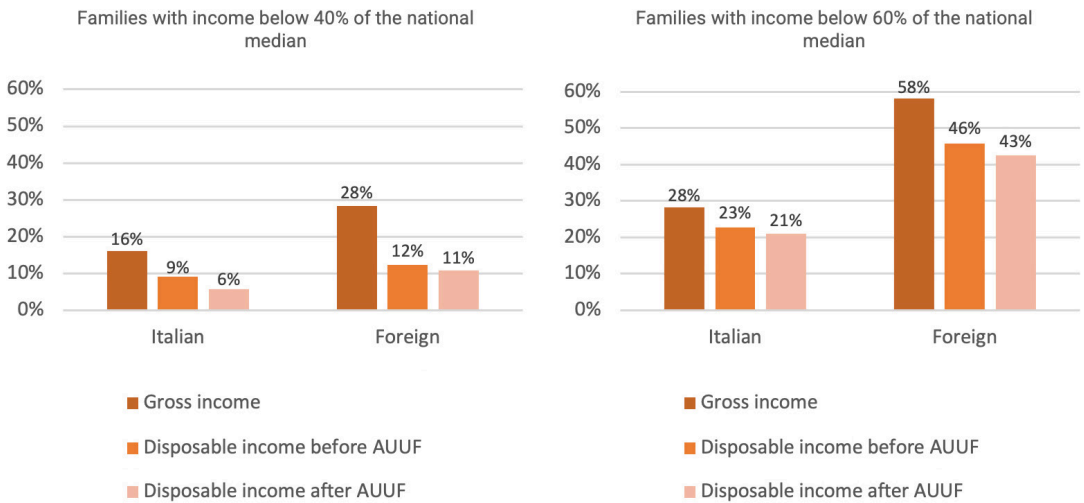


Source: Own analysis of SILC microdata

Household reference person with non-Italian citizenship. Children living in

households with a reference person of non-Italian citizenship have much higher

Figure 8 - Effects of cash transfers on child poverty for select household characteristics: citizenship of the reference person

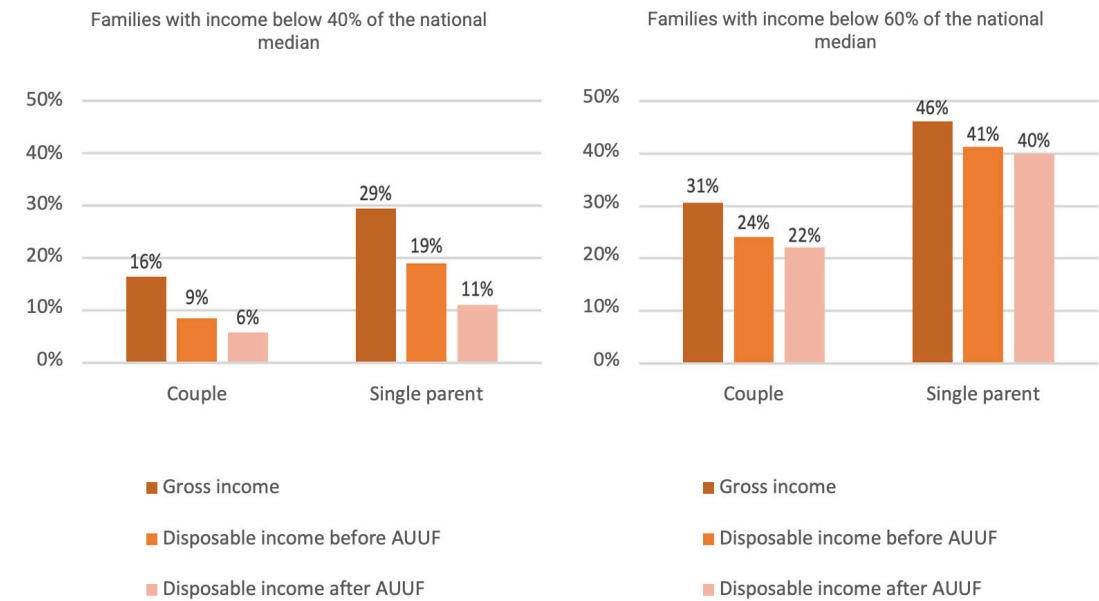


Source: Own analysis of SILC microdata

Single-parent families. In single-parent households the prevalence of poverty is significantly higher than in households with both parents (especially with a median income poverty line at 40%), evidently due to a high presence of adults with low or no employment income (which limits the ability to access the family allowance and deductions for dependent

children). Disaggregating by the gender of the single parent, all poverty indices by income before transfers are worse for women, who in the SILC data set represent 90 per cent of parents in single-parent households. After payments, however, the poverty risk gap with men is much reduced and, at the 40 per cent line, is eliminated.

Figure 9 - Effects of cash transfers on child poverty for select household characteristics: single-parent households

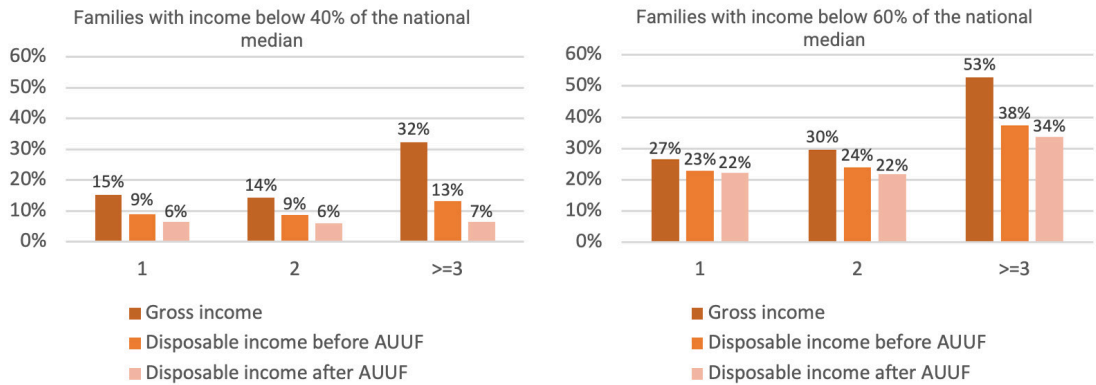


Source: Own analysis of SILC microdata

Households with more than one child. The impact of transfers is especially strong for households with more than one child. If we consider the poverty threshold at 60 per cent of the median income, the risk of poverty for children who are only children or have at most one sister or brother is very low and is

not significantly reduced by payments. At the 40 per cent threshold the effect of transfers is stronger, especially for families with three or more children. The AUUF would succeed in making the risk of severe child poverty independent of the number of children in a household.

Figure 10 - Effects of cash transfers on child poverty for select household characteristics: number of children in household

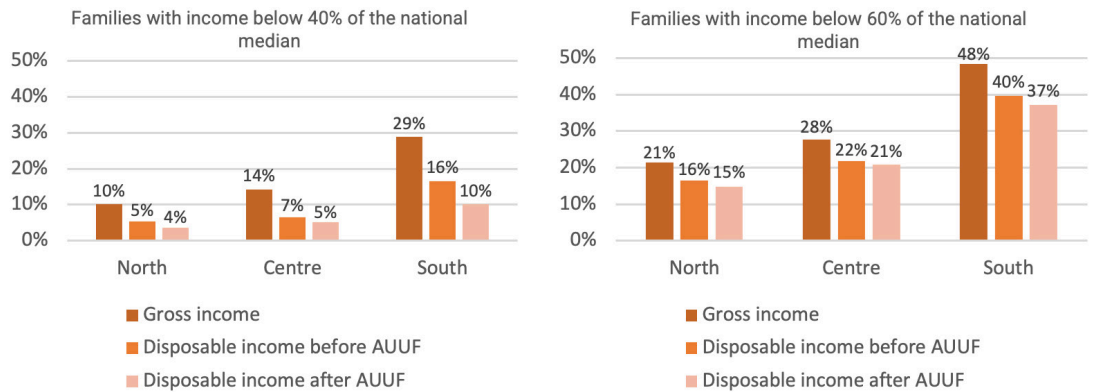


Source: Own analysis of SILC microdata

Geographic area. Before transfers, the share of children below the poverty line is about three times higher in southern Italian regions than in northern Italian regions. In southern Italian

regions, poverty rates decrease by almost 20 per cent due to cash transfers. However, they remain significantly higher than those in central and northern Italian regions.

Figure 11 - Effects of cash transfers on child poverty for select household characteristics: geographic area

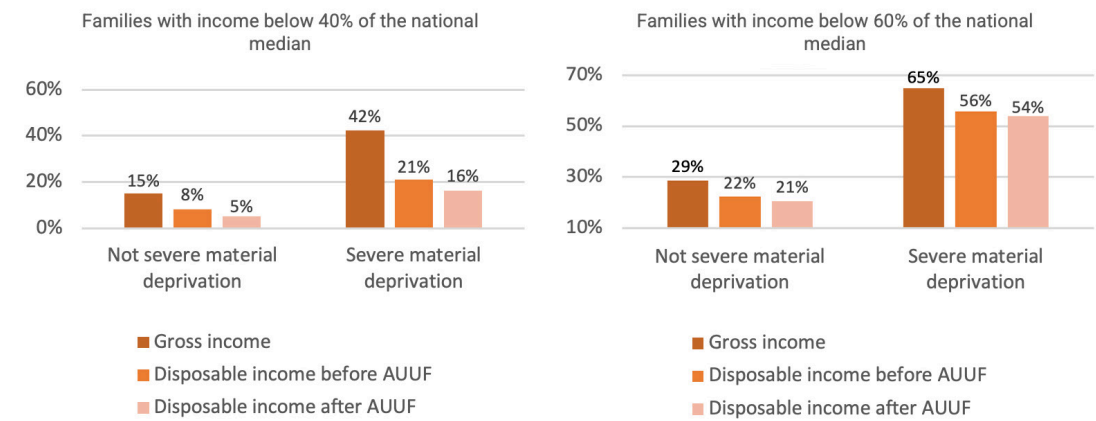


Source: Own analysis of SILC microdata

Material deprivation. The effect of cash transfers on poverty risk is not significant among families with incomes at the 60 per cent poverty line, regardless of whether they

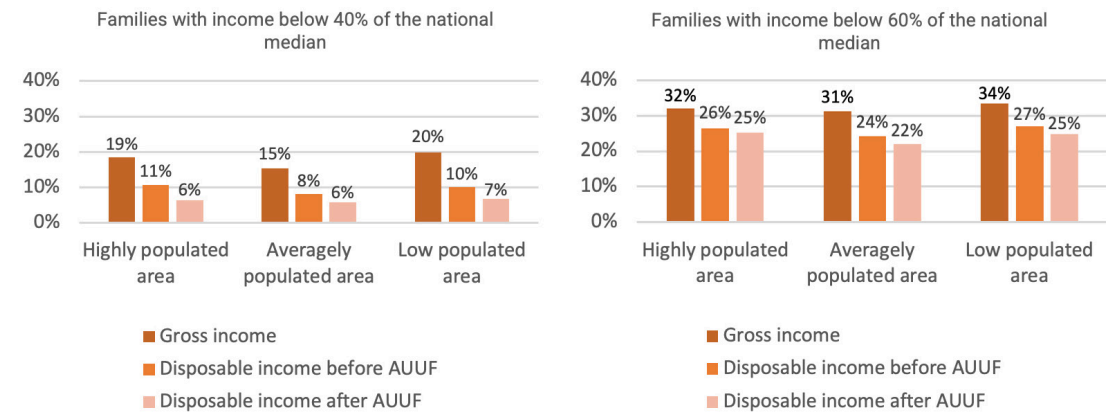
are in conditions of severe material deprivation. By contrast, with the poverty line at 40 per cent the impact is highly significant for both groups.

Figure 12 - Effects of cash transfers on child poverty for select household characteristics: material deprivation



Source: Own analysis of SILC microdata

Figure 13 - Effects of cash transfers on child poverty for select household characteristics: degree of urbanization



Source: Own analysis of SILC microdata

Table 5 - % reduction in poverty prevalence indices due to transfers

	60% of the of the median income poverty threshold			40% of the of the median income poverty threshold		
	From gross income to disposable income without Single Income Support (AU)	From disposable income without AU to disposable income with AU	From gross income to disposable income without Single Income Support (AU)	From disposable income without AU to disposable income with AU	From gross income to disposable income without Single Income Support (AU)	From disposable income without AU to disposable income with AU
Work intensity						
Not low	-23%	-8%	15	-52%	-29%	23
Low	-6%	-6%	0	-34%	-43%	-9
Citizenship person ref.						
Italian	-20%	-7%	13	-43%	-38%	5
Foreign	-21%	-7%	14	-57%	-12%	45
Single adult families						
Couple	-22%	-8%	14	-48%	-32%	16
Single parent	-10%	-3%	7	-35%	-42%	-7
Number of children						
1	-14%	-3%	11	-42%	-28%	14
2	-19%	-8%	11	-39%	-31%	8
>=3	-29%	-10%	19	-59%	-51%	8
Area						
North Italy	-23%	-10%	13	-47%	-33%	14
Central Italy	-21%	-4%	17	-55%	-22%	33
South Italy and Islands	-18%	-6%	12	-43%	-38%	5
Severe material deprivation						
No	-22%	-8%	14	-44%	-37%	7
Yes	-14%	-3%	11	-50%	-24%	26
Degree of urbanization						
Highly populated area	-18%	-5%	13	-42%	-40%	2
Averagely populated area	-22%	-9%	13	-47%	-28%	19
Low populated area	-19%	-8%	11	-49%	-33%	16

Source: Own analysis of SILC microdata

Table 5 summarizes the effects of transfers on poverty risk and shows the percentage change in poverty prevalence indices for the

same household types. Transfers before the introduction of the *Assegno Unico* determine a greater reduction in poverty risk with a poverty

threshold at 60 per cent of median income for families with three or more children, for those who do not have a low work intensity, and for children in northern Italian regions. With a poverty threshold at 40 per cent of median income, the effect is greater for children living in households with a non-Italian reference person, for families with many children, and for those in conditions of severe material deprivation.

With the poverty threshold at 60 per cent of

median income, the effect of the AUUF would be greater for families with several children and for those in northern Italian regions. Considering instead the poverty threshold at 40 per cent of median income, the effect is very significant for children of parents with Italian citizenship because many poor Italians are self-employed and were excluded from the family unit allowance until 2021. The allowance would also be more effective in southern Italian regions and in areas with high population density.

3 Children in Italy exercising the five key rights under the Child Guarantee

3.1 Introduction

This section analyses the five policies covered by the Child Guarantee in terms of the main regulations currently in force, the modalities and extent of financing, governance mechanisms, and levels of coverage ensured through public intervention. This last aspect also introduces the challenges in terms of the access to services and the quality of interventions. While this section is primarily a discussion of access challenges, qualitative aspects are discussed in more detail in section 5.

It is important to remember that the institutional frameworks vary greatly across the five policy areas. This strongly affects the framing of the issue of lack of access to services for children. In particular:

Health and education are universal policies.

From a regulatory standpoint, these services are offered to the entire child population; therefore, with respect to the other policies covered by the Child Guarantee, the challenge for these services is to deal with any critical aspects of a structural nature that limit this universalism in practice.

Early childhood education and care (ECEC) appears to be a semi-universal policy. The coverage rate of publicly funded preschools (age 3–5 years) exceeds 90 per cent of children, even though attendance is not compulsory. However, the coverage and public funding for educational services in the 0–2 age group are much lower and concern a minority of children in Italy. As a result, the issue of access to these services takes on a different

meaning for preschools (which are in a similar position to health and education) than it does for 0–2 age education services, where access issues are generalized.

Public interventions in the fields of housing and nutrition are generally selective.

In these sectors the central government has traditionally intervened relatively little, leaving the task of meeting the needs of a large segment of the population to families, local communities, the third sector and the private sector (e.g., in the case of the property market). In these two policy fields, as in the case of educational services for ages 0–2 years, the issue of access to basic rights by children concerns large segments of the population aged 0–17.

3.2 Health

3.2.1 Regulation

In Italy, the organization of health-care services is governed by L 833/1978, which established the *Servizio Sanitario Nazionale* [National Healthcare Service (SSN)], and by subsequent laws (D.lgs. 502/1992 and 517/1993) that created a corporatized⁷ and decentralized management system primarily at the regional level.⁸ An important regulatory step was subsequently taken with the Constitutional Law of October 18, 2001, no. 3 *Modifications to Title V of Part Two of the Constitution*, which included the protection of health. In the absence of a culture of health and service management, minimum standards of care (introduced only in 2016) and a culture of planning, the progressive transfer of competencies and funding sources

has, on the one hand, allowed a greater assumption of responsibility at the peripheral level by local governments. On the other, it has accentuated the inequalities that already existed

between regions in terms of number, quality, and technical content of services (for example, different vaccination calendars between regions).

Table 6 - Health – Italian Reference Legislation

Legislation/Guidelines/Action Plan	Content
Article 25 of the Universal Declaration of Human Rights	The right of everyone to a standard of living sufficient to ensure the health and well-being of his or her family, with reference to medical care and necessary social services. Right to special care and assistance for motherhood and childhood. Right to the same social protection for all children, whether born in or out of wedlock.
Article 32 of the Italian Constitution	The Republic protects health as a fundamental right of the individual and as an interest of the community and guarantees free care to the indigent. No one may be obliged to undergo a given health treatment except by provision of law. Under no circumstances may the law violate the limits imposed by respect for the human person.
L.883/1978	The national health service consists of all the functions, facilities, services and activities aimed at promoting, maintaining and recovering the physical and mental health of the entire population without distinction of individual or social conditions and in a manner that ensures the equality of citizens in relation to the service. The implementation of the national health service is the responsibility of the central government, the regions, and local authorities, ensuring the participation of citizens. The national health service ensures the connection and coordination with the activities and interventions of all other bodies, centres, institutions and service, which carry out activities in the social sector however affecting the health status of individuals and the community.
D.lgs 502/92	The decree establishes the <i>Aziende Sanitarie</i> (local health authorities), which have public legal status and organizational, administrative, patrimonial, accounting, managerial and technical autonomy; it adopts a system of state financing for the regions, in which the regions and the general managers of the <i>Aziende Sanitarie</i> are responsible for any inefficiencies; it establishes the figures of the general manager, the company health manager and the administrative manager (appointed directly by the general manager).
D.lgs 502/92, Art 1, modified by D.lgs 222/1999	The national health service ensures the essential and uniform levels of care defined by the National Health Plan, in compliance with the principles of human dignity, health needs, equal access to care, quality of care and its appropriateness with respect to specific needs, as well as cost-effectiveness in the use of resources. The health services included in the essential levels of care are guaranteed by the national health service free of charge or with participation in costs, according to the forms and modalities established by current legislation. The essential levels of assistance include the types of assistance, services and performances relative to the areas of supply identified by the National Health Plan. Types of assistance, services and health performances that display, for specific clinical conditions or risks, scientific evidence of a significant benefit in terms of health, at an individual or collective level, in relation to the resources employed, are charged to the health service. The types of care, services and health-care

Normativa/Linee di indirizzo/Piano di azione	Contenuto
	services that do not meet care needs protected under the guiding principles of the national health service or do not meet the principle of effectiveness and appropriateness, in the presence of other forms of assistance aimed at meeting the same needs do not meet the principle of economy in the use of resources, are excluded from the levels of care provided at the expense of the national health service.
D.lgs 502/92, Art 3-septies, modified by D.lgs 222/1999	Socio-sanitary services are defined as all the activities aimed at satisfying, through integrated care pathways, the health needs of the individual that require both health services and social protection actions that can guarantee, even in the long term, continuity between treatment and rehabilitation actions. The social and health services include: a) health services of social relevance, i.e. activities aimed at health promotion, and prevention, identification, removal and containment of degenerative or disabling outcomes of congenital and acquired diseases; b) social services of health relevance, i.e. all activities of the social system that aim to support people in need, with disability or marginalization issues affecting the state of their health. Socio-sanitary services with a high level of health integration are characterized by a particular therapeutic relevance and intensity of the health component and are mainly related to the areas of maternal and child health, disability, and psychiatric pathologies. They are guaranteed by health agencies and included in the essential levels of health care. Social services of health importance are the responsibility of the municipalities, which provide for their financing in the areas envisaged by the regional law. The region determines the financing for health services of social relevance, on the basis of capital shares correlated to the essential levels of care.
L.419/1998, L.419/1998, D.lgs 229/1999	They establish the financial autonomy of the regions and transform the SSN into a system of regional health services financed by local taxes (IRAP and IRPEF surcharges).
L.133/1999, D.lgs 56/2000), L.42/2009	These laws progressively introduce fiscal federalism by clearly transferring powers from the central government to the regions.
Reform of Title V of the Constitution (10/2001), L.42/2009	It establishes health protection as a matter of concurrent legislation between the State and the regions.
DPCM 12 January 2017 (LEA), Art. 24	The Decree defines the new LEAs (Essential Levels of Care). In particular, art. 24 defines the criteria for social and health care for children, women, couples and families, guaranteeing specialized medical, diagnostic and therapeutic, obstetrical, psychological and psychotherapeutic, and rehabilitative services (including home-delivered), in all areas of activity relating to: responsible motherhood and fatherhood; psychological support and psychotherapy for individuals, couples, families, groups, for families in distress; protection of maternal, prenatal and perinatal health, including psychological support for both maternity and termination of pregnancy; counselling and psychological support for all issues related to medically assisted procreation, sterility, infertility and menopause; assistance to puerperium and promotion of breastfeeding; collaboration with PLS and GPs; prevention and assistance in cases of gender and sexual violence; support in adoption processes, including relations and fulfillments with the Juvenile Court; counselling and assistance to adolescents, assistance to children in situations of distress, abandonment, or victims of mistreatment and abuse. District assistance to children, women, couples and families takes into account any conditions of disability and is integrated with social interventions.

Source: Own analysis

Regarding children’s health, the SSN to date provides, also in light of the DPCM LEA 2017: primary health care (art. 4); outpatient specialist care (art. 15); social and health care for children, women, couples, families (art. 24)⁹; and social and health care for children with neuropsychiatric and neurodevelopmental disorders. In addition to the above-mentioned district, home and territorial assistance services with direct access aimed at children and reported in the DPCM LEA 2017 (art. 24), as well as, more generally, to the services provided to children with neuropsychiatric and neurodevelopmental disorders (art. 32).), as well as more generally to the services of primary health care, which the SSN guarantees through its own services and through the contracted paediatricians, are included in the framework of guarantee of the public health system both the necessary and appropriate services for the early diagnosis of congenital diseases, including congenital deafness and congenital cataract, as well as metabolic and neuromuscular diseases (art.38 DPCM LEA), and the promotion of healthy lifestyles and organized screening programmes, surveillance and nutritional prevention (art.2 DPCM LEA).

As far as hospital care is concerned, this is ensured by the structures of the hospital care network; there are various organizational models linking hospital structures, both with operating units dedicated to neonatology, paediatrics and obstetrics specializations and with maternity and childcare departments.

In order to achieve the health objectives relevant to the area of childhood and adolescence, the Government, national scientific bodies such as the *Istituto Superiore di Sanità* [National Institute of Health (ISS)], and scientific and professional societies have produced a series of policy and planning¹⁰ documents, including ‘Models and standards for the development of Local Assistance in the National Health System’ (a draft reform of

local assistance updated with the directives and projects under the PNRR)¹¹ and the *V Piano Nazionale di Azione e di Interventi per la Tutela dei Diritti e lo Sviluppo dei Soggetti in Età Evolutiva* [5th National Plan of Action and Measures for the Protection of the Rights and Development of Persons of a Young Age], approved by Presidential Decree January 25, 2022, currently in the registration process, in which six out of 31 actions are specifically dedicated to the health of children.¹²

3.2.2 Financing

Health services for children are centrally funded, but it is hard to quantify the amount of SSN resources dedicated to children and their parents. In addition, there are many services that relate to child health care only in part (e.g., family advice centres and non-paediatric hospitals). The only aggregate estimate available is that of the 2019 *Garante per l’Infanzia e per l’Adolescenza* (AGIA): for 2017, National Health Fund funding for child and adolescent services was €11.3 billion, or 10.2 per cent of the total Fund. Specific programming for the maternal-child area was adopted at the beginning of the 2010–20 decade (maternal-child goal plan or project). With regard to planning in the maternal-child area, it should also be noted that with the State-Regions Agreement of 16 December 2010, specific lines of programmatic actions were identified for the promotion and improvement of quality, safety and appropriateness of care interventions in the birth path and for the reduction of caesarean sections. The coordination and monitoring of these actions was entrusted to the National Committee for the Birth Path and similar functions established at the level of individual regions and autonomous provinces as well as at the corporate level.

PNRR

The PNRR earmarks €15.63 billion for the

‘Health Mission’, of which €7 billion is allocated to strengthening local health-care assistance and networks. It proposes establishing 1,226 ‘community houses’ in which all local services will be included, including those for women, girls and boys. A further €11,7 billion are earmarked for investments in social protection, aimed at strengthening interventions in support of vulnerable families.

3.2.3 Governance

The central government – through the *Ministero della Salute* [Ministry of Health], *Agenzia per i Servizi Sanitari* Regionali [Agency for Regional Health Services], and *Istituto Superiore di Sanità* [National Institute of Health] – is responsible for general guidelines, including the definition of objectives for plans and projects, and *Livelli Essenziali di Assistenza* [Essential Levels of Care (LEAs)] and the development, in collaboration with scientific and professional societies, of guidelines for specific problems of prevention, diagnosis, treatment and rehabilitation. Regions are responsible for financing, planning and delivering services. In parallel with the establishment of the financial autonomy of the regions¹³, over the last 20 years the SSN has become a system of regional health services financed by local taxes (the IRAP and IRPEF surcharges), in which the element of fiscal federalism has been increasingly emphasized.¹⁴ Overall, the substantial transfer of expertise and financing from the central government to the regions has accentuated the variations between the regions’ capabilities in terms of the number and quality of the health services offered.

3.2.4 Level of coverage of public measures

Overall, the institutional design of the SSN theoretically ensures universal coverage of

needs, including those of children, through services. However, some there are some challenges are present. These are discussed in greater depth in section 5:

Significant territorial disparities in the delivery of services, particularly in terms of prevention and care on the ground. As also reported in the National Recovery and Resilience Plan (p. 222), an important structural challenge in the current functioning of the national health system concerns territorial disparities in the delivery and performance of the different types of health-care services. The plan highlights the differences in this regard between central-northern and southern Italy.

Integration between hospital services, territorial services and social services. Here again, as reported in the National Recovery and Resilience Plan (p. 222), in a good part of the country there is a difficulty in integrating the chain of care, ensuring its continuity. This affects the functioning of the entire health and social-health system, not only the services for children.

Access to primary care paediatricians

Approximately 15 per cent of children aged 0 to 14 are referred to general practitioners (GPs) instead of primary care paediatricians. This may be because of the lack of primary care paediatricians in some areas, because of the choice of families (who may opt for a general practitioner when they have another older child already being seen by a GP), or because of the challenges faced by adolescents in leaving their primary care paediatricians, professionals who have cared for them since birth and with whom they are familiar. This situation is often aggravated by the almost general absence of health workers (community nurses/health assistants and psychologists) in schools. Moreover, not all the children of foreigners without a residence permit have access to the primary care paediatrician due to regulatory

shortcomings in many regions. To date, in six Italian regions, children, both of EU citizens with *Europeo Non Iscritto* [Not-Registered European (ENI)] code and of non-EU citizens with the *Straniero Temporaneamente Presente* [Temporarily Present Foreigner (STP)] code (foreigners temporarily present in Italy), do not have access to the primary care paediatrician or to the general practitioner and can only be attended by the clinic paediatrician, in STP-ENI outpatient clinics, or the Emergency Room. In seven other regions there is a clear disparity of treatment between EU and non-EU children, with access to the primary care paediatrician only for the former, even though the CSR Agreement equates the levels of care of both ENI and STP codes.

Access to psychosocial preventive interventions and specialty care for mental health issues

The *Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza* [Italian Society of Child and Adolescent Neuropsychiatry] estimates that only one in two children with mental health problems has access to public child and adolescent neuropsychiatry (NPIA) services and that at least one in 10 (particularly in adolescence) is admitted to adult rather than paediatric wards.

Access to care for children with disabilities

Compared to the population as a whole, children with disabilities experience greater difficulty in meeting their health-care needs due to economic reasons and logistical barriers. In general, the available indicators show significant differences between people with and without functional limitations in accessing a medical examination or therapeutic treatment for economic reasons, in facing medical expenses, and in undergoing dental¹⁵ care.

In reference to early prenatal diagnosis for the prevention of genetic diseases in Italy, neonatal

screening is mandatory and offered free of charge to all newborns, in compliance with the DPCM LEA 2017 (Article 38, paragraph 2), which guarantees to all newborns “the necessary and appropriate services for the early diagnosis of congenital diseases provided by current legislation and good clinical practice, including those for the early diagnosis of congenital deafness and congenital cataract, as well as those for the early diagnosis of inherited metabolic diseases.” Expanded neonatal screening (SNE) currently includes more than 40 inherited metabolic diseases, and Law 167/2016, in subsequent amendments, extended neonatal screening to include genetic neuromuscular diseases, severe congenital immunodeficiencies, and lysosomal storage diseases. The Ministry of Health hosts the Extended Neonatal Screening Working Group (EWG), which is revising the list of diseases to be screened for through neonatal screening, as well as preparing operational clinical protocols containing the indications for the uptake of patients positive to neonatal screening, and for access to treatment. In addition, the *Istituto Superiore di Sanità* has a Coordination Centre on Neonatal Screening (CCSNE), which is tasked to monitor and promote consistency of neonatal screening throughout the country. The CCSNE disseminates the results of this monitoring, and data on the activities of the services. Clearly, interventions for prevention and prenatal and early diagnosis of disability require continuous support with a view to improving the service. For other social dimensions, however, there is a lack of data and, in some cases, an inability to track the conditions of children with disabilities within the overall child population or within households.

Other social dimensions suffer from a lack of data and, in some cases, from the impossibility of tracking the conditions of children with disabilities within the larger set of children or within the set of households.

Access to quality perinatal care

Despite the steady improvement in neonatal and infant mortality rates at the national level (in 2018 they reached 2.01 and 2.88 per 1,000 live births, respectively), territorial differences persist. In 2018, neonatal and infant mortality was 3.6 per cent in southern Italian regions and 3 per cent in the Islands, with peaks of 4 per cent in Sicily and Calabria. By contrast, in northeastern and northwestern Italian regions it was 2.3 and 2 per cent, respectively (*Istituto Superiore di Sanità*, 2020a). These differences are affected both by a different distribution of social determinants and by a different organization and quality of services. For example, in 2020 6.9 per cent of the 443 maternity wards in Italy had less than 500 births per annum. 41.7 per cent of these facilities are located in southern Italian regions, where perinatal mortality is higher and, above all, the share of avoidable mortality is higher. Confidential investigations carried out at regional and national level, in addition to attributing the causes of perinatal deaths, also assessed their avoidability, which was zero in Tuscany, 11 per cent in Lombardy and 38 per cent in Sicily (*Istituto Superiore di Sanità*, 2020b).

Being born in southern Italian regions greatly decreases the chances of survival of infants with non-Italian parents compared to those with native parents: the former, as a result of higher risk factors and reduced access to quality care, have twice the risk of dying within the first year (7%) than the latter (3.5%), while in the northern regions the risk is greater by one third – 4 per cent compared to 2.7 per cent.

Although there are no significant differences in demand between regions, there are significant disparities in the characteristics of supply at the regional level. This is also evidenced by the phenomenon of migration for paediatric care from the southern Italian regions to central and northern Italian regions, which in 2017 involved

about one million Italians, for a value of €4.3 billion of medical services received outside the region of residence (*Forum Famiglie* and ACLI, 2017).

3.3 Housing

3.3.1 Regulation

To date, there is no national strategy in Italy to monitor housing deprivation among children.

Compared to other Western European countries, Italy has a serious lack of housing policies despite a relatively high level and intensity of housing deprivation, as shown below in the section on the financing of these policies. Interventions on housing access and sustainability are mainly the responsibility of the *Ministero delle Infrastrutture e della Mobilità Sostenibile* [Ministry of Infrastructure and Sustainable Transport] and concern both the infrastructural aspect and the system of subsidies and grants aimed at supporting access to the private market at affordable rates. The construction of Italy's public housing took place mainly between the post-World War II period and the first half of the 1980s. In the 1990s, interest and investment in housing policies waned: the abolition of Gescal funds was significant in this respect.¹⁶ In addition, an intense campaign was launched to dispose of part of the best public property assets, often offering them to former tenants, and attempts were made to increase the supply of rental properties, thoroughly revising rent control legislation, with limited success. Starting in 2008, in the face of an impoverishment of the so-called ‘gray bracket’ that risked falling into housing deprivation, a revival of housing policies was attempted through the *Piani Casa* [Housing Plans]. These sought to increase the housing supply through the provision of social housing, policies introduced through the *Ministero delle Infrastrutture* D.M. 146/2008,

which envisaged private sector participation in expanding the supply of affordable housing.¹⁷ However, Public Residential Housing (ERP) in Italy has continued to cover at most about one million families, most of them with low incomes. In essence, housing policies at the national level have been limited until

recent years to support measures for first-home buyers with few initiatives for the construction of rental social housing and for the redevelopment of deprived neighbourhoods. In recent decades, the ERP assets have not been able to satisfy demand, fulfilling only one third of requests for social housing.

Table 7 - Housing – Italian Reference Legislation

Legislation/Guidelines/Action Plan	Content
Article 25 of the Universal Declaration of Human Rights	Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, with regard (...) to housing
Article 47 of the Italian Constitution	The Republic [...] favours the access of popular savings to homeownership
L.49/1987	It is the duty of the entire community to prevent people from being homeless.
L.431/1998	Establishes the <i>Fondo Nazionale per il Sostegno</i> [National Fund for Support to Rental Housing (FNS)] for access to rented housing aimed at granting supplementary contributions in favour of housing tenants for the payment of rents, as well as in support of initiatives undertaken by municipalities to encourage mobility in the sector through the finding of housing to be rented for specific periods
DPCM 16 July 2009 (<i>Piano Nazionale Edilizia Abitativa</i> [National Housing Plan])	The National Housing Plan is a program aimed at increasing the public housing stock through the provision of residential housing intended primarily for disadvantaged social groups (low-income households, young couples, the elderly, students, evictees, and others).
D.I. 103/2013, Art 6 paragraph 2, as amended by paragraph 51 of art. 1 of L.147/2013 (<i>Legge di Stabilità 2014</i>)	This law refines the Solidarity Fund, providing for the possibility of benefiting from the suspension of the payment of instalments on mortgages for the purchase of the first home in the event of situations of temporary difficulty intended to have a negative impact on the income of large families.
DPCM July 21, 2017	Establishes a Fund for the Financing of Investments and Infrastructural Development for interventions related to public housing
L.124/2013	Establishes the <i>Fondo Inquilini Morosi Incolpevoli</i> [Tenants in Arrears Fund]
L.190/2014, paragraph 235 (<i>Legge di Stabilità 2014</i>)	It establishes the <i>Fondo Nazionale per il Sostegno alle Locazioni</i> [National Fund for the Support of Tenancies] and the <i>Fondo Investimenti per l’Abitare</i> [Housing Investment Fund]. Provides for the priority assignment of the <i>Fondo Inquilini Morosi Incolpevoli</i> to the regions that have enacted norms for the reduction of housing hardship, such as social accompaniment paths for those subject to eviction, also through municipal bodies.

Source: Own analysis

Moreover, in Italy a significant part of public spending on housing policies is allocated through tax breaks (for example, deductions for interest payable on mortgages and deductions for the payment of rent by tenants), which, however, often do not benefit low-income individuals and families as they are deemed ineligible according to their tax returns.

L.190/2014, paragraph 235 (*Legge di Stabilità 2015*) introduced a programme to restore and rationalize ERP properties that initiated a series of rather fragmented interventions. At the same time, article 5 of D.I.47/2014 (*Piano Casa 2014*) placed strong limitations on those who took possession of a house illegally in accessing utilities (gas, water, electricity),

without exemptions (not even if the residents included children, disabled or the elderly), as well as limitations on applying for residency. Fortunately, this article was mitigated in 2017 through paragraph 1-quater, which gave mayors the power to derogate from this rule in the case of the presence of children (or other individuals deserving of protections).

The high level of housing deprivation caused by the economic unsustainability of leases is also demonstrated by the data on evictions for arrears. Faced with the so-called ‘eviction emergency’ exacerbated by the pandemic, D.I. 70/2020 (*Decreto Cura Italia*) provided for a freeze on evictions for arrears until the end of 2021.

Table 8 - Historical series of evictions executed from 2010 to 2021 with percentage change from the previous year

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Evictions carried out	29,889	28,641	29,154	31,806	36,340	32,723	35,367	31,946	30,161	26,644	5,270
Percentage change compared to the year	8.36	-4.18	1.79	9.10	14.26	-9.95	8.08	-9.67	-5.59	-11.66	-80.22

Source: Analysis of data from the Ministero dell’Interno [Ministry of the Interior]

In this context, the *Fondo Nazionale per il Sostegno alle Abitazioni* (L.431/1998) and the *Fondo Inquilini Morosi Incolpevoli* (L.124/2013) are particularly important policies in support of rent.

Regarding the serious housing emergency, in 2015, the *Ministero del Lavoro e delle Politiche Sociali* [Ministry of Labour and Social Policies] approved the Guidelines for Countering Severe Adult Exclusion. With these guidelines, Italy officially adopted the Housing First approach

that identifies housing as the starting point for paths to social inclusion.

3.3.2 Financing

The figure for Italian public expenditure on housing per inhabitant is €6 per person, compared to €33 in Denmark, €206 in Germany and €272 in France. In 2017, the total public expenditure on ‘housing and territorial policies’ for minors was €36.25 million, compared to zero

for all years from 2012 to 2018. Funding for rent for families in distress is very low. There are no specific funding lines for intervention in housing deprivation for children, but they nonetheless benefit indirectly from the financial benefits given to families in housing deprivation by the National Fund for Support to Rental Housing (FNS) and other funding mechanisms.¹⁸

Regarding funds that attempt to resolve housing hardship and poverty, albeit in an unstructured manner, it is worth mentioning the *Fondo per la Morosità Incolpevole* [Fund for No-fault Arrears], which distributes an endowment of €50 million (2020) among Italian regions. In the framework of D.I. 47/2014 (Piano Casa), the *Ministero delle Infrastrutture* [Ministry of Infrastructure] has created the *Fondo per il Finanziamento degli Investimenti e lo Sviluppo Infrastrutturale* [Fund for the Financing of Investments and Infrastructural Development] (D.P.C.M 21 July 2017) for measures related to public housing amounting to €424 million for the period 2017–2022. There have also been attempts to work on the existing stock of public housing. For example, the fund provided by L.147/2013 (*Legge di Stabilità 2014*) for the renovation and rationalization of ERP properties amounted to €130 million for the period 2015–2018. To this, €270,43 million must be added, resulting from the withdrawal of resources for interventions which did not begin at the time specified. In addition, the D.I. 185/2015 (*Misure Urgenti per Interventi nel Territorio* [Urgent Measures for Regional Interventions]), authorized the expenditure of €25 million for the year 2015 to incentivize the renovation plan, also with a view to reducing squatting.

PNRR

The PNRR envisages interventions to strengthen the public residential supply, temporary housing and social housing based on the Housing First approach, for an expenditure of approximately €175 million. However, there are no references to child housing deprivation and exclusion.

3.3.3 Governance

At the central level, the Ministry of Infrastructure and Transport and Sustainable Mobility (through the General Directorate for State Housing, Housing Policies, Urban Regeneration and Special Interventions) holds the main responsibilities in housing policies; this is supplemented by the *Ministero del Lavoro e delle Politiche Sociali* in relation to serious housing marginality (e.g., homeless persons). The distribution of housing policies across different policy areas means that its governance is complex.

Regional and municipal governments have significant independence in terms of procedures, access requirements and amounts to be transferred under the SNSF and may add their own resources to the fund. Access to the SNSF depends on budgetary constraints and the criteria local authorities choose for disbursement of available funds. Therefore, given the same economic conditions, families living in different municipalities may or may not receive the benefit, or may receive it in different amounts.¹⁹

Regions and municipalities are responsible for the planning and administration of public housing,²⁰ which is not, however, able to meet the demand for social housing. Despite substantial demand, Italy only has a 4 per cent stock of public and/or social housing (whereas the European average is 20%).²¹ Ownership of public residential housing is therefore held by municipalities and, for the most part, by the *Agenzie Regionali per la Casa* [Regional Housing Agencies] (formerly *Istituti Autonomi delle Case Popolari*, IACP), which, in many cases, are also responsible for the management of municipal housing. Housing often suffers from structural deficiencies that the associated regional enterprises are unable to remedy due to a lack of resources. The model of property management adopted by the regions – an

emblematic case is the Lombardy Agency for Residential Building²² – has often proved unsustainable where the widening of the bands of poverty and no-fault arrears among tenants brought about an obvious lack of revenue for the maintenance and restoration of buildings, with the aggravating factor of limited financial support from the central level. Collaboration with private social housing and strong decentralization have led in some cases to divergent interventions at the city²³ level, due to inadequate or absent governance. While social housing, especially in urban contexts, has proved to be an innovative and effective response to some segments of the population at risk of housing deprivation thanks to the strong partnership between the third sector, the private sector and the public sector, this solution has not succeeded in diminishing the severe housing emergency. Moreover, in other contexts third sector initiatives have not achieved a level of governance required to implement significant interventions, thus creating strong regional difference, especially between northern and southern Italian regions, but also between urban and non-urban areas. An attempt at greater coordination in terms of governance saw the creation of the National Committee for Social Housing in 2020, which brings together *FederCasa*, *Legacoop abitanti*, *Confcooperative Habitat*, *Fondazione Housing Sociale*, *Fondazione Compagnia di San Paolo*, and *Fondazione Sviluppo e Crescita CRT*. The committee seeks to define a common and shared planning capacity to be adopted in developing public–private partnership projects. Despite the limitations mentioned above, new models are emerging within the framework of social housing (such as co-housing or social caretaking) that reframe the issue of social and environmental management of social and public housing. These often highly localized projects (mediation, neighbourhoods, etc.) are fundamental in addressing and bringing attention to the complex issue of housing policies.

Territorial housing agencies are relevant actors at the local level. However, they have only been attempted in some areas – in the Emilia-Romagna region, for instance – and with varying results. These municipal agencies are charged with helping to meet the demand for low-cost housing, acting as an intermediary between potential renters and the available options in the relevant areas. Also in this case, there are significant regional differences in terms of effectiveness and extent of the interventions.

3.3.4 Level of coverage of public measures

Due to the strong managerial and administrative decentralization of public housing, it is not possible to give an overall picture of the level of coverage of public interventions on a national scale. In addition, there are no disaggregated data that make it possible to reconstruct the overarching situation of the housing hardship or exclusion of children.

For the purposes of this study, it is important to note that entry into social housing sometimes entails the reinforcement of conditions of social marginality, having a negative effect not only on employment conditions, but also on access to services, socialization, and the urban context (exclusion through housing).²⁴ Therefore, access to social rented housing alone does not automatically constitute a path to inclusion, although it represents a fundamental element and is not sufficient to escape conditions of marginality and social exclusion. In fact, if access to economically sustainable housing is not supplemented by social support based on the vulnerabilities that characterize each household, the context in which ERP structures are usually located helps exacerbate the risk of social marginality rather than promoting opportunities for inclusion.

3.4 Nutrition

3.4.1 Regulation

The Italian regulatory framework does not provide a national approach regarding the right

to adequate food which can frame the different aspects of the phenomenon, for example in relation to food chains and food systems. The Italian Constitution does not explicitly protect the right to food but does so indirectly through its adherence to international treaties that guarantee it.²⁵

Table 9 - Nutrition – Italian Reference Legislation

Legislation/Guidelines/Action Plan	Content
Article 25 of the Universal Declaration of Human Rights	The right of every individual to have a standard of living sufficient to ensure the health and well-being of his or her family, with reference to nutrition.
Art. 117 of the Italian Constitution	Food is included in the division of competing responsibilities between state and regions.
Art. 2 of D.lgs. 63/2017	The school lunch service is guaranteed throughout the country, but the management of school lunch services is the responsibility of the municipalities.
Art. 1, paragraph 1, of L. 146/1990 and L. 51/1982	The canteen is an essential public service on individual demand.
L. 155/2003, L. 147/2013, and L. 166/2016	Laws aim to encourage anti-waste and donations of ready-to-eat and unconsumed food – including in the food service industry – to facilitate the redistribution of meals and groceries to the needy.
V Piano Nazionale di Azione e di Interventi per la Tutela dei Diritti e lo Sviluppo dei Soggetti in Età Evolutiva [5th National Plan of Action and Measures for the Protection of the Rights and Development of Persons of a Young Age] – Action 13	Includes the extension of the canteen service among the policies for equity, aimed at combating the absolute poverty of children, girls, and boys. The extension of the school lunch service in schools should start in vulnerable territories and those in which poverty is concentrated.
Linee di Indirizzo Ristorazione Scolastica [Guidelines for school catering (G.U. n. 134/2010)]	Guidelines aimed at management, roles, responsibilities, and nutritional and intercultural aspects in school cafeterias. The guidelines specifically address the subject matter of the contract, the menu (including special diets), food products, personnel, hygiene, transportation and distribution of meals, evaluation of compliance with school food service requirements, evaluation and management of surpluses and leftovers, waste reduction and penalties.
Linee di Indirizzo per la Ristorazione Ospedaliera, Assistenziale e Scolastica [Guidelines for hospital, nursing, and school food service (2018)]	The National Guidelines for Hospital and Welfare Catering recognize as key elements the centrality of the hospitalized patient and the respect of his specific nutritional needs. Among the issues addressed, the management and clinical-nutritional strategies to be adopted for the prevention and treatment of malnutrition and the description of the organizational methods for catering are of great relevance for the psychophysical well-being of the patient.

Legislation/Guidelines/Action Plan	Content
Strategia Nazionale del programma Destinato alle Scuole in Italia [National strategy for the programme targeting schools in Italy (2017–2023)]	Implementation of the <i>Programma di Distribuzione di Ortofrutticoli, Latte e Prodotti Lattiero-Caseari agli Istituti Scolastici per il Periodo 1° agosto 2017 - 31 luglio 2023</i> [Program for the Distribution of Fruit and Vegetables, Milk and Dairy Products to Educational Institutions for the period August 1, 2017 - July 31, 2023], hereinafter referred to as the ‘Programme for Schools’ for brevity. ‘Programme for Schools’ means the food education programme sponsored by the European Union that allocates resources for the provision and distribution of fruits and vegetables, processed fruits and vegetables, and fresh banana products (‘School Fruit and Vegetables’) and for the provision and distribution of milk and dairy products (‘School Milk’) to pupils in educational institutions, for related accompanying educational measures, and for certain related costs.

Source: Own analysis

3.4.2 Financing

There are many elements in the Italian framework of direct funding for food aid and for individuals and families in need. The following are the provisions that directly concern children.

The Fund for European Aid to the Most Deprived (FEAD)²⁶

In Italy, the FEAD Fund is coordinated with the fund for the financing of national programmes of food distribution to the most deprived people.²⁷ The FEAD Fund finances national programmes for the distribution of food to people in need.²⁸ The resources available for the period between the beginning of 2014 and the end of 2020 amount to €595 million, to which Italy was expected to contribute €118.3 million.

The Strategia Nazionale del Programma Destinato alle Scuole in Italia (2017–2023)

This programme targets elementary school pupils (6–11 years old) with the aim of involving approximately one million pupils through the free distribution of fresh produce in schools (specifically, vegetables, fruit and dairy products). The distribution takes place at the same time as meals. Distribution is either regular/ (carried out individually by the contractors at participating schools in

compliance with the distribution programme approved during the tender) or special (carried out by the contractors as part of dedicated days, special events and accompanying measures). The programme also includes measures aimed at strengthening education information on nutrition. For the 2020/2021 school year the final allocation was of €20.49 million for fruit and vegetables destined to schools and €9.02 million for milk. These values were decreased for the 2021/2022 school year, with €17.13 million allocated for fruit and vegetables and €8 million for milk.

School lunch services

School meals are a service based on individual demand. Municipalities cannot offer the service free of charge, but are required to request a contribution, even if minimal, from users. The relevant municipality has full discretion to decide the amount of the contribution parents in each income bracket pay for their children’s school meals. Therefore, it is not currently possible to reconstruct the picture of funding devoted to the service.

Ministero della Salute funds for children and adolescents (Autorità Garante per l’Infanzia e l’Adolescenza)

Approximately 75 per cent of spending goes to scientific-paediatric inpatient and nursing

institutions, followed by 9 per cent to food hygiene and safety and nutrition and 7 per cent to the National Centre for Disease Control and Prevention. However, from 2012 to 2017, funding for food hygiene and safety and nutrition fell by 71.2 per cent (*Autorità Garante per l'Infanzia e l'Adolescenza, 2019*).

Food bonuses (2020–2021)

In the COVID-19 period, €400 million was allocated to supplement the Municipal Solidarity Fund to be used for the distribution of shopping vouchers and/or the purchase of necessities to meet the growing needs of the population groups most affected by the pandemic. With the second pandemic wave, the programme was allocated a further €400 million via the new D.I. 154/2020.

PNRR

Regarding schools, the PNRR includes an ad hoc section for the construction or renovation of canteen spaces for a total of about a thousand buildings by 2026. Mission 4 on the strengthening of the supply of education services (from preschools to universities) has allocated €19.44 billion to improve the quality and services of education and training, about €400 million of which will be provided for the construction of school canteens (57.68% of the funds are allocated to the southern Italian regions). Finally, the largest number of interventions concerning the agro-food sector falls within Mission 2 ('Green revolution and ecological transition') and within its Component 1 ('Circular economy and sustainable agriculture'), to which the Plan has allocated €5.27 billion.

Ministero della Salute Fund to Address Nutrition and Eating Disorders²⁹
L. 234/2021 (*Legge del Bilancio 2022*) has allocated approximately €15 million in 2022 and €10 million in 2023 for the *Fondo per il Contrasto dei Disturbi della Nutrizione e*

dell'Alimentazione del Ministero della Salute (the Ministry of Health Fund to address Nutrition and Eating Disorders). The funds are to be used for the epidemiological assessment of patients suffering from eating disorders, helping families with children or loved ones facing eating disorders who were previously not supported by public services.³⁰

3.4.3 Governance

Food assistance policies involve various formal and informal actors of different types and sizes, at various levels of government: national, regional, municipal and civil society. Due to the fragmentary nature of interventions, it is not currently possible to reconstruct the entire picture of governance systems involved in facilitating access to the right to food. However, it is important to mention two cases of national and subnational governance in food: the coordination of FEAD and the School Canteen Commissions.

The coordination of the FEAD

The *Ministero del Lavoro e delle Politiche Sociali* is responsible for Operational Programme I of the FEAD for the 2014–2020 programming cycle. The fund also provides for coordination between the Ministry, the *Ministero delle Politiche Agricole, Alimentari e Forestali* [Ministry of Agricultural, Food and Forestry Policies (MIPAAF)] and the *Agenzia per le Erogazioni in Agricoltura* [Agency for Disbursements in Agriculture (AGEA)].³¹ The national coordination structures of the lead partner organizations are the *Associazione Banco Alimentare di Roma*, the *Banco delle Opere di Carità*, *Caritas Italiana*, the *Comunità di S. Egidio*, the Italian Red Cross and the *Fondazione Banco Alimentare*.

School canteen committees³²

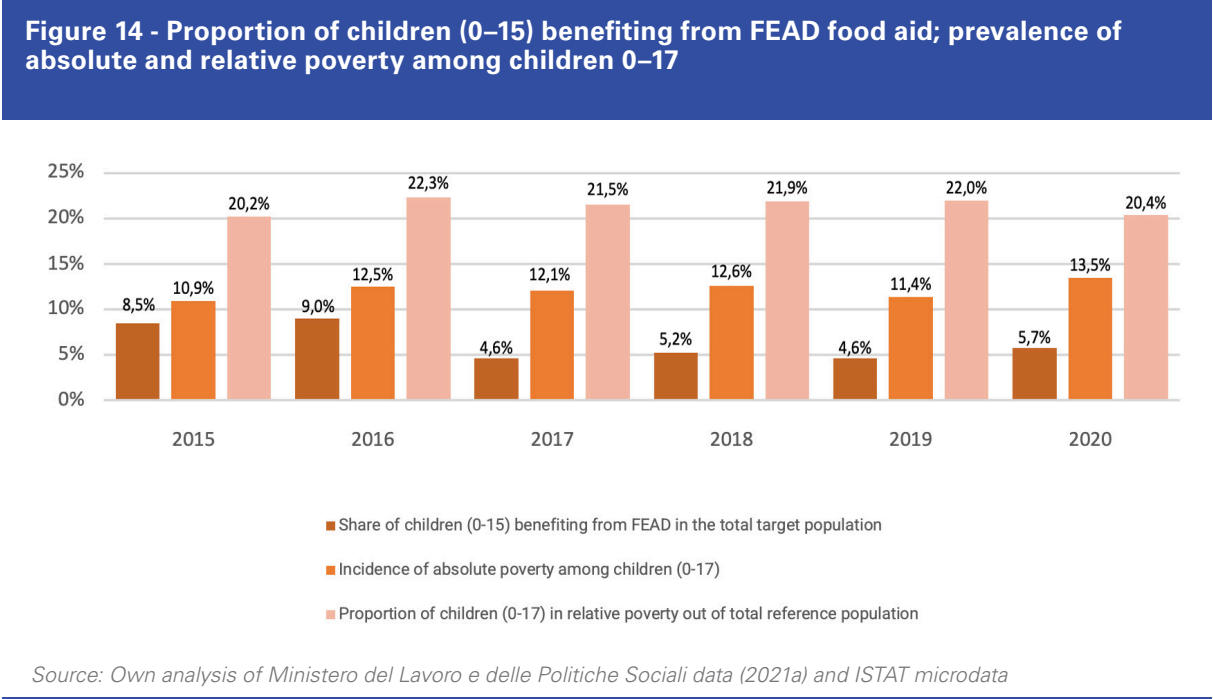
At a local level these bodies collaborate with the

municipal administration to assure the quality and quantity of the food provided to students with reference to the dietary guidelines in force. The committees evaluate and monitor the service through surveys of the canteen users. The canteen committees include the President of the School Board, representatives of parents from preschools, representatives of parents from elementary schools (who use the canteen service), a representative of the teaching staff and a representative of the municipality.

3.4.4 Level of coverage of public measures

The coverage of FEAD funds

The FEAD reaches about half of the children in absolute poverty and about a quarter of those in relative poverty (*Figure 14*). From 2015 to 2020, the prevalence of absolute poverty among children under age 18 increased by about 3 percentage points. Despite this, the percentage of children receiving FEAD food aid decreased by the same amount.

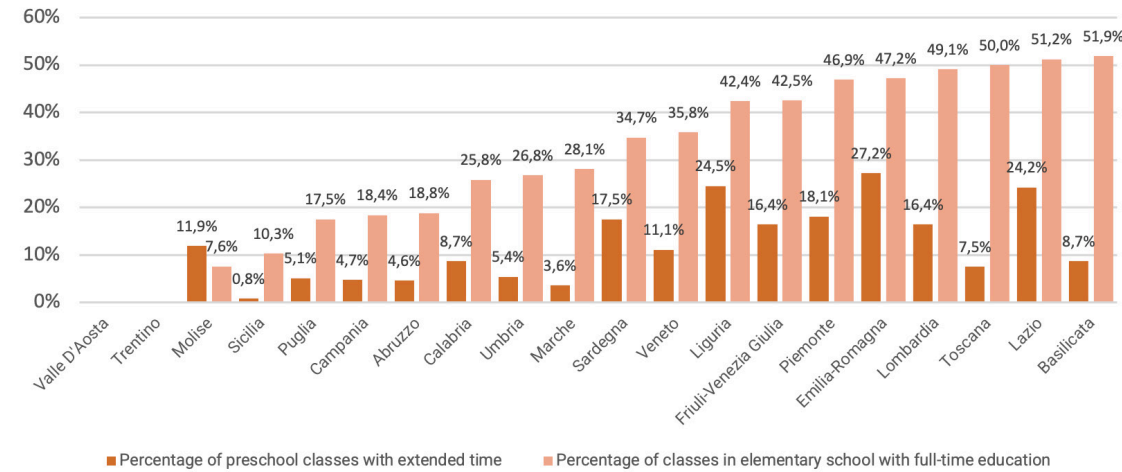


Coverage of school lunch services

Access to full-time schooling is a clear indicator of use of the canteen service. The lack of full-time classes and school canteens is closely related to pupil dispersion, with a strong correlation between the phenomena. The percentage prevalence of preschool classes

without extended time is much higher than in primary schools. Despite this, clear geographic disparities are recorded in both cases. Basilicata is the region with the highest percentage of primary classes with full-time education (51.9%), while Molise is the region with the lowest, at 7.6 per cent.

Figure 15 - Percentage of preschool classes with extended time and primary school classes operating full time (2019/2020 school year)

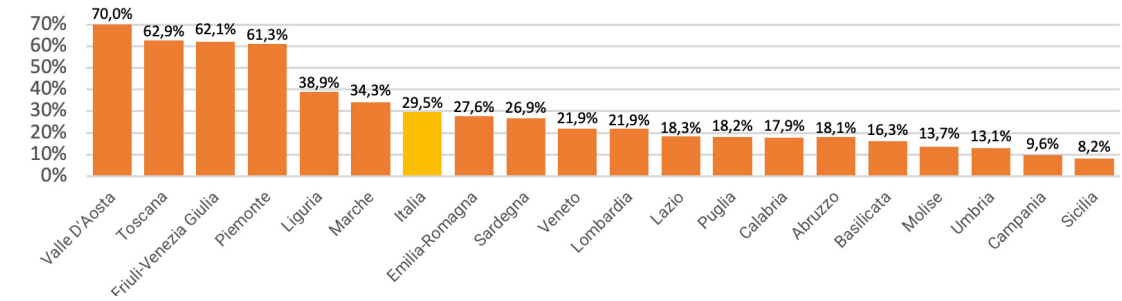


Source: Analysis of Ministero dell'Istruzione data, Single Portal of School Data

At the infrastructure level, according to the Openpolis analysis of 2018 *Ministero dell'Istruzione* data, out of 40,160 state school buildings in the country, only 10,598 (29.5%) are equipped with canteens. Most of these

are concentrated in Valle D'Aosta (70%), Tuscany (62.9% and Friuli-Venezia Giulia (61.3%), while they are present to a lesser extent in Campania (9.6%) and Sicily (8.2%) (Figure 16).

Figure 16 - % of school buildings with a canteen, 2018



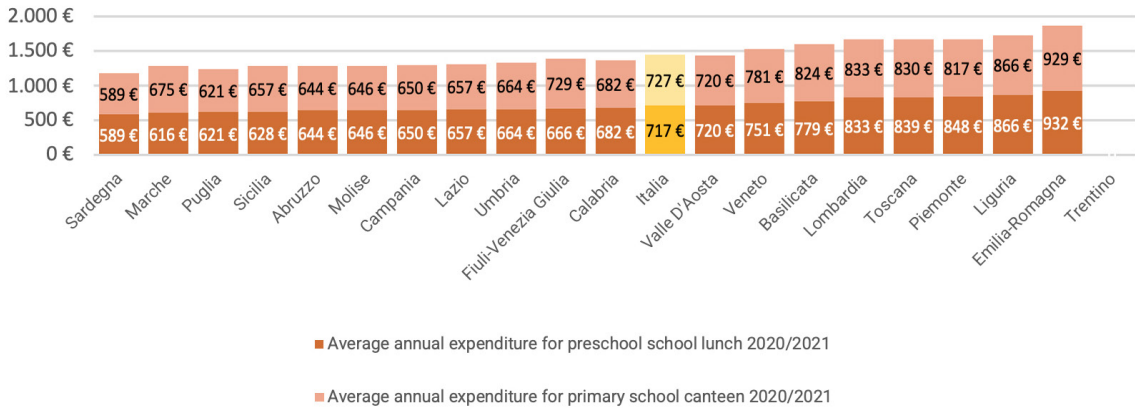
Source: Own analysis of MIUR and Openpolis data

However, the data on school buildings does not explain access to school lunch services entirely, as these services are often provided even in the absence of kitchen facilities. Data on access to full-time schooling and on the cost of these services is also helpful. In relation to the prevalence of children who have access to part-time education (25 hours per week), the region with the highest values is Sicily (41.8%), followed by Puglia (22.6%), Lazio (17.3%) and Campania (12.3%). With reference to elementary school, this figure is significantly

lower. In Italy, the percentage of children who attend full-time classes in elementary school is 34.2 per cent. These values range from 52.9 per cent in Lazio to 7.8 per cent in Molise. Data from Valle d'Aosta and Trentino-Alto Adige are not available.

Cittadinanzattiva has examined the rates of the 110 provincial capitals for both preschools and elementary³³ school and has found that northern Italian regions are still the areas with the highest rates (Figure 17).

Figure 17 - Average annual expenditure on school canteens in preschools and primary schools per child (2020/2021)



Source: own processing of Cittadinanzattiva data, V survey on school canteen fees (2020–2021).

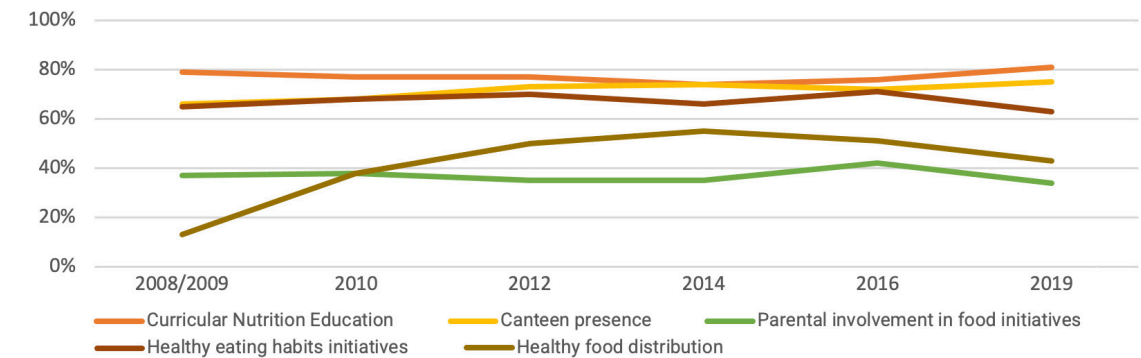
Note: The figure expresses the average annual rates for a reference family composed of three people (two parents and a child) with an annual gross income of €44,200 and ISEE equal to €19,900. For the calculation of the annual fee for the canteen service, the survey has assumed a frequency of the child of 20 days per month for 9 months (therefore, extra annual and/or monthly fees are excluded).

Nutrition education

A study³⁴ conducted by the *Istituto Superiore di Sanità* revealed that 43 per cent of the sampled schools plan to distribute healthy foods, 81 per cent plan curricular nutrition education,

and 34 per cent involve parents in healthy eating initiatives. Approximately 93 per cent of sampled schools plan to reinforce physical activity and 29 per cent involve parents in these initiatives (Figure 18).

Figure 18 - Percentage change in trends promoting good eating habits at school



Source: Own analysis of Okkio alla Salute data (2019)

Breastfeeding

A 2019 survey by the National Institute of Health revealed that in Italy less than a quarter (23.6%) of children reaching 4–5 months of age are exclusively breastfed. Regarding the extension of breastfeeding, the proportion of children who consumed breast milk after reaching 12–15 months of age is 31.3 per cent. Finally, 11.7 per cent of children in the age group covered by the survey³⁵ were never breastfed. The percentage of children exclusively breastfed in the 4–5 months age group varies between 16.6 per cent in Campania and 44.7 per cent in the Provincia Autonoma di Trento (Autonomous Province of Trento). The lowest percentage of children exclusively breastfed (4–5 months) is found in the southern Italian regions. The prevalence of children in the 12–15-month age group who consume breast milk varies between 22.4 per cent in Campania and 40.8 per cent in Piemonte, with values that tend to decrease from the northern Italian regions to those of the central and southern Italian regions. Finally, the number of children who have never been breastfed varies from 5 per cent in the Marche to 18.4 per cent in Sicily; these figures are higher than expected and tend to be higher in the southern Italian regions.³⁶

3.5 ECEC

3.5.1 Regulation

In Italy, between the end of the 1960s and the beginning of the 1970s, the regulatory basis for the development of early childhood socio-educational services was laid out with the establishment of state preschools (L.444/1968) and local nurseries (L.1044/1971). However, while the central government assumed responsibility for financing preschools, this did not happen for the nurseries – which were defined as social services of public interest, without a subjective right of access or a clear mechanism of financing.

In 50 years this approach has not changed, and it has been the regions themselves that have invested in nurseries in different ways and with different priorities through regional legislation, at times creating local standards and regulations. At the same time, there have been interventions on individual aspects in national legislation, such as the possibility of early enrolment in preschool through L.53/2003 or the institution of *sezioni primavera* through L.296/2006.

The central government has resumed offering childhood education services with D.lgs 65 of 2017 (implementation of Law 107/2015, art.1, paragraph 181, subparagraph e) named the *Buona Scuola* reform). Article 2 introduced the important institutional innovation of the *Sistema Integrato di Educazione ed Istruzione 0–6* (0–6 integrated system). This system is made up of educational services for infants and state and state-accredited independent preschools. Therefore, services for children from 0 to 3 years of age have been included in the educational system, becoming its first important component.

According to the legislation currently in force in Italy, educational services for children are divided into:

- Nurseries and micro-nurseries that welcome children between 3 and 36 months of age;
- *Sezioni primavera* (L.296/2006), which welcome children between 24 and 36 months of age, usually as part of preschools.

Integrative and supportive services for parents (play areas, centres for children and families) are provided alongside them.

The legislation requires that 0–3 and 3–6 childcare services work in continuity and coherence as part of a progressively integrated system. This legislative innovation is in the process of being implemented,

despite the difficulties caused by regional differentiation and the different evolution that nurseries and preschools have followed for decades (also in terms of the professional skills required). From this point of view, the path of the Child Guarantee represents a unique opportunity to reform the 0–6 integrated system and implement innovative and urgent measures to adapt the supply of services to which children are entitled.

The issue of quality is equally complex. In Italy there is no single framework for ensuring the quality of educational services for 0–6-year-olds. Nevertheless, some Italian initiatives – the Montessori method, the Reggio Emilia Approach® and the Tuscan Approach – are globally renowned for their quality. It is necessary, therefore, to generate a tool or a process of quality assurance in services for 0–6-year-olds, built on the virtues of these initiatives.

Pedagogical guidelines for the 0–6 integrated system were adopted recently, with D.M. 334/2021, after deliberation by the *Commissione Nazionale per il Sistema Integrato di Educazione e di Istruzione* (the National Commission for the Integrated System of Education and Instruction), established pursuant to article 10 of D.lgs. 65/2017. The Commission is also in the process of drawing up national guidelines for childcare educational systems.

Table 10 - Early childhood education services for children – Italian Reference Legislation

Legislation/Guidelines/Action Plan	Content
L. 444/1968	It establishes the state nursery school, which welcomes children of preschool age from three to six years. This school aims to educate, develop the child's personality, and provide preparation for compulsory school attendance, complementing the work of the family. Enrolment is optional; attendance is free.

Normativa/Linee di indirizzo/Piano di azione	Contenuto
L. 1044/1971	Day-care assistance to children up to the age of three, as part of a family policy, constitutes a social service of public interest. The purpose of day-care centres is to provide temporary care for children, to ensure adequate assistance to the family and to facilitate women’s access to work within the framework of a comprehensive social security system.
L. 53/2003, Art.2, paragraph (e)	Children can be enrolled at different times, and be introduced to the school gradually, depending on their individual circumstances. For children who turn three years of age by April 30 of the relevant school year, including in relation to the introduction of new professionalism and organizational methods.
L. 296/2006, Art. 1, paragraph (c) 630	To meet the growing demand for educational services, it establishes, on an experimental basis, the so-called ‘spring sections’, educational projects aimed at children between 24 and 36 months of age, mostly associated with kindergarten to promote an effective continuity of education.
D.lgs.65/2017	In order to guarantee to children from 0 to 6 years old equal opportunities of education, care, relationship and play, overcoming territorial, economic, ethnic and cultural inequalities and barriers, it establishes the Integrated Education and Training System, which promotes the continuity of the educational and scholastic path, contributes to reduce cultural disadvantages, social and relational disadvantages and promotes the inclusion of all children, welcomes children with disabilities, respects and welcomes diversity, supports the primary educational role of families, promotes the reconciliation of the time and types of work of parents and the care of children, promotes the quality of education, and promotes the quality of the curriculum.
D.l. 86/2018. Art.3, converted into Law 97/2018	Assigns to the Presidency of the Council of Ministers the functions of direction and coordination in the field of policies for children and adolescents, also with reference to the development of socio-educational services for early childhood.
D.M.334/2021	Adoption of the ‘Pedagogical guidelines for the 0–6 integrated system’.

Source: Own analysis

3.5.2 Financing

Preschools, part of the operating model of the *Ministero dell’Istruzione*, have been able to count on stable state funding. In the case of nurseries, from L. 1044/1971 on, the regions and municipalities were given autonomy to define the resources to be invested, with only a partial contribution of resources from the central government used to cover the costs. This created significant regional differences in interventions. In the educational year 2018/2019 the expenditure for the nurseries was €1.46 million, of which €1.12 million was borne by the municipalities and

€288,000 (19.8% of total expenditure) borne by families as a form of cost-sharing (ISTAT data). Resources dedicated to supplementary services must be added to this figure, amounting in the same educational year to about €45 million (of which 4 million are borne by families). In 2018/19, families spent an average of €2,208 per annum on childcare.

Italian legislation foresees two instruments to support families in bearing these costs. The first is a 19 per cent deduction for the costs of attending nurseries for an amount currently not exceeding €632 per year for each child, introduced by L. 266/2005. The

second tool is the *Bonus Nido* [childcare bonus], introduced by L. 232/2016, consisting of an annual voucher for €1,000 (increased in the 2020 budget to a figure that varies according to ISEE of between €1,500 and €3,000) to reimburse expenses incurred from childcare. In 2019, about 290,000 people benefited from the contribution, equal to 21.5 per cent of children between 0 and 2 years old: a percentage very close to that of those attending the nurseries (ibid.). On average, 38 per cent of the expenditure of families for nurseries is covered by the Bonus and another 5 per cent by deductions (*Alleanza per l’Infanzia*, 2020). The two measures (deductions and Bonus) are not cumulative.

It should also be noted that the childcare bonus, as it is intended by the legislation, will not be absorbed by the new AUUF.

On the other hand, spending on preschools can be estimated at about €6.4 billion for 2017 (*Garante per l’Infanzia e per l’Adolescenza*, 2019).

On 9 September2021, an agreement was reached on the allocation of resources from the *Fondo Nazionale per il Sistema Integrato* 0–6 for the 2021 (second part), 2022 and 2023 financial years. It covered the rest of 2021 with €43.5 million, while for 2022 and 2023, €309 million are planned for each year in line with the 2021–2025 five-year plan approved on 8 July 2021, which establishes the methods and timing for the disbursement of resources directly to municipalities by the *Ministero dell’Istruzione*, according to regional programmes. The 0–6 fund finances: renovations and building safety, operating expenses, and staff training. Compared to previous years, there is a faster time frame for the allocation of resources to municipalities and a more precise timeline for regional programming.

PNRR

Finally, the PNRR foresees an investment in childcare and preschool educational services amounting to €4.6 billion, which alone represents 2.4 per cent of the total resources envisaged in the Plan. It foresees the creation of 264,480 new nursery places, with the objective of reaching 50 per cent of supply for 0–3 services, currently stable at 26.9 per cent (ISTAT).

In terms of national resources, the NRP complements resources already allocated. L. 160/ 2019 (*Legge di Bilancio* 2020) established the fund for childcare and preschools (See Article 1, paragraphs 59 to 61, “for the financing of interventions relating to public works for securing, restructuring, upgrading or construction of buildings owned by municipalities intended for nurseries and preschools”). Paragraph 59 establishes the fund within the *Ministero dell’Interno* budget, with an endowment of €100 million for each year between 2021 and 2023 and €200 million for each year from 2024 to 2034, for an overall total of €2.5 billion.

L. 178-2020 (*Legge di Bilancio* 2021) increased the endowment of the *Fondo di solidarietà Comunale* (Municipal Solidarity Fund) for operational costs. The additional resources are intended to finance the development of municipal social services carried out individually or in association with the municipalities of ‘ordinary statute’ regions and to increase the number of places available in the nurseries of the municipalities of these regions, and the regions of Sicily and Sardinia, with particular attention to municipalities where the services mentioned are most lacking.

In particular, the annual allocation of the *Fondo di solidarietà Comunale* was increased by a total of €215.9 million for 2021, €354.9 million for 2022, €499.9 million for 2023,

€545.9 million for 2024, 640.9 million for 2025, €742.9 million for 2026, €501.9 million for 2027, €559.9 million for 2028, €618.9 million for 2029 and €650.9 million for 2030, compared to the budget of €6,213,7 million provided for by current legislation. With reference to nurseries, the allocation is equal to €100 million for 2022, €150 million for 2023, €200 million for 2024, €250 million for 2025 and €300 million per annum starting from 2026. The draft budget for 2022 provides additional funding for preschools (Article 172).

Such funding is also provided in view of determining an essential level of childcare services, equal to 33 per cent of the population of resident children in the age group from 3 to 36 months, on a local basis, provided for in the 2022 draft budget (article 44).

3.5.3 Governance

Although the D.l.65/2017 provides for the establishment of an 0–6 integrated system, currently in Italy these services are still divided into two segments, usually not integrated with each other, and dedicated respectively to children 0–3 years (nurseries) and 3–5 years (preschools).

The administration of 0–3 services has been delegated to the regions as far as the definition of service standards is concerned, while the municipalities are autonomous in determining how many nursery places are financed. The latter can manage the services directly, with their own staff, or indirectly through cooperatives. In addition, they oversee authorizations to operate and, if provided for, certify and support private services. In addition to traditional nurseries, there are many less structured child-caring services (small educational groups, childminders, services with the presence of a parent, baby parking, etc.). Most of these

services have a function that is primarily custodial, which, however, often lends itself poorly to an education-centred approach such as the one envisioned in D.l. 65/2017. The central government is responsible for overall monitoring, supported by the regions. While at present there are no codified quality assessment tools, there are minimum space standards which are defined at the regional level.

Preschools, on the other hand, are mainly managed by the central government (the reference entity is MIUR) through the *Istituti Comprensivi*, of which the head teacher is ultimately responsible. The staff is hired by the central government. There are some interesting examples (e.g., Reggio Emilia) where the managing body is the municipality itself, and paths have been developed to improve quality within a framework of sustainability of public finances. Some schools, as in the case of nurseries, with the indirect system (through a cooperative or other management entity). In addition, there is the strong historical presence of parish preschools, mostly members of the *Federazione Italiana delle Scuole Materne* [Italian Federation of Nursery Schools (FISM)]. Finally, there is a residual component of private schools.

3.5.4 Level of coverage of public measures: nurseries

In the 2018/2019 school year, national coverage of early childhood education services reached about 25 per cent of children up to two years of age. This figure, which includes the private supply, is still well below the minimum quota of 33 per cent established by the European Union as the percentage of children who should be guaranteed access to early childhood education services and is well below the average coverage rate in the entire

European Union, which is 35 per cent (source Eurostat – EU-SILC Survey).

Nursery attendance increases rapidly as age increases. 6.2 per cent of children between 3 and 12 months attend nurseries. This rises to 25.7 per cent for children between 12 and 24 months and 46 per cent among 24/36-month-olds. The reasons for this strong variation by age, as ISTAT makes clear, are to be found in the idea held by many parents that children are too young before the age of one or two, or in the concern for the consequences that such attendance might have on their health. Many families choose to enrol two-year-olds in preschool as early starters, in facilities designed for later age groups, for reasons related to the cost of the service which decreases significantly in the transition from nurseries to preschools. There were over 71,000 early starters in the 2018/2019 educational year, representing 14.8 per cent of resident two-year-olds.

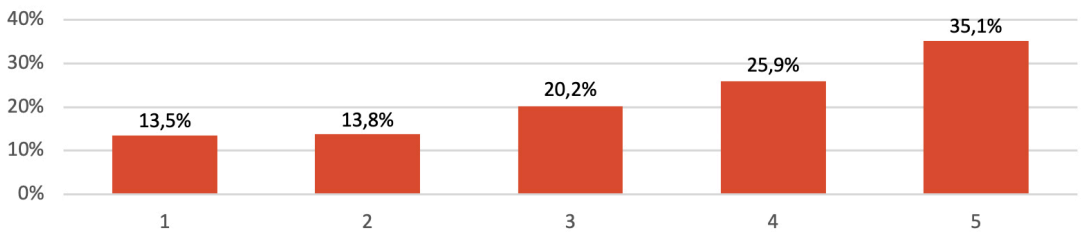
Seventy per cent of children who attend nurseries have both parents (or the single parent) who are employed, while the remaining 30 per cent have at least one parent (or the only parent) who is unemployed, usually the mother. Often the criteria for

access tend to favour families in which both parents are employed, which ends up indirectly discriminating against single-income families.

No data are currently available for children with a migratory background, who only attend nurseries to a limited extent. The Emilia-Romagna region is one of the most inclusive and indicates attendance by children with a migratory background at around 7 per cent. Once again, the cost of the service has an important impact in determining the propensity of families to send their children to nurseries. It is also worth remembering that the *Bonus Nido*, in the regions where it is granted in order to lower the cost of the service, cannot be granted to a person without right of residence.

The income of families of children who attend nurseries equalled €37,699 on average in 2019, compared to €31,563 for families whose children do not. For children who belong to the first and second quintiles of the income distribution brackets, attendance at nurseries is just below 14 per cent, while in the third and fourth income quintiles it rises to 20 per cent and 26 per cent respectively, reaching 35 per cent attendance in the last quintile (Figure 19).

Figure 19 - Households with children under age 3 accessing day care, by income quintile



Source: European Household Income and Living Conditions Survey, 2018

Parental educational attainment also appears to influence educational opportunities. Parents with a college degree tend to enrol children in childcare more often than average (49.5%).

There are wide regional differences. Both the northeastern and central Italian regions report coverage above the European target (34.5% and 35.3%, respectively); the northwestern Italian regions barely reach the target (31.4%) while the southern regions (14.5%) and the islands

(15.7%), though improving, are still far from the target.

At the regional level, the highest levels of coverage are recorded in Valle D'Aosta (43.9%), followed by several regions in the centre and the north, all above the European target. From 2019, Lazio and Friuli-Venezia Giulia also exceed 33 per cent (34.3% and 33.7% respectively). At the other end of the scale, Campania and Calabria are still below 11%.

pupils), higher in the private sector (-23%) than in the public sector (-13%), and affected the entire country.

The decrease in enrolment is only partially attributable to the demographic decrease of the target population. On the one hand, there is an important phenomenon of early enrolment in primary school, which concerns 7 per cent of 5-year-old children (about 36,000). On the other hand, it is a phenomenon strongly linked to children's migrant background. Almost 94 per cent of children with Italian citizenship attend nursery school or have brought forward their entry to primary school, compared with about 80 per cent of children with non-Italian citizenship.

Children with disabilities represent 2 per cent of those enrolled in preschool (ISTAT, 2020). Access is lower due to families' financial conditions, an unclear interpretation of the rights provided by L.104/1992, and an overall lack of preparation for inclusion – in particular a lack of training for special education teachers.

Two other critical issues should be added to the question of children with a migratory background: on the one hand, the spread of full-time education; on the other, the costs incurred by families for preschools.

One child in ten among those enrolled in preschool does not benefit from full-time education. In most Italian regions this percentage is very low and responds to the specific needs of children and families: in all the central and northern Italian regions and in Abruzzo it is around or below 4 per cent, except in Umbria (5.7%) and Lazio (17.3%). The lack of full-time education affects above all the southern Italian regions. In Campania and Calabria 12–14 per cent of children attend part-

time education, in Puglia almost 23 per cent. In Sicily, 41.8 per cent attend part-time classes.

In the private school system, unlike public schools, parents pay a fee to enrol their children. However, in both types of school families must contribute to the cost of meals. This is a significant expense, and one that can create problems for those with low to medium incomes. As calculated by *Cittadinanzattiva*, in the 2019/2020 school year, the average annual per capita expenditure for school meals in preschools was €735.

In addition to access, the quality of these services is also crucial. The coordination and the definition of standards and regulations by the central government could help in the development of educational services that are aware of their role and have a substantial amount of places, made accessible without discrimination.

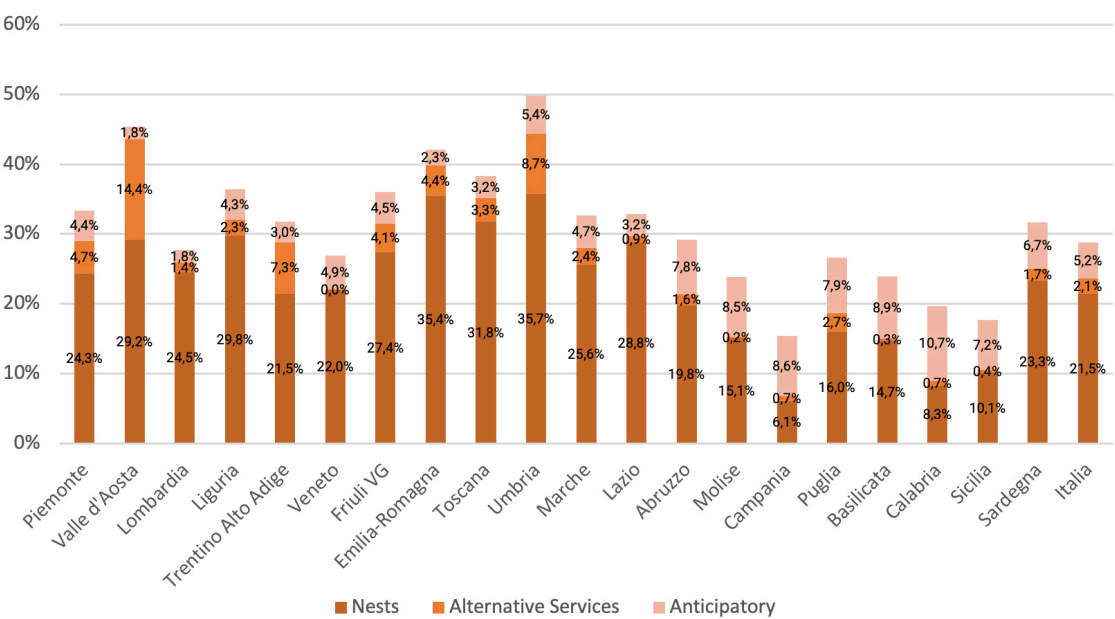
3.6 Education

3.6.1 Regulation

Article 34 of the Constitution states that education is open to all and that early education, lasting at least eight years, is compulsory and free. Capable and deserving students, even if lacking in means, have the right to attain the highest levels of education through state scholarships. In addition, Article 33 enshrines teachers' freedom to teach at the constitutional level. Thus, the role of the state is to regulate education and learning, and to establish educational institutions for each level of schooling.

The legislation governing the school system has evolved significantly over the past 30 years:

Figure 20 - Coverage of 0–3 education services in Italy, by region



Source: ISTAT, 2021

3.5.5 Level of coverage of public measures: preschools

From the 2010/11 to the 2019/20 school year, the number of preschools decreased

by about 6 per cent, from 24,101 to 22,732. This reduction affected private facilities more (an 11% decrease) than public facilities (a 4% decrease). The decline in enrolment over the same period was 16 per cent (about one in six

Table 11 - Educational services for children – Italian Reference Legislation

Legislation/Guidelines/Action Plan	Content
D.lgs 297/1994 (Testo unico della legislazione scolastica)	Clarifies key parameters of school governance
L.59/1997 (Bassanini Reform of Public Administration)	Establishes school autonomy, which delegates significant freedoms to schools in defining curricula and instructional design
L.62/2000 (Norms for school equality and provisions on the right to study and education)	Regulates non-state schools, recognizing the full validity of private schools, and establishes the requirements that they must guarantee to users and to the central government to obtain the status of a private school.
L.165/2001, art. 35 (Testo Unico per il pubblico impiego)	Strengthens the role of school leaders, giving them management status and outlining their duties, responsibilities and functions
L.53/2003	Identifies essential levels of service (<i>Livelli Essenziali di Assistenza</i> – LEA) in education and vocational training
D.lgs 226/2005 (Reform of the second cycle)	Establishes general standards and LEA related to the secondary school system
M.D. 139/2007 Compulsory education	Specifies how to fulfil the obligation of education, which applies up to 16 years of age
(P.D. 87/2010; P.D. 88/2010; P.D. 89/2010) that accept D.I. 112/2008	Outline the new structure of high schools, technical institutes and professional institutes. Taken as a whole, they represent the most important normative reference point for the new secondary school system.
National indications for the first phase 04.09.12	National indications for the curriculum of preschool and first phase of education
La Buona Scuola – Reform established by the Legislative Decree of April 13, 2017, nos. 59 to 66 (Official Gazette, no. 112 S.O. 23/L.16/05/2017) and the Decrees implementing the law reforming the education system no. 107/2015	Introduced greater autonomy on the part of school leaders with respect to mechanisms for evaluating teachers, measures for special education teacher training and innovations in curricula, with an emphasis on digital ³⁷ teaching. The <i>Buona Scuola</i> reform encourages a culture of educational planning by asking individual schools to draw up a Three-Year Plan of the Curriculum (PTOF). Unlike the old POF, the PTOF adopts a three-year logic and provides guidance on engaging with the local community. The <i>Buona Scuola</i> also encourages actions aimed at school inclusion, starting with the PTOF itself, which must also contain a Plan for Inclusion.

Source: Own analysis

Inclusion policies

Italy was among the first European countries to choose the path of integration of pupils with disabilities in regular schools and classes. L.517/1977 introduced the term ‘integration’ for all disabled pupils and began to design individualized educational interventions aimed at their full development.

L.104/1992 enshrines the right to study for children with disabilities. With L.53/2003 (the Moratti Reform), personalized learning was introduced.

The directive on pupils with *Bisogni Educativi Speciali* [Special Educational Needs (BES students)] of 27/12/2012 began the

requirement of drafting of *Piani Didattici Personalizzati* [Personalized Learning Plans (PDP)]. Each school is also required to set out its responsibilities towards BES students in a *Piano Annuale l’Inclusività* [Annual Plan for Inclusion (PAI)]. A PAI is an institutional tool for planning inclusive education: it defines principles, strategies and criteria for the inclusion of students and clarifies the tasks of those involved in the inclusion plan, actions and teaching methods to promote their learning.

BES students are generally grouped by:

- Social, cultural and linguistic disadvantages, including:
 - Roma, Sinti and Caminanti students;
 - Foreign students or students with difficulties with the Italian language;
 - Newly arrived students in Italy³⁸ (NAI);
 - Foreign students who have arrived in Italy in the last three years (students who have passed the first literacy level but have not yet reached the level of Italian language skills necessary to be able to engage with study);
 - A foreign student who, despite being in Italy for several years – beyond the three-year period – still has difficulty in the Italian language and in particular in studying;
 - A foreign student whose age does not match his or her grade, either due to repeating a year or because their family requested they join a later grade;
- Pupils with behavioural-emotional distress issues;
- Socioeconomically disadvantaged students;
- Disabilities (and therefore protected by L.104/1992):
 - Psychomotor disabilities;
 - Sensory disabilities;
 - Neuropsychological disorders;

- Specific Developmental Disorders, including:
 - Disturbi Specifici di Apprendimento [Specific Learning Disorders (DSA)];
 - Dyslexia;
 - Dysorthographia;
 - Dysgraphia;
 - Dyscalculia;
 - Deficits in nonverbal motor coordination skills (DANV);
 - Attention deficit hyperactivity disorder (ADHD);
 - Language deficits.

L.170/2010 protects the right to learning of DSA students, establishing their right to personalized learning, and requiring schools to adopt compensatory and exemption measures to adapt the teaching experience to each student’s specific characteristics.

3.6.2 Financing

Like many other European countries, Italy has seen a gradual decline in the percentage of GDP allocated to public education since the 2008 financial crisis.

Expenditure in public education in Italy decreased in absolute terms from almost €71.5 billion in 2009 to €65.7 billion in 2014 (Eurostat). Resources then increased steadily from 2016, also thanks to funding provided by the *Buona Scuola* reform. However, these investments have not yet returned to pre-2008 levels and are distributed unevenly among the various levels of education. Data from recent years (2018–2019) place Italy as one of Europe’s poorest performers in terms of investment in education as a percentage of total public expenditure – 3.9 per cent of GDP compared to 4.7 per cent of the EU27 average (Eurostat, 2021).

Schools’ main financial endowment consists of funds allocated by the central government

for administrative and teaching operations. This endowment is allocated without any constraint other than that of priority use for carrying out education, training and guidance activities according to each type and category of school. Regions, local authorities, other bodies, and private individuals may also contribute funds to be earmarked for the implementation of specific projects. Schools cannot receive donations and bequests. The resources committed to alternative education for children aged 14–17 come mainly from regional or provincial funds.

PON and POR

The other main sources of funding are the *Fondo Sociale Europeo* [European Social Fund (ESF)] and the *Fondo Europeo di Sviluppo Regionale* [European Regional Development Fund (ERDF)] (ISFOL, 2008, p. 62). These structural funds are available directly to educational institutions through calls for proposals organized under the *Programmi Operativi Nazionali* [National Operational Programmes (PONs)] and *Programmi Operativi Regionali* [Regional Operational Programmes (PORs)] administered by the *Ministero dell'Istruzione*. PON and POR funds have become key to influencing the education system, because grants are required to be linked to schools' *Piani Triennali per l'Offerta Formativa* [Three-Year Plans for the Curriculum (PTOF)].³⁹ As a result, the *Buona Scuola* reform has dictated the priorities of much of the €3 billion provided in the PON 2014–2020,⁴⁰ prioritizing actions to combat early school leaving, distance learning, teacher training, school infrastructure upgrades, digital connectivity, administrative capacity-building and evaluation.

Nonetheless, the management of the PON calls for proposals presents several challenges, from delays in the disbursement of funds to schools' struggles to comply with reporting requirements. By the end

of 2019, the level of committed resources amounted to €1.9 billion, or 70 per cent of the total available, while the level of payments was only 38.8 per cent of the committed resources (FLC GIL, 2019).

These calls for proposals are for grants ranging between €10,000 and €15,000 per project – small amounts when compared to the time and resources needed by schools to design, administer and report on projects. PON funding, moreover, is likely to be more easily obtained by schools (of all levels) with the human resources and administrative capacity needed to participate in calls for proposals, potentially at the expense of the most disadvantaged schools.

The role of the third sector

The third sector is assuming an increasingly important role in school settings thanks to targeted partnerships with individual schools. Third sector involvement holds the potential to foster the intersectoral interventions promoted by the Child Guarantee, thanks to the work of these institutions in other policy areas.

Patti educativi di comunità (Community learning agreements) are an increasingly common tool for this purpose. They are partnerships between schools and other public and private entities manage the implementation of educational projects linked to regional characteristics and opportunities. The 2020–2021 *Piano Scuola* (School Plan) from the *Ministero dell'Istruzione* highlights the importance of these partnerships in making available parks, theatres, libraries, archives, cinemas, museums and other spaces to carry out educational activities that are complementary to traditional ones.

Banking foundations such as *Compagnia di San Paolo* and *Cariplo* are among the main financiers of non-profit initiatives in Italy. These institutions almost always

have a statute that binds them to their region of origin, although the need for projects implemented on a national scale is becoming increasingly evident. In April 2016, a Memorandum of Understanding was signed between banking foundations, the third sector and the Government for the management of the Fund for combating educational poverty among children, established by L.208/2015 and intended “to support experimental interventions aimed at removing obstacles of an economic, social and cultural nature that prevent minors from making full use of educational processes”.⁴¹ Agreements such as this allow foundations to broaden their impact and encourage more systemic interventions, so long as they do not aim to replace traditional schooling.

In addition, in November 2020, the *Agenzia per la coesione territoriale* (Agency for Territorial Cohesion) allocated a budget of approximately €16 million to finance socio-educational⁴² projects within the third sector.

PNRR

Six per cent of total PNRR resources (€12.4 billion) are earmarked for investment in various education sectors. The main objectives are infrastructure⁴³, decreasing school dropout and reducing the regional disparities in secondary schools through skills interventions. The plan also makes explicit reference to the strengthening of non-cognitive skills, such as problem-solving and communication, which are increasingly needed by the labour market.

The PNRR provides funding for the following school support interventions:

- A decrease in regional differences in educational attainment and dropout rates in the first two years of secondary school through:
 - A more accurate mapping of these phenomena, using data from the OECD's

Programme for International Student Assessment (PISA) and INVALSI;

- Increased customization of pathways for schools in critical situations;
- Targeted actions on the training of teachers and managers of educational institutions;
- Extracurricular school planning and mentoring programmes for students;
- A reform of technical and professional institutes to “align the curricula of these institutions with skills demand”.

- The reorganization of the school system, aimed at reducing the number of pupils per class and resizing the school network;
- Reforming the university guidance and transition support system;
- The improvement of recruitment processes and teacher training, on digital education and STEM (science, technology, engineering and mathematics) subjects, thanks also to the creation of a *Scuola di Alta Formazione* (School of Higher Education);
- Infrastructure investments in digital classrooms, laboratories, renovations and accessibility;
- Extension of full-time education and canteens for approximately 1,000 schools;
- Improved infrastructure for sports.

3.6.3 Governance

The Italian education and training system is organized according to the principles of subsidiarity and the autonomy of educational institutions. The central government has exclusive legislative power over the ‘general rules on education’ and sets essential service standards which must be guaranteed throughout the country. The central

government also defines the fundamental principles that the regions must respect in the exercise of their specific powers. The regions share legislative power with the central government for education and have exclusive legislative power over vocational training. State educational institutions have autonomy with respect to teaching, organization and research, experimentation and development.

The *Ministero dell'Istruzione* is responsible for general administration at national level. Schools are supported at a more decentralized level by the *Ministero dell'Istruzione* through its *Uffici Scolastici Regionali* [Regional School Offices (USR)], which operate at the provincial level in the *Uffici Locali* (Local Offices). The *Ministero dell'Istruzione* also has a number of bodies and agencies operating at national level providing advisory, monitoring and evaluation functions for schools and universities. It also runs Italy's *Istituti di Alta Formazione Artistica e Musicale* [Institutes of Higher Education in Art and Music (AFAM)].

Preschools, primary and secondary schools have teaching, organizational and research autonomy, having been granted autonomy and legal status in 2000. Since the 1995/1996 school year, it has been possible to set up *Istituti comprensivi* (comprehensive schools), defined as groupings of schools managed by a single head teacher.

Inclusion

The *Ministero dell'Istruzione* has gradually taken a central role in the governance of inclusion measures.

Specifically, the Ministry of Education has signed a framework agreement with the universities to set up courses in educational sciences, specifically professional development courses and/or masters aimed at school personnel. Starting from the academic year 2011/2012, courses/masters in 'Didactics

and psycho-pedagogy of specific learning disorders' have been introduced throughout the country. There is also a specialization scheme for those who aspire to become support teachers.

Centri Territoriali di Supporto [Territorial Support Centres (CTS)] have also been established through the 2007 'New Technologies and Disability' project. These centres are placed within schools, and they are headquartered in each host school.

In 2021 the system of municipal social services and also of social interventions and services against poverty was strengthened. The objective is to achieve a basic level of social and educational services, defined as the ratio of social workers employed in regional social services to the resident population of one to 5,000 in each area. The aim is also to further establish a ratio between social workers employed in local social services to the resident population of one to 4,000. These measures are supported through a structural contribution, amounting to €180 million per year, from the services quote of the *Fondo Povertà* [Poverty Fund].

In addition, the following measures provide targeted inclusion interventions:

- The '*Indicazioni nazionali e nuovi scenari*' [national indications and new scenarios] relating to the curriculum for preschool and the first cycle of education, prepared by the *Comitato Scientifico Nazionale* [National Scientific Committee], on citizenship education⁴⁴;
- The Ministerial Directive of 27 December 2012 'Intervention tools for students with special educational needs and local organization for school inclusion';
- Ministerial Circular no. 8 of 6 March

2013, and Ministerial Directive no. 27 of December 2012 'Intervention tools for pupils with special educational needs and local organization for school inclusion';

- The '5th Plan of Action and Interventions for the Protection of the Rights and Development of Young People'⁴⁵;
- The 'National Plan of Interventions and Social Services 2021–2023'⁴⁶;
- The '2021–2022 School Plan' which provides for allocations of €17.59 billion: €12.1 billion for Infrastructure and €5.16 billion to enhance the skills of students.

3.6.4 Level of coverage of public measures

In the Italian school system, the main challenges regarding access are dropout rates and low attainment levels.⁴⁷

The rate of early school leaving, i.e., the share of female and male students who leave the school system without attaining a qualification, while decreasing over time, remains one of the highest in Europe, after Spain and Malta. After a decade of steady decline, the school dropout rate increased slightly in 2018, mainly due to a large increase in female students with non-Italian citizenship who were born abroad. By 2020, 13.1 per cent of 18- to 24-year-olds had abandoned school prematurely (ISTAT, 2021a). This is a slight improvement from the 14.5 per cent recorded from 2018, but it is a figure that is likely to rise again due to the pandemic. In any case, it is far higher than the 9 per cent target set for 2020 by the European Commission, and above the current EU average of 10.6 per cent.

There are strong regional variations. In 2020, the dropout rate in the southern Italian regions and the islands was 19 per cent, significantly

higher than in the northern Italian regions (11%). Significant gender differences persist: in 2020, the dropout rate was 15.6 per cent for boys and 10.4 per cent for girls. Many factors contribute to these gaps, including differences in students' socioeconomic backgrounds and differences in educational attainment across geographic areas. For example, the dropout rate for female students with non-Italian citizenship rose from 30 per cent in 2017 to 35 per cent in 2018, well above the EU average of 20.2 per cent. In addition, dropout is markedly higher among out-of-family minors and those of Roma, Sinti and Caminanti origin, although comparative⁴⁸ data are not available.

Finally, it is necessary to consider low attainment levels, in particular students who, although still in the school system, lack the necessary skills to enter the workforce after completing their education. This phenomenon is discussed below in parallel with underachievement, although there is not always an equivalence between the two.

Causes of high dropout rates

The primary determinant of early school leaving is the socioeconomic status of the family of origin. More than any other factor, material poverty drives students towards employment at the expense of educational opportunities. Other factors include school-level characteristics, the level of teacher training and the teacher–student relationship, and peer group influence. It is also necessary to consider individual factors, such as predisposition to study, aptitude, and the presence of emotional distress or specific developmental disorders. This section discusses the local, cultural and social factors of the family of origin, as well as the role played by disabilities and specific developmental disorders.

In fact, as previously mentioned, early school leaving and low attainment are prevalent

among all categories of beneficiaries prioritized by the Child Guarantee. Given the absence of reliable data on the categories of beneficiaries with extreme inequalities (e.g., care leavers), we focus here on the most prevalent inequalities, which concern almost all BES pupils.

There are numerous well-documented obstacles to access for pupils with disabilities, who make up 3.5 per cent of enrolled students. At times, these obstacles are purely infrastructural: 32 per cent of Italian school buildings do not have adequate facilities for pupils with motor disabilities; only one school in four has adequate computer stations (ISTAT, 2020b). Pupils with disabilities were also the least likely to participate in distance learning (*Didattica A Distanza* – DAD) in the early months of the pandemic.

There are educational challenges for the participation of students with social, cultural and linguistic disadvantages, NAI status, or for those who have difficulty in learning and using the Italian language. For all these cases, socioeconomic disadvantage is inversely proportional to access. Consequently, many of the measures promoted by the *Ministero dell'Istruzione* and/or implemented by the third sector focus on strengthening the ties between schools and their communities, with actions tailored to individual students' characteristics. Community learning agreements are a prime example of this.

At the same time, research tends to highlight that the quality of teaching is also

fundamental, especially in high school, in engaging students. In Italy, scores in mathematics, Italian and science are below the OECD average in the PISA assessments. INVALSI assessments find that learning levels are typically lower among those groups with higher dropout rates, particularly students in the southern regions of Italy.

The same is true for so-called twenty-first century skills. Both the 2015 PISA assessment on collaborative problem-solving skills (OECD, 2017) and the 2018 assessment on global competence (OECD, 2019) (i.e., the ability to interpret the complexities of the contemporary world) reported below-average results achieved by Italian students, particularly among the most socially disadvantaged.

In addition, the cost of textbooks and the length of a school commute may have a negative impact on students, especially those from more economically disadvantaged groups. However, no evidence has emerged that these factors have a particularly strong impact in Italy. In any case, there is strong demand for scholarships for the most disadvantaged students.

Finally, increasing school hours is a good way to increase access to educational services. Full-time education, available in a minority of Italian schools, seems to be correlated with decreasing dropout rates, as recently highlighted by the *Alleanza Italiana per lo Sviluppo Sostenibile* [Alliance for Sustainable Development (ASVIS)] (ASVIS, 2021).

4 Characteristics of potential beneficiaries of the Child Guarantee

4.1 Introduction

This section analyses the categories of potential beneficiaries of the Child Guarantee. As explained in detail in section 7, precise data are not always available for some of the groups discussed here (in part for reasons linked to Italian legislation on data privacy) and, above all, for some categories (those that are numerically smaller) precise information on their access to the services provided in the five policy areas of the Child Guarantee is not available. For a more qualitative analysis of this last aspect, see section 5.

4.2 Children living outside their family of origin

4.2.1 Introduction

The category of children living outside their family of origin does not have a single, unambiguous definition in Italy. The Child Guarantee recommendations pay particular attention to children housed in residential⁴⁹ facilities, but also call for consideration to be given to all children who rely on family foster care or other solutions involving separation

from their family of origin. This includes the wide network of so-called alternative care.⁵⁰ In Italy, different institutional actors, from the *Ministero del Lavoro e delle Politiche Sociali* to the *Autorità Garante dell'Infanzia e Adolescenza*, tend to include or exclude from this definition different groups of children.⁵¹ From a methodological point of view this fragmented approach makes it harder to compare and systematize the analyses, and also means that specific subcategories of children may or may not be among the beneficiaries of interventions aimed at this target. The categorization adopted by *Ministero del Lavoro e delle Politiche Sociali*, for example, leads to the exclusion of unaccompanied foreign children (MSNA) from interventions aimed at young care leavers coming out of alternative care systems.

4.2.2 Characteristics

At the end of 2019, there were 27,608 children living outside their family of origin, of which 13,555 – 49 per cent of the total – were in foster care and 14,053 in residential services for children.⁵² Table 12 shows the number in each category for selected years since 1999.⁵³

Table 12 - Children living outside their family of origin in Italy

	Total out of family	In foster care	Residential
1999	25,145	10,200 (40.6%)	14,945 (59.4%)
2007	29,870	16,420 (54.9%)	13,450 (45.1%)
2016	26,615	14,012 (52.6%)	12,603 (47.4%)
2017	27,111	14,219 (52.4%)	12,892 (47.6%)
2019	27,608	13,555 (49.1%)	14,053 (50.9%)

Source: Analysis of data from the Istituto degli Innocenti of Florence

The most significant changes were recorded in the period between 1999 and 2007, with an overall increase of 37 per cent in the number of children living outside their families and a significant reduction in the percentage of children placed in residential facilities. A significant change also occurred due to the entry into force of L.149/2001, which identified foster care as the preferred means of care in cases of children temporarily removed from their families of origin. Since the peak in 2007, however, there has been a downward trend in the overall numbers and a certain balance between residential and foster care solutions.

Children in family foster care. Most children in family foster care as of 2017 were aged between 11 and 14 years⁵⁴; however, almost 40 per cent of children currently in foster care began living outside of their families before the age of five, of which about half started before the age of two.⁵⁵ Only 28.5 per cent of children in foster care are over 15 years old. Eleven per cent of children in foster care have previous experience in foster care and almost 28 per cent have previously been placed in a residential care community.

Notwithstanding the temporary nature of foster care measures, for one in five children

foster care lasts between two and four years, and for two out of five children the period of absence from their family exceeds four years. This in turn determines the prevalence of court-ordered foster care (because all foster care over two years is court-ordered by law).⁵⁶ At the end of the foster care process, a significant percentage of children (37.4%) return to their family of origin,⁵⁷ while 27 per cent continue their care process by being placed with a new foster family or in a residential facility. In 11.6 per cent of cases, a pre-adoptive foster care measure is ordered, and in just 3 per cent of cases have the conditions for an independent life been established. A different picture emerges if one takes into consideration young people who have recently reached adulthood and receive ongoing care measures, who conclude their foster care journey between the ages of 18 and 21. In this age bracket, the percentage of people returning to their family of origin decreases (21%), while the percentage of semi-autonomous arrangements (8%) and those who establish an independent life (7%) increases (2016 data).

Children in residential facilities. The lack of national homogeneity in the criteria, naming, and standards of residential facilities, as

well as in data-collection methods, makes it impossible to provide a single, distinct picture of the children who are subject to this type of measure. According to the MLPS, there are 12,892 (excluding MSNAs); according to the AGIA, there are 32,185, of whom 13,358 are MSNAs and 2,167 young adults in the 18–21 age bracket.⁵⁸ This is a comprehensive figure that is increasing compared to previous surveys (+8.4% compared to data from the end of 2016). Eight per cent of children in residential services have also experienced foster care and 33 per cent have previously been placed in another residential care community. Almost 30 per cent of children who leave a residential care community do so to enter a new, similar residential structure. One out of five children return to their family of origin, 10.4 per cent face the challenges of living independently, and only 8 per cent enter foster care. Slightly more than half (54.3%) of the children placed in residential care communities are over 15 years old and have non-Italian citizenship (54.9%). When the older age and migration plans of some of the children in care is considered, it is understandable why the average duration in residential care structures is much shorter than that of foster care: slightly more than 10 per cent of the children taken into care remain in the residential care community for more than four years, while almost half (45.6%) remain there for less than a year.

Care leavers. According to MLPS estimates based on data from 31 December 2016, approximately 2,600 children completed foster care or placement in residential facilities and left the system in that reference year alone. Estimating the number of children living outside their family of origin who would have turned 18 in the three years following the implementation of the survey, we reach a total population of 7,000 children. These are young people who are experiencing the challenges of adult life at an early age: those linked to emotions and their enduring effects

over time, to housing and managing finances, to continuing their studies and entering the workforce. The figures for MSNAs must be added to this calculation, which can be found in section 4.4.2.

4.2.3 Cross-sectional dimensions

Children in family foster care – There is a relatively balanced distribution by gender of children in foster care in Italy (51.8% male, 49.2% female). As previously noted, most foster care placements are court-ordered, and the national data indicate a clear balance between intrafamily foster solutions (43%) and external foster solutions (57%).⁵⁹ Eight per cent of children in foster care have a certified disability. The share of children in foster care who have a citizenship other than Italian (including the small number of MSNAs in family foster care)⁶⁰ averages 18.9 per cent. These characteristics vary notably across regions. There is significant regional variation in all these characteristics, and large divergences in: the distribution of males and females in foster care⁶¹; the influence the phenomenon has on the population⁶²; the types of foster care provided⁶³; the distribution of children with disabilities⁶⁴ and of children with non-Italian citizenship⁶⁵.

Children in residential facilities – The average number of children housed in each facility on a national scale is 7.9, with large regional disparities,⁶⁶ particularly since in many regions the guidelines on residential structures have not yet been fully implemented. Sixty per cent of the children housed in residential facilities are male, with peaks of over 70 per cent in four regions (Valle d'Aosta, Emilia-Romagna, Abruzzo and Puglia). This figure reflects the fact that almost all MSNAs in the country are male. Sicily (21.8%), Emilia-Romagna (15.6%), and Lombardy (10.3%) together house almost half of the children in

residential facilities in Italy, while most of the other regions have less than 5 per cent of the total.⁶⁷ The figure for the region of Sicily is affected by the high number of newly arrived MSNAs and the lack of an effective system to distribute them throughout the country.

The gaps in the information system do not allow for in-depth gender analysis of the stages of out-of-home care for different possible subcategories (e.g., children with a migratory background with ongoing criminal proceedings) and to different policy areas (e.g., preventative health care).

4.2.4 Regulation

The key reference points to consider in order to understand the changes that have taken place in Italy since the 1980s are regulations that have promoted and accompanied the process of deinstitutionalization of children living outside their families, structuring a system of prevention and protection, accompanied by corresponding economic provisions, that has provided for a progressive implementation of adoption, family fostering, and placement in residential facilities of different types (L.184285/1983, L.285/1997⁶⁸, L.328/2000 and L.149/2001⁶⁹).

Since 2001⁷⁰, the different regulations passed in different regions have resulted in radically different implementation conditions.⁷¹ As early as 2011, the UN Committee on the Rights of the Child recommended that Italy ensure a homogeneous application of L.149/2001 throughout the country.⁷² Several important acts of soft law government – drawn up following a long process of consultation with all stakeholders – have been adopted by the central government, which, in the full exercise of its powers, has provided the regions and territories with real tools for the promotion of common standards in protection policies and

interventions.⁷³ Nevertheless, their degree of implementation at a regional level is still very uneven, particularly because not all regional guidelines on foster care were updated after the national guidelines on the subject were issued.

The *5th Piano nazionale infanzia e adolescenza* [National Plan for Children and Adolescents],⁷⁴ approved on 21 May 2021 by the *Osservatorio nazionale infanzia e adolescenza* [National Observatory for Children and Adolescents] and currently awaiting completion of its adoption process,⁷⁵ progresses in the same direction.

4.3 Children with disabilities

4.3.1 Introduction

The condition of disability is produced by the interaction between personal characteristics (health, capacities, potential, personal factors, and processes of improving awareness and skills) and barriers of various kinds that can hinder full and effective participation in society on an equal basis.⁷⁶ The analysis presented here refers to the social model of disability as defined by the Convention on the Rights of People with Disabilities (CRPD) and based on respect for human rights. It raises the question of mainstreaming the issue of children with disabilities in all Child Guarantee matters. Disability can, in fact, cut across other forms of vulnerability. In general, apart from dedicated services (except for schools, which in Italy are totally inclusive), the other services that deal with migrants, disadvantaged families, or families at risk in terms of poverty, housing, and food, pay little attention to children with disabilities and do not collect data and statistics on them. Even when there are specific measures aimed at children and adolescents with disabilities, these measures are generic and not very person-centred.

4.3.2 Characteristics

According to ISTAT, there are 3,150,000 people with disabilities in Italy, or 5.2 per cent of the population (ISTAT, 2019a). However, this figure diverges notably from that indicated by international standards and could therefore represent an underestimate.⁷⁷ Data on children with disabilities are lacking, frequently not categorized by gender and age, and not accompanied by analyses that allow for clear indicators to be defined on which to develop policies (for example, aggregate data on types of disabilities is not available). This is a shortcoming that was also noted by the Committee on the Rights of the Child in its Concluding Observations to the 2019 Working Group for the Convention on the Rights of the Child (CRC).⁷⁸ The absence of data and a systematic survey of the living conditions of children and their families makes it difficult to provide evidence on the impacts of some of the policy areas covered by the Child Guarantee.

The only reliable data on children with disabilities are those produced by educational institutions.⁷⁹ According to ISTAT, pupils and students with a disability certification accounted for 3.5 per cent of enrolments in 2019/20 (+13,000 students compared to the year 2018/2019, when the figure was 283,856, or 3.3 per cent of total students). Pupils with other special educational needs (60,000), represent 11 per cent of secondary school enrolments and 6.5 per cent of primary school enrolments. Pupils with disabilities account for 2.5 per cent of pupils in preschool⁸⁰, 4.1 per cent in primary school, 4.3 per cent in lower secondary school and 2.9 per cent in upper secondary school.⁸¹

The report also highlights the limitations of school inclusion processes:

- Although the number of support teachers⁸² is

increasing, 37 per cent of them do not have specific training;

- The shortage of autonomy and communication assistants is particularly significant in southern Italian regions, as is the apparent lack of capacity in Italian sign language;
- Schools are largely (68%) inaccessible, due to architectural barriers and inadequate buildings, to the student population with motor and sensory⁸³ disabilities;
- The availability of aids for students with sensory disabilities and the provision of technological equipment to support inclusion pathways remains extremely poor.

According to the data published by *Ministero dell'Istruzione*⁸⁴ for the school year 2018–2019⁸⁵, 57.9 per cent of the certifications relate to a condition of disability and 42.1 per cent relate to a condition of severe disability.⁸⁶ The number of pupils with intellectual and social disabilities in state and non-state schools is 68.8 per cent of the total number of pupils with disabilities, with a peak of 72.2 per cent in secondary schools.

Finally, during the pandemic, the use of distance learning excluded many pupils with disabilities, particularly those with intellectual and social disabilities.

4.3.3 Cross-sectional dimensions

The representation of women and girls in schools of all levels equalled only 29.1 per cent of the total student population with disabilities (82,755) in the 2018/19 school year. The percentage ranges from 25.1 per cent in preschool to a maximum of 32.6 per cent in secondary school. The reason for this large disparity in female attendance

has not been greatly analysed. The figure is particularly surprising when one considers the demographic representation of females in the child population, which is 48.5 per cent overall. This phenomenon in schools has not been analysed in Italian scientific publications, leaving it open to interpretation. The level of disaggregation of the available data does not allow for the detection, even with respect to the male population, of differences between types of disability. On the other hand, it is possible to note that the southern Italian regions present significantly worse data for all the variables analysed.⁸⁷ With regard to students with a migratory background (Griffo and D’Errico, 2019), the data for the 2019/20 school year report that 13.4 per cent of students with disabilities are of foreign origin – equal to about 38,000, with a higher distribution in the northern Italian regions.⁸⁸

4.3.4 Regulation

Public interventions to support children with disabilities in Italy, although inadequate, have addressed various fields of rights and needs in a cross-cutting way. There have been a number of interventions on services relating to health, education, poverty alleviation, housing, early childhood education and care services that have generated a considerable amount of legislation on the subject at a national and regional level. However, the mainstreaming within policies for children of issues relating to children with disabilities is limited. Often, it has been limited to monetary interventions, taking for granted that a supplement to the family income results in an increase in the quality of life of children with disabilities. The most recent and significant innovations relate to schools. Although it is sectoral, there is increased interest among legislators in defining a more substantial legislative framework.⁸⁹ The PNRR introduced a law on disability (L.227/21), which will

enforce regulation on the application of the UN Convention on the Rights of Persons with Disabilities.⁹⁰

4.4 Children with a migratory background and children from ethnic minorities (in particular Roma, Sinti and Caminanti)

4.4.1 Children with a migratory background

4.4.1.1 Introduction

A child with a migratory background is defined as any person under the age of 18 who was born in a non-EU country, or who was born in an EU member state, but has at least one parent born in a non-EU country (European Commission, 2015). The Italian legal definition of a foreign child, on the other hand, refers to a person under the age of 18 who does not hold Italian citizenship. The phrase ‘migrant background’ also includes people who have acquired Italian citizenship and emphasizes the relevance of family background in determining their status. A distinction can be made based on the process of migration itself⁹¹ between first-generation children (people born abroad who reach Italian soil with their families, whose reception and social inclusion processes vary according to the status granted to their parents⁹²) and second-generation children (people born in Italy to migrant parents, who cannot apply for Italian citizenship until they reach the age of 18, with the resulting hardship that this entails).

4.4.1.2 Characteristics

The number of people under 18 classified as foreigners under Italian law and legally resident was 1,316,000 at the beginning of 2018 (ISTAT, 2020a), composed of the following groups:

Table 13 - Foreigners legally residing in Italy

Legally resident foreign children	1,316,000	100%
Foreign children born in Italy	991,000	75%
Naturalized children with a migratory background	275,318	27%
Born in Italy	221,995	16.87% (77.5% of total naturalized)
Born abroad	53,323	4% (22.5% of total naturalized)

Source: Own analysis of ISTAT data

The propensity to acquire Italian citizenship varies among communities in Italy, both because the regulations in their countries of origin regarding dual citizenship are different, and because of varying migration patterns.

Children with a migratory background experience a variety of vulnerabilities.⁹³ 31.2 per cent of foreign families with children are in a condition of absolute poverty⁹⁴ (compared to 7.7% of Italian families (Openpolis, 2021b)). The school dropout rate is 36.5 per cent, compared to 11.3 per cent for children of the same age with Italian citizenship. Their parents’ poorer linguistic skills and poorer availability of time (due to their vulnerable position on the labour market), as well as the lower availability of adequate space at home and appropriate tools for study, are among the probable causes of this gap. Difficulties in socialization result in lower levels of inclusion in peer support networks and less knowledge of, and access to, the system of local social, health, cultural and recreational services. The initial phase of reunification, and the following phases of social inclusion and acclimatization to the Italian context – which become more difficult the more they are delayed – are subject to forms of family conflict and school rejection. The increased vulnerability of students from a migrant background is evident from the

higher rates of school delay and dropout, their distribution across the different areas of secondary education, and their access to university education.⁹⁵

4.4.1.3 Cross-sectional dimensions

Children with a migratory background are considered by the UN Committee on the Rights of the Child to be particularly vulnerable, and the committee has urged Italy to implement “the strengthening of [...] preventive activities against discrimination and [...] the adoption of incisive actions for the benefit of children [...] asylum seekers, refugees and immigrants”.⁹⁶

Girls with a migratory background are a highly vulnerable group who should be the focus of specific projects. In particular, young pregnancies in girls with a migratory background should be treated in a way that is attentive to cultural differences. Eighty per cent of female foreign adolescents have never had access to a gynaecological examination, compared to 30 per cent of their Italian peers; the number of voluntary interruptions of pregnancy (VIPs) is much higher; and the low levels of education, the conditions of poverty, and the weakness of social networks of reference that these young girls experience create a lack of knowledge of contraception systems and a low willingness to use them.⁹⁷

Another important dimension is the legal status of their residence in Italy. Even if, on paper, undocumented migration status should not prevent the rights of children from being protected, it does nonetheless jeopardize children's later life paths and exposes them to the risks of discretion that institutional actors employ across different countries in interpreting the protection of children and concretizing their rights.

4.4.1.4 Regulation

The D.lgs 286/98 (*Testo unico sull'Immigrazione* [Consolidation Act on Immigration]) constitutes the legal framework of reference on the status of children. The state of being a child takes prevalence over legal migration status. Therefore, all the rules and conventions adopted by Italy to protect the rights of children and adolescents apply. The Guidelines for the reception and integration of foreign pupils produced by MIUR provide a reference for school integration.

4.4.2 Unaccompanied foreign children

4.4.2.1 Introduction

Article 2 of L.47/2017 (*Misure di protezione dei minori stranieri non accompagnati* [Measures for the protection of unaccompanied foreign children]) defines an unaccompanied foreign child as "a child not having Italian or European Union citizenship who is for any reason in the territory of the state or who is otherwise subject to Italian jurisdiction, lacking the assistance and representation of his parents or other adults legally responsible for him under the laws in force in the Italian legal system".

In addition to the vulnerability inherent in migrating without parental figures, often in conditions involving risks of trafficking and abuse, this group also experiences added vulnerability linked to age and their status as foreigners. Despite significant fluctuations, the

presence of MSNAs in Italy has been a constant since at least the 1990s and is particularly significant in some regions.

4.4.2.2 Characteristics

The number of MSNAs recorded by the *Ministero del Lavoro*⁹⁸ was 8,382 as of July 2021. Of these, 96.9 per cent (8,121) were male and 64.4 per cent were 17 years old. The vast majority of MSNAs, when they are identified, are placed in facilities within the *Sistema di Accoglienza e Integrazione* [Reception and Integration System (SAI)]⁹⁹ network, facilities financed with *Fondo asilo migrazione e integrazione* [Asylum, migration, and integration fund (FAMI)]¹⁰⁰ funds, or facilities accredited at the local level. The choice is almost never made to place MSNAs with foster families, despite this being the preferred option according to the legislation.¹⁰¹ The delicate transition to adulthood entails¹⁰² the loss of protection and institutional forms of support. In this transitional phase, during which MSNAs move from one type of residence permit to another, the strength of integration during childhood, which frequently continues beyond the age of 18, is crucial.^{103,104} Over the years, there has been extensive experimentation with alternative forms of placement to residential care facilities of an educational nature,¹⁰⁵ with the aim of supporting the acquisition of the skills and relationships necessary for independent living, the absence of which represents a further possible element of vulnerability. Their departure of MSNAs from residential care facilities, even when it is voluntary, represents a further element of vulnerability because it could cause an interruption in integration projects and exposes MSNAs to forms of illegality and exploitation. In the analysis of the phenomena connected with unaccompanied foreign children, it is important to keep in mind the quota of those who leave the reception structures and voluntarily. In 2020 the total number of removals was 3,099. Expulsion may

be for various reasons, but it represents an element of vulnerability because it interrupts integration projects that have been initiated. It is also a risk factor, because it exposes children to forms of illegality and exploitation. In terms of unaccompanied foreign children applying for asylum: in 2020 a total of 753 applications for international protection were submitted by unaccompanied foreign children and 183 unaccompanied foreign children applying for asylum were included in the family reunification procedure provided for by the so-called Dublin Regulation.

4.4.2.3 Cross-sectional dimensions

The various phases of the migration process influence the regional distribution of MSNAs. While Sicily, Puglia and Friuli-Venezia Giulia take in the largest number of MSNAs as they are border areas or landing sites for boats, Lombardy and Emilia-Romagna are at the centre of the processes of secondary migration and connecting with family or social reference networks to complete migration plans. However, the discretion with which the regions interpret national legislation means that there are considerable differences in the guarantee of fundamental rights, such as health and education.^{106,107}

The high level of vulnerability of unaccompanied foreign female children¹⁰⁸ is linked to the influence that criminal organizations and sexual exploitation networks have in organizing migration and to the increased risk of becoming victims of gender-based violence. The lower percentage of girls compared to boys also makes them particularly 'invisible' to the system, as do the different travel strategies that they employ. In contrast, unaccompanied foreign male children, whose migration is normally spurred by the need to improve their financial condition and that of their families of origin, are more exposed to the risk of labour exploitation, but also exposed to the risks of sexual violence, physical abuse and torture.

4.4.2.4 Regulation

L.47/2017 has strengthened the system of protections for MSNAs¹⁰⁹ by both extending the protections of D.lgs 142/2015 to "all children who do not have Italian citizenship or citizenship of a European Union member country and who are, for whatever reason, on the territory of the state or who are subject to Italian jurisdiction without assistance or representation from their parents or other adults legally responsible under the laws in force in the Italian legal system", and by introducing new institutions to support MSNAs by promoting greater guarantees for their protection so as empower them to be fully independent when they leave the reception process. The *V Piano nazionale sull'infanzia*, which is in the process of being approved, contains various measures aimed at children with a migratory background, of which no. 22 is noteworthy: "the implementation of the legislation on the reception of unaccompanied foreign children" (L.47/2017). Over the last few years, also as a result of the provisions contained in Law 47/2017, there has been an increase in activities that promote the exercise of the right of children to listen and participate; that is, to express their opinion and have it recognized, particularly with regard to proceedings and decisions that concern them,¹¹⁰ as in the case of the application for recognition of international protection.¹¹¹

4.4.3 Children from ethnic minorities

4.4.3.1 Introduction

In Italy the concept of minority (article 6 of the Italian Constitution) is mainly linked to questions of language. L.482/2015¹¹² (*Sulle lingue di minoranza* [Law on minority languages]) recognizes and protects 12 linguistic minorities, making reference to a principle of territoriality. Roma, Sinti and Caminanti are regarded as widely distributed minorities but, since they are not associated with specific geographic concentrations, they are excluded from this list.

People and groups living in different conditions with very different integration and inclusion paths are categorized together under the label Roma, Sinti and Caminanti.¹¹³ The condition of children belonging to these groups is particularly critical for all policy areas directly related to the Child Guarantee.

4.4.3.2 Characteristics

The National Strategy for the Inclusion of Roma, Sinti and Caminanti¹¹⁴ “estimates that there are 120,000–180,000 Roma, Sinti and Caminanti in Italy, of whom half are Italian and the other half, although foreign, are mostly settled”.¹¹⁵ Children under 16 years of age account for 45 per cent of the general population: approximately 54,000 to 81,000 people. The need for further analysis is hampered by the absence of relevant data¹¹⁶ and a generalist approach that would not justify the collection of sensitive data such as ethnicity.¹¹⁷ There is a lack of reliable data on the populations within these groups, and no way to develop reliable demographic groups based on gender and age groups. It is therefore impossible to obtain accurate data on the social conditions and life trajectories of people who are not identified in institutional surveys as belonging to these groups. These limitations mean it is impossible to rely on solid evidence when identifying priorities for intervention.^{118,119} Among the most significant activities that have promoted improved collection of data and evidence is the National project for the inclusion and integration of Roma, Sinti and Caminanti children.¹²⁰

4.4.3.3. Cross-sectional dimensions

The scarce data available basically consist of biographical descriptions rather than in-depth examination of possible elements of further vulnerability or, by contrast, possible enabling factors connected to the gender dimension.

The available data, in particular the data aggregated at a national level, do not often allow for an adequate appreciation of the

impact of gender differences in describing living conditions and trajectories. However, field observation and the point of view of the actors most involved in issues concerning Roma, Sinti and Caminanti children highlight the relevance of the gender dimension.¹²¹ One need only consider, for example, the higher school dropout rate or the lower enrolment in school among females compared to males, or the questions of sexual and reproductive health, early pregnancies, and family violence.

There is also a lack of reference data on the importance that gender differences have when they involve non-binary self-identification or when they are associated with differences linked to sexual orientation. These issues are also rarely the focus of discussions about the conditions of Roma, Sinti and Caminanti groups and possible policies relating to them.

4.4.3.4 Regulation

Regulations against discrimination and to support the protection of minority groups are in place at an international, regional and national level. The protection of Roma, Sinti and Caminanti is based on a complex web of international and national legal references and on a heterogeneous collection of dedicated measures and interventions, stretching from the National Strategy¹²² through to regional laws (for example, those establishing and regulating the different forms of rest and transit areas commonly referred to as camps) and local measures.

Thanks to the work of the *Ufficio Nazionale Antidiscriminazioni Razziali* [National Antidiscrimination Office (UNAR)], the new *Strategia nazionale di uguaglianza, inclusione e partecipazione di Rom e Sinti* (2021–2030) [National Strategy for Equality, Inclusion and Participation of Roma and Sinti (2021–2030)] is currently being adopted to implement the recommendation of the Council of the European Unions of 12 March 2021 (2021/C 93/01).

4.5 Children in precarious family situations

4.5.1 Introduction

The definition of children in precarious family situations used in the Child Guarantee is extremely broad. This group includes children in single-parent families, young mothers with children, children with parents in prison, and children living in neighbourhoods and situations that are at risk of violence or vandalism. Compared to the other categories of potential beneficiaries of the Child Guarantee, this is a very diverse group. This research focuses on the more numerous categories as well as the more complex categories, paying particular attention to the specifically Italian context, namely the powerful local characteristics of the socioeconomic distress of children in Italy.

4.5.2 Characteristics

Children in single-parent families. ISTAT estimates that in recent years the number of single-parent families has stood at about one million, accounting for about 16 per cent of the total number of families with dependent children. Compared to the mid-1990s, the total number of single-parent families has doubled (ISTAT, 2018). About 29 per cent of these families have at least one very young child aged 5 or below. Overall, there are approximately 1.1 million children living in single-parent families (representing about 12% of all children). In Italy, children in one-parent families are heavily exposed to the risk of economic poverty, belonging to a family with employment problems, or social exclusion (41.2% of children in this type of family run this risk).

Table 14 - Children living in single-parent families

Single-parent families with children (absolute numbers; in millions) (2016) *	1,034
Single-parent families with children (% of total families with children) (2016) *	15.8%
Single-parent families with youngest child aged 5 or younger (% of total single-parent families) (2019) **	28.9%
Children in single-parent families (absolute numbers; in millions) (2019) **	1,107
Children in single-parent households (% of total children) (2019) **	11.9%
Children in single-parent families experiencing problems related to economic problems, lack of employment, or social exclusion (% of total children in single-parent families) (2019) ***	41.2%

* Source ISTAT (2018), *Single mothers with sons or daughters under age 18*, ISTAT, Rome

** Source ISTAT dati.istat.it; ‘Live births: Mother – Age and citizenship’

*** Source ISTAT, analysis on IT-SILC 2019 microdata.

Children of underage mothers. ISTAT records that in 2019, 1,089 children were born to underage mothers. The phenomenon appears to be fairly limited with regard to both the total proportion of births (0.2%) and the decreasing

trend over time (according to a 2011 Save the Children survey, based on ISTAT data, in 2008 there were about 2,500 underage mothers, accounting for 0.4% of the total number of births). This phenomenon is mainly concentrated

in Italian families in southern Italian regions. While the prevalence of children born to foreign underage mothers (about 20%) is in line with the equivalent rate for foreign mothers of all ages, 64 per cent of the children born to underage mothers are resident in southern Italian regions (compared to an average rate of 36 per cent for children born to mothers of all

ages). Save the Children’s systematic analysis of studies carried out on the subject in a number of European Union countries (2011) indicates three factors that appear to be correlated with a risk of early pregnancy: conditions of socioeconomic deprivation or disadvantage; belonging to a family of origin that is unstructured and unstable; and low levels of education.

Table 15 - Children born in 2019 to underage mothers

Children born in 2019 to:		
Underage mothers (total number)		1,089
Underage mothers (% of total children born in 2019)		0.2%
Underage mothers in southern Italian regions (% of total children born to underage mothers)		64.2%
Mothers of all ages in southern Italian regions (% of total children born)		35.7%
Foreign underage mothers (% of children born to underage mothers)		20.2%
Foreign mothers of all ages (% of total children born)		20.0%

Source: ISTAT, dati.istat.it; indicator: ‘Live births: Mother – Age and citizenship’

Children with incarcerated parents. The estimated number of children separated from at least one parent because the latter is in prison is estimated at almost 40,000. In the vast majority

of cases (about 95%), the separation is from the father. The figure reported here appears to be substantial, since it amounts to about 0.4 per cent of all children.

Table 16 - Children separated from incarcerated parents

Children separated from an incarcerated parent (number)	39,176
Children separated from an incarcerated parent (% of total children)	0.4%
Children with an incarcerated father (% of total children with an incarcerated parent)	95%

Source: Analysis from CRC, 2020

Children living in places at risk of crime, violence and vandalism. According to SILC data, almost 800,000 children (8.5% of the total) live in places that are perceived by families as being at risk of crime, violence and vandalism. The phenomenon seems more

linked to urban areas (about half of the children in places perceived as at risk live in densely populated areas, often metropolitan) than to geographical location (the problem is perceived as slightly worse in central and northern Italian regions).

Table 17 - Children living in places at risk of crime, violence and vandalism

Children living in places at risk of crime, violence, and vandalism (2019):		
Number (absolute value in millions)		0.79
Prevalence among all children (%)		8.5%
Children living in at risk places in central and northern Italian regions (% of total children living in at-risk places)		69.9% (65.0%)*
Children living in at risk places in densely populated areas (% of total children living in at-risk places)		49.7% (34.2%)**

Source: Children of Prisoners Europe https://childrenofprisoners.eu/facts_and_figures/statistics-italy/

* In brackets, the percentage of minors living in central and northern regions of Italy

** In brackets, the percentage of minors living in densely populated areas

Children living in families with financial problems, lack of employment, or social exclusion in southern Italian regions and in sparsely populated areas. While the three categories covered so far refer to relatively specific social groups, Italy is characterized, relative to the rest of Europe, by its deep and prevalent concentration of socioeconomic hardship in some geographical areas of the country. Analysis of the ISTAT micro-data makes it possible to estimate the total number of children living in families with problems linked to the risk of economic poverty, lack of employment or social exclusion according to the definition adopted by Eurostat.¹²³ Overall, almost 28 per cent of children live in families with such problems, and the figure for southern Italian regions is particularly worrying. Almost half of children living in southern Italian regions (46%) live in at-risk families, compared to approximately 19

per cent of those in central-northern Italian regions. Of all the children in at-risk families, 59 per cent live in southern Italian regions. Such high values and such a marked and geographically polarized characterization of the risks of social exclusion is not found in any other macro-region of the European Union, using the Nomenclature of Territorial Units for Statistics (NUTS2) as the frame of reference.

It is important to employ both geographical location and parents’ migrant background as criteria for classifying children at risk of poverty and social exclusion. This double criterion shows how being resident in a southern Italian region and having a migratory background are two distinct sources of risk. In particular, the risk of poverty and social exclusion in central-northern Italian regions is concentrated above all among children with a migratory background (while it is comparatively very limited among

those without such a background), while in southern Italian regions this risk affects above all those with parents born in Italy (having a migratory background in southern Italian regions exposes one to the highest level of risk of poverty and social exclusion, but at the same time it is a quantitatively less prevalent condition among the four considered here).

Finally, when the distribution of these

forms of hardship is analysed according to characteristics of urban density, the picture that emerges is less clear: nonetheless, more densely populated metropolitan areas appear to be comparatively riskier for children than those with low population density. Thus, these data do not reveal a more pronounced problem of economic poverty or social exclusion for children in more sparsely populated areas.

Table 18 - Children placed in families with family problems related to economic problems, lack of employment or social exclusion

Total children in families with family problems related to economic problems, lack of employment, or social exclusion (absolute values in millions)	2.6%
Total children in families with family problems related to economic problems, lack of employment, or social exclusion (% of total children in Italy)	27.8%
Children with family problems by territorial macro-division (% of total children in each territorial division)	
Central and northern Italian regions	19.2%
Southern Italian regions	46.0%
Children with family problems by geographic division (% of total children in families with economic, employment, or social exclusion problems)	
Central and northern Italian regions	40.6%
Southern Italian regions	59.4%
Total	100%
Children with family problems according to the housing density of their residence (% of total children by housing density)	
High	31.1%
Medium	25.1%
Low	28.9%
Children with family problems according to the housing density of their residence (% of total children in families with economic, employment, or social exclusion problems)	
High	38.2%
Medium	44.0%
Low	17.8%
Total	100%
Children with family problems according to location and background (% of total children in each family type)	
Head of household born in Italy and resident in central and northern Italian regions	12.5%
Head of household born abroad and resident in central and northern Italian regions	35.4%
Head of household born in Italy and resident in southern Italian regions	44.2%
Head of household born abroad and resident in southern Italian regions	67.6%

Children with family problems according to location and background (% of total children in families with economic, employment, or social exclusion problems)	
Head of household born in Italy and resident in central and northern Italian regions	22.1%
Head of household born abroad and resident in central and northern Italian regions	20%
Head of household born in Italy and resident in southern Italian regions	51.2%
Head of household born abroad and resident in southern Italian regions	6.7%
Total	100%

Source: ISTAT, analysis of IT-SILC 2019 microdata

Children in the care of Social Services. Forty-five children and adolescents out of every 1,000 (for an estimated total of 401,766 children) are in the care of Social Services (CISMAI, Terre des Hommes, 2021), with a recorded prevalence for boys and adolescents of 46 in 1,000 (equal to 198,178), while for girls and young women the figure is 42 in 1,000 (equal to 170,718).

The data show a significant difference in the geographical distribution of children in the care of Social Services: 58 out of 1,000 in the regions of northern Italy, half (29 out of 1,000) in the regions of southern Italy. In the regions of central Italy, the known value is 40 children out of 1,000.

The disparity in the number of cases taken into care could be explained by a more efficient functioning and outreach of Social Services in the regions of northern Italy, but on the other hand it appears worrying, given the more widespread level of socioeconomic distress in southern Italy. The data that emerged are, in fact, inversely proportional to the levels of socioeconomic well-being that characterize the two areas of the country, and one would expect a greater demand in the southern regions of the country.

Children who have suffered maltreatment. In its 2019 concluding remarks to the fifth and sixth periodic reports of Italy, the UN Committee on the Rights of the Child “while

noting the positive initiatives undertaken by the State party, including raising awareness of gender-based and sexual violence against children, [...] regrets that a national system of data collection, analysis and dissemination and a research program on violence and maltreatment against minors has not been established” (Committee on the Rights of the Child, 2019). The analysis of the phenomenon is thus limited by the lack of consolidated and systematically collected data. However, some data do exist.

Of the total number of children in the care of Social Services, 19.3 per cent are victims of some form of maltreatment (77,493 persons, 9% of the total population of children) (CISMAI, Terre des Hommes, 2021). Girls taken into care by the Social Services appear to have suffered maltreatment in a slightly higher proportion than boys and young men (20.1% compared to 18.6% of males).

Even the geographic origin seems to have an influence: the percentage of children with parents of non-Italian citizenship taken into custody by the Social Services for maltreatment appears to be three times greater than that of children born to parents with Italian citizenship.

The geographical distribution of cases shows significant differences: 11 per cent in the North, 9 per cent in the Centre and 5 per cent in the South.

These data call for a reflection on the effective guarantee for all children residing in Italy to enjoy equal rights to protection from maltreatment. The differences between the North, the Centre and the South of the country should be studied to understand the reasons for this disparity and determine whether the discrepancy is due to a lower capacity to intervene, to a greater amount of undeclared work (due to sociocultural reasons), or to a different structure and a more capillary presence of the services.

In 40 per cent of cases handled by Social Services, children are victims of more than one form of maltreatment. In 91.4 per cent of cases, the persons responsible for maltreatment are part of the immediate or extended family circle.

The origin of the report of maltreatment is the judicial authority in 42.6 per cent of cases, followed by the family (17.9%), various sources (17.8%), and the school and other settings in which children spend time outside school (16.1%).

There is a correlation between violence against women and violence against children. According to ISTAT data from 2015 (ISTAT, 2015), 65 per cent of girls and boys who are children of women victims of violence have in turn witnessed episodes of violence against their mother and were involved in the episodes of violence in 25 per cent of cases. The ISTAT survey also reports alarming data on the phenomenon of intergenerational transmission, insofar as male children who witness violence by their fathers against their mothers are more likely to be perpetrators of violence against their mothers and their daughters are more likely to be victims. Unfortunately, knowledge of this phenomenon and its impacts on underage people is still very low: results from a 2017 survey by the NGO WeWorld reveal that 49 per cent of people surveyed did not know that witnessing intrafamily violence can lead to further violence, especially in the 30–41 age group, and only one in three people know that a child victim of

witnessing violence is more likely to be a victim of violence as an adult. The restrictions related to the pandemic have further exacerbated the phenomenon of violence against women and children, especially at the family level¹²⁴: in the lockdown months between March and June 2020, calls to 1522, the national anti-violence and stalking number, increased by 119.6 per cent (ISTAT, 2020d), while the State Police reported a 13.2 per cent increase in victims of femicide within families and intimate partnerships in 2020 compared to 2019.¹²⁵ During the pandemic reports to 114, the child emergency number, also tripled. In 2021, there were 1,145 calls to 114, 70 per cent of which involved girls and young women (*Telefono Azzuro*, 2021).

A recent Terre des Hommes dossier (Terre des Hommes, 2021) reports an increase in family maltreatment in 2020, potentially attributable in part to the restrictive measures of social isolation and lockdown put in place to stem the COVID-19 pandemic: reported cases of abuse and maltreatment of family members and cohabitants under the age of 18 increased by 13 per cent compared to 2019 and 137 per cent compared to 2010. In 2020, girls accounted for most reported victims of family maltreatment (53% of 2,377 total reported cases), as well as sexual exploitation (73% of 37 total reported cases), sexual assault (88% of 554 total reported cases), corruption (73% of 138 total reported cases), and pornography (74% of 248 total reported cases).

Another trend recently reported by the Postal Police (*Polizia di Stato*, 2022) concerns online crimes against minors: in 2020, reports of these crimes increased by 77 per cent compared to 2019, especially for online sexual exploitation, online solicitation (+110%) and online child pornography (+132%). This figure can also be linked to COVID-19 restrictive measures, as time spent online has increased during the pandemic, with associated increases in the likelihood of incurring internet abuse. Sixty per cent of the 6,000 boys and girls ages 13–23 who participated in a survey in 2020 (Terre des

Hommes, 2021) said they did not feel safe online, reporting cyberbullying, loss of online privacy, grooming, stalking, and online harassment as the most significant risks. Girls appear to be more affected by online harassment: according to a 2020 ISTAT survey (ISTAT, 2020c), 7.1 per cent of girls aged 11–17 who are connected to the Internet or have a mobile phone have been subjected to ongoing harassment via the Internet or mobile phone, compared to 4.6 per cent of boys of the same age.

Underage persons also represented 7.9 per cent of the total number of persons assisted by the Italian anti-trafficking system in 2019 (160 out of 2,033). Of these, 95 per cent were girls (153), predominantly of Nigerian (87%), Ivorian (2.5%) and Tunisian (1.9%) origin (Save the Children, 2020).

Finally, research conducted by UNICEF in 2021 (UNICEF and Washington University, 2022) on the impacts of COVID-19 on the well-being and safety of migrant and refugee women and girls in Italy shows that since the onset of the pandemic, girls' safety has deteriorated further because of the closure of schools, which has exposed them to increased risks of violence and maltreatment within unsafe home environments. At the same time, some study participants also reported an increase in street harassment of migrant and refugee girls.

Bullying appears to be another form of maltreatment and abuse prevalent among minors: 9.9 per cent of girls interviewed in an ISTAT survey (ISTAT, 2020c) had been bullied once or more per week, compared to 8.5 per cent of boys, while boys and girls of migrant origin were found to be more likely (+17%) to be bullied than Italian girls and boys.

4.5.3 Regulation

For most of the categories discussed in this section there is no specific legislation. Only

regarding children with an incarcerated parent is there current legislation which stipulates that no imprisonment can be ordered or continued for mothers with children up to six years of age (except for exceptional circumstances) (ISTAT, 2020c). Alternative measures in protected family homes are favoured instead, and as a last resort detention at the *Istituti a Custodia Attenuata per Madri* [Institutes with limited custody for mothers (ICAM)].

Particularly noteworthy for this issue is the experience of the *Carta dei diritti dei figli di genitori detenuti* [Charter of the Rights of Children of Detained Parents], signed in 2014 by the Minister of Justice, the *Autorità Garante per l'Infanzia e l'Adolescenza*, and by *Associazione Bambini senza Sbarre* [Children without Bars].

4.6 Children in severe housing deprivation

4.6.1 Introduction

The lack of adequate housing (overcrowded spaces, energy poverty, residential marginality, insecurity of tenure, informal accommodations) affects the educational, relational, growth and development opportunities of each child, and also influences their opportunities for integration and social mobility. However, data on the housing conditions of children are lacking and, in some cases, (children homeless persons) totally absent, with the exception of foreign children (accompanied or not) in transit to other European countries who experience periods of homelessness.

4.6.2 Characteristics

Relevant data can be extrapolated from the EU-SILC survey, which calculates for each type of household with children the financial stress caused by the cost of housing and overcrowding.

Financial stress for families with children (8.4%) is more marked than the EU average (7.2%), especially for single-parent households. In particular, 42.7 per cent and 41.5 per cent of children live in households with problems of financial stress from housing costs and problems of overcrowding, respectively. Critical issues related to living conditions increase significantly for single-parent families in which the parent is the mother (9 cases out of 10): in Italy, 18.6 per cent of single mothers are

in arrears with rent or mortgage payments compared to 12.9 per cent of mothers in couples. Overall, 19.8 per cent of children in single-parent families experience problems of financial stress from housing costs and 37.6 per cent live in overcrowded housing contexts (2020). There were 43,180 households at risk of eviction due to arrears in 2019 (in 2020, this dropped to 20,024 as a result of D.I. 17 March 2020 no. 18 [*Decreto Cura Italia*] (Ministry of the Interior, 2021).

Figure 21 - Percentage of households with high financial stress due to housing costs: a comparison by household type between Italy and the EU, 2019

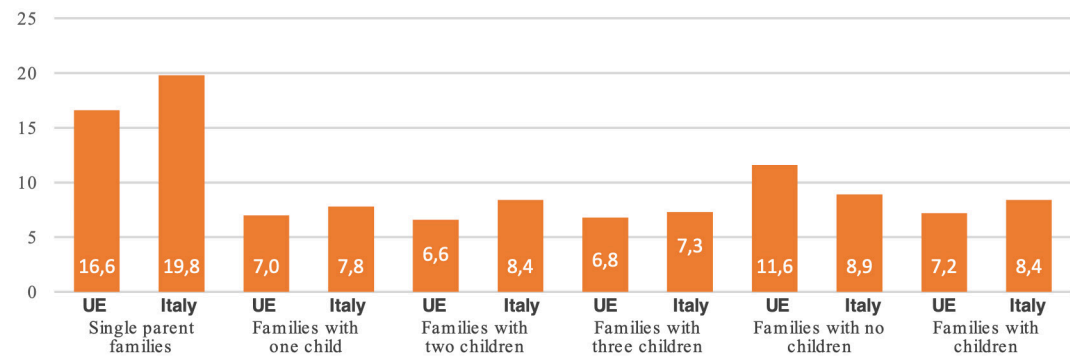
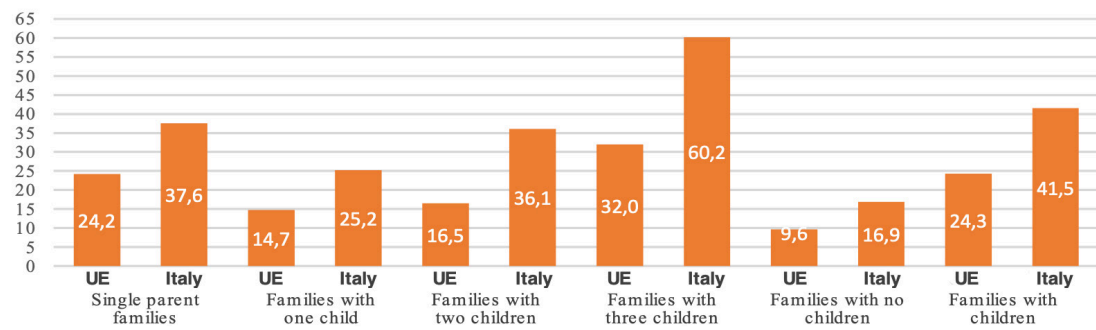


Figure 22 - Percentage of households in overcrowded housing: a comparison by household type over time between Italy and the EU, 2019



4.6.3 Cross-sectional dimensions

The worst housing exclusion situation,¹²⁶ with the greatest repercussions in terms of health and social inclusion, is found among young Roma living in more or less formal and recognized encampments (European Union Agency for Fundamental Rights, 2016). Another group experiencing serious housing hardship are homeless children, in most cases formerly unaccompanied children or those who have had unsuccessful or disappointing experiences of adoption or community-based care.

4.6.4 Regulation

To date, there is no national strategy for combating housing hardship and the interventions in place rarely target children directly. The current framework (again D.I. 47/2014) has seen the establishment of budget lines to target specific areas of housing deprivation (see Table 19). Housing is thus, from a policy point of view, addressed more thoroughly at a regional level, where, however, smaller, emergency, short-term interventions are frequently undertaken.

Table 19 - Funding to address housing deprivation, 2020–2021

Line of Financing	Description	Available funds
Fondo Nazionale per il sostegno alle locazioni [National Fund for Rental Support]	Supplemental grants to tenants in lower income brackets for rental payments	€ 180 million in 2020
Fondo Inquilini Morosi Insoltevoli [Tenants Rental Arrears Fund]	Priority allocation of the fund has been given to regions that have issued regulations for the reduction of housing hardship that provide for social support for those subject to eviction, including through municipal bodies.	€ 50 million in 2021
Fondo per sospensione temporanea del pagamento dell'affitto [Fund for Temporary Suspension of Rent Payments]	Up to a maximum of €12,000 per family	€ 46.1 million in 2020
Fondo per i mutui per l'acquisto della prima casa [Fund for mortgages for first time house buyers]	Aimed at large families who have a mortgage for their first house and provides for the suspension of payments in the event of a situation of temporary difficulty.	-
Programma di recupero e razionalizzazione del patrimonio ERP [Public housing asset recovery and rationalization programme]	-	€ 39 million in 2021

Source: Own analysis

4.7 Children with mental health issues

4.7.1 Introduction

Good mental health is a fundamental part of the overall health and well-being of children

and adolescents. The prevalence of mental disorders in this period of life is high, close to 20 per cent, and is trending upwards, exacerbated by the pandemic.

A large proportion of neuropsychiatric disorders first manifest by the age of 18 but, in most

cases, they are diagnosed late. Patients thus do not receive the treatment they need, and the disorders lead to serious consequences for health and quality of life in adulthood. In most cases, early intervention can change the natural course of the illness or prevent comorbidities and complications and avoid a chronic and disabling illness.

In the context of addressing the needs and rights of the most vulnerable children, and taking into account the perspective of gender, the mental health field is therefore an absolute priority; because of its scale, its long-term implications, and its interweaving of several vulnerabilities: biological, psychological and social.

UNICEF recently published a document analysing the state of mental health of children and adolescents in the world in which it stresses the importance of promoting mental health from conception onwards, the indispensability of prompt access to therapeutic interventions, and the serious critical issues resulting from the lack of attention paid to children and adolescents during the pandemic (UNICEF, 2021). Mental health and psychosocial well-being are inseparable in terms of both prevention and promotion and therapeutic and rehabilitative treatment.

4.7.2 Characteristics

In Italy, the importance of the problem of mental health in childhood and adolescence has been made more evident by the impact of the pandemic but it has been known for some time.

The absence of a monitoring system based on established criteria (and therefore not based purely on the care provided, which differs greatly from community to community

and from service to service) means it is not possible to quantify the general population of children with mental health problems and obtain a breakdown of the subgroups (highly neurological, psychiatric, or mixed conditions; conditions involving other organs and systems), as well as any indication of the scale of the unmet need.

This report therefore extrapolates the situation at a national level from regional information systems or from individual studies carried out on small samples of the child population.

Quantification and characteristics of the population of children under 18 years of age with mental health problems – In the pre-pandemic era, the prevalence of mental health problems was around 18–20 per cent of the population; i.e., between 1.8 and 2 million children.¹²⁷ It is estimated that in 2019, 16.6 per cent of children between the ages of 10 and 19 – about 956,000 children – suffered from mental health problems. Among girls, the percentage is higher (17.2%, or 478,554) than among boys (16.1%, or 477,518). This prevalence also reflects international estimates made by the World Health Organization (WHO) and UNICEF.¹²⁸ Studies indicate a higher prevalence among girls, particularly for depressive symptoms, and an increasing incidence in relation to age. Also of note is the higher prevalence among children with a migratory background, both first and second generation, reported by all NPIA services. However, due to a lack of comparable data, it is not possible to highlight any differences on a geographical basis, which are conceptually very unlikely and, if present, attributable to different diagnostic definitions rather than to varying incidence or prevalence of individual problems.

Neurological, neuropsychological and neuropsychiatric problems contribute significantly to the number of children certified

as having disabilities for school inclusion purposes, which in 2018 numbered just under 300,000 (ISTAT, 2020). There were a similar number of children with specific learning disorders.¹²⁹ Almost all of these cases refer to childhood and not to adolescence, an age when the prevalence of neuropsychological problems increases. A relatively recent estimate puts the number of people with intermediate disabilities (largely due to neuropsychological problems) at 2.5 per cent of the population, approximately 220,000–270,000 children, while those with severe disabilities account for 0.5 per cent, i.e., 50,000 children.¹³⁰

With regard to the most frequent causes of neuropsychiatric disorders, international studies (based on classifications that are not always the same across studies) (Piovani et al., 2019) indicate that autism spectrum disorders (ASD) account for at least 1 per cent, ADHD for 2 per cent, intellectual disability for 1.8 per cent, learning disorders for between 3 per cent and 4 per cent, and psychiatric disorders for at least 8 per cent.¹³¹ These are very diverse health conditions, with onsets at different ages, and with different combinations of genetic and environmental causes and contributory factors, different care needs, and different intervention possibilities. For some of these conditions, such as ASD, the diagnostic criteria have changed over time. In general, the recorded increase in prevalence affects psychological and psychiatric pathologies more than neuropsychological ones, with environmental determinants having a greater effect than genetic ones.

Trends over time

An increase in neuropsychiatric disorders was already evident before the pandemic in the age group between birth and 18 years. From the scarce available data, we know that in the last ten years the number of people treated by the NPIA services has doubled, rising in the regional contexts with the best availability of

services and data (Lombardy, Piemonte, Emilia-Romagna), from about 4 per cent to more than 8 per cent of the population between 0 and 17 years of age. This figure is, however, still far below the level of need. With regard to hospital admissions, which represent a proportion of these cases, between 2017 and 2018 there was an 11 per cent increase in ordinary admissions for neurological disorders for those between 0 and 17 years, rising from 25,179 to 28,076, and a 22 per cent increase in ordinary admissions for psychiatric disorders, rising from 12,951 to 15,787.¹³²

Opportunities for prevention

Research, in particular longitudinal studies and retrospective studies on symptomatic patients, indicates that the first years of life are crucial for the promotion of mental health and psychosocial well-being, and for the prevention of many mental health problems and consequent comorbidities (Tamburlini, 2017). There is therefore a need for widespread and shared actions in civil society to put children and adolescents back at the centre of investments for the future, in close connection with the various health services, from consultations with family paediatricians to birth centres. Particularly important measures are (a) to develop or enhance intervention approaches that meet the needs of families with young children and support parents and caregivers in their role. Examples include programmes that support responsive parenting,¹³³ and nurseries and integrative services that provide spaces and time for parents and children aged 0–2, particularly in close proximity to one another ; b) to support children and adolescents in developing emotional and cognitive strategies to cope with difficulties and uncertainties (especially in circumstances of increased intrafamily problems and conflicts, such as the pandemic period); c) to introduce and support resources and protective factors in situations where there is a greater risk of

psychological distress and neuropsychological illness (conditions of material and educational poverty, migrant situations, minority victims of exclusion, violence and abuse). In addition to these situations, there are also children suffering from other chronic pathologies and disabilities, which are in themselves risk factors for neuropsychological comorbidity.

It is therefore essential that there be:

- Training measures to enable services (family advice centres, birth centres and family paediatrics centres in particular) to diagnose neurodevelopmental problems and parents' mental health problems (depression in particular) at an early stage, as early detection of these problems can in most cases mitigate their consequences through early intervention;
- Interventions, always with an integrated gender perspective, in the living situations of children with mental health problems, a fundamental step for the effectiveness of treatment pathways and for both school and social inclusion. These interventions support, on the one hand, a reduction in the conditions of disability and comorbidity that affect how the problem is experienced both by children themselves and in school, social and family contexts; on the other hand, they can support family members and teachers themselves, with the aim of promoting the greatest possible degree of autonomy for children.

Psychosocial support policies and interventions (IASC, 2007), centred on the individual but also on the community of which they are a part, are therefore central to the work of promoting mental health by preventing forms of psychological distress and comorbidity that inevitably arise when neuropsychiatric disorders are not tackled holistically (considering the individual in their entirety

and in their environment), but reductively focused on pharmacological treatment alone, and in the most severe cases risk turning to institutionalized solutions.

Access to services

Before the pandemic, in 2019, only 30 per cent of children with neuropsychological disorders were able to access a local NPIA service and only 15 per cent received appropriate therapeutic-rehabilitative responses. In 2018, only 31 per cent of ordinary admissions for NPIA disorders (13,757 out of 43,863) were actually in NPIA wards, while 69 per cent were in adult or general paediatric wards and therefore posed a high risk of inappropriate care. Ordinary NPIA inpatient beds numbered 394 nationally in 2019 and accounted for 6 per cent of the total 6,201 paediatric inpatient beds in that year, while admissions for NPIA disorders accounted for 19 per cent of total paediatric admissions.¹³⁴ Although the data are still preliminary and subject to multiple selection biases, the pandemic and its consequent restrictions seem to have significantly worsened people's mental well-being. This has amplified inequality at all levels (Moreno et al., 2020), including the variability in responses among neuropsychiatry and rehabilitation services. In some regions these services continued to work uninterrupted and developed telemedicine approaches, but in others they were closed for months without being able to guarantee the essential continuity of care that users need.

The shortages of infrastructure and staff, and the lack of homogeneity in the organization of the NPIA services network across the different Italian regions, mean it cannot guarantee consistency of responses let alone uniformity in data collection and planning. Even in regions that have an adequate system of NPIA services, they are not always integrated into a coordinated prevention and care network. There is a lack of dedicated hospital wards, and

above all a lack of therapeutic semi-residential facilities, which are indispensable for providing more complex and intensive interventions. There is little systematic collaboration with the paediatric primary care field, and there is no connection with either educational services and schools or the social and cultural services required to prevent, as far as possible, recourse to hospitalization and therapeutic residential care, and to offer integrated care pathways. The gap between northern Italian regions and southern Italian regions is particularly marked:

- Most central and southern Italian regions have not yet implemented the planning directions of the National Mental Health Action Plan (*Ministero della Salute*, 2021);
- Most of the local services are in a critical situation in terms of personnel and facilities in central and southern Italian regions;
- The lowest rate of ordinary NPIA beds is in southern Italian regions (3 per 100,000 inhabitants 0–17 years old compared to a national average of 4 and an expected minimum standard of 7);
- 90 per cent of therapeutic residential facilities are located in northwestern Italian regions;
- In many situations, where specific initiatives have not been implemented, access to services is more critical for migrant families, unaccompanied foreign minors, and for those in situations of socioeconomic fragility or facing other vulnerabilities.

In addition, patients and their families are subject to prejudices that interfere with diagnosis and treatment, with social inclusion and, above all, with health planning and the structuring of adequate interventions for the promotion of mental health. The tendency to deny the existence of neuropsychiatric

disorders is still very marked, and there are frequent and repeated campaigns against excessive medicalization, campaigns that stress the right of children to be lively and different without being labelled, and above all campaigns that stigmatize the roles of the family, school and environment in the origin of patients' behaviour.¹³⁵ As a result, most families reach a diagnosis late and may have a significant sense of guilt and/or difficulty in fully engaging in the necessary treatments, which are also the subject of debate both in relation to non-pharmacological therapies (which have been trivialized by and compete with non-scientific approaches) and psychopharmacological therapies, which are employed in Italy at rates many times lower than in the rest of Europe, as is the case with ADHD (Reale et al., 2017).

Finally, it should not be forgotten that there are significant differences between mainstream interpretative for mental health problems and the value systems among the different cultures represented in Italy, particularly those with origins outside Europe, which can result in different reactions on the part of families and different relationships with using public services. There is also an additional difficulty in the diagnostic phase and during therapeutic treatment that derives from both language barriers and cultural differences (Del Pezzo, 2008).

For some time the *Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza* [Italian Society of Childhood and Adolescent Neuropsychiatry (SINPIA)] has been stressing the increasingly critical state of care for child and adolescent patients with neuropsychiatric disorders and their families.¹³⁶ The lack of local support with adequate levels of care results in worsening of symptoms and prognosis, and increased risks of hospitalization, which would otherwise be avoidable. The lack of integrated and

uniform coverage and the absence of effective monitoring systems was the subject of a recommendation to Italy by the UN Committee for the Monitoring of the CRC in 2019.¹³⁷

4.7.3 Cross-sectional dimensions

As noted above, there is evidence of a higher prevalence of some problems (in particular eating disorders and depression) in adolescent girls. While there is a lack of studies correlating individual types of problems with key social determinants, it is well known that in general the risk of mental health problems is higher in conditions of material and educational poverty, and in violent and abusive family contexts. In children with a migratory background, the risk of mental health problems is particularly high: 30 per cent (more than 2,000 out of 7,000 children per year) of the patients in the Milan Neuropsychiatric Childhood and Adolescence Operative Units, for example, are children with a migratory background, almost double the rate in the general population (Vita, 2009).

4.7.4 Regulation¹³⁸

The current key reference documents are the National Mental Health Action Plan¹³⁹, the residential and semi-residential therapeutic-rehabilitation interventions for neuropsychiatric disorders in childhood and adolescence¹⁴⁰, the Guidelines for the promotion and improvement of the quality, safety, and appropriateness of care interventions in the paediatric and adolescent area¹⁴¹, the study and proposal document drawn up by the *Autorità Garante per l'Infanzia e l'Adolescenza* and the Guidelines for neuropsychiatric and neuropsychiatric disorders in childhood and adolescence.¹⁴² Overall, the regulatory framework appears adequate. However, what is significantly lacking is uniform implementation across the country.

4.8 Potential Child Guarantee beneficiaries: an overview

Table 20 gives an overview of the children who are the focus of the Child Guarantee. It combines information from both this section and the previous one dedicated to the general framework of the five policy areas covered by the Child Guarantee.

Based on the analysis and data contained in the previous part of this section, overall, two forms of inequity emerge:

- Prevalent inequities – which affect children in large numbers and create challenges in accessing and using a variety of rights provided by the Child Guarantee;
- Extreme inequities – which affect children in smaller numbers but give rise to a stronger need for care as well as frequent difficulties in accessing and benefiting from the rights provided by the Child Guarantee.

Beneficiary groupings of relatively large size and characterized by access risks across all the main rights covered by the Child Guarantee are:

- *Children in southern Italian regions* (absolute values): 3.2 million (34.4% of the total number of children); a relatively large number of children in families at risk of poverty and social exclusion (1.5 million, equal to 46% of the total number of children in southern Italian regions); high prevalence of young people who dropped out of school (0.3 million, equal to 19.0% of young people in the 18–24 age group); low coverage of socio-educational services for early childhood (13.5% of children aged 0–2 years resident in southern Italian regions, compared with 32.1% in central-

northern Italian regions); relatively high infant and child mortality rate in southern Italian regions (3.4% compared with 2.2% in the central-northern Italian regions), high prevalence of problems of sustainability in housing costs (48.8% compared with 39.5% in central-northern Italian regions). We decided to include this category in the conclusion of our analysis despite it not being foreseen in such an explicit form in the Recommendations on the Child Guarantee due to the uniquely Italian aspects of the issue; as reported and discussed above, there is no other macro-region of the EU that is as demographically relevant and is at the same time characterized by such a strong prevalence of risks of social exclusion and multifaceted problems.

- *Children with mental health problems* (absolute values): 1.9 million (equal to 20.4% of children in Italy)
- *Children with a migratory background without Italian citizenship* (absolute values): 1.3 million (about 14% of the total number of children in Italy); a relatively large group of children in families at risk of poverty and social exclusion (about 43% of people who fall into this category); 36 per cent dropped out of school; 20 per cent do not attend preschool; widespread prevalence of housing problems (65.4% of foreign children live in overcrowded housing compared to 36% among children with Italian citizenship; 55.5% of foreign children face problems of financial stress from housing compared to 39.9% among children with Italian citizenship);
- *Children in single-parent households* (absolute values): 1.1 million (11.9% of total

children); a relatively large group of children in households at risk of poverty and social exclusion (around 41% of those who fall into this category), often with housing problems due to financial stress (around 20% of those who fall into this category) or overcrowding (around 38% of children who fall into this category);

- *Children with disabilities* (absolute values): 0.3 million (an underestimation of the phenomenon due to a lack of reliable data on the number of children under the age of 3 with disabilities); integration risks mainly relate to access to early childhood socio-educational services, effective support in schooling, and better support in social and health services; almost one third of children in this group are at risk of poverty.

Beneficiary groupings that are numerically more limited but are often characterized by a very intense need for care:

- *Foreign children identified as Roma, Sinti or Caminanti* (absolute values): estimated at approximately 54,000–81,000;
- *Children with at least one parent in prison* (absolute values): 39,176 (equal to 0.4% of total children);
- *Children living outside their family of origin* (absolute values): 27,608;
- *Unaccompanied foreign children* (absolute values): 8,382;
- *Care leavers 18–21 years old* (absolute values): 1,100;
- *Children born to underage mothers* (absolute values): 1,089 (or 0.2% of 2019 births).

Table 20 - Overview of children’s needs by category

Categories of children at risk	Size of category
Children living outside their family of origin	Children living outside their family of origin (absolute values): 27,608
	Children placed in ad hoc residential services (absolute values): 14,053 (51% of children outside the family)
	Children living outside their family of origin placed in foster care (absolute values): 13,555 (49% of children living outside their family)
	Proportion of children living outside their family of origin placed in intrafamily foster care: 43%
	Percentage of children outside their family of origin placed in external foster care: 57% Young care leavers in the age group 18–21 (absolute values): 1,100
Children with disabilities	Students with disabilities (absolute values): 283,856 pupils (3.3%)
	Incidence of students with disabilities in preschool: 4.3%
	Children with disabilities at risk of poverty: 29.5%
Children with a migratory background	Children of non-Italian citizenship (absolute values, millions): 1,316 (about 14% of the total number of children in Italy)
	Children of non-Italian citizenship born in Italy (absolute values, millions): 0.991 (75% of children of non-Italian citizenship)
	Families with children composed only of foreigners who are in absolute poverty: 31.2% (7.7% in the case of families with Italian citizenship)
	Children with non-Italian citizenship living in households with family problems related to economic problems, lack of employment, or social exclusion (absolute values, millions): 43.2% (share among children with non-Italian citizenship)
	Students with non-Italian citizenship, representing 10% of all pupils (absolute values, millions): 0.860
	Students with non-Italian citizenship who are late for school: 30%
	School dropout rate of students with non-Italian citizenship: 36.5% (11.3% for students with Italian citizenship)
	Preschool attendance rate of children aged 3-5 with non-Italian parents: 80.2% (% of total children aged 3–5 with non-Italian parents; compared to 93.6% of those with Italian citizenship)
	Foreign children living in households with overcrowding problems: 65.4% of non-Italian children (36.2% of Italian children)
	Foreign children living in households with problems of financial stress due to housing costs: 55.5% of non-Italian children (39.9% among Italian children)
	Unaccompanied foreign children (absolute values): 8,382

Categories of children at risk	Size of category
	Unaccompanied foreign children in foster care: 500
	Unaccompanied foreign children removed from reception facilities: 3,099
	Unaccompanied foreign children seeking international protection: 753
Roma, Sinti and Camminanti children	Children who identify as Roma, Sinti and Caminanti people (absolute values): estimated 54,000–81,000
	Students in the Italian school system belonging to Roma, Sinti and Caminanti families (absolute values): 11,000
	Children belonging to Roma, Sinti and Caminanti households living in authorized or unauthorized settlements (absolute values): 23,000 people including children and adults
Children in precarious family situations	Children living in single-parent families (absolute values in millions): 1,107 (11.9% of total children)
	Children in single-parent families experiencing problems related to economic problems, lack of employment, or social exclusion (absolute values in millions): 0.456 (41.2% of total children in single-parent families)
	Children born in 2019 to underage mothers (absolute values): 1,089 (or 0.2% of children born in 2019)
	Children with at least one parent in prison (absolute values): 39,176 (or 0.4% of total children)
	Children living in places perceived by their families as being at risk of crime, violence and vandalism (absolute values in millions): 0.79 (8.5% of total children)
Children in severe housing deprivation	Children in families with family problems related to economic problems, lack of employment, or social exclusion (absolute values, millions): 2.58 (27.8% of the total number of children in Italy)
	Children in households experiencing financial stress from housing costs: 42.7% Children in households with overcrowding problems: 41.5%
	Children in single-parent families experiencing financial stress due to housing costs (prevalence among total single-parent families): 19.8%
Children with mental health problems	Children in single-parent families experiencing problems of overcrowding (as a percentage of total single-parent families): 37.6%
	Children with mental health problems (absolute values in millions): 1.9 (equal to 20.4% of children in Italy)
	Children with mental disorders able to access local NPIA services: 30% (percentage of children with mental disorders)
Children living in southern Italian regions	Children with family problems due to economic problems, lack of employment, or social exclusion living in southern Italian regions (absolute values in millions): 1,472 (46% of the total children in southern Italian regions)
	School dropout rate among 18–24-year-olds in southern Italian regions

Categories of children at risk	Size of category
	(absolute values in millions): 0.288 (19% of young people in the same age group living in southern Italian regions compared to 11% in central and northern Italian regions)
	Coverage (public and private) of 0–3 education services in southern Italian regions: 13.5% (% of total children aged 0–2 years resident in southern Italian regions, compared to 32.1% in central and northern Italian regions)
	Children in households in southern Italian regions experiencing financial stress due to housing costs: 48.8% (39.5% in central and northern Italian regions)
	Children in households in southern Italian regions with problems of overcrowding: 43.1% (38.7% in central and northern Italian regions)
	Infant and child mortality rate in southern Italian regions: 3.4% (2.2% in the central and northern Italian regions)

Source: Own analysis

5 Key rights of children targeted by the Child Guarantee – challenges

This section focuses on the challenges that potential Child Guarantee beneficiary groups face in accessing the five policy areas.

Before outlining the challenges relating to each policy area and to each beneficiary grouping, it is important to recall the content of section 3 and to remember that there is significant variation in the institutional frameworks for the five policy areas.

Health and education are universalist policies

From a regulatory perspective, these services are offered to all children. International comparisons (such as those offered by the OECD in its ‘Health at Glance’ and PISA studies) evaluate Italy’s health-care system as a whole as satisfactory from an implementation point of view. The education system, however, is characterized by challenges related to access and the ability to provide material support to certain social groups. In both sectors, therefore, the challenges and innovations relate the need to balance universalism with targeted interventions.

Early childhood education services are a semi-universalist policy

The rate of coverage of publicly financed preschools (children aged 3–5 years) exceeds 90 per cent of children in this age group, even though there is no obligation to attend. However, coverage and public financing for educational services for the 0–2 age group are much more limited and only cover a minority of children in Italy. Here, too, the challenge lies in determining how to effectively make this service universal, welcoming, and inclusive for all children. Moreover, in the field of services for the 0–2 age group, there is a broader challenge to overcome in expanding public capacity to provide for all children.

Public measures in housing and nutrition are selective and have limited public coverage

In these sectors, the central government has traditionally intervened less directly (as recorded in Eurostat statistics on spending on social protection, Italian public spending on housing policies is among the lowest in Western Europe), leaving the task of responding to the needs of a large part of the population mainly to families and local communities (third sector). The challenges that arise for the Child Guarantee and for the protection of groups of children at greater risk of social exclusion in these two fields are somewhat different and, in some ways, even more complex than those outlined in the three previous fields.

5.1 Health

5.1.1 Cross-cutting challenges

Coordination between health, educational and social sectors

A large proportion of the needs of children and adolescents (in particular those connected with mental health problems) relate to social health and education. Even needs that are more directly health related (e.g., serious chronic illnesses, disabilities) require integrated responses between the health system, the education system and the social support system. One of the initial challenges is overcoming the current situation, which is marked by fragmentation and insufficient coordination between these sectors. Coordination itself is a difficult challenge for all three levels of government in health care: national (between ministries), regional (between departments and councils), and local (between

schools, health agencies and local social services). This need for coordination relates to both collective measures with regard to information, promotion and prevention, as well as measures that are directed at individuals. All of these measures must be designed in collaboration, starting with a shared analysis of context, needs and resources.

Mental health services for children

As highlighted and argued in section 4, the protection of children’s mental health is currently one of the major challenges to the well-being of children in Italy. It is therefore essential to strengthen the intervention capacity of NPIA services in all Italian regions, starting with preventative measures, and measures to promote mental health and early diagnosis (neurodevelopmental problems and psychological illnesses in parents). This must be done both at a primary care level (family counselling centres, birth points, and primary care paediatricians) and in the daily lives of children – and must include therapeutic and rehabilitative measures undertaken through regional services or those requiring dedicated hospitalization and semi-residential structures.

Availability of staff in other essential services

A third challenge relates to the inadequate and uneven availability of health and social-health services. With NPIA services as a top priority, there are serious staffing shortages in family counselling centres and among family paediatricians, with geographic inequalities that disadvantage southern Italian regions and consequent deficiencies in addressing complex and difficult situations. For example, the percentage of children under the care of social services due to abuse is 5.8 per cent in northern Italian regions and 2.9 per cent in southern Italian regions (with no data indicating a different frequency of the problem).¹⁴³ Staffing shortages affect the entire salaried staff of the SSN, which declined overall by 6.6 per cent from 2010 to 2019 (from about 646,000

employees to about 604,000), as reported by ISTAT (2021c). Analyses by the *Ministero della Salute* and international institutions (starting with the OECD) have repeatedly highlighted that geographic inequalities in health care, especially to the detriment of southern Italian regions (ISTAT, 2021c), must be addressed more effectively.

Monitoring

A fourth challenge relates to the need for monitoring systems based on uniform methodologies throughout Italy, particularly to provide a better understanding of both the demand and the responses of public services, such as mental health issues and various forms of abuse. The management of these systems should be entrusted to National Agencies of reference, such as the *Istituto Superiore di Sanità* or the *Autorità Garante per l’Infanzia e l’Adolescenza* (which already carry out some surveys on these matters).

Prevention work with families

A fifth challenge is the need to strengthen measures for prevention and for the promotion of physical, mental, sexual and reproductive health, both in the first years of life, working with families, and particularly in pre-adolescence and adolescence, working through schools, while always taking into account the differing needs of boys and girls. An important role for this challenge can be played by the Family Centres (physical places managed and designed with the networks of family associations, so as to be really able to intercept the different needs of families and children, offering a flexible and articulated response¹⁴⁴) that should be promoted and strengthened. The level of prevention of health and nutrition problems targeting the population as a whole is also unsatisfactory. Even with regard to abuse, despite many calls to provide a prevention strategy there is still no such strategy in place. This is despite the fact that the pillars of such a strategy – in particular programmes to

support responsive parenting – are common to the promotion of cognitive and emotional development and good mental health, as well as the prevention of abuse.

5.1.2 Specific challenges

Access to health-care services for children with a migratory background or from ethnic minorities

Children with a migratory background and those from ethnic minorities tend to be exposed to a greater risk of health problems, in particular mental health problems and those related to forms of abuse. This increased risk can be estimated as at least 50 per cent higher than the rest of the child population. It is necessary to improve the responses of public services for this specific group of beneficiaries, paying particular attention to the equitable treatment of unaccompanied foreign children and the children of undocumented foreigners, and always taking into account the perspective of gender.

Access to primary care paediatricians by children of undocumented foreigners

These groups suffer from barriers to access in multiple regions. In addition, coordination needs to be improved among the various services that support children with disabilities, including chronic illnesses that entail functional limitations, and investment should be made in greater standardization of the quality of services at a local level. Special attention must be paid to prevention measures and measures for prenatal and early diagnosis of disability. In fact, there are no national data on services for genetic counselling and early prenatal diagnosis for the prevention of genetic diseases that can cause disability.

Access to palliative care for children with chronic diseases

Finally, there is the challenge of increasing

access to palliative care for children with severe chronic diseases that involve terrible suffering or are terminal. Such access is currently limited and offered in a highly inconsistent manner across different parts of the country.

5.2 Housing

5.2.1 Cross-cutting challenges

Public funding for access to rental housing for low- and moderate-income households Housing deprivation can be expressed in many ways: lack of housing; temporary and/or unsafe housing; housing that is not adequate for the household (overcrowding is the most widespread manifestation of inadequate housing); housing in environments characterized by degradation, poverty, isolation and social exclusion; and housing characterized by energy poverty and structural deficiencies. In addition, housing hardship and its effects are distributed very unevenly throughout the country, creating significant differences between northern and southern Italy. 8.20 per cent of Italian households live in damaged structures, but while this rate reaches its lowest value of 4.80 per cent in Piemonte, for example, it stands at 14.50 per cent in Campania (Openpolis, 2021a).

Currently, public housing capacity is not able to meet demand. Only one third of requests for social housing are fulfilled and there is a very low social housing stock overall (4% compared to the European average of 20%). Moreover, housing often suffers from structural deficiencies, which the regional housing agencies are unable to remedy due to a lack of resources. This further reduces public housing stock because some structures are unfit for use, and it is impossible to access adequate sources of renovation and maintenance work. Council waiting lists have approximately 650,000 pending applications (Natili, 2019). Low public housing capacity and limited rental

support on the private market make turnover in public housing particularly difficult, creating the paradoxical situation where households in conditions of great housing deprivation remain on the waiting list for years or do not get access to public housing for lack of availability.

With the advent of Housing Plans as the primary regulatory tool of housing policies, the role of the public sector in housing has changed, increasingly promoting social housing and social housing development, rather than the public housing development model. In particular, this has been achieved by encouraging private investment in areas affected by non-extreme, but nonetheless increasing, housing hardship, thus promoting the availability of economically sustainable housing even to people in the so-called grey zone – i.e., unable to afford rent on the private market, but simultaneously unable to meet the requirements to be included on a public housing list. On the one hand, improvements in social housing development have led to an extension of governance and supply; on the other, social housing development is not always an effective way of guaranteeing access to the neediest households in the grey area and is very unlikely to be capable of dealing with extreme housing hardship. Within this picture, the challenge of increasing access to adequate rental housing appears particularly important for children. In fact, as the number of children in a family increases, the likelihood of renting increases: with one or two children, the rate ranges between 23 and 24 per cent, while from three children on it rises to 33 per cent.

Public and social housing solutions appropriate to household size and the presence of children

In Italy, structural difficulties in the field of housing policies often translate into limited effective definitions of target groups. Children do not appear among the direct beneficiary groups of the few policies or measures implemented in this field. Having children assists a family in

its public housing ranking. Nonetheless, for the largest households, there are often problems with the adequacy of the assigned housing or difficulties in adapting housing solutions to changes in the household (the birth of children, for example), leading to the overcrowding described above. Improved monitoring of housing and profiling of families would make it easier to link families with appropriate housing. Always with a view to protecting children, even transfers between dwellings, although rare, should preserve educational, care and relational continuity, with a view to not uprooting families that benefit significantly from local services and have put down roots in a neighbourhood. In relation to families with minors residing in Public Residential Housing districts, it is also important to emphasize that in many cases the ERP districts need a general improvement, not only related to housing, and services dedicated to children, to avoid the exacerbation of conditions of social exclusion and educational and cultural poverty.

In addition, it is important to emphasize that housing hardship can affect the full enjoyment of a number of rights of the minors concerned, including the right to safety, with specific consequences depending on the gender of the minors, potentially exposing them to a greater risk of maltreatment.

Urban planning and designing measures to target at-risk groups

Housing measures that target those facing hardship and poverty must be better integrated with general planning and design measures. Public housing policy should not consider housing in isolation, but as the first step on a path of social inclusion. The principles of conditionality that often restrict these measures, and thus leave the most acute levels of distress unaddressed, should be reconsidered. In this sense, social support for housing is fundamental as it creates the conditions for access to local services and steps towards housing autonomy.

Social support is essential not only in the access phase, but also with a view to maintaining housing and promoting its sustainability: for example, managing rental arrears.

Monitoring

There is currently no national monitoring system for housing conditions of children. The unit of analysis is normally the household, which prevents ad hoc policies being implemented for children in conditions of, or at risk of, housing deprivation. A monitoring system would make it possible not only to measure the extent of the phenomenon, but also to identify different categories and different forms of housing deprivation, thus allowing for the identification of specific target groups and their needs. Housing deprivation includes, even for children, a variety of conditions of marginality and exclusion, ranging from children living in Roma camps to those who live in conditions of overcrowding or in households in rental arrears and at risk of eviction.

5.2.2 Specific challenges

Residency for children in households of untitled occupants

Article 5 of D.L.80/2014 (*Piano Casa*) prohibits squatters from establishing their residence and connecting to public services (gas, electricity). Nonetheless, the power to grant residence when children are involved is delegated to mayors, who can use this power to uphold hygiene and sanitation conditions. Residence is an essential condition for children to access some essential rights, such as the rights to education and health care. At the same time, the lack of services such as gas and electricity undermines children exercising these rights, making it difficult or impossible to study, do homework, engage in remote learning, live in healthy conditions, and protect themselves from the cold. The employment in some Italian municipalities of ‘fictitious residences’ and the attention brought

to this issue through actions financed by the PNRR are worthy of note, most notably with regard to the impact they could have on access to services for the children in question.

Housing support to families with children with a migratory background

The challenge of improving support for access to appropriate and financially sustainable rental housing is particularly important for children with a migratory background. Although as the number of years of residence in Italy increases, the proportion of foreign families living in a house of their own increases, only a little more than a quarter of foreign families with children live in a house of their own (28%) compared to the vast majority of Italian families (75%). Moreover, foreign families are also more frequently characterized by a higher number of children (ISTAT demographic data report that the fertility rate in 2019 was 1.18 for Italian women and 1.98 for foreign women). This constitutes a sustainability problem for housing costs, but also creates difficulties in finding suitable housing either on the private rental market or in social or rent-controlled housing. In fact, 19.3 per cent of foreign families live in overcrowded housing (compared to 10% of Italian families), and 12.8 per cent of foreign families live in housing that is in poor condition (4.2% for Italian families) (ISTAT, 2019). According to the XXIX *Rapporto Immigrazione* 2020 [XXIX Immigration Report 2020] carried out by Caritas Migrantes, housing conditions were one of the main problems reported at the Listening Centres of the Dioceses, alongside problems related to work and linked to the status of migrants.

Housing deprivation among children from ethnic minorities and monitoring their housing needs

Children from ethnic minorities, in particular Roma, sometimes live in situations of housing degradation (nomadic encampments) below the minimum requirements set by international standards for adequate housing and characterized

by a lack of regular and major upkeep; inadequate hygienic and sanitary conditions; overcrowding; and serious degradation of housing units. In these conditions, the rights of children from the Roma, Sinti and Caminanti communities to health, study and play are not upheld. The fact that these rights are not upheld is further aggravated by evictions, which uproot families with children who often don't have viable alternative housing and break social and relational ties that are fundamental for the cognitive, emotional and social development of children. In fact, this practice often violates the right to study by failing to guarantee educational continuity, but it also removes children from the local support network that is often created around such settlements. Therefore, it is not only a question of guaranteeing adequate housing, but also of upholding the right to study, continuity in social relations and in the progress already made with local services, during the transition into housing. Relaunching housing policies in this field would seem to be a priority, but this needs to start with accurate data collection on the phenomenon, which is currently also hampered by legal issues relating to privacy protection (see section 7).

Housing deprivation among children living outside their family of origin

In many cases housing deprivation is one of the conditions that increase family vulnerability, and it sometimes contributes to the decision to remove children from their families of origin. The quality of housing for children in foster care and in residential care communities is highly inconsistent across different parts of the country. The 2017 *'Linee di indirizzo per l'accoglienza in servizi residenziali per minorenni'* [Guidelines for the Reception of Children in Residential Services] contain specific guidance on living standards for foster families and bodies that manage residential facilities.

Transition to independent living for young adult care leavers

Upon leaving the foster care system and/

or residential care services and entering the housing market, care leavers are a more exposed and vulnerable than their peers, according to the initial reflections and evidence emerging from the experimental national Care Leavers project by the *Ministero del Lavoro e delle Politiche Sociali*. The key critical issues include financial struggles, which push care leavers towards low-quality housing solutions and peripheral locations; the risk of forced cohabitation to reduce housing costs; the way the housing market works and the guarantees required when renting; and the difficulty in rebuilding support networks and social relations in new locations. Young care leavers are often at risk of educational difficulties. A strengthening and diversification of housing measures, which function as a transition to autonomy, is necessary to address the diverse needs of the young people concerned. Alongside the housing first approach, for example, co-housing measures have sometimes proven to be effective

Housing deprivation among single-parent families at risk of poverty

Single-parent families in Italy, which account for about one in ten, are at a greater risk of poverty than families where there are two parents. This risk is partially caused by the increased difficulty of meeting housing costs: 18.6 per cent of single-parent families are, in fact, in arrears with rent or mortgage payments compared to 12 per cent of other families with children. 18.8 per cent are unable to heat their homes adequately, compared to 14.10 per cent of other families.

5.3 Nutrition

5.3.1 Cross-cutting challenges

Breastfeeding

The first challenge in the field of nutrition, as UNICEF has repeatedly stressed, is the promotion of breastfeeding. Although the

practice is considered a public health practice (in this regard, the WHO recommends that children be breastfed until they are six months old and that breast milk remain the first choice of milk until children are two years old), the prevalence and duration of breastfeeding have been reduced due to social, cultural and economic reasons, such as the administration of glucosate in bottles before the onset of milk secretion, or the custom of encouraging breast milk substitutes. Poor information and lack of support for young mothers in a period of economic fragility are other key reasons why mothers abandon breastfeeding.

Healthy lifestyles

Italy is among the European countries with the highest values of excess weight among girls and boys of school age: 9.4 per cent are considered obese and 2.4 per cent severely obese (Okkio alla Salute, 2019). The habits of not eating breakfast (8.7%) or of eating an inadequate breakfast (35.6%) and eating a large mid-morning snack (55.2%) remain relatively common. With regard to sport, the most recent indicators relating to physical activity show that about 20.3 per cent of children did not do any physical activity the day before the survey, 43.5 per cent have a TV in their bedroom, and 44.5 per cent spend more than two hours a day in front of a TV, tablet, or mobile phone (ibid.).

Right to food

The Italian legal structure does not provide for a comprehensive national regulatory framework on the right to adequate food that takes into account all the various aspects of the phenomenon. The Italian Constitution does not explicitly recognize the right to food, but does so only indirectly through accession to international treaties that guarantee it. The goal is for food to be considered a right and not a need. A third challenge is therefore introducing into the legal system the right to food according to the three key dimensions of availability, physical and

economic accessibility, and adequacy (Action Aid, 2021a), with the resulting obligations of protection on the part of the central government (e.g. removing all obstacles to accessing an adequate meal). A legal definition of the phenomenon would make it possible to consider its multidimensionality and to treat food poverty a violation of human rights.

School canteens

Extended hours and full-time schools are regarded as tools for supporting work-life balance. This has two important implications for access to school meals: it is a public service provided upon request, managed entirely by the local government and accessible only by presenting ISEE documentation; and it is attached to the school year so is unavailable during the summer months. The high cost of school lunch services must be added to these critical issues, as it discourages large-scale demand for the service and, in some cases, leads to unpaid arrears.

Nutrition education in the school system

An important cross-cutting challenge is to develop institutionalized and shared paths of nutritional education. The WHO (data updated 2020) notes that sodium consumption has drastically increased in Italy and around 37 per cent of children suffer from problems linked to being overweight. In addition, a progressive shift away from the Mediterranean diet is under way. Involving students, parents, and teachers in measures to promote the adoption of healthy and sustainable individual and collective eating behaviours is essential. Schools play a linking role between institutions, children and families and, for this reason, are a privileged place in which to promote cultural change relating to food.

Financing

Funds for targeting a reduction in food vulnerability and waste are currently very fragmented. European public funds – in particular, up until 2021, FEAD (now dissolved and merged

in the ESF+), PON *Scuola*, and the Programme for the distribution of fruit, vegetables, milk and dairy products to educational institutions (also referred to as the Programme for Schools) (European Commission, n.d.) – are poorly integrated with national funds for combating food poverty (*Fondo per la limitazione degli sprechi alimentari* [Fund for the limitation of food waste] and *Fondo distribuzione alimentare per persone bisognose* [Fund for food distribution to people in need]) and with the resources provided in the *Strategia nazionale del programma destinato alle scuole in Italia* (2017–2023) [National strategy for the programme for schools in Italy (2017–2023)]. In terms of health, the national funds are themselves not linked to the Fondi del *Ministero della Salute per Infanzia e Adolescenza* [Ministry of Health's Funds for Childhood and Adolescence]. Measures and actions undertaken across different sectors, such as social (welfare policies), educational (school meals), and (paediatricians who, by virtue of being independent professionals, are not accountable to the ATS), are disconnected. At the local level, measures to combat child food poverty and actions in the field of nutrition are poorly integrated between themselves and with measures at the national level; coordination among actors occurs mostly along industry lines. Opportunities for coordination between the public sector (above all, education and health) and the private social sector are scarce. The latter sector, as manager of FEAD funds, takes care of about 5 per cent of children in food poverty (data from MLPS 2021, Figure 14) and therefore has direct knowledge of individual and family cases of food poverty. It is important to foster a more effective and efficient use of available resources through an integrated approach.

Food parcel programmes

Food parcels are currently the most widespread tool, aside from school canteens, for combating food poverty. Relying exclusively on this tool has limitations, however, with regard to the following needs related to food poverty:

prevention (food parcels do not follow a preventative logic but instead an emergency and temporary one), lack/insufficiency of income (they do not compensate for the problem of economic poverty), health problems (parcels are not adjusted on the basis of individual requirements such as food intolerances and/or health problems) and psycho-physical problems (requesting food aid is a secondary effect that hides a complex and multifaceted picture of individual and family problems). Furthermore, there are currently no ministerial guidelines on the content of food parcels. The parcels that the FEAD network distributes cannot distribute fresh food because these require different preservation methods and tools.

Monitoring

Current measurement of the phenomenon perceives food insecurity as a one-dimensional concept whose causes can be traced back to a scarcity of food and insufficient disposable income: a person or a family is considered food poor if they are unable to eat a meal with meat, fish, chicken or vegetarian equivalents for two consecutive days. The measurement of 'material' deprivation is limited and disconnected from assessments of a variety of related symptoms of hardship (e.g., not having specific durable goods). If we instead define food poverty as the inability of individuals to access safe, nutritious food in sufficient quantities to ensure a healthy and active life within their social environment, we must define a conceptual framework of the phenomenon that takes into account the social, health, psychosocial and material dimensions.

5.3.2 Specific challenges

Breastfeeding infants (4–5 and 12–15 months) in southern Italian regions and in situations of economic fragility

As stated in section 3.2 of this report, the lowest rate of children exclusively breastfed in the 4–5 months and 12–15 months age group

occurs in southern Italian regions. This figure is in line with that for children who have never been breastfed. The specific challenge is to improve promotion and support the spread of a 'culture' of breastfeeding in Italy that reaches mainly southern Italian regions and mothers in economically vulnerable conditions.

Children in absolute poverty unable to eat at least one protein meal per day

The second challenge to address is the ability of children in absolute poverty to consume at least one protein meal a day. Taking action to address this phenomenon is a priority because it undermines the opportunity for adequate mental and physical development.

Access to healthy lifestyles in southern Italian regions and among children from the most socioeconomically disadvantaged families

Southern Italian regions have higher rates of obesity in both genders. Furthermore, higher rates of obesity are also observed in more socioeconomically disadvantaged families and among children who have been breastfed for less than 1 month or have never been breastfed (Okkio alla salute, 2019). On this front, the challenge is improving nutrition education programmes, alongside awareness and publicity measures on the importance of physical activity.

Providing fresh food for children in alternative care

As noted, the food parcels distributed by the FEAD network do not include fresh food. The empirical analysis of this Deep Dive shows that, on this issue, a group that has received little attention is children in alternative care, whose food supply is provided through food banks and/or associations of this type.

Access to school canteens in cases of unpaid arrears

There have been a few instances of discrimination against children (i.e., exclusion

from school meals) due to their parents' arrears, with negative educational, psycho-physical and social effects. An initial specific challenge is the removal of restrictions on access to school canteens.

Access to school canteens for students with a migratory background who lack regular documentation of residence and/or ISEE (including Roma, Sinti and Caminanti)

Access to school canteens is currently limited for children who do not possess the documentation to formalize their residence for the purpose of obtaining an ISEE declaration (although quantitative data to support this is not available, the issue identified here was highlighted by the experts involved in the focus group).

5.4 ECEC

5.4.1 Cross-cutting challenges

Coverage and public financing of services for the 0–3 age group (nurseries and supplementary services)

As reported in section 3 of this report, public and private coverage together only reach about a quarter of children aged 0–3 years, of whom only half attend publicly financed facilities. Moreover, the cost borne by families is not insignificant, amounting to about a fifth of the total municipal expenditure. Such a low coverage rate exposes these services to the 'Matthew effect': more affluent social groups have greater access to both public and private services instead of social groups with difficulties who would benefit more. The challenge of increasing overall public coverage of these services is, therefore, also about making them more inclusive of potential beneficiaries, particularly children with disabilities. The lack of availability of childcare, social assistance and domestic services, particularly for single parents, is one of the main factors behind gender inequality in the labour market.

Outreach for access to services for the 0–3 age group

It is important, while respecting the preferences of families, to engage in orientation, awareness-raising, proactive promotion and outreach activities for early childhood education services, especially among groups at risk of social exclusion. It is also important to include early childhood education services within a comprehensive outreach strategy, especially for specific groups (children with disabilities, Roma, children from southern Italian regions) so that outreach promotes access to multiple services.

Evaluating the quality of educational measures

Since there is no single tool or process for assessing the quality of education services for children aged 0–6, this topic is completely neglected in the national conversation. Early childhood education (0–3 years) is not covered by any national quality assurance process, and neither are the institutions that provide it (preschools). Preschools are subject to decentralized monitoring and evaluation procedures at the regional level for the purposes of accreditation. This decentralization makes it impossible to access detailed information. Preschools are also currently excluded from the *Sistema nazionale di valutazione* [National Evaluation System]; however, they will be involved in an experimental self-evaluation procedure up until 2022/2023. After the experimental phase, the self-evaluation of preschools will be included in the *Sistema nazionale di valutazione* and will follow the evaluation system for primary and secondary levels. A national system of systemic and continuous monitoring of the quality of services for 0–3 years old must be established. As reported in Eurydice (European Commission, 2021), some regions have initiated quality analysis processes that could inspire the creation of this system. Pedagogical coordinators are also needed.

It is also necessary to continue the current experiment for preschools and, above all, to unify the two processes into a single system of national evaluation of the quality of services for children aged 0–6. On this issue, it is worth noting the *Manuale dei servizi educativi per l'infanzia* [Handbook of educational services for infants] edited by the *Istituto degli Innocenti* [Institute for the Innocent] and published by the former *Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza* [National Centre for documentation and analysis for infants and adolescents] and the *Dipartimento per le politiche della famiglia* [Department for family policies] of the *Presidenza del Consiglio dei ministri* [Presidency of the Council of Ministers].

Support for parenting skills

Measures to support parenting skills, or parenting support, are essential, and strongly recommended by WHO, UNICEF, the OECD and the Council of Europe as important protective factors for social and psychological well-being. They can help prevent educational poverty, some neuropsychological disorders and related comorbidities, and abuse. Research across various disciplines has found that the family environment is crucial to cognitive and socio-relational development, and therefore also to the onset of inequalities in skills, especially in the first years of life; and that services to support the work of parents are effective in significantly improving family environments and life paths. The social transformations taking place and the consequences of the pandemic have produced a strong need for services that accompany parents on a journey of information and awareness about their role and about practices that promote positive and responsive parenting. These services can play an important role in supporting parenting in the individual families that access them but can also constitute a local social rallying point around the problems of early childhood education. In this context, much greater attention should be

paid to recognizing, promoting and supporting equal roles within families and promoting an equal division of responsibility for care between parents. Evidence shows that programmes and measures that support gender equality within families (including birth preparation, participation in the birth itself and in the processes of care and education, including, of course, those provided by educational services) are capable of promoting the well-being and quality of the entire family unit, with positive effects on mental health, prevention of domestic violence, protection and care of children with disabilities, school outcomes, antisocial behaviour and addiction. Hence the importance of the territorial network of services and, in this context, the crucial role of Family Centres.

The cross-cutting measures outlined here are intended to foster a perspective of social inclusion towards groups that are potentially most at risk. Although a universalistic approach is taken to early childhood, a large proportion of the regional and municipal regulations on access to early childhood educational services, especially those requiring an individual application for children aged 0–3 years, officially provide privileged access for children in serious social distress. However, the criteria for access to these services as formulated by local government often do not benefit a substantial portion of children from social groups that are potentially at risk of social exclusion: local regulations do not always provide for special forms of support for single-parent families; or they link priority in access to preschool to the number of years of residence in the area, often disadvantaging children with a migratory background. Criteria for priority access that are more inclusive and universal are those that give a higher ranking and evaluation to the following groups: children with disabilities (or with a disabled parent); children in precarious family situations (as defined by the Child Guarantee); and children in families with low ISEE incomes.

For this reason, Family Centres were established in the *Piano nazionale sulla famiglia* [National Plan for Families] and subsequently taken up by the *Dipartimento per le politiche della famiglia* [Department for Family Policies] through the resources of the *Piano Operativo Nazionale, Fondo Inclusione 2014–2020* [National Operational Plan, Inclusion Fund 2014–2020].

Access to employment for mothers

It is important to highlight that a high percentage of mothers in Italy leave the workforce when their children are born, in part due to the difficulties of accessing support services, as evidenced by ISTAT (2019a). The absence of fair distribution of care responsibilities between parents is another crucial factor (*Banca d'Italia*, 2020). On this topic, recent measures undertaken by the Government, in particular those relating to leave regulations for employed fathers, should incentivize mothers' access to the labour market. Measure 1.1. of Mission 4, Component 1, of the *Piano di ripresa e resilienza italiano* – NextGen EU [Italian Recovery and Resilience Plan – NextGen EU], for the creation of new places in 0–3 services, also addresses this issue. These measures are part of a broader reform strategy called the 'Family Act'.

5.4.2 Specific challenges

Access to educational services in the 0–3 age bracket for children in southern Italian regions

The coverage rates in southern Italian regions are very low both in absolute terms and compared with the rates in central and northern Italian regions, as shown in section 3. An important challenge, therefore, is to increase access to public educational services in the 0–3 age bracket in southern Italian regions, which currently have some of the lowest levels of coverage in Western Europe. The geographic divergence in opportunities for accumulation

of human capital and skills in Italy is very powerful right from the cradle, and this is likely to represent an additional future obstacle to the objectives of convergence in wealth and income levels between the regions of the country. In addition to access, it is obviously essential to guarantee quality services, as already noted.

Access to educational services in the 0–3 years and 3–6 years age group for children with a migratory background and children from ethnic minorities

Children with a migratory background and those from the Roma, Sinti and Caminanti minorities have limited access to educational services in both the 0–3 and 3–6 age brackets (as shown in section 3, one fifth of children with foreign parents do not attend preschools, whereas nearly 95% of those with Italian parents do). There are several reasons for this: there is a general lack of places for children across the country, which is reflected in the low access figures. In addition, these families have cultural barriers to early childhood education services and a tradition of home-caring. There is also a legal issue: municipalities, which are responsible for services for the 0–3 years age group, offer nursery places based on residency, which is sometimes a problem for these population groups.

Access to educational services in the 0–3 years and 3–6 years age group for children with disabilities

Finally, there is the challenge of enhancing access to educational services in the 0–3 years and 3–6 years age groups for children with disabilities. *Ministero dell'Istruzione* data on the presence of children with disabilities in preschool for the 2018–19 school year show a very low presence: the percentage of students with disabilities out of the total was 1.5 per cent for 3-year-olds, 2.3 per cent for 4-year-olds, and 8 per cent for 5-year-olds. These data show that there is an access problem that diminishes as children grow older but remains a challenge and requires attention.

The reasons why these children do not attend can be found in late diagnosis (nursery staff very often claim that the responsibility for suggesting early testing to parents falls on them). In addition, in some areas of the country, disability is subject to stigma, and these children only enter the educational system in primary school. Finally, specialized disability educators are a cost to the municipality and, even though this service is established by L.104/1992, it is rarely implemented in full.

Currently, there is no specific measure to bring children with a migratory background, Roma children, and children with disabilities closer to services. As suggested by the Child Guarantee, the provision of a universal service will benefit all population groups, including children from these population groups.

5.5 Education

5.5.1 Cross-cutting challenges

High dropout and underachievement rates

So-called dropout students may have a) failed to complete schooling even at the initial levels of education; b) interrupted their learning; c) repeated a grade. Early leavers from education and training are measured by Eurostat in terms of the number of people aged 18–24 who have completed lower secondary education at most and are not involved in further education or training. Those who drop out of education will subsequently have difficulty actively integrating into society and will struggle to successfully enter the labour market. Reducing early school leaving to less than 10 per cent in EU member states by 2020 has been the EU's main education priority. Although there have been improvements over time, the percentage of early school leavers still exceeded this threshold in Italy in 2019 (at 14%), and is the fourth highest within the European Union.

Grade repetition occurs when students repeat the same school grade following a failure to meet minimum learning standards set by the teachers. Repeating the school year generally impacts negatively on students' motivation to learn and results in an increased risk of dropping out of school. This practice varies widely across countries and school levels. In Italy, the rate of failure is negligible in primary education, affects a small minority in lower secondary education (about 5%), and is more pronounced in upper secondary education (15%), with higher concentrations in vocational schools.

School performance in basic skills and soft skills

There is also a challenge posed by the considerable number of students with insufficient basic skills in core subjects. This challenge has become particularly evident since the systematic publication of data based on standardized measurement of competences in various disciplines (OECD-PISA, IEA-TIMSS, IEA-PIRLS, INVALSI). Indicators based on competences, in fact, make it possible to identify a phenomenon that is not always visible from data on school grades, dropout, and degree awards. So-called *underachievers* can be defined as children and young people who are unable to complete basic tasks that can be considered simple for their age. Underachievement signals a lack of basic skills in key areas such as reading, mathematics and science, which are crucial for full participation in society. The strategic framework for European cooperation in education and training aimed to reduce the number of pupils with low basic skills in the EU to less than 15 per cent by 2020, a target not yet achieved given that the percentage of underachievers in the EU is around 21–22 per cent depending on the subject. Italy has a higher percentage than the EU average of students who fail to complete even simple tasks in subjects tested (23.3% in reading and 23.8% in mathematics). This phenomenon also affects competences in English (INVALSI), problem-solving, and digital and financial competences

(PISA), as well as many other soft skills. Gender equality also needs to be prioritized. Low performance levels in these skills are associated not only with difficulties in transition and integration into the labour market, but also with real limits in people's ability to exercise their rights as citizens and to participate fully in the economic and social life of the country.

5.5.2 Specific challenges

School dropout and school performance among children in southern Italian regions

Both of these cross-cutting challenges in the field of education take on a regional dimension. School dropout is more prevalent in southern Italian regions, as is the probability of repeating grades. The above-mentioned individual and contextual factors influence not only disengagement from education but are also linked to a lack of skills. The challenge posed by this skills gap is also regional, with more than half of students in some areas of southern Italy not obtaining the basic level of skills determined to be the minimum required by the education experts who developed the standardized tests. This means not only that half of the youth in the regions of southern Italy have serious problems in accumulating human capital, but also that it is likely that a portion of the remaining youth in the same area of the country are negatively affected by the school context in which they are placed because of the influence of the so-called 'peer group' who live in the same environment (peer effect).

School integration of students with a migratory background

Among the most vulnerable groups on which there is documented empirical evidence are students with a migratory background. Italy has the highest percentage of foreign children who drop out in the EU (about 6.53%) (Openpolis, 2020a) and a significant gap in learning levels in key subjects such as Italian and mathematics (Triventi et al., 2021). At the same time,

according to the OECD-TALIS 2013 survey, Italy has one of the highest proportions of secondary school teachers who state that they are in need of professional development in teaching in a multicultural or multilingual environment.

Basic schooling for some specific groups of children

Incomplete schooling during the early levels of education is currently a very rare phenomenon and one unfortunately concentrated in specific contexts. It affects children from marginalized and highly socioeconomically deprived families and contextual environments, and is particularly concentrated among members of the Roma, Sinti and Caminanti communities and, in a more limited way, among the children of first-generation migrants. There are no specific statistics on this phenomenon as it is difficult to map and quantify accurately due to the small numbers involved and because of its dynamic nature. Withdrawal from the public education system seems to be on the rise as a result of the COVID-19 pandemic, especially in some communities of foreign origin, such as the Chinese community, where in some areas an increasing number of students have been withdrawn from school in favour of home schooling.

Integration and support for children with psychomotor and sensory disabilities

Finally, critical issues arise with respect to the opportunities offered to children with disabilities to take full advantage of educational services, with a particular emphasis on the perspective of gender given the lower engagement rates of girls. In particular, the presence of special education teachers is not always adequate for the needs of students, and the more limited presence of female students with disabilities compared to male students across all school levels deserves to be studied in depth in terms of

motivations and causes. The level of accessibility of school buildings and the use of technological equipment (accessible platforms for distance learning) are particularly problematic. Thirty-two per cent of Italian school buildings do not have adequate facilities for pupils with motor disabilities; only one school in four has adequate computer stations (ISTAT, 2020b).

Support for children living outside their family

Often, children living outside their family encounter specific difficulties in their school career: learning difficulties, psycho-emotional difficulties, weak reference points (families of origin, foster families, community staff) in childhood and adolescence, lack of specific education, and stigmatization at school. In December 2017, to address these issues, the Ministero dell'Istruzione published a document in collaboration with the *Autorità Garante delle alunne e degli alunni fuori dalla famiglia di origine* ['Guidelines on the right of students living outside their family of origin to study']. The issue of access to education often arises for care leavers: faced with the challenges of early autonomy, they must often forgo the possibility of continuing their studies.

Support for students with specific developmental disorders, behavioural-emotional distress, and neuropsychological disorders

Children with these characteristics are at greater risk of low coverage of educational services. There is a lack of diagnostic and psychological support services in schools to help personalize learning pathways for children and refer them to health services when appropriate. Improvements in the supply of special education teachers are also needed.

6 What are the priorities for Child Guarantee?

6.1 Introduction

Previous sections in this analysis have outlined the main categories of potential Child Guarantee beneficiaries and how the policy areas of the Child Guarantee work, in both general and specific terms (challenges and innovations), with respect to the potential beneficiaries.

The analysis conducted thus far has resulted in four general considerations.

- A broad and compound set of critical issues emerges in the areas of social inclusion and the promotion of the rights of children in all five policy areas, although Italy has taken many steps in the right direction. These are often cross-cutting challenges, but there are also specific challenges that affect certain categories of children. At the same time, a number of attempts to respond to these challenges, experiments and innovations have been made by governments at the national and local levels, and by civil society;

- Two broad systemic challenges emerge. On the one hand is the management and fine-tuning of a system of social, health and educational measures that puts children and their rights at the centre, maintaining a gender perspective (differentiating measures on the basis of gender and at the same time guaranteeing universal access to quality services without discrimination on the basis of gender), and that improves horizontal coordination (between different institutions) and vertical coordination (between different levels of government). On the other hand there is the need to improve, at a regional and local

level, outreach designed to facilitate access to services for children, especially those at greater risk of social exclusion, and supporting the planning and design capacity of regional and local governments;

- Two macro-groups of potential beneficiaries of the Child Guarantee emerge: groups that are numerically very large, often with medium to high intensity of need (children from southern Italian regions, children with a migratory background, children with mental health problems, children living in single-parent families, or children with disabilities); groups that are numerically limited, but generally with a very high level of requirements for care and assistance (children living outside their family of origin and young care leavers, children from ethnic minorities, unaccompanied foreign children, or children of underage mothers);

- The Child Guarantee is first of all a Recommendation of the European Council, and specific resources from European and national funds have been allocated for its implementation. At the same time, the Child Guarantee also includes general guidelines on the approach that national policies should follow to guarantee the rights of children.

Section 6.2 is dedicated to reflections on improving governance in the system of actions taken to help children. Section 6.3 highlights the intervention priorities, both cross-cutting and specific, directed at the five policy areas and the different beneficiary categories, for an effective realization of the objectives of the Child Guarantee.

6.2 Governance of the Child Guarantee system

In Italy (as in most European Union countries) coordination among institutions dedicated to the five policy areas covered by the Child Guarantee has not yet been fully perfected. The systems of education, health and social services have developed in parallel over the decades. Attempts at programmatic and planning integration are still in progress, building on the governance structures that have been created over time: the *Osservatorio nazionale per l'infanzia e l'adolescenza* [National Observatory for Childhood and Adolescence] referred to in Presidential Decree 103 of 2007, which constitutes the main coordination body regarding the rights of children and adolescents and includes all the most important players in the sector, the public, civil society, social partners and employers; the list of beneficiary cities referred to in Law 285/1997; thematic tables for relevant related sectors (e.g., foster care and reception), and the *Rete per l'inclusione sociale* [Network for Social Inclusion].

In Italy the functions of steering and coordination on childhood and adolescent policies fall to the *Presidente del Consiglio dei ministri* [President of the Council of Ministers] or their delegated political authority, which performs them, with the support of the *Dipartimento per le politiche della famiglia* [Department for Family Policies] and of the *Presidenza del Consiglio dei ministri* [Presidency of the Council of Ministers], while respecting the specific competencies of other central administrations.¹⁴⁵ In that area, social and inclusion policies are the responsibility of the *Ministero del lavoro e delle politiche sociali*, *Ministero dell'Istruzione* and the *Ministero della salute*.

At the operational level, moreover, since

the late 1970s, with the introduction of the *Servizio Sanitario Nazionale* [National Health Service (SSN)] and the spread of local social services, attempts have been made in Italy to ensure effective 'socio-health integration' at the national, regional and local levels. The various reforms of the SSN that have followed over time, as well as L.328/00 (*Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali* [Framework law for the implementation of the integrated system of interventions and social services]), have addressed this issue.

It is therefore suggested that the following functions be entrusted to an interministerial 'Coordination Unit' dedicated to the Child Guarantee, enlarged to include the Conferenza Stato-regioni (State-Regions Conference) and the Associazione Nazionale dei Comuni Italiani [National Association of Italian Municipalities (ANCI)]:

- Coordination between each Ministry with respect to the interventions and beneficiaries envisaged by the Child Guarantee, to share information on its activities more efficiently and standardize the objectives to 2030 as envisaged by the European recommendation. An example of a move in this direction is the constitution of the working group 'Policies and social interventions in favour of minors and in implementation of the Child Guarantee', established by Ministerial Decree 206/2021 of the Minister of Labour and aimed at promoting and coordinating interventions in the area of child poverty and social exclusion. A natural focal point for this information-sharing would seem to be the National Observatory for Children and Adolescents chaired by the Minister with delegated powers for the family. As a permanent body provided for by law and thanks to the presence of both administrations at all levels of government and civil society organizations,

this body serves as a guarantor of the necessary coordination of the exercise of the Guarantee, also in relation to other national policies in the sector.

- Development of joint projects involving interministerial measures for the objectives of the Child Guarantee.
- Analysis of information from monitoring of the resources used to implement the Child Guarantee and evaluation of the results achieved in terms of the effectiveness of the actions taken.

Given the current ministerial structure, it is essential that the *Ministero del Lavoro e delle Politiche Sociali*, *Ministero dell'Istruzione*, *Ministero della Salute*, the *Dipartimento per le Politiche per la Famiglia* [Department of Family Policies], the *Ministero dell'Economia e delle Finanze* [Ministry of the Economy and Finance], the *Ministero dell'Interno*, the *Ministero per le Politiche Giovanili* [Ministry for Youth Policies] and *Ministero per la Disabilità* [Ministry for Disability] participate in this 'Coordination Unit' on a permanent basis.

6.2.1 The participation of children in the governance of the Child Guarantee

In compliance with the dictates of the European Strategy on the Rights of the Child, approved on 24 March 2021, the Recommendation on Child Guarantee calls for the definition of participation mechanisms integrated into national systems that can nurture the development and monitoring of the dedicated action plan. In compliance with the Recommendation and in line with the 'Guidelines for the participation of children and adolescents' drawn up by the National Observatory for Childhood and Adolescence, the Youth Advisory Board (YAB) was established in Italy in December 2021. The

YAB ensures the participation of children and adolescents at risk of poverty and social exclusion in the strategic definition of all interventions related to the Child Guarantee action plan, as well as in the implementation, monitoring and evaluation of the related national action plan. Participants representing the categories of children most at risk of poverty and social exclusion as identified in the Child Guarantee Recommendation, are aged between 13 and 21 years, with equal gender representation and equitable geographical distribution.

The YAB is intended to remain active until 2030 when it is intended to be merged with the permanent institutional body for the participation of children and adolescents. The YAB will have to be provided with adequate funding to ensure its functioning.

6.2.2 Supporting capacity-building in local and regional planning and design

The Child Guarantee must be considered a strategic component of a broader national, regional and local planning framework. This frame of reference must be taken into account to reduce the risk of fragmentation and measures being ineffective because they are not coordinated with policies in other sectors. The challenges that must be faced in Italy for effective implementation of the Child Guarantee also relate to the capacity of local and regional administrations to plan and design measures. Often the geographic contexts where there are more problems of access to the services provided by the Child Guarantee (from those dedicated to health to those dedicated to early childhood education) are precisely those where there is also greater difficulty in carrying out planning and design. Therefore, to be more effective, the investment of financial resources to strengthen services in these areas must be

accompanied by capacity-building activities that can be organized in two ways, which can be integrated with one another:

- Support for planning and design by the respective ministries for the local and regional governments that experience the greatest difficulty or request support with this;

- Support for planning and design carried out between regions and between municipalities, with the active involvement of the *Conferenza delle regioni e delle Province Autonome* [Conference of the regions and Autonomous Provinces] and ANCI, for the local and regional governments that experience the greatest difficulty or request support with this.

6.2.3 The need for services that ensure cross-sector integration and access to services for all children at the local level

The Recommendation of the European Council on the Child Guarantee sets out a series of objectives on adequate access to certain basic rights by children (from health to education), paying special attention to various specific categories of beneficiaries.

Alongside the critical issues and challenges that relate to each of the basic rights for a number of the categories of beneficiaries, the work undertaken in this analysis has highlighted a twofold problem in the Italian case: on the one hand, the inadequate integration at a local level between the sectors and institutions that deal with children in the various dimensions covered by the Child Guarantee (from school to health to municipal social services); on the other hand, the lack of strategies and instruments for outreach and contact with children in order to ensure universal access to the services themselves.

Priorities for action

As already emphasized in the *V Piano nazionale per l'infanzia e l'adolescenza* and in the latest planning on social measures, and as practised across the ten-year history of the PIPPI programme and, more recently, with the Care leaver trial, the Child Guarantee should be an opportunity to:

- Improve the cross-cutting and interconnected nature of measures aimed at children. In many areas, the health, social and educational services that deal with the five rights envisioned by the Child Guarantee (free and quality health care and education, including socio-educational services for early childhood, decent housing conditions, and adequate nutrition) tend to act in parallel and have difficulty interacting on a regular basis and coordinating. Much is left to the individual initiative of managers, professionals (from teachers to doctors and social workers) and leaders of civil society organizations, and the network between actors is not effectively institutionalized and organized. This becomes even more problematic when it is necessary to implement measures for the categories of children with special needs (with disabilities, from disadvantaged backgrounds, etc.). Families often find themselves looking for information and guidance in a series of services that work in a sectoral manner, where children are often evaluated and 'recognized' only from a specific point of view (for example, the socio-educational rather than the socio-healthcare one).

- Accelerate the development of the *Sistema Informativo Unitario dei Servizi Sociali* [Unified Information System for Social Services (SIUSS)], including its *Sistema Informativo dell'Offerta dei Servizi Sociali* [Information System for the Supply of Social Services (SIOSS)] and the *Sistema Informativo infanzia, adolescenza e famiglia* [Information System

for Children, Adolescents and Families (SINBA)];

- Introduce joint training for staff of direct services to children from both the public and private sectors. Often these personnel are poorly trained on cross-cutting issues (gender, migrant background, disability, etc.) and not used to working across sectors. A multi- and interdisciplinary, inter-institutional and cross-cutting training process helps to develop both a more complete and holistic knowledge of the needs of children and an ability to interact between operators and professionals from different institutions and organizations;

- Continue defining and guaranteeing essential levels of social services for services relating to the five rights addressed by the Child Guarantee, with a focus on the social groups most at risk of social exclusion.

Gender perspective and cross-cutting interventions on specific groups with a focus on victims of maltreatment

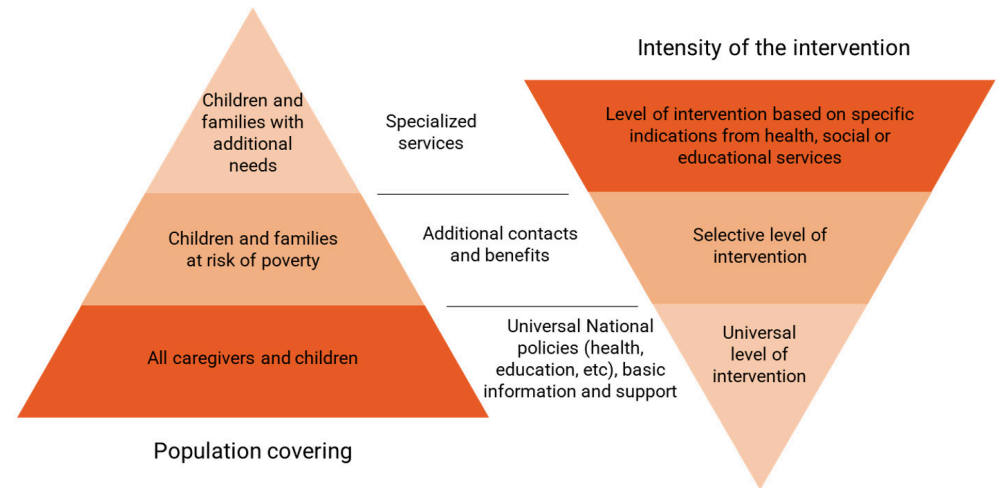
Ensure an approach that takes into account a gender perspective across the main groups of the Child Guarantee and contextually across the five policy areas in the context of the development of the Action Plan, so that girls and boys benefit equally from their rights, recognizing the impact of gender roles in their enjoyment of these rights and taking into account the different needs at different stages of each person's life. It is essential to take a gender perspective when developing, implementing and monitoring each action. Strengthen the social inclusion of some of the groups targeted by the Child Guarantee that are particularly at risk given the intersectionality of their vulnerabilities. This must be done across the policy areas identified, but also through specific measures and interventions, in particular with regard to

the following groups: underage mothers and their children, underage persons with parents in prison, underage persons living in places at risk of crime, violence and vandalism, underage persons in families with economic problems, lack of work or social exclusion in the regions of southern Italy and in sparsely populated areas, and underage persons who have suffered mistreatment. In relation to this last group, it appears essential to define a national plan to combat, prevent and treat maltreatment of children and adolescents, as reiterated by the Committee for the Rights of the Child in its concluding remarks on the fifth and sixth periodic reports of Italy, integrating social, health and educational interventions in a comprehensive manner.

Approach and possible tools of intervention: focus on outreach services

Greater needs in specific groups and individuals must be matched by a different intensity of caregiving (Figure 23). The Nurturing Care Framework (WHO, UNICEF, World Bank Group, 2018) defines an approach based on the different levels of intervention of policies, programmes and projects, envisaging a first universal level, which addresses all children and families without distinction; a selective level for families and situations at risk due to economic conditions, educational poverty, illness or disability and other conditions of disadvantage; and, finally, a more intense and complex level of intervention, which requires a multidisciplinary and multi-specialist approach to situations of proven difficulty. This basic universalistic approach can be applied in a progressive manner and provides for certain interventions and programmes reserved for certain population groups on the basis of need. This classification is useful when designing and evaluating interventions, as well as when estimating costs and benefits.

Figure 23 - Measures and policies for covering the needs of the child population by intensity of need and intervention



Source: Own analysis of the Nurturing Care Framework

6.2.4 A shared and coordinated framework for the use of monitoring and evaluation of progress in Child Guarantee policy areas

Bearing in mind the work done at the EU level by the Social Protection Committee and in particular the Indicators Subgroup (ISG) for Child Guarantee monitoring, it is recommended that a uniform national system of monitoring data and indicators be developed that will systematize and coordinate at the national level the data produced in the different policy areas at the national, regional and local levels. Special attention may be given to data from national sources that fill data gaps at the EU level to improve the availability, scope and relevance of comparable data at the EU level.

In addition to coordination on databases related to Child Guarantee target groups and beneficiaries, there is a focus on data and indicators that support more detailed monitoring

of ongoing progress in eliminating the various aspects of poverty and social exclusion among children in need, particularly those facing specific disadvantages. Second, we recommend the use of data and indicators that enable assessment of access by children in poverty and social exclusion to a specific set of services covered by the Child Guarantee.

6.3 Proposed objectives of the Child Guarantee according to policy type and category of beneficiary

These proposals should be considered supplementary to those already defined in the national framework planning. The focus is thus only on proposals that support objectives in the national framework planning or that include areas of action not sufficiently covered in the wider planning.

6.3.1 Health

Fully implement the right of access to primary care paediatricians

More generally, ensuring access to public health services for all children and especially children of undocumented migrants throughout Italy. This requires, respectively, the hiring of paediatric nurses and doctors to serve remote areas, and the full adoption by regions that have not yet done so of the national guidelines and laws providing full access to service for all children in Italy. This should be accompanied by outreach services to facilitate access to quality care, and more generally to all community services, including educational services, family counselling, etc., for all children with a migratory background and all ethnic minority groups.

Strengthen services for the prevention of mental health-related disorders and the collection of monitoring data

In accordance with the provisions of the National Action Plan for Mental Health (NAPSM) and the 'National Prevention Plan (PNP) 2020–2025cc', National Plan of Interventions and Social Services, it would seem ideal to think of an integrated intervention that links the preventive aspects and the treatment aspects of mental distress in both child and adolescent phases.

As far as prevention is concerned, it would be necessary to have a close connection between the educational, scholastic and social spheres and with the different realities operating in the health sector. This can be achieved through integrated planning and a "regulated collaboration between the social and health systems", as foreseen by the National Plan of Interventions and Social Services, to which the school system should also be added, in order to enhance psychosocial and community support interventions (for example, in schools or in reception facilities for minors outside the family). It is also important to invest more in

positive communication campaigns on mental health issues, in order to counter the stigma attached to mental health issues and the request for support.

It is also hoped that there will be a full implementation of the provisions of the National Recovery and Resilience Plan, in particular the strengthening of local social and health services, including those related to psychosocial support and mental health, including the opening of 1,288 'Community Houses' by mid-2026, under the guidance of the Ministry of Health. Interventions for new parents and parents with children in their first year of life to promote positive parenting as a crucial factor for the promotion of mental health, including through the work of Family Centres, are also of particular relevance.

It would also be necessary to systematize a monitoring system on mental health problems in the developmental age, based on specific and uniform information flows, focused on specific indicators, centralized at the Ministry of Health and with the contribution of the Regions, which would allow a more precise planning of services based on the needs of the population.

Improve services for the prevention, diagnosis, treatment and rehabilitation of neuro-psychological disorders, including various forms of addiction

Strengthen psychosocial support services and specialized clinical services, codifying methods of collaboration and case reporting. It is necessary to strengthen the territorial services of Child and Adolescent Neuropsychiatry (NPJA) and establish integrated Therapeutic Day Care Centres, aimed at psychiatric disorders in adolescence and serious neurodevelopmental disorders in the first years of life. There should be a guarantee of at least one complex unit for each territorial area, of sufficient size to guarantee all four different types of activities (neurology, psychiatry, complex

disability, specific disorders). The services must also be made accessible to children with migrant backgrounds, ensuring the presence in the services of cultural mediation and the dissemination of culturally competent approaches. NPIA services should have adequate information technology, network connections and platforms for telemedicine and tele-rehabilitation. They should also be specific and uniform information flows and therefore a centralized data collection and monitoring system at the Ministry of Health, based on data provided by the regions.

In order to promote the integration of services, it is useful to activate shared local protocols between NPIA, DSM, paediatrics, PS/DEA, addictions, 118, social services, etc., that may in different ways be involved in the management of acute suffering and that can ensure a continuity of care and treatment even in the transition to adulthood and the related changeover to adult services.

Adjust staffing numbers, including multidisciplinary staff, at family counselling centres

The distribution of family counselling centres across Italy should be adjusted on the basis of the potential user population and taking into account the lack of locations and staff, which has a negative effect on the supply of family counselling centres, especially in areas at greater risk. Family counselling centres must be embedded in primary care and, within this framework, in the maternal-infant area, in order to ensure full integration of operational strategies, planning, evaluation and training; and they must be assigned functions, objectives, resources, and executive autonomy with managerial responsibility. Family counselling centres must have enough staff to carry out their intended functions. Among these, it is particularly important to guarantee access to reproductive health services and to childbirth pathways, including prevention and obstetrical

monitoring, as well as parenting (including psychological support) and child development services.

Improve health services dedicated to childhood disability

Measures for prevention and prenatal and early diagnosis of disability must be improved, starting with information flows (there are currently no national data on genetic counselling services and early prenatal diagnosis for the prevention of genetic diseases that can cause disability) to encourage a more uniform distribution throughout the country. In addition, support should be improved for families that include children born preterm, among whom the rates of severe disability are higher than other newborns.

Improve professional social service dedicated to children

Social services, particularly in the many areas where they are lacking, should be increased in number and there should be a specific structure for children aged 0–18, designed to coincide as much as possible with the areas covered by the health and educational services. This would facilitate collaboration in fields such as abuse and disability, including on benefits established for families who are entitled to them. The co-location of services (health, social) supports both integration and operational collaboration as well as use by families, and should therefore be pursued in planning locations and staff allocation.

Enhance the non-medical health professions in the field of children and adolescents

In the new organization of care, the role, and increased availability, of health professions should be enhanced, both for territorial and hospital work, to the point of rebalancing the ratio of medical and nursing professions to other professions, which in Italy is among the lowest in Europe (1.5 against a European average of 2.5). These functions can be performed by non-

medical professionals, particularly those that require complex and ongoing communication and care approaches. They should be entrusted from time to time to existing professional figures such as midwives, paediatric nurses (for whom a specific qualification path should be provided as it is for midwives) and community nurses. In this context, the revival of the figure of the health-care assistant should be considered. This is already provided for by the regulations, but such staff are almost non-existent in the territories. The opportunity provided by the plans for strengthening epidemiological surveillance to invest in nursing staff should also be taken up. In the case of educational staff assigned to community work, consideration should be given to using them both in 0–6 services dedicated to parents and for regional services.

6.3.2 Housing

Increase rent subsidies

Currently, economic measures to support people struggling to pay their rent cover only a very limited proportion of potential users and the costs they incur. Greater support needs to be offered to families for this purpose, starting with the most vulnerable population groups, through the actions outlined below:

Increase financial support at least to all families with children who receive the RdC

In particular, taking into account the considerations developed in the *Relazione del Comitato Scientifico per la valutazione del RdC* [Report of the Scientific Committee for the Evaluation of the RdC], produced in October 2021, it seems necessary to take action on two fronts with respect to how the RdC currently operates:

- Broaden the number of beneficiaries of the RdC to encourage greater inclusion of families with children in the programme, as suggested

by the *Relazione del Comitato Scientifico per la valutazione del RdC*. This can be done by: a) bringing the period of residence in Italy required to receive the RdC down to five years instead of the current ten; b) making children equal to adults in the equivalence scale, attributing a coefficient of 0.4 to all family members from the second family member on, and increasing the maximum value of the equivalence scale to 2.8 (2.9 for people with disabilities);

- Review the criteria for calculating rent contributions, provided for in the RdC, currently equal to annual rent up to a maximum of €3,360 per year (€280 per month). In this regard, it seems advisable to accept the suggestion in the *Relazione del Comitato Scientifico per la valutazione del RdC* that rental contributions be adjusted based on the size of the family, increasing them progressively as the number of members increases.

Offer financial and capacity-building support

Local administrations need support to promote the spread of social housing agencies at the local level in order to improve the planning and coverage of measures to support households in housing deprivation. Measures must also be reinforced to recover for social purposes privately owned houses that are currently out of the housing market or used only for private income.

Rethink and strengthen, with dedicated investments, public and social housing to ensure greater accessibility to households with minors and a higher quality of housing for households with minors living in public residential housing (ERP)

Based on the number of households that spend more than 30 per cent of their income on housing expenses, it is estimated that another million affordable housing units are needed to address the housing deprivation of those suffering from affordability problems. This can be done by increasing supply and through an

access and management system that makes the sector more ‘social’ and inclusive. Supply could also be increased by recovering existing housing stock that is currently unused due to structural problems. The system for housing sustainability, which is currently out of balance, should be rethought to include the structural use of resources (such as ex Gescal funds). Moreover, it would be useful to expand wide-ranging programmes for social and housing inclusion such as the *Programma Innovativo Nazionale per la Qualità dell’Abitare* [National Innovative Programme for Housing Quality (PINQUA)], financed by PNRR resources, to increase public housing offering and improve the life conditions of families with children that already live in public housing. The requirements of households with children must be assessed in order to ensure adequate housing solutions are provided.

Implement a system of specific protections against severe housing exclusion, with particular focus on children from ethnic minorities

Two principles must be established: the unconditional nature of supply, and the presence of structural safety nets. A welfare system with universalist measures would, in fact, protect against the negative outcomes of ad hoc measures, such as a reduction in housing quality, stigmatization, residential segregation, and further risks of marginalization that may accompany social policies. Promoting the spread of ‘fictitious residence’ measures facilitates access by children to the services to which they are entitled.

Improve the network of public measures for evictions and those at risk

When children are involved in evictions, professionals must help with this stressful and difficult transition. However, evictions sometimes occur without supportive measures. It is therefore necessary to increase the supply of social service professionals in this area of need, ensuring that the people involved are

specially trained to assist children in these situations. In cases of eviction, alternative housing solutions should always be available and ensure family unity. Because of this, mapping of the vulnerable situations of the families involved should be adopted as a permanent method and subsequent overall assumption of responsibility for the family nucleus a sine qua non for allocating properties. New housing should also be close to the educational and social services that the children of the household already engage with so as to maintain educational and welfare continuity, but also to preserve relational capital.

Improve measures for households with children with a migratory background

Social policies that are integrated with housing policies must be promoted, alongside safety net systems to reduce the burden of housing costs on family budgets, and assistance with work inclusion programmes, as well as other programmes that target the entire household. It is particularly important to implement the recommendation contained in the *Relazione del Comitato Scientifico per la valutazione del Reddito di Cittadinanza*, produced in October 2021, to reduce the period of residence in Italy required to receive the RdC to five years, and to accompany it with the above proposal to increase rent contributions based on the number of people in a household.

Support the transition into housing of Roma, Sinti and Caminanti children living in encampments

In cases where people move from settlements to permanent housing, it is essential that transitions of children from encampments to housing be accompanied by competent and specially trained professionals (social workers, educators, child psychologists). Particular attention should be paid to facilitating access to public housing by assisting families in submitting applications and following the process. In addition, transitions must only take

place if adequate housing is available for the entire family nucleus in order to guarantee family unity, continuity of schooling (by means of accommodation located close to any educational services that the child already attends), and proximity to municipal and social services that are already caring for the children.

Expand the scope and the number of beneficiaries of the National Care Leavers Experimentation

In order to ensure even more effective support in the transition to adulthood of all young adults coming out of out-of-home care, it is important to enhance the current National Care Leavers Experimentation promoted by the Ministry of Labour and Social Policies, which could be integrated with interventions aimed at providing housing security and, at the same time, to extend its application to the full range of young adults leaving out-of-home care, including unaccompanied foreign children and former children.

6.3.3 Nutrition

Strengthen breastfeeding awareness and support campaigns

Legislation on maternity leave and breastfeeding breaks in the workplace should be strengthened (Art. 60 para. 2 OLL 1). The issues that lead mothers to abandon breastfeeding should be addressed, such as lack of information and lack of support during a period of psychological fragility. In line with UNICEF’s Baby Friendly Hospital (BFHI) and Baby Friendly Community (BFC) programmes, the promotion, protection and support of breastfeeding is only possible by supporting the mother effectively in the first days of her newborn child’s life.

Ensure universal access to school lunch for all children

This can best be achieved by first recognizing school canteens as an essential service (not

based on individual request) for all educational services for ages 0–6 and in elementary school (6–11 years). In synergy with the provisions of action no. 13 of the ‘*5to Piano Infanzia*’ (5th Childhood Plan), which has as its specific objective “the gradual extension of the school meals service in nursery and primary schools, moving towards universal access, starting from the areas where there is a concentration of educational poverty, by means of a regulation that frames it as an essential level of social services (LEP), going beyond the logic of a service based on individual demand”, access to the service should also be guaranteed during the summer break, during which the schools carry out recreational activities and initiatives, to ensure continuity of service. Investing in a canteen that is inclusive for all children means guaranteeing access to the educational system on a free, full-time basis without excluding the children of less well-off families, non-residents or those in arrears with payments.

Adopt a national framework law on the right to food

This would make it possible to systematize regulations across different sectors, identify existing gaps, and strategically orient public policies towards the objectives of realizing and protecting the right to food. Regions should adopt framework laws covering respect, protection, and implementation of the right to appropriate food.

Implement a national strategy to help rethink school menus

The new menus must avoid processed foods and delivered meals, maintaining oversight of the safety of meals and, at the same time, the nutritional value of the food provided to children. Investing in this preventative logic with regard to the right to health also means ensuring that food purchasing protocols evaluate not only economic parameters but also the benefits that nutritious food has for the psycho-physical well-being of children.

Invest in sport and nutrition education

Support pathways for children and parents should be maintained with the aim of enhancing the positive effects of sport on the mental and physical health of children.

Introduce into the *Piano nazionale per il contrasto alla povertà* specific awareness measures and personalized support pathways to combat food poverty

Special consideration should be given to the needs of children regarding food security and the right to food. The twin goals of food security and the right to food must be considered a priority in the three-year annual planning of the development guidelines for regional policies for preventing and combating social exclusion and poverty.

Improve and rethink the management of funds to combat food poverty, through:

- *The establishment of a Fondo Nazionale di Solidarietà Alimentare* [National Food Solidarity Fund] that has the resources required and funds for the various existing measures dedicated to fighting poverty, thus ensuring fairer distribution between councils by improving the balance between population and income;
- *Coordination of resources between the Programme for the distribution of fruit, vegetables, milk and dairy products to educational institutions (2017–2023), PON School and FSE+ funds*
- *Support to local bodies*, in full respect of the principle of subsidiarity and through a multi-actor intervention approach, by:
 - *Establishing more flexible and effective access criteria* (including those involving associations and third sector bodies, mutual aid groups and neighbourhood associations) capable of engaging all families

in need, especially those with children. Free access to school canteens must be guaranteed for all families. Where present, any requirements for residence and/or citizenship to access measures to combat food poverty should be removed. Within the personalized projects of the RdC, specific support pathways should be established that take into consideration the issue of food quality and proper childhood nutrition;

- *Ensuring that the development of strategies to combat food poverty is coordinated* among the various local bodies, for example by including them in the *Piani di Zona* [Local Area Plans]. The innovation of food assistance models should be supported, for example by creating ‘solidarity agreements’ with local food actors to direct food assistance along local and sustainable supply chains in parallel to traditional food supply channels (e.g. supermarket surpluses), strengthening local food systems;
- *Adopting rights-based food policies* that take into account children and that include effective strategies, at the council and metropolitan level, to combat food poverty and promote the effective engagement of all actors in the food system, enhancing the role of civic networks and civil society organizations. Beneficiaries of programmes should be empowered and supported to take a more participatory role;
- *Promoting food education programmes*, not only in schools, but also within families, to promote awareness of healthy and sustainable diets;
- *Integrating policies to combat food poverty* with local health policies. This requires assistance to engage vulnerable cases by activating local health squads (e.g., pharmacies, counselling centres, community houses).

Adopt a central government strategy to combat food poverty

There is a need to define clear objectives,

strategies, and indicators to guide policies at the national and local levels. These strategies should take into account the specific requirements of the target group of children and the adoption of the Child Guarantee.

6.3.4 Early childhood education services

Increase public coverage of early childhood services for 0–3 years to 33% (according to EU objectives).

This result could be achieved, as envisaged in Actions 1 and 2 of the ‘*5to Piano Infanzia*’ (Fifth Childhood Plan),¹⁴⁶ by ensuring the progressive reduction of financial contributions of families for public and private childcare services, up to forms of free service, especially for the Child Guarantee target groups, and through a general investment in the construction and management of educational services and in particular of crèches in the regions where they are currently lacking or absent in southern Italy. The increase in the coverage of places in educational services must be accompanied by interventions on the continuous training of educational staff, including through the promotion of coordination tools, giving priority to the opening of educational services.

Increase public coverage of early childhood services for 3–6 years to 96%

The same mechanism should be introduced as for ages 0–3 but with a focus instead on public and accredited schools. This result can also be obtained by working on behalf of children who are still not enrolled, many of whom have a migratory background and require ad hoc advocacy actions.

Set regional goals

Since the objectives of the PNRR are only set at a national level, there is a risk that parts of the country, especially where services for early childhood are less widespread (southern Italy, smaller municipalities, inland areas), will

not be positioned to benefit properly. It would therefore be beneficial to define the regional level objectives of the national PNRR or at least to maintain coordination between the two levels at the *Conferenza Stato-regioni* [state-regions Conference].

Implement the 0–6 integrated system (establish by D.I. 65/2017) through:

- Implementing school hubs: D.I. 65/2017 provides for the creation of schooling hubs for ages 0–6 in which nurseries and preschools are located together and function as one. This will help families and children and establish an uninterrupted process for ages 0–6;
- Establishing unified training and professional accreditation, and creating a national quality control system for ages 0–6. There are currently two teacher training pathways at university: one for childcare and one for preschool. We propose creating a single degree for educational services for ages 0–6. In addition, precisely because on-the-job training is a crucial element of developing quality, we propose mandatory annual training, integrated into the practice of ECEC centres, delivered in the workplace, focused on practical issues or structured around coaching activities and/or discussions with colleagues and co-workers (Eurofound, 2015), with validation of qualifications every three years as a requirement to maintain professional accreditation. This measure will have a decisive impact on quality, but it does not entail special costs, relying instead on reorganizing current expenses as part of a rethink of the overall training system. The cost of a national quality control system could, on the other hand, be sustainable and would, in any case, bring countless advantages where quality would be the return on investment (Heckman, 2012). A national quality control system, relying on capacity already present in the relevant

institutions, would cost around €1 million, to be shared with the regions.

Improving access to educational services across the entire 0–6 age bracket for children with disabilities

Given the low number of students with disabilities at both nurseries and preschools, we propose providing a bonus to families for free enrolment and attendance at these services. This bonus would be disbursed at the request of families to the municipality where they live that provides services for their children, and be reimbursed from an ad hoc national fund. A further measure to enhance access to educational services for children with disabilities would be the elimination and removal of architectural barriers, in order to ensure the full usability of spaces and therefore make it possible particularly for children with reduced motor or sensory capacity to attend school. Finally, attention should also be paid to the development of guidelines for the contextualization of the IEP (Individualized Education Plan), and therefore to the provision of opportunities for therapeutic or rehabilitative projects in the school context. Periodic monitoring by the Child Neuropsychiatry service should be a part of this. In this regard, it would be important to reinforce in-service training and periodic consultancy for teachers who provide support or who are part of a section with children with disabilities, as well as to strengthen peer support for families with children with disabilities by enhancing the role of Family Centres.

Increase access to educational services in the 0–3-years group as well as the 3–6 years group for children with a migratory background and from ethnic minorities

This objective can be partly achieved by ensuring greater overall public coverage that is free or almost free in the 0–3 age bracket and partly by improving outreach services to migrant families, entrusting these services with

the important task of raising awareness (see section 6.2.4.) about access to early childhood education services. The presence of cultural mediators and other supervisory professions is obviously highly recommended, but at the same time, children seem to be the best mediators in educational settings as they can use different languages and strategies to co-educate each other. To achieve this goal, documentation in multiple languages, and combating discriminatory prejudices are key factors.

6.3.5 Education

Decrease the national school dropout rate from the current 13.1% to 9% (2030 EU target) by 2026

This is most pressing in southern Italian regions, where the PNRR should target a rate of 13 per cent by 2026 compared to today's 16 per cent. The following measures can help achieve this goal:

- **Strengthen the legislative framework and financial allocation for actions to combat early school leaving.** It would be desirable to increase the funding of the Ministry of Education in order to expand the educational offerings both in the school curriculum and in the non-formal and informal learning paths provided in the Three-Year Plans of the Educational Offer and including PCTO, civic education, plans for inclusion for BES students and educational community pacts. For this it is necessary to revise the maximum threshold of the PON and POR calls made available to schools, strengthening the capacity of schools to apply to the calls and strengthening the preparation of teachers in charge of implementing and monitoring the paths;
- **Increasing access to full-time schooling** – Full-time schooling is currently in place in only a minority of schools, as demand is often low due to the under-employment of

the female workforce. For upper secondary school, we propose increasing the duration of the school week to about 40 hours in total, dedicating the additional hours to personal development activities based on children's interests, with the aim of disincentivizing dropout;

- **Improving the quality of teaching** – In particular, by strengthening teachers' professional development, incorporating the soft skills promoted by the *Entrecomp* and *Lifecomp* frameworks in teachers' learning objectives. Inclusive education practices need to be strengthened. More special education teachers and mediators need to be trained and hired.

Decrease the rate of underachievers

The rate of children who do not achieve basic levels in the INVALSI tests in Italian and mathematics at the end of secondary school must be lowered from the current 44 per cent and 51 per cent, to 30 per cent and 40 per cent respectively by 2030. Once again, the priority beneficiaries are children in southern Italian regions and children with a migratory background. The following measures can help achieve this aim:

- **Systematically target areas with the highest rates of underachievement** – INVALSI data should be used to proactively identify areas at greatest risk and equip schools with intervention plans. These should have long-term time horizons and be managed by local steering committees that include representatives of schools, local administrations, and social and health services;
- **Intervene on the quality of educational offer** by reforming teacher hiring, training, and continuing professional development. Teachers' skills in innovative teaching, teaching Italian to NAI students, and enhancing STEM subjects need to be

improved. Mediation and support teachers need more specialized training.

Improve educational outcomes for students with disabilities and Specific Developmental Disorders – This requires:

- **Increasing the percentage of schools accessible to people with motor disabilities** from the current rate of 34 per cent to 50 per cent by 2030 through appropriate calls for funding that prioritizes regions with lower coverage: Campania, Calabria, Liguria, Sicily, Trentino-Alto Adige, Lazio, and Molise;
- **Increasing the supply of special education teachers** – Most Italian teachers do not receive explicit and practical training in special education. The absence of special education teachers is most pronounced in Italy's northern regions. The proportion of non-specialized special education teachers hired on waivers should be decreased.

Several of the more innovative structural policy proposals discussed during the consultation process for this analysis include:

Increasing the degree of autonomy of school leaders

School leaders could be empowered to hire staff directly, create specialized teaching roles, and repurpose ATA (administrative, technical and auxiliary) staff more freely than under current legislation.

Extending mandatory professional training to teachers on short-term contracts

Teachers on one-year contracts could be required to complete continuous professional development. This is already the case for tenured teachers, who also benefit from a voucher to fund their own learning.

Overhaul academic specialization

As anticipated in the PNRR, Italy's traditional

categorization of upper secondary schools into professional institutes, technical institutes and high schools could bear re-thinking. Students could be required to specialize only in their final two years of studies rather than at the start of upper secondary schooling, as is currently the case. Elective courses could be introduced too, potentially discouraging school dropouts.

For these and other structural proposals, we do not necessarily recommend universal regulatory intervention but, where appropriate, experimentation in a limited sample of schools in free zones. INVALSI could be commissioned to conduct randomized controlled trials to test their effectiveness before attempting region or country-level adoption.

6.4 Further proposals for cross-cutting interventions

Intervention to support parenting skills

With a view to strengthening interventions in early childhood and adolescence, in addition to the pathways accompanying birth, and the involvement of family paediatricians in the promotion of development and parenting skills, it is necessary to provide spaces and time dedicated to parents, along the lines of the parent-child centres set up in various parts of Italy and the activities carried out by Family Centres, to cover the first year of life. This is crucial period for the consolidation of parenting styles and the development of the child's skills, and a period in which the vast majority of children do not yet go to the crèche. The co-presence of parents, children and infants and their involvement in activities such as reading, playing, musical experiences, etc., conducted by professional educators with the aim of promoting their inclusion in family

practices is particularly effective, both because it allows the parent to understand the simplicity and the pleasure of interacting with their child, and because these experiences, if shared by several family groups, provide additional motivation to the individual parents. In this framework, it is necessary to provide for the early involvement of both parents whenever possible, with a view to equality by making both parents more competent to read and respond to the needs of their children, and to ensure that the relationship thus built endures in the later stages of growth. Studies show a positive effect on the initiation, duration and exclusivity of breastfeeding, on the relationship of the couple, on the emotional state of the mother, on the father-child relationship, and on the prevention of maltreatment, with effects even at a distance on well-being and behaviour in adolescence.

Strengthen summer centres

Summer centres provide a considerable support service for all families, which must be strengthened and made more universally accessible, with particular attention to economically disadvantaged families; the number of places reserved for those reported by social services should be increased. These services are very varied, both in terms of their age range and geographical location, as well as their organizational methods. Summer centres cater for different social, recreational, educational and sports needs for boys and girls during the months of suspension of school activity. The strengthening of these centres through the granting of extra government money for them in 2020 and 2021¹⁴⁷ represents an important element in the overall programming of services for minors, in particular for the target of the Child Guarantee.

7 Indicators for monitoring the Child Guarantee

7.1 Introduction

Data presented in this section were gathered in two ways. Firstly, through expert consultations and their own knowledge of Child Guarantee themes, the UNICEF working group, Istituto Cattaneo, Learn More and Codici mapped sources of data found to be available and useful for the Child Guarantee Action Plan.

Secondly, two focus groups were conducted in the first week of November 2021 with experts from several organizations and institutions on various policy areas and groups of beneficiaries. The first focus group aimed to determine the state of available and potentially collectable data in the fields of childcare and education policies. The second focus group focused on data sources in the fields of nutrition, health (including mental health) and housing. In both groups, participants were asked to focus on indicators that might be useful in providing information about accessibility and overall functioning across the five Child Guarantee policy domains and the main groups of Child Guarantee beneficiaries. Since not all the experts were able to participate in the focus groups, additional individual interviews were conducted, or a written memo was collected in all cases where experts were willing to provide one.

7.2 Currently available data by category of beneficiary: overview

As noted in section 4, potential Child Guarantee beneficiaries can be grouped according to two forms of inequity:

- Prevalent inequities – which affect children in large numbers and create challenges in accessing and using a variety of rights provided by the Child Guarantee;
- Extreme inequities – which affect children in smaller numbers but cause stronger need for care and as well as frequent difficulties in accessing and benefiting from the rights provided by the Child Guarantee.

An analysis of currently available and potential future data shows a disparity in the available information between these two major categories. Therefore, the results in this section are distinguished between these two groups.

Table 21 provides an overview of the data sources for beneficiaries facing extreme inequities:

Systematically collected official information is not available for children belonging to the Roma, Sinti and Caminanti communities, so it is not possible to obtain precise data about general trends within these groups or to understand how access is gained to services. In the past (until the 2015–16 school year), the *Ministero dell'Istruzione* asked schools to collect data at the school level on the presence and number of children belonging to these communities. In more recent years, however, the Italian Personal Data Protection Authority has placed limits on the collection of such information for reasons of confidentiality protection,¹⁴⁸ allowing data to be collected only after obtaining consent from the parents of the children concerned. This policy has made the survey less helpful for analysis. The request for parental consent is not pertinent to the '*Rilevazione sulle scuole*' (School Survey),

therefore the question on ethnicity has been eliminated. However, it is important to note that ISTAT is able to provide two important pieces of information. Within the *‘Indagine sugli interventi e i servizi sociali dei Comuni singoli e associati’* [Survey on measures and social services of individual and associated municipalities] carried out annually and with data that can be disaggregated to the level of the Local Social Services Sector within each region, there is an item on spending and number of users for *‘aree attrezzate per Rom, Sinti e Caminanti’* [areas equipped for Roma, Sinti and Caminanti]. The figure does not estimate the number of children involved, but the overall number of users (including adults). In addition, starting in 2022, thanks to an agreement between ISTAT and the *Ufficio Nazionale Antidiscriminazioni Razziali* [National Antidiscrimination Office (UNAR)], additional information will be available regarding families that have passed through these areas. Information on the presence of children will also be available. A useful piece of information that is not currently available but that may potentially be reconstructed in the future relates to the ISTAT ‘Survey on measures and social services of individual and associated municipalities’: at present, the beneficiaries of measures and social services of the municipalities are grouped into seven macro-categories of recipients, one of which is ‘Migrants, Roma, Sinti and Caminanti’. Consideration should be given to asking ISTAT to divide this macro-item into two categories: ‘Migrants’ and ‘Roma, Sinti and

Caminanti’. This would result in more precise data for both subgroups. However, it should be noted that these data would include adults.

For children outside their family of origin, available information makes it possible to measure how many children are in foster care (and the characteristics of this experience) and how many are in residential care (and the characteristics of this experience). However, information regarding access to the five CG policy areas by this group of potential beneficiaries is not available and appears difficult to collect unless an ad hoc survey is conducted, which begins with administrative data about these groups (largely available to the MLPS) in order to identify the set and sample from which to collect survey data.

For all the other categories reported in Table 21 (children with incarcerated parents, unaccompanied foreign children, care leavers 18–21 years old and those born to underage mothers) information is available about their overall number, with disaggregated data at the regional level, but not on access to the services of the five CG policy areas. Information regarding access to the five CG policy areas by this group of potential beneficiaries is not available and difficult to collect, unless an ad hoc survey is conducted that starts with administrative data on these groups (for the most part available to the MLPS and ISTAT) in order to identify the set and sample from which to collect survey data.

Table 21 - Potential Child Guarantee data on potential beneficiary categories facing extreme inequities

Category of beneficiary	Available data (data type and source)	Data that can potentially be created from scratch
Members of the Roma, Sinti, and Caminanti groups	No official overall estimate currently available	It is hoped that a request will be made to ISTAT that in the ‘Survey of measures and social services of individual and associated municipalities’ – annual data disaggregated at Local Social Services Area level)
	No. of users and municipal expenditures for ‘Areas equipped for Roma, Sinti and Caminanti’ in general and not for children (Source: ISTAT ‘Survey on social measures and services of individual and associated municipalities’ – annual data disaggregated at Local Social Services Area level)	

Category of beneficiary	Available data (data type and source)	Data that can potentially be created from scratch
	Starting in 2022, information will be available from ISTAT, following an ISTAT-UNAR (National Office Against Racial Discrimination) agreement, on the topic of families that have participated in housing transition projects from settlement to another type of housing. The number of children involved will be available for the focus families	municipalities’, the current item ‘migrants, Roma, Sinti and Caminanti’ could be divided into two different user areas: ‘migrants’ and ‘Roma, Sinti and Caminanti’
Living outside their family of origin	Children (net of MSNA) in family foster care (absolute values and rates per thousand children; MLPS; annual data disaggregated by region)*	
	Non-Italian children in foster care (absolute values)*	
	Breakdown of children in family foster care by type of foster care (%; single/family or relatives; MLPS; annual data disaggregated by region)	
	Distribution of children in family foster care according to the nature of foster care (%; judicial or consensual foster care; MLPS; annual data disaggregated by region)	
	Breakdown of children in family foster care by length of time in foster care (% by years in foster care; MLPS; annual data disaggregated by region)	
	Children hosted in residential facilities (absolute values and rates per thousand children) (ISTAT: ‘Survey on residential social-assistance and social-health facilities:’ annual data disaggregated by region)*	
	Breakdown of children hosted in residential facilities by age of the child (%) (ISTAT: ‘Survey on social and healthcare residential facilities:’ annual data disaggregated by region)	
	Breakdown of children hosted in residential facilities by type of facility (%; community or family facilities) (ISTAT: ‘Survey of residential social and healthcare facilities:’ annual data disaggregated by region)	
	Breakdown of children hosted in residential facilities by form of distress (%; no specific problem; disability and mental disorders; other problems) (ISTAT: ‘Survey on residential social and healthcare facilities:’ annual data disaggregated by region)*	
	Breakdown of children discharged from residential facilities by type of destination (%; family of origin; adoptive family; foster care; etc.) (ISTAT: ‘Survey on residential social and healthcare facilities:’ annual data disaggregated by area)	
With an incarcerated parent	Only estimates of number by region derived from the number of inmates with children (Ministry of the Interior; annual data by region)	
Unaccompanied migrants	Unaccompanied foreign children present and accounted for (absolute values; MLPS; annual data disaggregated by region)	
	Unaccompanied foreign children, untraceable (absolute values; MLPS; annual data disaggregated by region)	
Care leavers aged 18-21	Number estimates (absolute values; MLPS; annual data disaggregated by region)	
Children born to underage mothers	Number born in a given year (absolute values and rates per thousand born in the same year; ISTAT: Births by age of mother)	

Source: Own analysis
* All data, when available, can also be read on the basis of gender

Tables 22 and 23 summarize data sources for those larger beneficiary groupings facing prevalent inequities. The following section discusses in detail what information is available or should be gathered for each policy area and for each type of beneficiary.

Basic information, at the very least, is available for these larger grouping for all five policy areas covered by the Child Guarantee:

- *For children residing in southern Italian regions*, basic information is available regarding access to all five policy areas and the type of area of residence (high, medium or low population density). Information is also available in the case of children belonging to families of medium-low and low socioeconomic status – measured by the education level of the parents, their employment status and type of employment – as well as those at risk of relative poverty or social exclusion, as defined by Eurostat.
- *For children with mental health problems*, data are available only in reference to an estimate of their number, the specific type of problem experienced, the type of care/ access and geographical location (northern, central, southern regions of Italy); the available data are expected to increase in the next three years (2022–24) thanks to a series of projects that the ISS, the *Ministero della Salute*, and ISTAT are conducting.
- *For children with a migratory background*, basic information is available regarding access to all five policy areas, disaggregated by Italian geographical macro-areas (northern, central, and southern Italian regions) and by type of area of residence (population density). In addition, the information produced by ISTAT over the next three years will be increasingly disaggregated by the origin of children and their families (EU, non-EU).

- *For children in single-parent families*, basic information is available regarding access to all five policy areas, disaggregated by Italian geographical macro-areas (Italian regions of the centre-north and south of the country) and by type of area of residence (population density). Information is also available about children belonging to families of medium-low and low socioeconomic status – measured by the education level of the parents, their employment status and type of occupation – as well as those at risk of relative poverty or social exclusion.
- *For children with disabilities*, the quality of the compiled data is somewhat less comprehensive. In particular, the estimate of children with disabilities can currently be obtained from data on their school attendance through the *Ufficio Statistico* [Statistics Office] of the *Ministero dell'Istruzione*. However, this estimate is particularly problematic for the 0–6 age group, given that data on the 0–2 age group (childcare and integration services) do not fall under the responsibility of the *Ministero dell'Istruzione* and, therefore, are not systematically collected, while data for the 3–5 age group (preschool) are collected, but it is possible that some of the children with disabilities do not attend this type of institution and, therefore, escape data collection. At the same time, ISTAT is creating a '*Registro sulle disabilità*' (ISTAT, 2021b) following authorization from the *Autorità Garante per la Protezione dei Dati Personali* [Personal Data Protection Authority], which is based on the integration of statistical and administrative information. The main archive is the *Casellario Certificazioni* [Certifications Record], produced by INPS, which contains the following data for each person, certified by a medical commission: name, surname, tax code and other personal information (gender, date of birth, town of birth and

residence), the type of assessment (civil disability, blindness, deafness or assessment provided for by L.104/92), the pathology diagnosed and the severity of the diagnosis.

Once this register is fully operational, it will be possible to make a more accurate and complete estimate of the prevalence and form of disability among children.

Table 22 - Potential Child Guarantee data on potential beneficiary categories facing prevalent inequities

Category of beneficiary	Indicator	Data breakdown	Source	Data that can potentially be created from scratch
Residents in southern Italian regions	Children residing in southern Italian regions (absolute values and % of total children in Italy)	Region, gender, and age group	ISTAT (demographic statistics)	
	Children residing in southern Italian regions at risk of poverty or social exclusion (A.V. and % of the total number of children residing in southern Italian regions)	Gender and age group; region of residence; municipality type (density); Parental education level; Family type	ISTAT (EU-SILC)	
With mental health problems	See Table 4 'Policy Area 1: Health'.			
Migrant backgrounds	Children with non-Italian citizenship (A.V. and % of total children)	Region, gender, age group	ISTAT (demographic statistics)	
	Foreign children at risk of poverty (A.V. and % of total foreign children)	Gender; geographical area of residence; municipality type (density)	ISTAT (EU-SILC)	
	Foreign students in the Italian school system (A.V. and % of total students)	Region, gender, age group, cycle, and grade of education	Ministero dell'Istruzione (Statistical Office)	
In single-parent families	Children in single-parent families (A.V. and % of total children)	Gender and age group; region of residence; municipality type (density); Parental education level; Family type	ISTAT (EU-SILC)	
	Children in single-parent families at risk of poverty or social exclusion (A.V. and % of total children in single-parent families)			
With disabilities	Children with disabilities in the school system by order and grade (A.V. and % of total students)	Region, gender, age group, cycle, and grade of education	Ministero dell'Istruzione (Statistical Office)	Currently under analysis by ISTAT 'Register of disabilities' that will allow more accurate estimates of all children with disabilities

Source: own calculations
* All data, when available, can also be read on the basis of gender

Table 23 - Potential Child Guarantee data on potential beneficiary categories facing prevalent inequities: by policy area

Categories of children	Early childhood education services	Education	Health	Nutrition	Housing
Residents in southern Italian regions	Yes	Yes	Yes	Yes	Yes
With mental health issues		Yes	Yes		
With migratory backgrounds	Yes	Yes	Yes	Yes	Yes
In single-parent families	Yes	Yes	Yes (partially)	Yes	Yes
With disabilities	Yes (partially)	Yes	Yes (partially)		Yes (partially)

Source: Own analysis

7.3 Available data on larger beneficiary grouping facing prevalent inequities, by policy area

Table 24 provides an overview of the indicators and sources of information available by CG policy area, also highlighting what data are available depending on the category of the beneficiary.

In this regard, it is necessary to highlight two critical points about the current set of information and data available on the topics

covered by the Child Guarantee: there is practically no information on the presence and functioning of outreach services for children in Italy, or on the degree of satisfaction of children with the services received.

Regarding outreach services, the only data available which, in a very general manner, offer an idea of the set of Italian measures in this area are those provided by ISTAT on the presence of professional municipal social services in the ‘families with children’ category and by the *Ministero della Salute* on the presence of family counselling centres (Table 24).¹⁴⁹

Table 24 - Potential Child Guarantee data on outreach services

#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
1	Improving outreach services	Access to professional social service of the municipalities	No. of users and expenditure for ‘professional social services’ in the ‘families with children’ users area	Region and geographical Social Ambit	Survey on social measures and services of individual and associated municipalities	2019	Annual	ISTAT	Very general background information
2		Access to family counselling centres	No. of family counselling centres	Region	Health Statistical Yearbook	2019	Annual	<i>Ministero della Salute</i>	

Source: Own analysis

Table 25 - Potential Child Guarantee data by policy area: health

Policy Area 1: HEALTH									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
1	Reduction in mortality rates and health inequalities	Neonatal mortality	Deaths in the first 28 days of life per 10,000 live births in the same time frame	Region; Gender	Health for All database	2019	Annual	ISTAT	Indicator available in the BES
2		Infant mortality	Deaths in the first year of life per 10,000 live births						

Policy Area 1: HEALTH									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
3	Reducing unmet health-care needs from a social inclusion perspective	Health Care Access	Children who had to waive health care in the previous 12 months by reason for waiver (% of total children)	Gender; Geographical breakdown of residence; Citizenship; Type of family (single parent); Income quintile; Type of municipality (density); Children with severe limitations in daily activities	EU-SILC survey, Ad hoc module 'Children'	2021	Triennial	ISTAT	
4		Access to paediatric care	Children with access to paediatrician of choice (% of children by age group)	Region by age group (0–6; 0–14)	Health for All database	2019	Annual	ISTAT	
5	Support for children's mental health, with a perspective of social inclusion	Mental Health: Depression	Children 14–17 years old with severe chronic depression or anxiety (% of children 14–17 years old)	Gender; Region; Citizenship; Family type (single parent); Municipality type (density); Parental education level	Health Conditions and Use of Health Services Survey	2020	Annual	ISTAT	Indicator available in the BES
6		Psychological Status Index	Psychological status index of 14–17-year-old children						
7		Mental health: hospitalizations	Number of children admitted for neuropsychological disorder (DNP)	Region	Hospital Discharge Cards (SDO)	2019	Annual	Ministero della Salute	Data calculable from SDO cards
8		Mental health: inappropriate hospitalizations	Children admitted to adult neuropsychiatric wards (as a % of total admitted children with DNP)						

Policy Area 1: HEALTH									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
9	Reducing unmet health-care needs from a social inclusion perspective	Access to health care for children whose parents don't have a residence permit	Presence of regional regulations that formally provide access to health services and paediatricians of choice to children whose parents don't have a residence permit	Region	Data currently not available. An explicit request must be made by the Ministero della Salute to the regions				
10		Children Health Care Access	Presence of regional legislation that provides a unique exemption code for children in socially vulnerable conditions	Region					
11	Parenting Support	Parental support services	Presence of regional guidelines for the promotion of early development and parenting support	Region					
12	Mental health support for children	Mental health: neuropsychic disorders	Tasso di Prevalence rate of children with neuropsychological disorders (% of children 0–18 years old)	Region	Data currently available only in the Piemonte and Emilia-Romagna regions; the National Information System for Mental Health in the Age of Development is being developed by the <i>Ministero della Salute</i> .				

Policy Area 1: HEALTH									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
13	Parenting Support	Parental support services	Local social services areas that have established a parent-child centre as part of the 0–6 integrated system, and in connection with the educational and scholastic, social and health sectors (% of total regional local social services areas)	Region	Survey on social measures and services of individual and associated municipalities	2019	Annual	ISTAT	

Source: Own analysis

In addition to the above indicators, which are considered essential, it is important to be able to develop a series of indicators (identified in Table 26 and currently unavailable) that deepen our understanding of children’s mental health and types of support for new parents.

Table 26 - Additional useful indicators (not yet available) – health area

Policy Area 1: HEALTH					
#	Target	Indicator	Definition	Breakdown	Comments
14	Improving outreach services	Operation of outreach services	Proportion of families reached by a home visiting programme in the first year of their child's life (% families who had children in the last five years)	Gender; Region; Citizenship; Family type (single-parent); Municipality type (density); Parental education level	To be included in ISTAT survey (specifically: Five-year survey of health conditions and use of health services)
15		Operation of outreach services	Proportion of families with new parents who have benefited from information and support in the prenatal period and in the first year of the child's life (% of families who have had children in the last five years)		
16	Mental health support for children	Mental health Services	Presence of at least one NPIA complex unit per 150,000–250,000 population with a comprehensive multidisciplinary team	Region	Data currently not available. An explicit request must be made by the <i>Ministero della Salute</i> to the regions
Source: Own analysis					

Table 27 - Potential Child Guarantee data by policy area: ECEC

Policy area 2: ECEC									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
1	Increasing human capital, with a social inclusion perspective	Participation in early childhood education services: nurseries and supplementary services	Children aged 0–2 years who attend educational services by type of service (nurseries and supplementary services) (%)	By type of service (nursery, supplementary services); Gender; Area; Citizenship; Type of family (single parent); Age of the child (0,1,2); Level of education of the	Multi-scope survey, Aspects of Daily Life	2019	Annual	ISTAT	Data also available through ISTAT EU-SILC

Policy area 2: ECEC									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
parents; Type of municipality (density)									
2	Increasing human capital, including a social inclusion perspective	Participation in early childhood education services: early participants	Children age 2 attending preschools as early participants (% of 2-year-olds)	Gender; Region of residence; Citizenship; Presence of disability	Statistical Office	2020	Annual	Ministero dell'Istruzione	
3		Participation in early childhood education services: preschool	Children aged 3–5 years who attend pre-schools, excluding early participants (% of 3–5 excluding early participants)	Gender; Region of residence; Citizenship; Age of child (3, 4, and 5); Presence of disability	Statistical Office	2020	Annual	Ministero dell'Istruzione	
4		Expenditure for early childhood education services: nurseries and supplementary services	Expenditure by municipalities on early childhood education services (£ per capita)	Type of socio-educational service (nursery and supplementary services); Region and Local Social Services	Survey of nurseries and supplementary early childhood services	2019	Annual	ISTAT	
5		Expenditure for educational services for children: preschool	Per capita public expenditure in preschool	National	Statistical Office	2018	Annual	Ministero dell'Istruzione	
6		Family expenditures for early childhood education services	Spending by users on early childhood education services as a percentage of total municipal spending (%)	Type of socio-educational service (nursery and supplementary services); regional and Local Social Services level	Survey of nurseries and supplementary early childhood services	2019	Annual	ISTAT	The figure covers only household spending on public educational services (and does not estimate household spending on private facilities)

Policy area 2: ECEC									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
7	Increasing human capital, including a social inclusion perspective	Access to early childhood education services for children with disabilities	Children with disabilities attending early childhood education services (absolute values; % of total children with disabilities in the same age bracket)	Region	Ministry Statistics Office; ISTAT 'Disability Register'.	(2020)	Annual	Ministero dell'Istruzione / ISTAT	Data currently available only for children attending nursery schools; the percentage figure will be calculable once the ISTAT 'Disability Register' is operational.
8	Increasing human capital, including a social inclusion perspective	Access to early childhood education services	Rate of coverage of places in early childhood education services (public and private) with respect to resident children aged 0 to 2 years.	Regional and Local Social Services level	Survey of nurseries and supplementary early childhood services	2019	Annual	ISTAT	
9	Unmet educational needs	Waiting lists for early childhood education services	Children on the waiting list for access to municipal nursery centre on July 31 of each year, as a percentage of resident children aged 0 to 2 years.	Regional and Local Social Services level					Data currently not available but potentially to be included in the ISTAT Survey on nurseries and supplementary services for early childhood.

Source: Own analysis

Source: Own analysis

Table 28 – Potential Child Guarantee data by policy area: education

Policy Area 3: EDUCATION									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible	Comments
1	Fight against early school leaving and school abandonment from social inclusion perspective	Dropout rate from school and vocational training	Percentage of the population aged 18–24 with at most a secondary school leaving certificate, who have not completed a professional training course recognized by the region lasting more than 2 years and who do not attend school or carry out training activities	Gender; Region of residence; Citizenship; Family type (single parent); Municipality type (density)	BES Report	2020	Annual	ISTAT	Not currently available for children with disabilities or mental health issues.
2	Improvement of school performance with a view to social inclusion	Level of student learning	Standardized value of the score obtained in the INVALSI tests in Italian, mathematics, and English in primary II, primary V, secondary III-1, secondary II-2 and V-2.		Questionnaire tests	2020	Annual	INVALSI	
3	Level of public investment in education	Public spending on education	Public expenditure per student in € for primary, lower secondary and upper secondary schools	National	Statistical Office	2018	Annual	Ministero dell'Istruzione	
4	Improved academic performance	Access to full-time study	% primary school students who have access to full-time education	Region		2020			

Policy Area 3: EDUCATION									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible	Comments
5	Social Inclusion	Educational poverty	Effective school dropout rate (percentage of graduates who reached a maximum of level 2 in the INVALSI tests)	Region (potentially at the individual school level); calculable by socioeconomic status of the student's parents and by their migration status	Questionnaire tests	2020	Annual	INVALSI	
6	Social Inclusion	Educational poverty	Index of cultural and economic deprivation in the family context	Gender; Region of residence; Citizenship; Family type (single parent)	Questionnaire tests	2020	Annual	Calculations from INVALSI data	See Annex 1 for explanation of the calculation methodology.
7	Improvement of school performance with a view to social inclusion	Educational poverty	Index of cognitive skill poverty						
8	Fight against early school leaving and school abandonment with a view to social inclusion	Educational poverty	Difficulties in academic career						
9	Social Inclusion	School segregation	Distribution of students in classes of the same grade within an educational institution by socioeconomic characteristics of students	Region (potentially at the individual school level); calculable by socioeconomic status of the student's parents and by their migration status	Questionnaire tests	2020	Annual	Analysis from INVALSI data	

Policy Area 3: EDUCATION							
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency
10	Improvement in academic performance and basic skills in core subjects with a view to social inclusion	Presence of special education teachers	Average number of pupils with disabilities per support, autonomy and communication aid teachers for primary and lower secondary schools.	Region	Statistical Office	2020	Annual
		Socio-educational support for children with disabilities	Social expenditure of municipalities and number of beneficiaries of 'socio-educational school support' for people with disabilities	Region; Local Community Services	Survey on social measures and services of individual and associated municipalities	2019	Annual
		Socio-educational support to foreign and ethnic minority children	Social expenditure the municipalities and number of beneficiaries of 'cultural mediation service' for 'migrants, Roma, Sinti and Caminanti'.				
11							
12							
The data do not allow a distinction to be made between children and adults in terms of age; furthermore, the users of the survey refer to a more general service: 'Educational - assistance measures and services for job placement'.							

Source: Own analysis

Table 29 – Potential Child Guarantee data by policy area: housing

Policy Area 4: HOUSING							
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency
1	Improvement of housing conditions with a view to social integration	Overcrowding	Children in families with housing overcrowding problems (% children)	Gender; area of residence; Citizenship; Family type (single parent); Income quintile; Municipality type (density)	EU-SILC Survey	2021	Annual
2		Housing Financial Stress	Children in families with problems of high impact of housing expenses on family income (% children)				
3		Children by tenure status of home residence	Distribution of children by type of home use (%)				
4	Fight against social exclusion	Children with difficulties in accessing local services	Percentage of children in families reporting severe difficulty in accessing three or more essential services ^{93,94} out of total children	Gender; Region of residence; Citizenship; Family type (single parent); Municipality type (density)	Aspects of Daily Life Survey (BES)	2019	Annual
5		Children in severe housing conditions	Percentage of children in severe housing situations	Gender; area of residence; Citizenship; Family type (single parent); Income quintile; Municipality type (density)	EU-SILC Ad hoc module 'Intergenerational transmission of housing disadvantages and difficulties'.	2023	Six-year anniversary
The EU-SILC ad hoc module will detect - Whether individuals have experienced housing difficulties - The duration of any housing difficulties - The main reason - Whether housing difficulties have been overcome - Whether individuals have experienced rental difficulties							

Policy Area 4: HOUSING									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
6		Children in housing eviction situations	Number of enforced eviction orders, enforcement requests, enforced evictions involving families with children	Region		2020	Annual	Ministry of Interior	Need to request ad hoc processing from the Ministry of the Interior

Source: Own analysis

In this policy area, a missing data element that is difficult to collect, but theoretically very useful, is that relating to the number and characteristics of families (geographic location, nationality, family type) with children on the waiting list for access to social housing apartments.

Table 30 - Potential Child Guarantee data by policy area: nutrition

Policy area 5: NUTRITION									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
1	Health Improvements through healthy eating behaviours	Breastfeeding	Children up to one year of age breastfed (% of children up to one year of age)	Region; gender	Child Monitoring System 0–2 years	2018-2019	Every 3 years	ISS	It would be important to collect data on the mother (level of education; migration status)
2		Weight and obesity issues	Overweight or obese children (% of children 3–17 years old)	Gender; Region of residence; Citizenship; Family type	Multi-scope survey Aspects of Daily Life	2019	Annual	ISTAT	Data also available through OKKIO alla Salute - ISS

Policy area 5: NUTRITION									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
				(single parent); Municipality type (density); Parental educational qualifications;					(age 8–9 years) https://www.epicentro.iss.it/okkioallasalute/
3		Food behaviours: milk consumption	Children who do not consume milk for breakfast (% of children 3–17 years old)						
4		Food behaviours: milk consumption	Children who do not consume milk (% of children 3–17 years old)						
5		Food behaviours: breakfast	Children eating adequate breakfast (milk and/or something is eaten) (% of children 3–17 years old)						
6		Food behaviours: sweets consumption	Children who consume sweets at least once per day (% of children 3–17 years old)						
7		Food behaviours: consumption of salty snacks	Children consuming savoury snacks at least once per day (% of children 3–17 years old)						
8		Food behaviours: consumption of carbonated drinks	Children consuming carbonated beverages at least once per day (% of children 11–17 years old)						
9		Food behaviours: consumption of fruit and vegetables	Children consuming at least 4 daily servings of fruit and vegetables (% of children 3–17 years old)						
10	Food Deficiencies		Children in households that cannot afford to eat meat, fish, or a vegetarian equivalent at least once every other day (% children)	Gender; Area of residence; Citizenship; Family type (single parent); Income quintile; Municipality type (density)	EU-SILC Survey	2021	Annual	ISTAT	

Policy area 5: NUTRITION									
#	Target	Indicator	Definition	Breakdown	Source	Last year available	Frequency	Responsible organization	Comments
11	Improvement of public health measures promoting a healthy and adequate diet	Promoting healthy eating habits	Students with access to information about healthy eating habits at school: healthy eating habits initiatives and parental involvement in nutrition initiatives (% students)	Region	Health Care	2019	Biennial	ISS	
12		School cafeteria access: preschool (3–6 years old)	Preschool students who have access to cafeteria service (% of total preschool students)	Region; gender; citizenship	Statistical Office	2020	Annual	Ministero dell'Istruzione	Data is available for state and state-accredited independent preschools. Therefore, it does not include municipal preschools.
13		School cafeteria access: primary school (ages 6–11)	Primary school students who have access to the canteen service (% of total elementary school students)	Region; gender; citizenship	Statistical Office	2020	Annual	Ministero dell'Istruzione	
14		Presence of dedicated facilities (gym, canteen...)	Presence or absence of school canteen buildings	Regional; provincial; municipal (per school building)	Statistical Office	2020	Annual	Ministero dell'Istruzione	Data are uploaded by the local authorities that own or manage the buildings used for school purposes in accordance with L. 23 of 11 January 1996.
15		Average cost of school lunch charged to the family	Average meal cost (monthly and annual) by families of pupils enrolled in primary and preschool	Capital; Region	Survey of school lunch rates	2020	Annual	CittadinanzAttiva	This figure refers only to costs in the 110 provincial capitals; the reference family is composed of three people (two parents and a child), has a gross annual income of €44,200, with a corresponding ISEE of €19,900.

Source: Own analysis

Appendix 1 - Economic poverty among children in Italy: definitions and recent trends

This section provides a detailed quantitative picture of economic poverty among children in Italy, including the dynamics of the phenomenon in recent decades.

Even if we limit ourselves to the economic dimension of the phenomenon of poverty, i.e., without considering its multidimensional nature, it is useful to distinguish between different definitions of poverty. The most relevant distinction is that between absolute and relative poverty. It is generally believed that these two concepts differ in terms of the ‘seriousness’ of the phenomenon. Absolute poverty would thus be a more serious condition than relative poverty in the sense that the income threshold adopted to identify who is poor is lower, i.e., whoever has a lower level of income or consumption than this threshold. The difference between absolute and relative poverty does not lie in the level of the threshold. This is true to such a degree that, for example, the ISTAT thresholds of absolute poverty for some types of families residing in northern Italian regions are higher than the relative thresholds adopted by ISTAT for these families in general.

The most significant difference between absolute and relative poverty is that the threshold used to define the former is updated every year based only on the trend in the cost of living, while that used to calculate relative poverty changes as the average or median income of the reference community varies. If, therefore, the average or median income decreases abruptly following a severe recession, the prevalence of relative poverty might increase slightly or even decrease during

a crisis, while absolute poverty, which is not affected by the drop in average or median income, should increase. In 2020, for example, the pandemic and the associated measures to restrict economic activity produced an increase in the prevalence of absolute poverty among children (age 0–17) from 11.4 per cent to 13.5 per cent; while in the same age bracket, the prevalence of relative poverty, again as measured by ISTAT, fell from 22.0 per cent to 20.4 per cent (the same trend is recorded for the entire population: from 7.7% to 9.4% for absolute poverty, from 14.7% to 13.5% for relative poverty).

Absolute poverty thus better defines the changes that occur in the short to medium term than relative poverty, even if it has the defect that the threshold, being constant in real terms, tends in the long term to become very low in relation to average incomes after a prolonged period of economic growth. It is therefore necessary to review the values of the absolute threshold regularly to adapt them to prevailing living standards.

The threshold needed to identify poverty in a relative sense is calculated by choosing a certain percentage of the average or median income of the population after making available incomes equivalent by dividing them using a scale of equivalence. Eurostat favours the threshold of 60 per cent of the median of the equivalized income calculated across all individuals in a given nation. It is possible that an average low-income nation has lower prevalence rates of relative poverty than even a much wealthier nation if in that nation income or consumption

are more evenly distributed. By adopting a threshold corresponding to a very low percentage of average or median income, for example 40 per cent or lower, it is also possible to study phenomena of severe deprivation using the relative poverty method.

The threshold for calculating the prevalence of absolute poverty can be calculated in two alternative ways:

- As the value of a basket of goods and services that a family with a certain structure is deemed able to consume to live in dignity. Since 2009 ISTAT has been calculating absolute poverty in this way, differentiating thresholds based on family type, macro-area and the size of the municipality of residence;
- Or it coincides with the relative poverty line calculated in a certain year, which for subsequent years is kept fixed in real terms and updated only for inflation. In this case we speak of an absolute poverty line ‘anchored in time’.

The data sources used for the statistics presented below include:

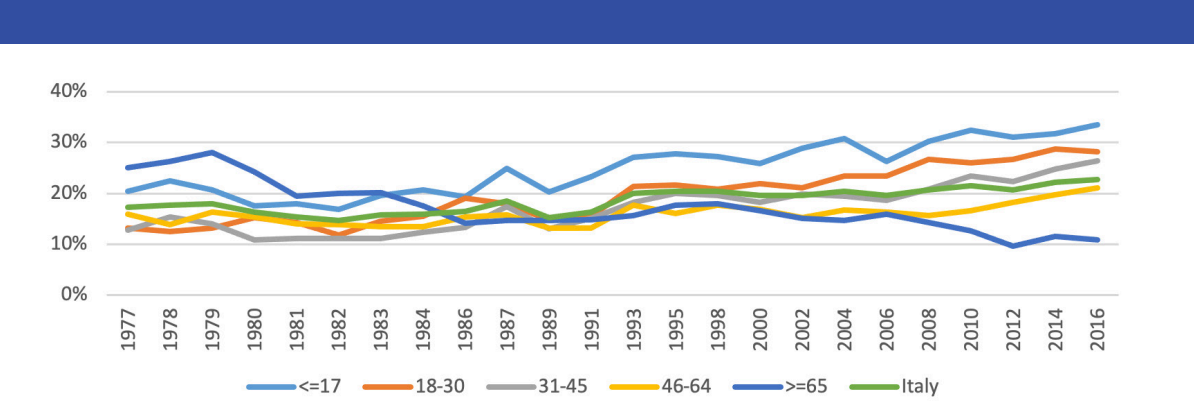
- The *Banca d’Italia* Household Budget Survey, available online at the institute’s website, offers the opportunity to study the dynamics of poverty among children over a long period of time, as its micro-data is available from the year 1977 onwards;

- The EU-SILC survey covers only the period after 2004, but its larger sample size than the *Banca d’Italia* survey allows for finer subgroup surveys. It also allows for comparisons with other EU countries because they all conduct the same survey of their citizens under the coordination of Eurostat;
- The ISTAT survey on consumption is the sample from which the statistics on absolute poverty drawn up by ISTAT for Italy are derived, and for some years has been the standard reference in the national debate on poverty.

Child poverty in the Banca d’Italia survey

The *Banca d’Italia* survey on household budgets makes it possible to observe the widest temporal interval among the various databases available (the first available data set of micro-data dates to 1977). Adopting the relative criterion with a line at 60 per cent of the median equivalized income for each year, a progressive increase in the prevalence of income poverty for all residents can be observed over time, with values around 15–18 per cent up to the end of the 1980s, and a tendency to grow to over 20 per cent in the subsequent period. What drives this increase is precisely the prevalence of relative poverty among children, with rates that rise from around 20 per cent in the 1970s and 1980s to over 30 per cent at the end of the period. The opposite trend is recorded in the poverty rate for the elderly (65 years of age or older), which continued to fall except during the 1990s.

Figure 24 - Relative income poverty prevalence index for individuals with income below 60% the national median, by age group

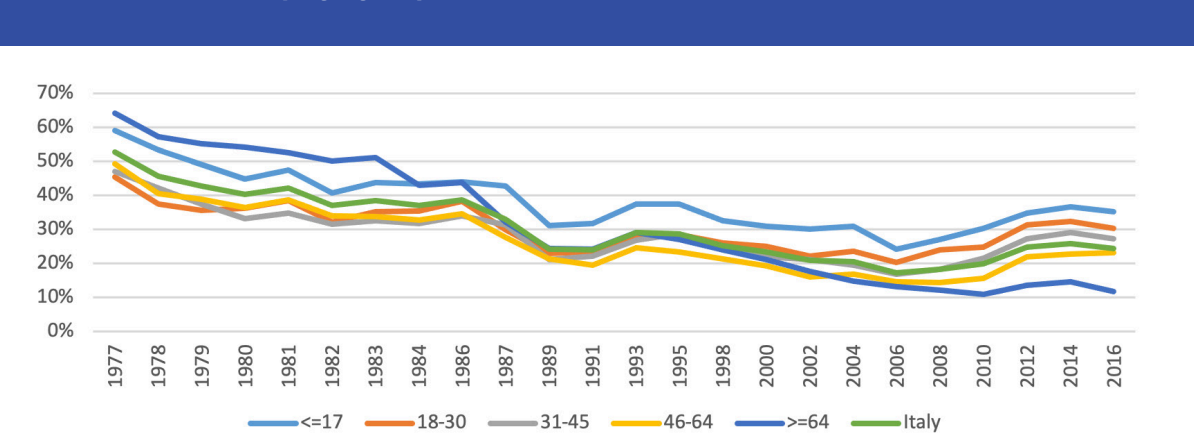


Source: Banca d’Italia, household survey

Adopting an approach using absolute terms, fixing in real terms the relative line calculated in a certain year (in our case 2004), a continuous improvement in the economic conditions of Italians is evident until the first years of the new millennium, when it

gives way to an increase in the prevalence of poverty for all age groups, except for the elderly. Additionally, according to this measure, since the 1980s children have been the age group with the greatest risk of poverty.

Figure 25 - Prevalence index for individuals with income below 60% of the national median, as of 2004, by age group



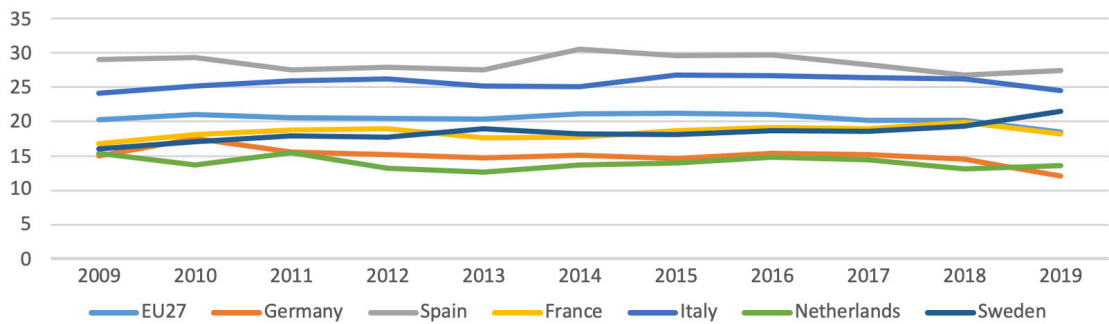
Source: Banca d’Italia, household survey

Economic poverty in the EU-SILC survey

The EU-SILC survey covers almost the whole of the new millennium and allows for comparisons with other European countries. Italy and Spain present prevalence rates

of relative poverty among children that are decidedly higher than those of the large countries of Central and Northern Europe, with data that are constant over the 15 years assessed.

Figure 26 - Incidence of relative poverty among children in a selection of European countries

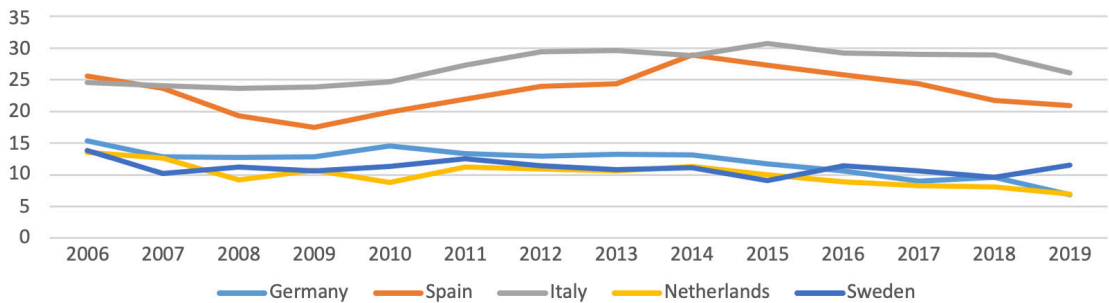


Source: Eurostat database

Applying a fixed line, however, we see the different effects of the recession that began in 2008, which produced a marked increase in the

risk of poverty for Italian children, while it had virtually no effect for children in Germany, the Netherlands and Sweden.

Figure 27 - Incidence of poverty among children with poverty line pegged to real 2005 values in a selection of EU countries

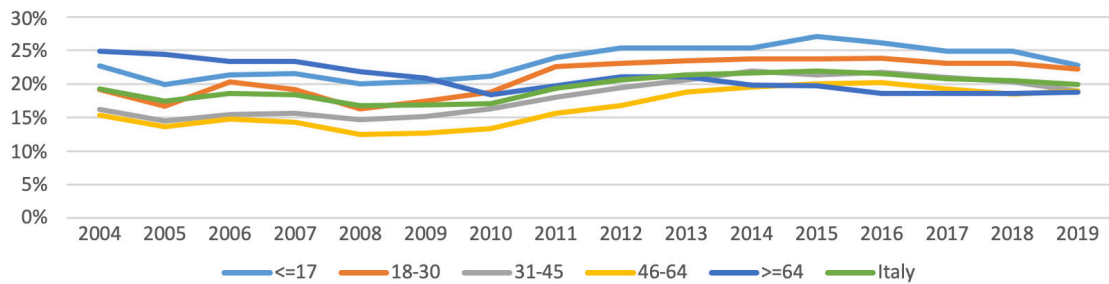


Source: Eurostat database

The tables available on the Eurostat website do not allow us to obtain further disaggregated information on the association between child poverty and some relevant sociodemographic dimensions. We therefore turn to the analysis of the EU-SILC microdata

for Italy alone, available for the period 2004–19. In this period, the risk of poverty among the elderly goes from being the highest to the lowest among all age groups, while the prevalence of poverty increases notably under the age of 30.

Figure 28 - Incidence of poverty in Italy for individuals with income lower than 60% of the national median, anchored to 2004, by age group

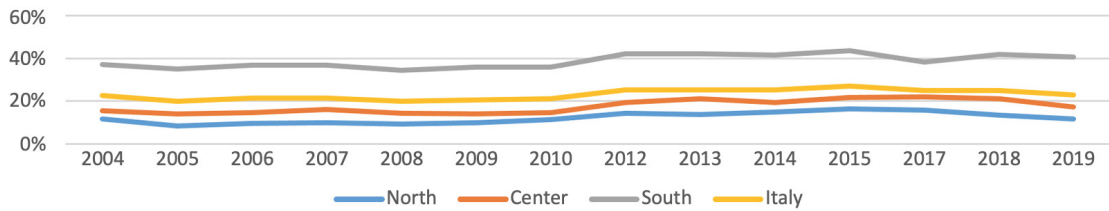


Source: Own analysis of EU-SILC data set

The increase in the prevalence of absolute poverty after the so-called Great Recession, which began in the wake of the economic-financial crisis of 2007–8, is visible for children throughout the country, even if enormous differences in poverty levels remain between

those living in the southern Italian regions and those in central and northern Italian regions. There is also a slight improvement in the years immediately preceding the pandemic, but not enough to bring indices back to levels prior to the Great Recession.

Figure 29 - Incidence of poverty in Italy for individuals with income lower than 60% of the national median, anchored to 2004, by area



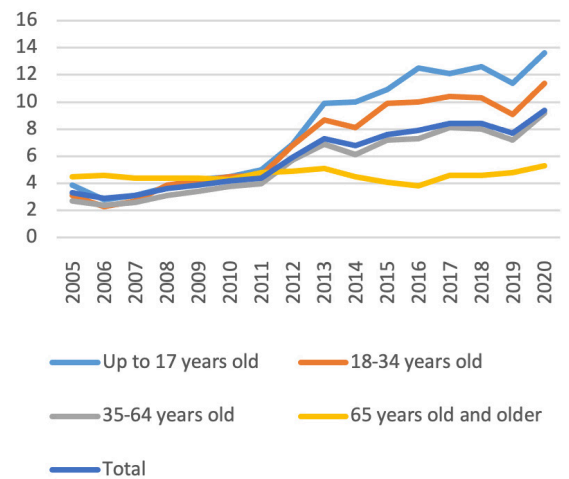
Source: Own analysis of EU-SILC data set

Absolute poverty in the ISTAT consumption survey

ISTAT data on absolute consumer poverty for the last decade show the sharp increase in the risk of poverty for children, rising from 3.3 per

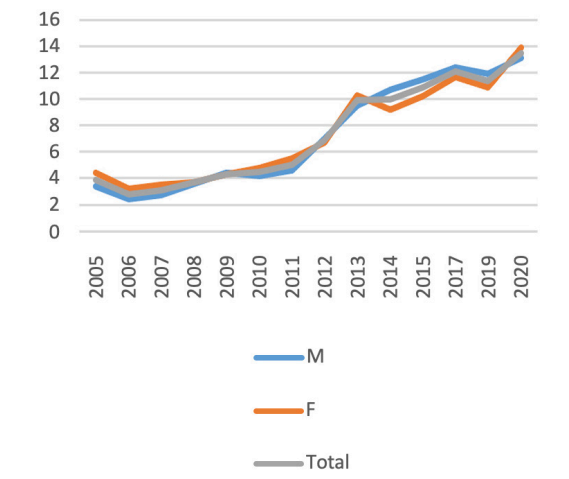
cent in 2005 to 13.6 per cent in the year of the pandemic. The increase also affected families with only one child: before the great recession, less than 2 per cent of these families were in absolute poverty; in 2020, about one in ten were.

Figure 30 - Incidence of absolute poverty among individuals by age group



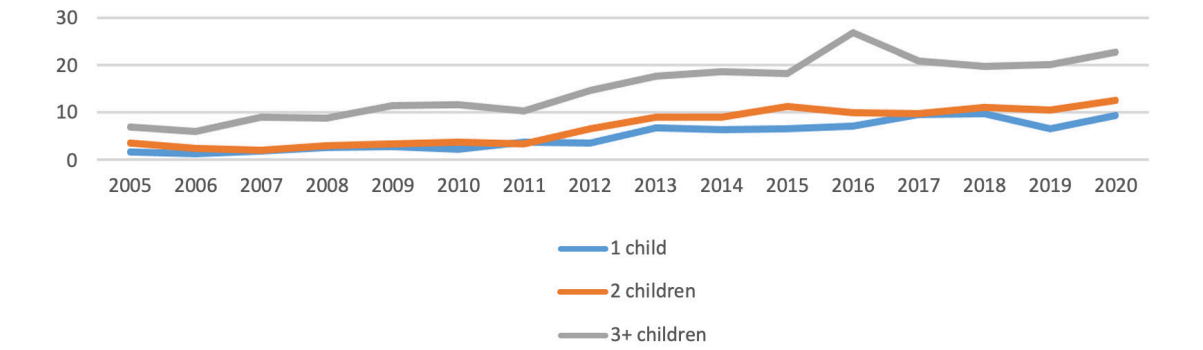
Source: ISTAT

Figure 31 - Incidence of absolute poverty among individuals by gender, children only (0-17)



Source: ISTAT

Figure 32 - Incidence of poverty among families by family type



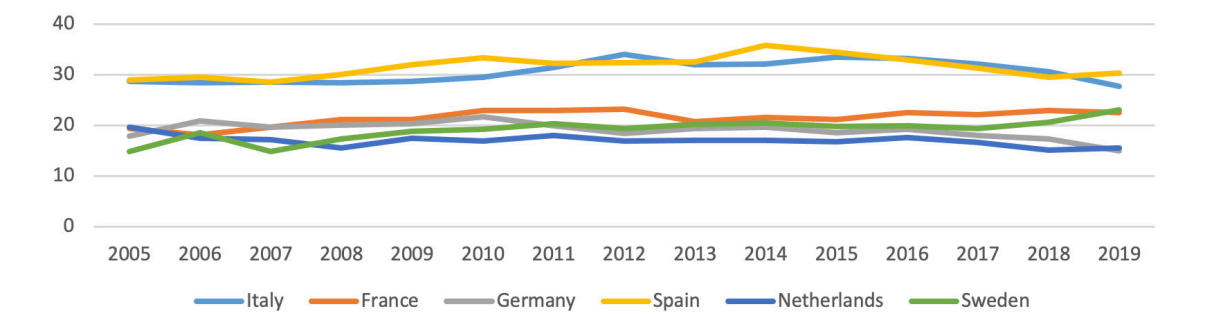
Source: ISTAT

Multidimensional poverty

According to the Eurostat definition, the multidimensional indicator of 'risk of poverty or social exclusion' defines the condition of those who are either in relative income poverty, or in families with little work, or in severely deprived households. Economic poverty constitutes one of the central dimensions for defining this

indicator. In this case as well, there is a strong gap between the Mediterranean countries and those of Central-Northern Europe, with an indicator that for Italy had fallen, before the pandemic, to the levels prior to the Great Recession, thanks above all to the decrease in severe material deprivation and the recovery of adult employment rates.

Figure 33 - Percentage of children at risk of poverty or social exclusion



Source: Eurosta

Appendix 2 - Educational poverty in Italy: a proposal for indicators to assess the phenomenon starting with INVALSI data

Introduction

Educational poverty means the inability of children to learn, experience, and freely develop their abilities, talents and aspirations. A key point of reference is the ideal of equality of abilities; that is, the idea that every human being has the right to enjoy the essential levels of a set of primary goods necessary for their personal development and social inclusion (Sen, 1999). The concept of educational poverty therefore has a broad meaning and can be articulated into subdimensions and captured through various indicators. From an analytical perspective, Save the Children identifies four dimensions of learning, which include:

- *Learning to understand*; that is, acquiring the skills necessary to live in today’s world;
- *Learning to be*; that is, improving motivation, self-esteem and skills, cultivating aspirations for the future and developing, at the same time, the ability to control their feelings even in difficult and stressful situations;
- *Learning to live together*, or acquiring capacities for interpersonal and social relationships, cooperation, communication, empathy and negotiation. In summary, developing those personal capabilities that are required for human beings as social individuals;
- *Learning to lead independent and active lives*, strengthening life chances, health

and integrity, and safety as ‘functional’ conditions for education.

Educational poverty therefore presents as a deprivation of the cognitive skills required to grow up and live in contemporary knowledge-based societies, which are increasingly characterized by rapid change and the growing role of innovation in various areas of life. However, it is also reflected in a lack of development of a series of ‘non-cognitive’ skills such as motivation, self-esteem, aspirations, and social, cooperative and communicative skills, equally fundamental for the cultural growth of individuals and their contribution to the well-being of the community.

Educational poverty in Italy: current key measurements and their limitations

Approximately a decade ago, on behalf of Save the Children and in collaboration with ISTAT, a committee of experts created a methodology to construct an *Indice di Povertà Educativa* [Index of Educational Poverty (IPE)] to assess not only the abilities of individuals, but also the educational resources available. It then developed various indicators: the local availability of nurseries, where children can spend time in safe and effective socialization environments; the opportunity to choose a school with full time or extended hours; the presence of a school canteens; the existence of classrooms connected to the Internet; the presence of cultural and sporting opportunities. The first IPE index developed

by Save the Children, by its own admission, was not designed to cover all possible dimensions of educational poverty within a community. Individual dimensions, such as the skills of young people, the regularity of their school careers, failures, dropouts and repeated years were excluded from the index.

In a further development, ISTAT constructed an *Indice di Povertà Educativa* based on five dimensions: Participation, Resilience, Ability to develop relationships, Standard of living, and Friends and Skills, referring to a target population of young people aged 15–29.

- The ‘Participation’ dimension represents the participation of young people in social life, as well as digital competence and their ability to interact with public services using the Internet.
- The ‘Resilience’ dimension is meant to represent young people developing an attitude of confidence in themselves and in their own abilities, which can also be fostered by opportunities to attend and access cultural events.
- Relationship skills are also linked to digital skills, problem solving, and general communication skills.
- ‘Standard of living’ is meant to capture the capacity for young people to lead an inclusive, healthy and safe life with an adequate standard of living; it also includes the degree of deterioration of the environment in which young people live, e.g., the availability or not of green areas.
- The ‘Friends and Skills’ dimension represents the ability to develop relationships with others.

The indicators used to calculate educational poverty were developed from data collected by the Aspects of Daily Living survey (2017 edition).

Some of these aspects have been incorporated more recently in further revisions to the IPE used by Save the Children. Using data from the OECD-PISA (Programme for International Student Assessment) survey and ISTAT, Save the Children has also assessed: the percentage of those aged 15 considered to be low achievers in mathematics and reading; the rate of school abandonment; the lack of participation in cultural and recreational activities; the coverage of early childhood services; the prevalence of full-time education; the proportion of students not covered by a canteen service; the percentage of students in schools with inadequate facilities; and classrooms without a fast Internet connection. An educational poverty ranking has been developed at the regional level by taking all these measurements into consideration, with several southern Italian regions ranking in the top positions, in particular Campania and Sicily, closely followed by Calabria and Puglia. Levels of educational poverty, on the other hand, are lower in Lombardy, Emilia-Romagna, and Friuli-Venezia Giulia.

From the perspective of improving existing measurements, it is important to take into account how, within the literature, indicators of access to schooling, educational and cultural services have been treated as indicators of educational poverty, while indicators of cognitive deprivation and direct measures of non-cognitive skills have not always been used, despite these aspects being central to the definition of educational poverty. From the perspective of post-COVID societies characterized by the increasing importance of digital technology, it may be

necessary to include poverty indicators for digital skills.

Another important process is distinguishing clearly between indicators of educational poverty in development and learning among young people (outcome indicators) and indicators that measure access to, and the quality of, key educational services, which can serve as determinants of educational poverty. This is not straightforward and is rarely developed clearly and consistently in existing analyses.

The level of aggregation of the available indicators used for developing the IPE. In most existing studies, IPE is calculated at the regional level. However, it is possible that there are important intraregional variations that are impossible to capture through this indicator.

Finally, it may be interesting to analyse in depth what the major determinants of educational poverty risk are from an individual perspective and whether they are similar or differ across different areas.

The use of INVALSI data: data and indicators

INVALSI data are a valuable source for the analysis of students' educational outcomes, and, due to their census nature, they also allow for the detection of phenomena such as educational poverty using a 'fine-grained' lens taking a local point of view. To empirically detect educational poverty, this report proposes using data from the INVALSI – SNV (*Sistema Nazionale di Valutazione* [National Evaluation System]) national surveys on education for some recent academic years and a selection of school grades, which in part vary according to the indicator constructed. Overall, the data refer to students who attended school grades II

and V (elementary school) and grade VIII (third year of secondary school) during the 2014–15 and 2018–19 academic years. Using multiple years makes the estimates more robust and less dependent on possible fluctuations or developments specific to a given year. In this report, we will use the province as the geographic unit over which geographic variation in educational poverty levels will be examined.

INVALSI-SNV data contain information from a variety of sources, including administrative data from schools, surveys of student skills through standardized tests, and information requested directly from students through questionnaires. Standardized tests involve mainly closed-ended questions in two key subjects: Italian and mathematics. In more recent years, a test to detect skills in English – reading and listening – has also been added. The test and questionnaire are usually administered between April and May; the time allowed to complete each test is determined according to school level. In the most recent editions, there has been a shift from the use of paper tests to computer-based testing.

For the purposes of this study, we developed three indices of educational poverty:

- Index of Family Cultural and Economic Deprivation;
- Index of Absolute Poverty in Cognitive Skills;
- Index of school career difficulty.

The index of family cultural and economic deprivation is not a true indicator of educational poverty, but it is an important indicator of the resources available within the family, which we know, from numerous studies in Italy and abroad, to be strongly correlated with the educational opportunities

of children. It has been constructed from four indicators as percentages that detect the percentage of fathers and mothers who have obtained at most middle school diplomas and the percentage of fathers and mothers who are not employed. The degree of internal consistency, as measured by Cronbach's Alpha, is decidedly high, around 85 per cent. The average of these four indicators was calculated and the final index was standardized, creating a final index with a mean equal to zero and variance equal to one, in which positive values indicate provinces with levels of educational poverty above the average for Italian provinces.

The index of absolute poverty in cognitive skills directly detects poverty in scholastic skills, quantifying the percentage of students who do not reach more than Level 2 on the scale of skills developed by INVALSI for Italian, mathematics, and English reading and listening. Unlike the other two indicators, it is expressed as a percentage and is more directly interpretable. The Italian test assesses two types of skills. The first set relate to the ability to understand authentic written documents, taken from literature, non-fiction, or everyday life. The questions cover the nature of the text, the meaning of some passages or expressions, or the author's intentions. The second set relate to students' ability to reflect on the use of language, and thus test knowledge and use of grammar. The mathematics test measures students' ability to solve problems, within the academic subject or in real life, and therefore test skills in logic, interpretation of graphs,

understanding of phenomena, construction of models, or use in science. The English test measures students' ability to understand written texts or authentic listening passages taken from real life, not produced for this purpose. The student questionnaire data report students' responses to a questionnaire on their school environment, social background, attitudes, and behaviours. The indicator analysed is characterized by some differences from existing indicators, mainly based on PISA data: 1) it is calculated at the provincial level instead of the regional one; 2) it also takes into account competences in English, an important element of contemporary societies; 3) it is based on students at the end of lower secondary school before they choose a specialization; 4) it aims to identify the most problematic situations where students have insufficient capabilities in all three fields identified above.

The index of school career difficulty

identifies difficulties in students' educational careers by assessing the rate of students behind in their schooling and the proportion of students with a failing grade in Italian and mathematics in the first quarter. A similar procedure to the first index was applied to these three indicators, which were then standardized. This indicator expresses difficulties in school integration. It includes teacher evaluations, incorporates evaluations that go beyond mere cognitive and scholastic skills, but also considers other aspects of students' behaviour and attitudes: motivation, class participation, adherence to school rules, etc.

Table 31 – Indicators

Indicator/Size	Description
Index of Family Cultural and Economic Deprivation	
Fathers with low level of education	% of pupils whose father has attained at least the secondary school leaving certificate
Mothers with low level of education	% of pupils whose mother has attained at least the secondary school leaving certificate
Unemployed fathers	% of pupils whose father is not employed
Unoccupied mothers	% of pupils whose mother is not employed
Index of Absolute Poverty in Cognitive Skills	
Absolute poverty Italian skills	% of pupils not achieving more than Level 2 on the INVALSI proficiency scale in all four domains
Absolute poverty math skills	
Absolute poverty English skills – reading	
Absolute poverty English skills – listening	
Index of School Career Difficulty	
Delay in school progression	% of pupils enrolled in a school grade prior to the one in which they should be enrolled according to their year of birth
Failure in Italian	% of students with a report card grade (first quarter) lower than 6
Failure in Mathematics	

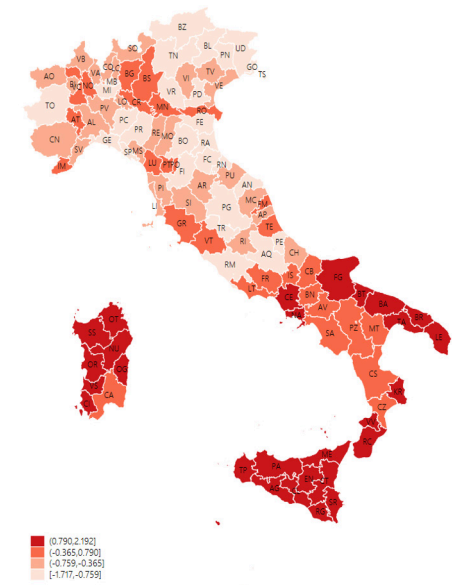
Source: indicators from INVALSI survey

Maps of educational poverty at the provincial level: three new indices from INVALSI data

Reported below are the results derived from applying the indices proposed in this Appendix. First, it is important to examine how family cultural and economic deprivation is distributed across Italy. Figure 34 shows a complete map with the values from our index, which is darker in areas where there is a higher rate of parents with at most a high school diploma and who are not employed. As is well known, the least advantaged family situations are mainly concentrated in southern Italian regions, in Calabria, Sicily, Sardinia, and Puglia, where most provinces do not differ from the regional trend.

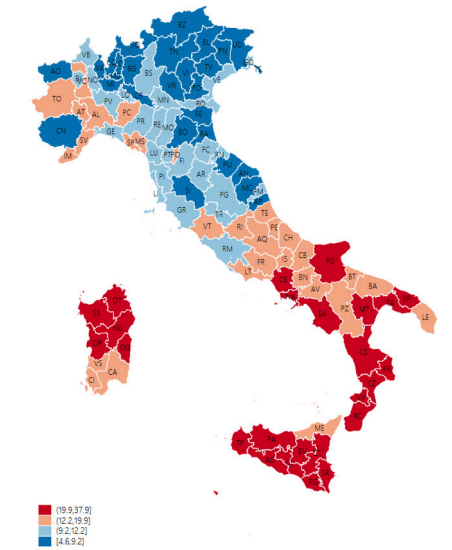
Other central and northern regions of Italy have lower values for the family socioeconomic disadvantage index, even though there is some intraregional variability, as for example in Lombardy, and Piemonte in Northwest Italy, and in Tuscany and le Marche in Central Italy. Figure 35 maps poverty of skills in mathematics, Italian and English. The four colours denote the quartiles in the index distribution to which each province belongs. Red represents situations where poverty levels in skills in all three subjects affect more than one in five students. Again, the geographic variation reflects socioeconomic gaps between the northern and southern regions of the country, but there are also interesting variations within the regions themselves.

Figure 34 - Poverty in family socioeconomic resources (standardized index) of pupils in different school grades by province, 2015–2019



Source: original analysis on INVALSI-SNV data

Figure 35 - Poverty in cognitive skills: % of eighth graders who do not reach level 2 on INVALSI-SNV tests in Italian, math and English, by province, 2018–2019



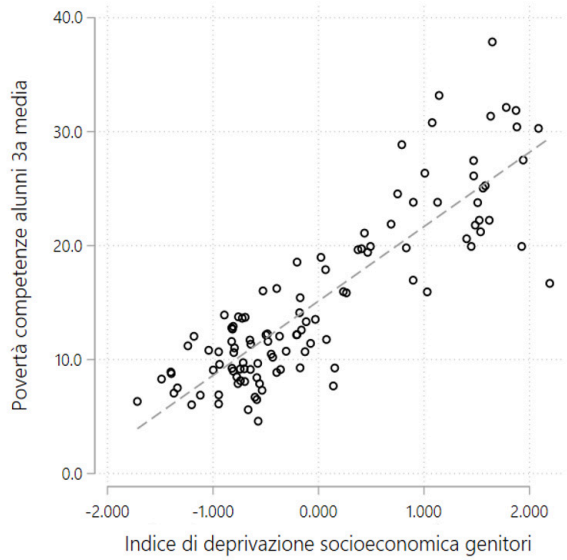
Source: original processing of INVALSI-SNV data

For example, the proportion of students in eighth grade who have insufficient skills in all three key subjects exceeds 20 per cent in all Sicilian provinces except Messina. Poverty in skills is particularly prevalent in the northern part of Sardinia, while it is slightly less so in the southern part. Puglia is divided between provinces with high levels of poverty in skills, such as Foggia, Brindisi and Taranto, and others

with a slightly lower level (Bari, Barletta and Lecce).

In Figure 36 we can see that there is a decidedly close positive relationship between family socioeconomic and cultural poverty and poverty in skills among young people, with a correlation at the aggregate provincial level of around 0.85 (where the perfect correlation is 1).

Figure 36 - Scatter plot between skill poverty and parental socioeconomic and cultural deprivation index

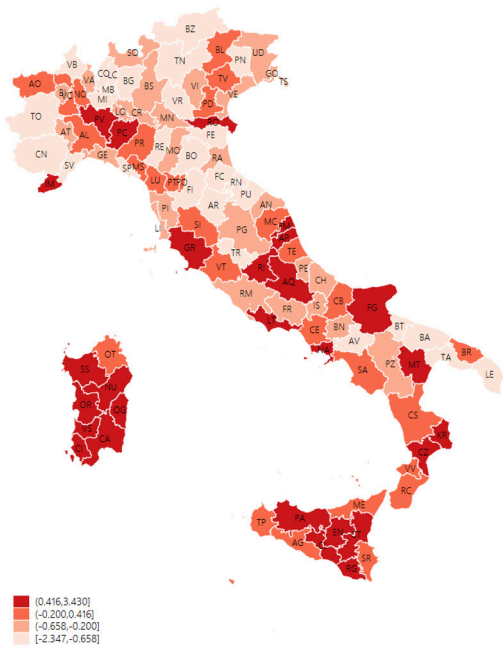


Source: Own analysis of INVALSI-SNV data

Finally, Figure 37 shows the last indicator, which detects school career difficulties by using both failing grades from teachers and delays in academic progression. Although the overall picture does not differ much from what has already been described, it is useful to note that this index is less correlated than the other two and shows more variability among

provinces within the same geographic macro-area. This may in part be because it considers some aspects not measured by the other two but might also stem from the fact that it incorporates teachers' assessments more prominently, which might also reflect varying assessment metrics across regions (Argentin and Traveni, 2015).

Figure 37 - Indicator school career difficulty among eighth graders, 2015–2019



Source: Own analysis of INVALSI-SNV data

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Notes

- ¹ The hypothesis of equal sharing of resources within a family is very common in this type of research, but it is often not verified precisely for children, who are the family members with the least power to decide on the allocation of family income. Therefore, it is reasonable that poverty among children is underestimated because of this assumption.
- ² The index calculated in Tables 2 and 3 has a poverty aversion parameter equal to 1.5.
- ³ Classification by gross equivalized income (before transfers).
- ⁴ Note that these averages per decile are not calculated over the same number of households, because the number of households with children is greater in the lower deciles.
- ⁵ As defined by Delegated Act No. 46 of 2021. The new allowance will be financed by additional resources of around €6 billion, which will be flanked by funds from existing measures that are being replaced: *Assegno ai nuclei familiari con almeno tre figli persone minorenni; Assegno di natalità; Premio alla nascita; Fondo di sostegno alla natalità*; Deduction *IRPEF per bambini a carico fino a 21 anni; Assegno per il nucleo familiare*. The allowance is worth €175 per month for each child if the family ISEE is less than €15,000, and then decreases linearly until it reaches a minimum of €50 per month if the ISEE exceeds €40,000. Beyond this ISEE threshold, the allowance remains constant. In the case of adult children, the corresponding amounts are €85 per month up to €15,000 of ISEE, decreasing to €25 for families with ISEE over €40,000. Increases are foreseen from the third child onwards, for minors with disabilities and if both parents are employed.
- ⁶ It is not the percentage point change in the index, but the percentage change in the index itself. For example, if the index changed from 15% to 10%, the number 33% would appear in the figure, not 5%.
- ⁷ Corporatization (Dlgs 502/92) refers to: the institution of Healthcare Organizations with public juridical status and organizational, administrative, patrimonial, accounting, managerial and technical autonomy; the adoption of a system of state financing for the regions, in which the regions and the general managers of the Healthcare Organizations are responsible for any inefficiencies; the institution of the figures of the General Manager, the Corporate Health Manager and the Administrative Manager (appointed directly by the General Manager). Legislative Decree 229/1999 and L.419/1998 established the financial autonomy of the regions (Legislative Decree 446/1997): the National Healthcare System has become a system of regional Healthcare Services financed by ‘own’ taxes (IRAP and IRPEF surtax) and ‘fiscal federalism’ has been emphasized (art.10 Legislative Decree 56/2000 and L.133/1999; reform of Title V of the Constitution in October 2001; Law 42/2009). Such a net transfer from the state to the regions, in the absence of a culture on health and management of services, minimum standards of care (introduced only in 2016) and a culture of planning has, on the one hand, allowed a greater assumption of responsibility at the peripheral level by local administrations; on the other, it has accentuated the inequalities already existing between regions in terms of number, quality and technical content of services (for example, different vaccination calendars between regions).
- ⁸ National: composed of policymaking bodies (Parliament, Council of Ministers, *Ministero della Salute*, Interministerial Committee for Economic Planning), technical-scientific auxiliary bodies that provide advice and proposals (National Health Council, *Istituto Superiore di Sanità, Istituto Superiore per la Prevenzione e Sicurezza su Lavoro*); regional: characterized by bodies with legislative functions in the field of health care and other functions owned or delegated by the state; Local: which include municipalities and their associations.
- ⁹ In particular, the above-mentioned article provides that “as part of the district, home and territorial care with direct access, the National Health Service guarantees to women, children, couples and families, the services, including home care, specialized medical, diagnostic and therapeutic, psychological and psychotherapeutic, and rehabilitation through the use of methods and tools based on the most advanced scientific evidence, necessary and appropriate ... (letter l) counseling and assistance to adolescents, also in collaboration with educational institutions; letter m) prevention, evaluation, assistance and psychological support to minors in distress, in a state of abandonment or victims of abuse and maltreatment)”.
- ¹⁰ ‘Guidelines for the promotion and improvement of quality, safety and appropriateness of care interventions in the pediatric-adolescent area’ (*Ministero della Salute*, approved by the state-regions Conference on 12/21/2017); *Ministero della Salute* decree ‘Guidelines for the promotion and improvement of quality, safety and appropriateness of care interventions in the birth path and for the reduction of cesarean section’, 2018; ‘Investing early in health: actions and strategies in the first thousand days of life’. Document produced by the *Ministero della Salute* and approved by the state-regions Conference in February 2020; ‘Without Borders. How to redesign child and adolescent care, integrating services, promoting equity, disseminating excellence’, Edited by the Center for Child Health and the Pediatricians Cultural Association, May 2021; National Prevention Plan 2020–2025 (salute.gov.it); Investing Early in Health: Actions and Strategies for the First Thousand Days, 2019 (salute.gov.it); What are LEAs (salute.gov.it); Neonatal Screening (salute.gov.it); National Strategies on Breastfeeding (salute.gov.it).
- ¹¹ Drawn up by the Agenas working group on territorial and diffuse care, July 2021
- ¹² Action 6 – The establishment of a school psychology service for children and adolescents in schools of all levels as an integral part of the curriculum; Action 7 –The strengthening and reinforcement of family advice centres; Action 9 – The implementation of programmes on healthy lifestyles with integrated school– community initiatives (life skills, food and sports education, bullying/cyber-bullying, addictions, use of the web and social media); Action 10 – The implementation of

interventions aimed at education on emotions, sexuality and gender equality in schools; Action 23 – The implementation of multidisciplinary and integrated intervention points in hospital contexts, in particular with the identification of a specialized hospital paediatric centre in each region, the creation of specialized multidisciplinary teams at each hospital and the connection between emergency rooms and family paediatricians for access to the children’s file; Action 24 – The identification of guidelines for health authorities, hospitals and social and health services for rescue/assistance to child victims of violence, and of indicators for screening in emergency rooms.

¹³ Legislative Decree 229/1999 and Law 419/1998; Legislative Decree 446/1997

¹⁴ Art. 10 Legislative Decree 56/2000 and Law 133/1999; reform of Title V of the Constitution in October 2001; Law 42/2009

¹⁵ Disability Chapter of the Osservasalute 2020 Report by the Osservatorio Nazionale (Health Observation Report). Although data to 2021 are available, it is preferable to observe and use data referring to the pre-pandemic period, given that (hopefully) 2020 was an extreme year in terms of socioeconomic impacts on families and groups at greater risk of social exclusion.

¹⁶ Gescal is the acronym for *GESTione Case per i Lavoratori* (Workers Housing Management). It was a fund, set up in the 1960s, dedicated to building houses for workers and fed by the contributions of workers themselves, companies and, in part, the State.

¹⁷ See National Housing Plan (D.P.C.M 16 July 2009).

¹⁸ The National Fund for Support (SNSF), established in 1998, is intended for two groups of families: those with an income not exceeding two times the minimum pension (approximately €11,500) and those less poor who meet the requirements for access to public housing. The ratio of rent to income is set at 14% for the first group and 24% for the second. There are also maximum thresholds, but these limitations are waived in special cases, such as families with many dependent children. A significant part of public spending on housing policies is allocated through tax benefits, which since the 1970s have increased both in absolute terms and in percentage terms for the highest incomes (€450 for families with a median income and €2,000 for the richest 10%): Deduction for interest payable on mortgages; Deduction for renovation costs; Full deductibility of the cadastral rent on the first home; Deduction associated with the payment of rent by tenants; Tax savings given by the possibility of applying the flat rate (Pavolini and Baldini 2020). The provisions of Decree Law 103/2013, aimed at refinancing the Solidarity Fund for mortgages for the purchase of the first home, allow for the suspension of the payment of instalments in the event of situations of temporary difficulty that negatively affect the income of large families (Art 6 paragraph 2, as amended by paragraph 51 of Art. 1 of Law 147/2013 (2014 *Stability Law*)). Between March 2020 and December 2021, given the great difficulties experienced during the pandemic emergency by some households, which resulted in the reduction or interruption of income, there were exceptions that allowed access to the Fund to those who had mortgages and ISEE above the thresholds provided. In 2015, a Fund for the temporary suspension of rent payments (2015–2018) was established, which provided a maximum contribution of €12,000 per family. This fund was divided over the years as follows: €30 million from 2014–2015, €60 million in 2016, €11 million in 2017 and €46.1 million in 2020. Legislative Decree 185/2015, passed to incentivize the recovery plan, and also with a view to combating squatting, authorized the expenditure of €25 million for the year 2015. The Ministry of Infrastructure has allocated a Fund for the Financing of Investments and Infrastructural Development (DPCM 21 July 2017) for interventions related to public housing amounting to €424 million for the period 2017–2032. L.190/2014, paragraph 235 (Stability Law 2015) provided for multi-year funding that included 1) the National Fund for Lease Support, which invested €180 million in 2020. The resources of the fund are intended for the granting of supplementary rent contributions to tenants in the lowest income brackets; 2) Housing Investment Fund; a fund of €40 million intended for defaulting tenants, refinanced in 2021 with €50 million. In addition, priority allocation of the fund was envisaged for those regions that had enacted regulations for the reduction of housing hardship, such as social accompaniment paths for those subject to eviction, including through municipal bodies; 3) the Guarantee Fund for the first home for the granting of guarantees, on first request, on mortgages and mortgage portfolios. The funding consisted of €600 million for the three-year period 2014–2016. The same Stability Law has provided €130 million for the programme of recovery and rationalization of ERP properties for the period 2015–2018, in addition to €270.431 million resulting from the revocation of resources for interventions not started on time.

¹⁹ The distribution of resources allocated at the central level reflects the parameters of housing need defined for the different regions (Baldini, Poggio 2013a). According to Baldini and Poggio (2013b), although rental support measures are effective in terms of targeting, they are limited by the paucity of resources, which prevents them from significantly reducing poverty rates among renters.

²⁰ Between 1971 and 1972 (Law 865/1971 and Presidential Decree (DPR) 1036/1972), responsibility for programming and implementing public housing plans was delegated to the regions, the Gescal Fund was suppressed, and assets and personnel were transferred to the *Istituti Autonomi delle Case Popolari* (IACP). Between 1977 and 1978 (D.P.R. 616/1977 and L. 457/1978) administrative functions were also transferred to the regions and the municipalities were given the power to assign housing through rankings. Since the 1990s, private actors have appeared on the social housing scene, working in close contact with the municipalities. These private actors stipulate conventions, agreements and plans and allow for local realities to be given prominent consideration in the implementation of interventions aimed at combating housing hardship. With Legislative Decree 112/1998, administrative functions regarding management, implementation, interventions, and planning of public housing financing were conferred on regions and local authorities.

²¹ Bricocoli and Cucca 2016.

²² The *Agenzia Lombarda per l’Edilizia Residenziale*’s model of real estate management that envisaged agencies capable of self-financing themselves with resources deriving from social rent payments, plans for the sale of assets and new real estate projects that were not only social in nature. However, the agency was faced with an increasingly disadvantaged and multiproblematic group of tenants, where the hardship was not only economic and housing related. As the range of indigence widened and most tenants paid the lowest rent, the agency could not be guaranteed the income it would need to provide maintenance, upgrading or self-financing. (Eupolis Lombardia 2014, 2016a, Osservatorio Regionale sulla Condizione Abitativa 2015) (Boni and Cordini 2018).

²³ In accordance with EU directives, national and regional plans are accompanied by other types of intervention (contracts, projects, programmes) with tighter time limits and more limited objectives, but with the assumption of integrated actions between different levels and actors, including local ones. Often the experimental integrated programmes launched in some suburbs fail to make public–private partnerships work and locally overcome structural problems that fall on them due to the lack of coordination between areas and responsibilities of the actors involved (Olagnero 2018).

²⁴ (Hulse et al. 2011), (Hulse 2006).

²⁵ We cite article 25 of the Universal Declaration of Human Rights, which states the right of everyone to a standard of living adequate for the health and well-being of his or her family, with reference to food. This right is also recognized by Article 11 of the International Covenant on Economic, Social and Cultural Rights, which establishes the right of everyone to an adequate standard of living, including access to food and the fundamental right to be free from hunger. In 2004, FAO unanimously approved the Right to Food Guidelines, which, by promoting actions aimed at the progressive realization of the right to adequate food, highlights an approach based on the erga omnes value of human rights.

²⁶ In Italy, FEAD is managed by AGEA and finances the distribution and purchase of foodstuffs through non-profit organizations (e.g., *Banco Alimentare*) within the framework of Operational Programme I.

²⁷ Art. 58, paragraph 1, of Legislative Decree no. 83 of 2012, established at AGEA (MIPAAF).

²⁸ Foodstuffs from the Fund are distributed to the needy through charitable organizations (as per Council Regulation (EC) No. 1234/2007 of October 22, 2007). In this regard, paragraph 6 of art. 6 of Legislative Decree 147/2017, as novated by art. 11 of Legislative Decree 4/ 2019 (converted into law, with amendments, by art. 1, paragraph 1, Law 26/2019), provides that “In order to ensure synergistic use of resources for food distribution to the indigent, any availability of the Fund referred to in article 58 of Legislative Decree 83/ 2012, converted, with amendments, by L. 134/ 2012, may be used to finance complementary interventions with respect to the FEAD Operational Programme and, to this end, the corresponding resources may be paid to the Revolving Fund referred to in Article 5 of L.183/1987”.

²⁹ Art. 98 - bis of the Budget Law 2022, Provisions regarding Food and Nutrition Disorders. In art. 98, paragraph 1, the *Ministero della Salute* provides for the identification of the specific area of Feeding and Nutrition Disorders (DAN), whose services are currently included in Mental Health.

³⁰ Eating disorders will be recognized in a category of their own in the LEA (Essential Levels of Care), with an independent budget allocated to the treatment of psychiatric disorders that will expand the possibilities of providing free services (or against payment of a ticket) through the SSN.

³¹ The Italian Parliament has established the Fund for the distribution of foodstuffs to the indigent (National Fund for the indigent), at the Agency for disbursements in agriculture – AGEA, as provided for in paragraph 1 of Article 58, of the Decree Law 83/ 2012 (L. 134/2012), in accordance with the procedures set out in Regulation (EU) No. 1308/2013 of the European Parliament and of the Council of 17 December 2013.

³² Canteen Commission Regulations shall be defined by each applicable municipality.

³³ The reference family in the research consists of three people (two parents and one child), and has a gross annual income of €44,200.

³⁴ ‘Okkio Alla Salute’ 2019 involved 2,467 schools and 2,735 grade 3 elementary school classes.

³⁵ The data are contained in the Report ‘Surveillance System on Health Determinants in Early Childhood’ (Istituto Superiore de Sanità, 2019). The data were collected from about 30,000 mothers surveyed in the vaccination centres of 11 Italian regions (Piemonte, Valle d’Aosta, PA of Trento, Marche, Lazio, Campania, Puglia, Calabria, Basilicata, Sicily and Sardinia) between December 2018 and April 2019. The Tuscany region participates by providing the results of a survey on the birth path that it already administers and that investigates areas common to the Surveillance.

³⁶ Ibid.

³⁷ <https://www.istruzione.it/comunicati/LaBuonaScuola.html>

³⁸ Students who have just arrived in Italy and do not speak Italian or speak just a little, or those who have been in school for less than two years.

³⁹ Each school draws up its own Three-Year Curriculum Plan (PTOF), the basic document that defines the cultural and planning identity of the school. The PTOF must be consistent with the general and educational objectives of the various courses of study and specializations set at the national level and, at the same time, must reflect the cultural, social and economic needs at the local level. The PTOF is drafted by the Board of Teachers based on general objectives defined by the District or the School Board taking into account the proposals and advice of organizations and associations of parents. At the upper secondary level, it must also consider the students’ associations.

⁴⁰ Subsequently reduced to €2,852,183,135.00 of which €1,991,320,319.00 was from the European Social Fund (ESF) and €860,862,816.00 from the European Regional Development Fund (ERDF).

- ⁴¹ In the three-year period 2016–2018, the Foundations fed the Fund with approximately €360 million. L.145/2018 (*Budget Law 2019*) confirmed the Fund for the three-year period 2019–2021 and made available €55 million per year of tax credit in favour of Foundations of banking origin, which can benefit from it for 65% of the amounts paid. Overall, the Fund has a value of €600 million for six years and its operations have been assigned to Impresa sociale Con I Bambini, a non-profit company wholly owned by Fondazione CON IL SUD.
- ⁴² The allocation concerned the regions of Lombardy, Veneto, Abruzzo, Basilicata, Calabria, Campania, Molise, Puglia, Sardinia and Sicily. A selection procedure has been launched for grants for the implementation of projects regarding socio-educational initiatives to combat educational poverty, to be implemented in the regional areas indicated above.
- ⁴³ The economically most substantial investment axis is oriented towards the development of student skills and the strengthening of infrastructures. An intervention called ‘School 4.0’ has also been planned, where innovative schools are promoted through technological investments. A second major investment axis concerns the safety and requalification of school buildings. In addition, resources are earmarked for the extension of full-time education in schools, providing for the construction or renovation of canteen spaces in around 1,000 buildings, and for the construction or renovation of around 400 buildings to enhance sports facilities in schools.
- ⁴⁴ The document aims to propose to schools a ‘reinterpretation’, after 5 years, of the National Indications 2012, which came into force in the school year 2013/2014 and are still valid, following their formalization with the DM n.254/2012. The new document aims to give centrality to the theme of Citizenship (for all). The point of reference for all disciplines that contribute to defining the curriculum of the school was the discipline Citizenship and Constitution (now Civic Education) within the 2030 Agenda for Sustainable Development. Of the 17 Sustainable Development Goals, the one that most directly involves the school is Goal 4: “Provide quality education, equitable and inclusive, and learning opportunities for all”. Italian schools have always been actively committed to this goal, but an additional commitment is required taking into consideration recent emergencies. For this reason the focus on inclusion will be sharpened up to 2030.
- ⁴⁵ In the Plan, 5 out of 31 actions are specifically dedicated to the theme of education of minors: Action 3: recommendations on co-responsibility between schools, students and families; Action 4: strengthening the teaching of civic education; Action 5: implementation of an operational protocol for the use of public spaces during extracurricular hours; Action 28: recognition of educational community agreements and development of national guidelines on the educating community; Action 29: community agreements between national guidelines and dissemination of participatory practices.
- ⁴⁶ The Plan foresees the promotion of school–community relations starting with the experimental ‘Get Up’ project, aimed at developing the active participation and autonomous decision-making of adolescents.
- ⁴⁷ In Italy, compulsory education has a total duration of 10 years, from 6 to 16 years of age. Compulsory education includes five years of elementary school, three years of lower secondary school and one two-year period of upper secondary school (Law 296/2006). The last two years of compulsory education (from 14 to 16 years of age) can also be completed in regional vocational education and training courses (Law 133/2008). It is also possible to fulfill the obligation at legally recognized private institutions. Finally, 15-year-olds can also complete the last year of compulsory schooling through an apprenticeship contract. Under certain conditions, home schooling is also permitted, with a curriculum approved by the headmaster of the nearest school and with an annual exam to pass to the following year.
- ⁴⁸ The July 21 Association in 2018 highlighted how the criteria for dispersal are different for Roma minors, (<https://www.21luglio.org/2018/wp-content/uploads/2019/07/Linea-40-ricerca-integrale.pdf>).
- ⁴⁹ In all European countries, reform processes have been implemented that centre on three main pillars: the prevention of the separation of minors from their families of origin; the promotion of intra- and hetero-family foster care measures; the closure of large-scale facilities and the establishment of diversified small-scale residential solutions with family-type management. On the subject of de-institutionalization and the transition to small-scale facilities, see also the important survey published by UNICEF in July 2020: *The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region*.
- ⁵⁰ In addition to recalling the CRC, the Feasibility Study recalls in this regard one of the most important references in the international panorama with reference to the protection of the rights of minors outside their family of origin; these are the ‘Guidelines for the Alternative Care of Children’, adopted by resolution of the General Assembly of the United Nations on 24 February 2010.
- ⁵¹ The reports and analyses of the *Ministero del Lavoro e delle Politiche Sociali* generally consider children in foster care and children placed in residential facilities for children with measures ordered by the Juvenile Court, while counting separately unaccompanied foreign children – a category numerically small in the case of foster care, but very significant in terms of presence in residential facilities. On the other hand, an important sample survey published in 2019 by MLPS (*‘Bambini e ragazzi in accoglienza in Italia. Esiti dell’indagine campionaria sull’affidamento familiare e i servizi residenziali’* (Questioni e Documenti series, nr.66, year 2019) and a report by the *Istituto degli Innocenti* (A report produced by *Istituto degli Innocenti* for the *Ministero del Lavoro e delle Politiche Sociali* as part of the activities provided for in the collaboration agreement with the Ministero del Lavoro e delle Politiche Sociali, pursuant to art. 15 paragraph 1 of L. 241/1990 for the performance of the functions of the Service referred to in art. 8 of Law 285/97.) propose to widen the view to a more extensive reception system, to include measures such as daytime family foster care, foster care for less than five nights a week, minors hosted in social-health facilities, and facilities where, in addition to minors, there are also parents. The analyses and monitoring conducted by the Childhood and Adolescence Supervisory Authority

also define reference groups and categories to varying degrees. For example, the Third Experimental Data Collection developed with the Public Prosecutors’ Offices in the Juvenile Courts 2016–2017 (‘The Protection of Juvenile Persons in the Community. Third experimental data collection elaborated with the Public Prosecutors’ Offices at the Juvenile Courts 2016/2017’, Guarantor Authority for Childhood and Adolescence) takes into consideration all children placed in a residential community. Reference is made here to residential communities, therapeutic communities, and parent-child communities. Communities of first reception for unaccompanied children and communities pertaining to the Ministry of Justice, established for the reception of children subject to criminal proceedings, are excluded from the analysis. The same Feasibility Study specifies that three specific categories of minors should not be considered part of this profile of beneficiaries: minors involved in criminal proceedings and deprived of their liberty; children living in penitentiary institutions together with their mothers; and minors hospitalized for long periods. Another relevant issue is that of age. Some of the analyses consider the 0–17 age group, while elsewhere the field of analysis is extended to the 18–21 age group, paying attention to the pathways of adults who continue their period of care in the facilities in which they were placed before coming of age and to the so-called care leavers, that is, children leaving alternative care systems and services.

- ⁵² For a general overview of the phenomenon, we refer to the most up-to-date data available, those published in 2021 by the MLPS and relating to 31 December 2019, which refer to minors in foster care and placed in residential facilities, except for unaccompanied foreign minors (who are received by a system under the jurisdiction of the Ministry of the Interior).
- ⁵³ For this operation, reference can be made once again to the many publications produced by the *Ministero del Lavoro e delle Politiche Sociali* as part of the ‘*Quaderni di Ricerca Sociale*’. See, for example, Notebook no. 31, which can be consulted at this link: https://www.lavoro.gov.it/temi-e-priorita/infanzia-e-adolescenza/focus-on/persone-minorenni-fuori-famiglia/Documents/Quaderni%20_Ricerca%20_Sociale%20_31%20Report%20MFFO%202.pdf
- ⁵⁴ With reference to family foster care as of 12/31/2017, there is a significant majority of preadolescents (29.9% are between the ages of 11 and 14) and adolescents (28.5% are in the 15–17 range) and much smaller shares for the 0–2 (4.2% of the total number of minors in foster care) and 3–5 (9.6%).
- ⁵⁵ MLPS sample survey of data as of 31 December 2016.
- ⁵⁶ Consistent with the indications of Law 184/1983, we speak of ‘consensual’ solutions when the consent of the family of origin is explicit, and of ‘judicial’ solutions when the measure of removal and custody is ordered by the judicial authority in the absence of parental consent.
- ⁵⁷ Here we refer to children and adolescents who ended family foster care during 2017.
- ⁵⁸ The MLPS survey takes into consideration the data collected in collaboration with the regions and the Autonomous Provinces. The data on family foster care are related to the care provided by the Municipalities, while the data on residential services for children concern, for each regional reality, the care in the communities that insist in their own community. The AGIA survey is conducted in collaboration with the Public Prosecutor’s Offices of the Juvenile Courts. The communities surveyed are family communities, therapeutic communities, and parent-child care facilities, operating within the jurisdiction of each Juvenile Public Prosecutor’s Office, which is required to send the latter a six-monthly report on the number and characteristics of children and young people accommodated. The communities intended for the first reception of unaccompanied foreign minors referred to in Article 19 of Legislative Decree no. 14212 of 18 August 2015 and those pertaining to the Ministry of Justice established for children undergoing criminal proceedings are excluded.
- ⁵⁹ Ministry of Labour and Social Policy data, year 2017 on final 2016 data
- ⁶⁰ Compared to a national average of 18.9%, there are regions such as Abruzzo (44.2%) and Veneto (33.5%) where foreign children in foster care make up more than a third of the total, and regions such as Lazio (4.1%) and Campania (3%) where this share falls below 5%.
- ⁶¹ At regional level the picture is more diverse, with regions such as Abruzzo and Valle d’Aosta showing a more significant male majority (65.8% and 60% respectively).
- ⁶² In Piemonte and Liguria there are more than two children in foster care for every 1,000 residents in the 0–17 age bracket: the Autonomous Provinces of Trento and Bolzano, Friuli-Venezia Giulia, Abruzzo, Molise and Campania record values of less than one case per thousand.
- ⁶³ The national data indicate a certain balance between intra-familial solutions (43%) and hetero-familial solutions (57%), but the regional data show a very uneven picture. In some regions the recourse to intra-familial foster care occurs in more than 70% of the cases (think of Basilicata - 79.6%, Valle d’Aosta – 73.3% and Campania – 72.2%), while elsewhere the picture is completely reversed: in Emilia-Romagna (22.6%) and in Liguria (24.3%) only one child out of five is entrusted to relatives up to the fourth degree. Most foster care cases are judicial, with peaks of more than 90% in Umbria and Calabria. The only exception to a generally homogeneous picture is the Marche region, where the data is reversed and the percentage of foster care arrangements through the courts drops to 20%. In general, when we talk about types of foster care, we can refer to the type of measure (consensual and judicial), to the context of care (intra-familial or hetero-familial), to the amount of time that the child spends with the foster family (residential, daytime, part-time), to the specific characteristics of the child (foster care of children in the 0–2 age bracket, emergency foster care or in particularly complex situations, foster care of ‘unaccompanied foreign minors’ and others).
- ⁶⁴ Compared to a national average of around 8%, values vary between 19% (Umbria) and 1.9% (Basilicata) in the different contexts.

- ⁶⁵ Compared to a national average of 18.9%, there are regions such as Abruzzo (44.2%) and Veneto (33.5%) where foreign children in foster care are more than a third of the total, and regions such as Lazio (4.1%) and Campania (3%) where this share falls below 5%.
- ⁶⁶ The value varies greatly from region to region, from 17 children per community in Calabria to 2.8 in Veneto.
- ⁶⁷ AGIA survey
- ⁶⁸ 'Provisions for the promotion of rights and opportunities for children and adolescents', available at this link: https://www.minori.gov.it/sites/default/files/legge_1997_n_285.pdf established a national fund to support local authorities in their work of experimentation and implementation of protection and promotion interventions consistent with the UN Convention on the Rights of the Child.
- ⁶⁹ To reconstruct the evolution of the Italian regulatory framework about minors outside their family of origin, see for example National Center for Documentation and Analysis for Childhood and Adolescence, 2016.
- ⁷⁰ On the reform of Title V, part II, of the Constitution and with the new exclusive responsibility of the regions in the field of social interventions and services.
- ⁷¹ On these aspects, the report published in 2019 by the Istituto degli Innocenti for the Ministero del Lavoro e delle Politiche Sociali (Questioni e Documenti series, no.66) is of great interest: '*Bambini e ragazzi in accoglienza in Italia*. Outcomes of the sample survey on family foster care and residential services'.
- ⁷² In the latest Concluding Observations of the UN Committee on the Rights of the Child, it is recommended that the national guidelines be applied effectively, appropriately and on an equal basis and to the same extent in the different regions of the country, taking into account the fact that there are different forms of family placement of children in different regions'.
- ⁷³ 'National guidelines for intervention with children and families in a situation of vulnerability' (Approved in December 2017 in the Unified Conference, these guidelines have mainly to do with the prevention of removal and arise from the multi-year path carried out by a mixed working group, composed of referents from the Ministry of Labour and Social Policies, the Conference of the Presidents of the regions and Autonomous Provinces and the Group of the University of Padua responsible since 2011 for the P.I.P.I. project. The document can be consulted at this link: <https://www.minori.gov.it/sites/default/files/linee-guida-sostegno-famiglie-vulnerabili-2017.pdf>); '*Linee di indirizzo nazionali per l'affidamento familiare*' (approved in 2012 at the Unified Conference and part of the process on foster care started in 2008 by the Ministry of Labour and Social Policies in collaboration with the National Coordination of Foster Care Services, the Department for Family Policies, the Conference of regions and Autonomous Provinces, UPI, ANCI and the National Centre for Documentation and Analysis for Children and Adolescents. They can be consulted at this link: https://www.minori.gov.it/sites/default/files/linee_guida_affidamento_familiare_2013.pdf); '*Linee di indirizzo nazionale per l'accoglienza nei servizi residenziali per minorenni*' (approved in 2012 in the Unified Conference and included in the path on foster care started in 2008 by the Ministry of Labour and Social Policies in collaboration with the National Coordination of Foster Care Services, the Department for Family Policies, the Conference of regions and Autonomous Provinces, UPI, ANCI and the National Documentation and Analysis Centre for Childhood and Adolescence. They can be consulted at this link: https://www.minori.gov.it/sites/default/files/linee_guida_affidamento_familiare_2013.pdf)
- ⁷⁴ '5th Plan of Action and Interventions for the Protection of the Rights and Development of Individuals of Developmental Age. Education, equity, empowerment', realized by the Department for Family Policies with the support of the *Istituto degli Innocenti*, within the framework of the National Center for Documentation and Analysis for Childhood and Adolescence. The Plan can be consulted at this link: <http://famiglia.governo.it/media/2360/5-piano-infanzia-e-adolescenza.pdf>
- ⁷⁵ The Plan makes specific reference to the conditions of children outside their family of origin with reference to three actions: action number 18 on the identification of essential levels for the network of protection and social inclusion; action number 19 on the establishment of a permanent table on the system of protection and social inclusion; and action number 21 related to the monitoring of the national guidelines. Action number 21, in particular, makes explicit reference to the 'National Guidelines for Intervention with Children and Families in Vulnerable Situations' of 2017 and the 'National Guidelines for Family Foster Care' of 2012 7, indicating four types of interventions to be implemented: the monitoring of the transposition and application of the guidelines in all regions; the training of all those involved in their implementation; the implementation of operational nuclei the targeted intervention to increase the number of places for women, children and unaccompanied foreign minors; the updating of the same guidelines. Developing and integrating information systems on childhood and adolescence, which has the objective of rationalizing the functioning of existing data collection systems also with reference to minors outside the family.
- ⁷⁶ Art. 1 para. 2, Convention on the Rights of Persons with Disabilities, CRPD. The CRPD has been ratified by 183 UN countries, including all 27 EU countries, including Italy by law 18/2009. See <https://www.lavoro.gov.it/temi-e-priorita/disabilita-e-non-autosufficienza/focus-on/Convenzione-ONU/Pagine/Convenzione%20Onu.aspx>. It should be noted that Article 23 of the CRC (1989) is largely superseded by the CRPD's approach to children, in particular Article 7. The CRC approach based on the availability of resources has been replaced by the CRPD approach based on respect for human rights and fundamental freedoms.
- ⁷⁷ See <https://www.superando.it/2017/05/31/invalidita-civile-una-serie-di-dati-dellins/>. If we wanted to infer the number of children with disabilities from the percentages of the population calculated by the European Union (16%), WHO (15%) or ISTAT (5.2%) we would have very different data.

- ⁷⁸ Committee on the Rights of the Child, 2019. Observation 27(a) recommends that Italy "improve data collection on children with disabilities, in particular very young children and those with intellectual and psychosocial disabilities, and develop an efficient system for diagnosing disabilities, which is necessary to implement appropriate policies and programs, in consultation with children with disabilities themselves and their representative organizations". Available at <https://www.datocms-assets.com/30196/1601982563-osservazioniconclusivecrcitalia2019.pdf>
- ⁷⁹ Information collected from the National Student Registry (ANS) and administrative sources related to supplementary surveys by schools. The most recent ISTAT report on school inclusion of pupils with disabilities updates some data to the 2019–2020 school year.
- ⁸⁰ The analytical data on the presence of pupils with disabilities in kindergarten provided by the MI for the academic year 2018–19 indicates that the percentage of pupils with disabilities up to three years of age is very low at 1.5% for three-year-old children, while for the age group 4–5 years the percentage of pupils is higher at 2.3% for four-year-old children and 8% for five-year-old boys and girls respectively. More than 60% of children retained in pre-school with an age of six or more have a disability certification. The share of certified children in the total number of pupils is exceptionally high for this age group. Scientific research shows that perceptual and intellectual development are influenced by experiences and quality of life in the first three to four years of life, and this is even more so for children with disabilities.
- ⁸¹ The different distribution according to school orders is the result of the interaction between at least four different dimensions: the presence and accessibility of schools, for preschools; the degree of inclusiveness of schools; the choices of families; the characteristics of children with disabilities.
- ⁸² With a pupil–teacher ratio of 1.7, better than that provided for by Law 244/2007, which recommends a value of 2.
- ⁸³ In the 2020–2021 school year, there were still many physical barriers present in Italian schools: only one school out of three was accessible to pupils with motor disabilities. The situation appears to be better in the northern regions of the country, where values are higher than the national average (37.5% of schools in compliance), while it worsens, reaching the lowest levels, in the southern regions of Italy (28.4%). The most best region in this regard is Lombardy, with 42.5% of accessible schools, while Campania has the lowest number of schools without physical barriers (23%). The absence of an elevator or the lack of an elevator suitable for transporting people with disabilities are the most common barriers (45%). Schools without internal stair lifts (29%) or standard bathrooms (24.4%) are also frequent. Inside the building, on the other hand, the presence of stairs (6% of cases) or doors that do not meet standards (3%) is rarely found. The accessibility of spaces must also include sense-perceptual aids to help students with sensory disabilities to find their way around: only 16% of schools have visual signs for students with deafness or hearing loss, while relief maps and tactile paths, necessary to make spaces accessible to students with blindness or low vision, are present in only 1% of schools. The situation is the same for the whole country, with few differences between regions of the North and South. Even though there is still a serious delay in levels of accessibility, only 17% of schools had carried out, during the school year, works aimed at the removal of architectural barriers while 18% of schools say they have not done so even if the building needed it. ISTAT (2020b)
- ⁸⁴ The report provides data broken down by type of school (state, non-state, parity), by territorial distribution, by order and grade of school, by age and year of study, by level of severity, by type of disability, by detail of pathology, by citizenship, by composition of school staff. The report can be downloaded at: <https://www.miur.gov.it/documents/20182>
- ⁸⁵ In that school year, the percentage of foreign pupils with certification in relation to the total number of pupils with disabilities was 13.4%, higher than the percentage of foreign pupils attending in relation to the total number of pupils, which was 10%.
- ⁸⁶ The definition of the seriousness of disability is based on Law 104/1992, which states in Article 3, paragraph 3 that if "the impairment, single or multiple, has reduced personal autonomy, related to age, to make permanent, continuous and global assistance necessary in the individual sphere or in the sphere of relationships, the situation assumes the connotation of seriousness. Situations recognized as serious determine priority in public service programs and interventions".
- ⁸⁷ In some regions the share of pupils with severe disabilities is much higher than the average, in Lazio, Calabria and Sardinia, where the number of pupils with severe disabilities is respectively 60.8%, 58.1% and 57% of the total number of pupils with certification under Law 104/1992.
- ⁸⁸ Only absolute numbers are available for the 2014/15 school year, when there were 28,217 students – not broken down by national origin – accounting for 3.4% of the total number of foreign students and 12% of the total number of students with disabilities.
- ⁸⁹ Amongst these innovations, it is worth bearing in mind: Legislative Decree no. 66 of 13 April 2017 on the rules for promoting the inclusion of students with disabilities, which provides an unambiguous definition of the concept of social inclusion and promotes the participation of families and associations as stakeholders in the processes of school and social inclusion. 1 of the Decree establishes that school inclusion "concerns children, boys and girls, students, responds to different educational needs and is achieved through educational and didactic strategies aimed at developing everyone's potential while respecting the right to self-determination and reasonable accommodation, with a view to the best quality of life". School inclusion "is achieved through the cultural, educational and planning identity, the organization and the curriculum of the educational institutions, as well as through the definition and sharing of the individual project between schools, families and other public and private entities operating in the community"; Interministerial Decree no. 182 of 29 December 2020, which provides for the adoption of the national model of the individualized educational plan and the

related guidelines, as well as a revision of the procedures for assigning support measures to pupils with disabilities. The Decree establishes that the Individualized Educational Plan is to be understood as an “educational and didactic planning tool” that identifies tools and strategies “to be adopted to create a learning environment that promotes the development of the faculties of pupils with disabilities and the fulfilment of identified educational needs”.

⁹⁰ L. 227/2021 (Delegated law on disability). The government has 20 months from approval to define the implementing decrees, for the text see <https://www.gazzettaufficiale.it/eli/id/2021/12/30/21G00254/sg>

⁹¹ By adopting other criteria of analysis, we can detect other conditions of vulnerability that concern the characteristics of the migratory processes in which they are inserted. These include children who have arrived in Italy through family reunification, i.e., the processes, regulated by art. 29 of the Consolidated Act on Immigration, through which children with non-Italian citizenship who are born abroad are reunited with their families, who have meanwhile settled in Italy; children included in circular or commuter migration processes, which refer to those children who were transferred at an early age by their parents from Italy to their country of origin, only to return once they reached compulsory school age (six years). There are no data in this regard, to describe the spread of forms of commuting and circular migration, but they represent a possible condition of vulnerability, due to the lack of socialization in Italy; children placed in forms of temporary reception, i.e. the condition of children temporarily received in Italy (maximum 120 days in the calendar year) as part of solidarity programs: This is an extremely vulnerable population, in a critical condition in their country of origin, for whom a short stay in Italy, usually during the summer months, is supposed to provide relief. Reception programs concern a few hundred children and are considered less relevant for Child Guarantee purposes.

⁹² Legislative Decree 18/2014, Art. 1, paragraph 1: “For the purpose of planning interventions and measures aimed at fostering the integration of beneficiaries of international protection, the National Coordination Table established at the Ministry of Interior - Department for Civil Liberties and Immigration, also prepares, every two years, unless a shorter deadline is necessary, a National Plan identifying the lines of intervention to achieve the effective integration of beneficiaries of international protection [...]”. a) Irregular migrant: This is a person who has entered the country without a regular border check, or who has arrived legally but whose visa or residence permit has expired. b) Asylum seekers: this is defined as a person who has applied to be recognized as a refugee (or other form of protection) and is awaiting a response. Asylum seekers usually enter the territory irregularly, but from the moment they submit their application they are legal residents, and therefore cannot be defined as illegal. c) Refugees (UNHCR): In general terms, a refugee is a person who has fled from their own country to seek protection in another. The United Nations High Commission for Refugees (UNHCR) recognized as refugees those who meet the criteria set out in their statute. They are therefore entitled to the protection that the UN agency can offer them. It is another thing to be recognized as a refugee by a member state of the 1951 Geneva Convention; d) Refugee status: this is the first and most important form of international protection and can be granted to an asylum seeker by a member state of the 1951 Geneva Convention; e) Subsidiary protection: this is also a form of international protection, provided for by EU law and consequently by Italian law. It is an additional form of protection granted to persons who do not fall under the definition of refugee.

⁹³ Vulnerability factors are manifold, some are linked to the legal status and to the way the Italian state treats people considered to be foreigners, the impact of a history of migration and of migration events on the wellbeing of the child, and on their family context (starting with mental health), the impact of discrimination and racism, the general difficulties of cultural adaptation to a new context, the lack of culturally sensitive services, etc.

⁹⁴ ISTAT definition of absolute poverty: “The absolute poverty threshold represents the monetary value, at current prices, of the basket of goods and services considered essential for each household, defined according to the age of the members, the geographical distribution and the type of municipality in which they live. A household is absolutely poor if it incurs monthly consumption expenditure equal to or less than this monetary value”. Families and individuals who cannot afford the minimum expenses necessary to lead an acceptable life are considered to be in absolute poverty (Openpolis)

⁹⁵ For an analysis of issues related to school careers see Gestione Patrimonio Informativo e Statistico, 2020.

⁹⁶ Committee on the Rights of the Child, 2019. See recommendation 15.c

⁹⁷ *Autorità garante per l’infanzia e l’adolescenza* (AGIA): ‘The inclusion and participation of new generations of migrant background. Focus on the female condition’. The text is available online at: <https://www.garanteinfanzia.org/sites/default/files/nuove-generazioni-origine-immigrata-focus-condizione-femminile.pdf>

⁹⁸ Directorate General of Immigration and Integration Policies.

⁹⁹ We refer to the SAI System of Reception and Integration that with the D. l. October 21, 2020, n.130, converted into L. 173/2020, replaced the System of Protection for holders of international protection and unaccompanied foreign persons SIPROIMI. The SAI deals with the reception of applicants for international protection in addition to holders of protection, unaccompanied foreign persons, as well as foreign minors following administrative entrusted to social services, upon reaching the age of majority. In addition, holders of residence permit for special protection, for special cases (humanitarian in a transitional regime, holders of social protection, victims of domestic violence, victims of labor exploitation), disaster victims, child migrants who are recognized as having special civic value, and holders of residence permits for medical treatment may also be received. Within the System there are two levels of reception services; the first level is accessed by applicants for international protection and the second level, aimed at integration, is accessed by all the other categories listed above. The Reception and Integration System SAI is made up of the network of local authorities that, for the

implementation of integrated reception projects, have access, within the limits of available resources, to the National Fund for Asylum Policies and Services. The Central Service was established by the Ministry of Interior Department for Civil Liberties and Immigration and entrusted by agreement to ANCI. In turn ANCI, for the implementation of activities, avails itself of the operational support of Fondazione Cittalia. The construction of a single and coherent reception system for unaccompanied foreign persons had begun with the provision in Law 190/2014 (*Stability Law 2015*) of taking charge in the then SPRAR system of all unaccompanied foreign persons, even if not asylum seekers. The subsequent transformation of SPRAR into SIPROIMI, with Law 132/2018, determined a new structure to recompose the services in favor of unaccompanied foreign persons in a single chain of reception, traceable to uniform standards, tools, and modes of intervention, as well as subject to the same monitoring and verification procedures. In this way, the entire sequence of interventions – from the first reception until the progressive acquisition of autonomy –should compose a unitary path of reception, allowing at the same time the strengthening of the measures of taking charge and social inclusion, the optimization of the use of public resources and the improvement of the overall governance of the entire system.

¹⁰⁰ The ‘Asylum Migration and Integration Fund 2014–2020’ (Fami) is a financial instrument established by EU Regulation no. 516/2014 with the aim of promoting an integrated management of migration flows by supporting all aspects of the phenomenon: asylum, integration and return.

¹⁰¹ The measure of family fostering is further strengthened by Law 47/2017, which amended Article 1 of 184/1993 by inserting an article 1.bis that provides that local authorities may promote “the awareness and training of foster carers in order to foster the family fostering of unaccompanied foreign minors, as a priority to hospitalization in a reception facility”. The fact is, however, that the fostering of unaccompanied foreigners, which fulfils the right of minors to live in a family context, is still not applied in most cases.

¹⁰² The reception pathways of unaccompanied foreign persons, particularly in the transition to adulthood are explored in depth in the research edited by Fondazione ISMU and commissioned by UNICEF, UNHCR and IOM. ISMU Foundation (2019), *At a Crossroads. The transition to adult life of unaccompanied foreign persons in Italy*. UNICEF, UNHCR and IOM, Rome.

¹⁰³ “A period of stay in the territory of the state of at least six months before reaching the age of majority, together with the start of a process of social and civil integration, allows a more appropriate investigation for the purpose of issuing the opinion, without prejudice to the case-by-case assessment in the best interests of the child. The opinion may also be issued for periods of stay shorter than six months if the integration process already carried out is considered adequately appreciable.”

¹⁰⁴ Art. 32, par. 1bis of Legislative Decree 286/1998 (as amended by Law Decree 89/2011 converted into Law 129/2011) provides that, upon reaching the age of majority, an unaccompanied foreign child may be issued a residence permit for study or work. The conversion of the residence permit can be requested directly to the Police Headquarters by minors who have participated in a social integration project lasting at least two years and who have been on the national territory for no less than three years. If the child is not in this condition, it is necessary to ask the Directorate General of Immigration and Integration Policies of the Ministero del Lavoro for an opinion on the conversion of the residence permit. The General Directorate of Immigration and Integration Policies of the Ministero del Lavoro expresses its opinion based on a series of criteria, the main ones of which concern the minor’s integration path and prospects, as described in the report of the Social Service of the Municipality where he/she is fostered.

¹⁰⁵ Educational communities for children are residential educational facilities characterized by the cohabitation of a group of children with a group of operators who professionally carry out educational activities. Their accreditation and the definition of reference standards are the responsibility of the regions.

¹⁰⁶ One example is registration with the national health service, which, although provided for by law, is not always recognized by the offices responsible for registration and the issuance of the health card: a difference in coverage that undermines the principle of equity in perfecting the right to health. On the education front, instead, there are no data available to verify the actual fulfilment of the scholastic and training obligations of unaccompanied foreign minors and to verify their educational paths and training careers. However, it is known that most unaccompanied foreign minors are enrolled in CPIAs while enrolment and attendance at secondary schools are rarer. This occurs for several reasons, including the need of many to accelerate the educational processes in view of their coming of age, but also the lower diffusion in secondary schools of skills and projects to support the integration of pupils with a low level of Italian language and with a reduced previous schooling.

¹⁰⁷ CPIAs, Provincial Centres for Adult Education, were established by Presidential Decree 263/2012. Their task is to provide adult education and they constitute, to all intents and purposes, an autonomous educational institution with its own staff and a specific teaching and organizational structure.

¹⁰⁸ Foreign children represent a small share of the unaccompanied foreign minors registered in our reception system: there were 261 children registered in 2021, equal to 3.1% of the total number of children registered (4.5% in 2020; 6.9% in 2019). The countries of origin are mainly Nigeria, Albania and Côte d’Ivoire. From 2017 until 2020, Eritrea and Somalia were also represented.

¹⁰⁹ The main innovations introduced by Law 47 are: the explicit prohibition of rejection at the border of unaccompanied foreign minors; the establishment of an organic and specific system of reception, in particular of first reception necessary for identification and assessment procedures; the promotion of family foster care as a priority way of reception compared to stay in facilities; the definition of homogeneous standards for age assessment and identification procedures; the

establishment of registers of voluntary guardians at the Juvenile Courts; the strengthening of measures in support of the right to health and education; the strengthening of measures in support of the right to hearing and legal assistance for unaccompanied foreign minors in administrative and judicial proceedings concerning them.

¹¹⁰ Among the most significant ones, for institutional prominence, we recall the activity conducted by the Guarantor Authority for Childhood and Adolescence in collaboration with UNHCR. The activity was carried out between 2017 and 2018 and produced a report that can be downloaded from the AGIA website, at: <https://www.garanteinfanzia.org/sites/default/files/report-agia-unhcr-finale.pdf>. The research activity conducted by the ISMU Foundation and commissioned by UNICEF, UNHCR and IOM that involved unaccompanied foreign minors as researchers and produced a report that can be downloaded from the ISMU Foundation website: <https://www.ismu.org/report-integrale-a-un-bivio-la-transizione-alleta-adulta-dei-minori-stranieri-non-accompagnati-in-italia/>. The listening and consultation activity conducted by the social cooperative Codici within the project 'Di'Tu. Diritti da tutelare' (You say. Rights to protect), financed with FAMI funds and led by the Metropolitan City of Milan: at the end of the participatory activity, guidelines for reception were produced that can be downloaded from the project website: <https://www.di-tu.it/linee-guida/linee-guida-di-tu>

¹¹¹ As established by the *Procedure Operative Standard concernenti l'informazione e il supporto legale per la domanda di riconoscimento della protezione internazionale dei minori stranieri non accompagnati e separati ospitati nelle strutture di prima accoglienza* (UNHCR, Ministero dell'Interno) (Standard Operating Procedures concerning information and legal support for the application for recognition of international protection of unaccompanied and separated foreign minors hosted in first reception facilities)

¹¹² 'Standards for the protection of linguistic-historical minorities.'

¹¹³ At a legal level, based on the status of citizenship, we must remember that the label concerns at least four different groups: people who are Italian citizens, often belonging to groups that have been present in Italy for centuries; people who are citizens of European Union member states and who make use of their right to freedom of movement within the union; people who come from non-member states of the European Union (although some of these are on the path to membership, such as Serbia, Montenegro or North Macedonia); people who are in a condition of statelessness. Some of these people are not in a position to remedy their lack of citizenship due to the intersection between the provisions of the Italian legislation and the lack of the states of origin (it is enough to think of many people coming from the former Yugoslavia, some of whom are not in a position to document in any way their citizenship or their registry identity).

¹¹⁴ The National Strategy for the Inclusion of Roma, Sinti and Caminanti was presented on 24 February 2012 in implementation of the European Commission's Communication No. 173 of 4 April 2011, which urged Member states to develop their own inclusion strategies for Roma and Sinti groups. The Strategy had a reference period of 2012-2020 and envisaged the development of inclusion activities on four axes of intervention: housing, health, education and employment. The governance structure of the Strategy involves various ministries, local authorities and representatives of the Roma, Sinti and Caminanti communities, with a steering role assigned to UNAR, identified as the national focal point.

¹¹⁵ For an in-depth look at the Roma, Sinti and Caminanti population, please refer to the valuable work of the 21 July Association. Their most recent report can be found online at: https://www.21luglio.org/2018/wp-content/uploads/2021/10/Rapporto_2021_web_con_indice.pdf

¹¹⁶ The Directorate-General for Students, Integration and Participation of the Ministry of Education, Universities and Research has been working on the National Programme for the Inclusion and Integration of Roma, Sinti and Caminanti Children since 2013. The Programme is promoted, in the framework of the actions of the NOP 'Inclusion', by the Ministry of Labour and Social Policies, together with the *Ministero della Salute and the Istituto degli Innocenti*. <https://www.istitutodeglinnocenti.it/content/la-scuola-risponde-alla-sfida-dell'inclusione-dei-bambini-rom-sinti-e-caminanti-anche-nel-0> There are many questions about the quality of the data collected by administrative means, for example in the school world. Just to have an idea of the gap between the estimates and the available data, the Ministry of Education report for the school year 2013-14 gives an estimate of just over 11,000 pupils reported from pre-school to secondary school.

¹¹⁷ An example of this limitation is the impact on Roma, Sinti and Caminanti groups of policies regarding the right to health. The only way to collect data on health conditions and access to services is to conduct essentially qualitative research to generate data and estimate phenomena. Therefore, generating data that cannot be generalized and cannot be referred to the universe of people belonging to Roma, Sinti and Caminanti groups.

¹¹⁸ From an ethical point of view, the collection of data based on ethnic profiles has always been considered critical because it is potentially full of dangerous elements, especially for ethnic groups that are victims of forms of prejudice, stigma, racism and exclusion. At the same time, having certain data, collected in an ethically correct manner and respecting strong principles of individual privacy protection, is considered a precondition for developing coherent and relevant policies capable of breaking the cycle of exclusion. In fact, the balance between the different ethical questions is possible within the European framework of protection of sensitive data which, once the objectives have been defined and the forms of protection have been clarified, permits the collection of sensitive data, including those referring to ethnicity. From a theoretical point of view, the main issue is the principle of identification of Roma, Sinti and Caminanti groups. In this regard, the Italian anthropologist Leonardo Piasere is often quoted, who defined the Roma category as a "polythetic category made up of elements that resemble each other in something, but with different traits; the flexibility of the conceptual structure of this category has historically made it possible to include a fairly composite variety of people, with different cultural components". The category, for example, includes people who could be considered different from

each other in terms of citizenship (including, as we have seen, a significant proportion of stateless people), religion, language, housing conditions, level of education, level of integration in the labour market, level of income. Not to mention that centuries of interaction with the local contexts of settlement have led to a multiplication of relationships, individual and family trajectories, and cultural forms of expression of collective identities of reference. Finally, methodological issues that start from the difference between the application of self-attributed identification criteria (all people who identify themselves as belonging to Roma, Sinti and Caminanti groups) and hetero-attributed criteria (people who for administrative purposes are identified by institutions as belonging to Roma, Sinti and Caminanti groups). In reality, the processes of self- and hetero- identification often overlap each other, creating areas of indistinction in which strategies of identity concealment also find their place. Precisely because data collection serves administrative purposes, much of the data is collected locally and instrumentally to the needs of the administration. The most articulated attempt to map the sources of data that can be used at a national level was made in 2014 by ISTAT, ANCI and UNAR, within a project financed in the framework of the 2007–2013 programming by the PON GAS ESF – Convergence Objective.

¹¹⁹ The project was carried out in collaboration with the Ministry of Education, Universities and Research, the *Ministero della Salute* and the *Istituto degli Innocenti*. For further information: https://www.minori.gov.it/it/ricerca-guidata?f%5B0%5D=field_attivita%3A1326

¹²⁰ Promoted by the Ministry of Labour and Social Policy in the framework of the actions of the NOP 'Inclusion' 2014-2020

¹²¹ For a more in-depth examination of these aspects, it is possible, once again, to refer to the texts produced by the 21 July Association, which are also useful for the reconstruction of a minimum bibliography of reference that goes beyond the objectives of this report

¹²² At the time of writing this report, the new National Strategy is still being written and approved.

¹²³ This is the EU-SILC indicator RX070, which simultaneously takes into account people at risk of economic poverty (line at 60% of income), those with severe material deprivation and those with low work intensity.

¹²⁴ Gruppo di lavoro per la Convenzione sui diritti dell'Infanzia e dell'Adolescenza, *La violenza contro le donne e i bambini ai tempi del COVID-19* (web-page), 2020 (<https://gruppocrc.net/la-violenza-contro-le-donne-e-i-bambini-ai-tempi-del-covid-19/>)

¹²⁵ Dipartimento della Pubblica Sicurezza, Direzione Centrale della Polizia Criminale, Servizio Analisi Criminale (2020) *Omicidi Volontari*

¹²⁶ Which falls under the definition of the European Observatory of Homelessness (EOH)

¹²⁷ Document of understanding in the Unified Conference 'Guidelines on neuropsychiatric and neuropsychic disorders in childhood and adolescence' (Atti n. 70/CU of 25 July 2019)

¹²⁸ www.euro.who.int/_data/assets/pdf_file/0005/383891/adolescent-mh-fs-eng.pdf<https://www.unicef.it/media/salute-mentale-nel-mondo-piu-di-1-adolescente-su-7-disturbi-mentali/>

¹²⁹ MIUR November 2000: main data on pupils with DSA –school year 2018–2019

¹³⁰ Quaderni Min Salute, 2011, 8-74-79.

¹³¹ The data come from a very large bibliography, some of which can be found in the document mentioned in footnote 2.

¹³² SSN Statistical Yearbook years 2017 and 2018, Open Data MdS beds per region and discipline, SDO Report 2019

¹³³ There is little focus on promoting neuropsychic health from the first 1000 days of life, apart from programmes, mostly led by civil society, that focus on interactions that support development, such as shared reading.

¹³⁴ Ibid.

¹³⁵ <https://www.giulemanidaibambini.org/> <https://www.ccdi.org/comunicati/categorie/dsa-adhd-scuola> <https://www.pensareoltre.org/index.php/it/tutorial-dislessia> <https://www.oggiscuola.com/web/2020/08/20/novara-il-problema-dei-figli-e-la-fragilita-dei-genitori-non-disturbi-neuropsichiatrici/>

¹³⁶ Appeal 2016 'SINPIA denounces the increasingly critical state of responses for users with neuropsychic disorders in childhood and adolescence and their families' <https://www.sinpia.eu/wp-content/uploads/atom/allegato/1533.pdf> ; SINPIA 'Letter to President Draghi' April 2021 <https://www.sinpia.eu/wp-content/uploads/2021/04/SINPIA-lettera-PNRR-2021.pdf>

¹³⁷ '[...] noting the absence of a system to monitor the mental health status of children, the limited access to adequate healthcare for children with neuropsychiatric disorders, the increase in the number of children with behavioural problems and diagnosed with Attention Deficit/Hyperactivity Disorder (ADD/ADHD)...the UN Committee recommends that Italy to: (a) ensure a uniform and integrated system of child and adolescent neuropsychiatric care services throughout the state party, endowed with sufficient human, technical and financial resources; (b) establish an effective system for monitoring the mental health of children and adolescents". Concluding observations of the UN Committee on the status of implementation in Italy of the Convention on the Rights of the Child, 2019

¹³⁸ For a complete overview of the legislation, please refer to the following sources: National Action Plan for Mental Health (CU/2013), which Provides a section on protection of MS in childhood and adolescence; Residential and semi-residential therapeutic-rehabilitative interventions for neuropsychic disorders in childhood and adolescence (Acts no. 138/ CU/2014), which Provides guidelines on DNPIA of particular severity; Guidelines for the promotion and improvement of quality, safety and appropriateness of care interventions in the pediatric-adolescent area, which Includes indication on NPIA services; Guarantor Authority for Childhood and Adolescence "Adolescent mental health. Document of study and proposal', 21/12/2017, which provides an analytical and complete Reading of the situation of mental health and

NPIA services in a perspective of rights with attention to areas of particular vulnerability, available at <http://www.garanteinfanzia.org/sites/default/files/salute-mentale-adolescenti.pdf>; Guidelines on neuropsychiatric and neuropsychic disorders of childhood and adolescence’ (Acts n. 70/CU of July 25, 2019), a very complete document both from the analytical and programmatic point of view.

¹³⁹ Agreement in Unified Conference No. 4 of 24 January 2013

¹⁴⁰ Agreement in Unified Conference No 138 of 13 November 2014

¹⁴¹ Intesa Stato regioni n 248 of 21 December 2017

¹⁴² Agreement in Unified Conference No 70 of 25 July 2019

¹⁴³ Authority for Childhood and Adolescence, CISMAI and Terre des Hommes Italia Onlus Foundation, 2021; II National Survey on the Maltreatment of Children and Adolescents in Italy.

¹⁴⁴ Piano Nazionale per la Famiglia, 7 giugno 2012

¹⁴⁵ Regulatory references: D.l. 86/2018 art. 3, converted with L. 97/2018 bearing “Urgent provisions regarding the reorganization of the attributions of the Ministries of cultural heritage and activities and tourism, agricultural food and forestry policies and the environment and the protection of land and sea, as well as’ on family and disability”; D.P.R 15 March 2012, art. 4

¹⁴⁶ “Strengthen the diffusion of educational services for early childhood 0-3, to exceed the goal of 33 percent and the achievement of the goal of 50 percent for new nurseries and spring sections” and “Develop equitable and sustainable accessibility in 0-3 by intervening for the gradual cancellation of fees for the attendance of nurseries, according to the criterion of selective universalism”.

¹⁴⁷ The Government in 2020 allocated €135 million for the strengthening of services and the funding was confirmed for the year 2021, for an additional €135 million. Ninety-five per cent of Italian municipalities have adhered.

¹⁴⁸ In addition, in the investigation of the Ministry were the same teachers who identified pupils as Roma or Sinti. The Guarantor stressed the fact that ethnicity must be self-declared and not hetero identified.

¹⁴⁹ A specific in-depth study on the topic of consultatory was carried out by ISS in 2019: ‘*I Consultori Familiari a 40 anni dalla loro nascita tra passato, presente e futuro*’. The text is available at https://www.epicentro.iss.it/consultori/pdf/sintesi-risultati-28_11_19.pdf. In addition, regional-level data processed by ISS for 2018–19 are available at the following site: <https://www.epicentro.iss.it/consultori/indagine-2018-2019-regioni>

¹⁵⁰ ISTAT considers the following to be essential services: pharmacies, first aid, post office, police, carabinieri, municipal offices, nursery school, kindergarten, elementary school, junior high school, grocery stores, markets, supermarkets.



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