



Germany 2010

The Federal Foundation Mother and Child for pregnant women in emergency situations

Minutes



On behalf of the
European Commission
DG Employment, Social Affairs and Equal Opportunities



The Federal Foundation Mother and Child for pregnant women in emergency situations Berlin, 21-22 January 2010

*The Peer Review was hosted by the Federal Ministry for Family Affairs,
Senior Citizens, Women and Youth*

Day 1

Welcome and introductory remarks

Eva Maria Welskop-Deffaa (Head of Department for Gender Equality, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth) welcomed participants and immediately passed the floor to the opening speaker.

Hermann Kues (Parliamentary State Secretary of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth) noted that the peer review programme is an excellent platform to exchange national experiences. Speaking as chairman of the board of trustees of the Federal Foundation Mother and Child (the Foundation), he said the Foundation's objective is to support expectant mothers and families in emergency situations and to protect unborn life.

Until the early 1980s, assistance for families was only possible after the birth of the child. In 1984, this changed. For the first time, women could receive financial support before the child is born. The amount paid varies according to the mother's personal situation. In 2008, the average per person was about 600 euro. In 2006, 604 euro and 2007, 606 euro.

For pregnant women, it is not just financial support that matters. The assistance should be given quickly in a non-bureaucratic manner. Personal contacts, understanding and encouragement in counselling centres are important. The Foundation can open doors. Women often approach counselling services for the 600 euro for the baby's initial needs, but may also have more serious problems for which they receive specific assistance.

The entire package concentrates on early prevention and intervention. Increasing emphasis is being given to addressing male partners. With the current economic crisis, more and more pregnancies are affected.

Marie-Anne Paraskevas (European Commission, DG Employment, Social Affairs and Equal Opportunities) expressed the hope that the Peer Review would be as successful as the one held in Nuremburg in 2008 on the return of women to the labour market. The exercise, she said, is one of the most successful stories the Commission has in the open method of coordination. It is the best example of mutual learning, involving practices both good and less successful, the Commission has promoted. She also thanked the German government and City of Berlin for their energetic promotion of the current European Year against Poverty and Social Exclusion.

Presenting an overview of the Commission's activities in 2009 and prospects for 2010 in the areas of social inclusion and social protection, she said that the financial crisis had adversely affected work on social inclusion. A communication on child poverty and analysis of in-work poverty had had to be postponed to this year.

The work has been mainly focussed in contributing to assessments of the social impact of the current crisis; evaluating the social dimension of the Lisbon jobs and growth strategy; examining the effect of national minimum income schemes; monitoring social inclusion in EU neighbouring countries; and inputting the social dimension into the EU's 2020 economic strategy now under preparation.

Other activities launched include a call for projects on social innovation schemes, a new healthy and dignified ageing initiative, work on the transition from institutional care to community based services, while the activities continue within the social services of general interest framework

Katja Korolkova (ÖSB Consulting) presented the Peer Review programme. The first day would be spent examining the host country's policy initiative followed by two site visits. The second would draw on experiences from peer countries and identify what could be transferred from the German model.

Eva Maria Welskop-Deffaa (Germany) explained the Foundation's goals: protection of the unborn child and assistance to women in need. This relates not just to poverty, but also to issues such as domestic violence. The financial assistance is not given to women directly, but through various institutions in each of the 16 Länder. These organisations cover their own administrative and personnel costs, ensuring all the federal funding reaches the women in need. By law, the government must provide the Foundation with a minimum of 92 million euro a year. It may be higher – in 2009, it was 97 million euro.

To be eligible for the one-off grant, pregnant women must first go to one of the 1,270 counselling centres in Germany. These can then refer them to the relevant Land institution for the payment and help with the administrative formalities. The application must be made before the child's birth – a requirement which enables counsellors to direct future mothers towards further advice at an early stage if they so desire.

This counselling, which may ultimately be more valuable to pregnant women than the actual money, is a key feature of the Foundation's 'door opening' function. Legislation from 1995 states that advice has to be provided at all stages of a pregnancy. Financial beneficiaries are still eligible for other, more universal allowances.

The Foundation has a board of trustees with 32 members, some at the highest political level, who provide advice, raise its profile and enhance its reputation.

Ilona Renner (Assistant Head of the National Centre for Early Prevention) presented the work of the Centre. Its tasks are to develop early prevention and build and extend support systems across the country.

Early prevention involves systematic and inclusive access for the target group, identifying risks, motivating families to accept help, adapting assistance to the needs of different families, monitoring the process of support provision and incorporating this into the wider system. Ensuring

support systems in the country dovetail effectively is important. Sometimes, they may operate in an isolated fashion making it necessary to improve cooperation between different stakeholders.

Access to high risk families can be achieved from non-hospital and maternity documents, pregnancy counselling services and clinics.

Alexandra Hensel from the PR Agency “familie redlich” gave details of the Foundation’s communication strategy which was developed in 2008 and adopted last year. This aims to raise its visibility, increase public awareness of its work, provide an umbrella brand for all Länder activities and supply a constant flow of information.

The strategy targets four main groups: potentially affected women, key opinion leaders, journalists and experts, and possible individual and corporate donors. Its activities contain six central messages: prevention, support, easy non-bureaucratic access, networking, transparency and a sense of perspective.

During 2010, the Foundation will further develop its website, establish specific media related activities and participate in events and congresses held by other organisations.

Discussion

This raised several issues about the Foundation’s work. **Daniel Molinuevo** (European Social Network) asked what mechanisms existed to evaluate the activities of the Foundation and the centres that allocate its funds. **Marie-Anne Paraskevas** wanted to know if there was an income threshold for the Foundation’s payments, whether data existed on the number of female recipients from ethnic or minority backgrounds, the information available of early preventive initiatives and moves to promote the role of fathers in the home.

In reply, **Eva Maria Welskop-Deffaa** acknowledged that in its early days the Foundation had not paid much attention to analysing its impact. This changed with the introduction seven years ago of social welfare statistics. Now, the Foundation compares its figures with official data, such as the birth register. Originally, this work was done on a voluntary basis. This has been replaced by professional management. The Foundation is in contact with the recipients in each of the 16 Länder. The data of the pregnancy counselling services are provided to the Länder, which provide them to the Foundation, to improve the evaluation system.

Rasmus Larsen Lindblom (Ministry of the Interior and Social Affairs, Denmark) emphasised the importance of early intervention and the need for a “cross-professional” approach. He asked whether there in Germany, as in Denmark, exists a duty to notify the relevant authorities, if a person providing public services becomes aware of factors giving rise to the presumption that a child or an unborn child is at risk. **Ilona Renner** pointed to the importance of GPs in accessing target groups and establishing whether a child’s welfare is being neglected. However, they must also respect a patient’s confidentiality. If they do suspect a child is being neglected, they get in contact with youth agencies.

George Farmakides (Elenas Hospital, Greece) suggested that the Foundation’s support to just 150,000 women was on the low side. He asked about the yardsticks used (number of pregnancies or children in school) to assess the Foundation’s work and what was being done to

help non-documented immigrants and those who did not speak German. He also wanted to know what the women spent the 600 euro on.

Eva Maria Welskop-Deffaa responded by saying in her view helping 150,000 women was significant. It represented one pregnancy in five – and that in a rich country. On the linguistic question, she pointed out that counselling services have brochures in several languages and staff who speak more than German. No valid figures or estimates exist on non-documented immigrants. She acknowledged it is difficult to establish if the money the women receive is spent in a good or bad way, but that is deliberately not a Foundation concern. The women are under no obligation to report back on how they use the payment.

Agata D'Addato (EUROCHILD) emphasised the importance of involving fathers and engage proactively with them from pregnancy onwards. She also encouraged the Foundation to pay a deeper attention at children's emotional needs. Emotional poverty in which children grow up cannot be neglected. Secure attachment, safe community environments, good peer relations, etc., are all aspect which have a huge impact on their current and future well-being. The development of a deeper understanding as to how parents support children's emotional needs and help children to develop resilience is also crucial. In this respect, she referred to the Cypriot Pedagogical Institute's work in schools, training staff in talking to and engaging with parents, and helping parents to enhance children's emotional development. **Eva Maria Welskop-Deffaa** accepted that the Foundation was behind schedule in involving fathers and that this was one of its concerns. **Ilona Renner** explained that different approaches towards a child's emotional needs are available in early intervention projects.

Céline Simonin (Confederation of Family Organisations in the European Union) requested details of the financing arrangements. Can each Land decide on its own what to do or are there guidelines they must respect? **Eva Maria Welskop-Deffaa** explained that a population key is used to distribute the money to the Länder. North Rhine Westphalia, for instance, has a large population so it receives more money than Mecklenburg with fewer people. Less importance is attached to a Land's relative prosperity.

Hugo Swinnen (Verwey-Jonker Institute, the Netherlands) the thematic expert, presented his discussion paper. He suggested there were two ways to consider the Foundation's work. One focused on its delivery, efficiency and outreach as had been presented in the earlier session. The other was to situate its activities in a wider context. He would concentrate on the latter, but in the final Peer Review session would combine the two to show how they are interlinked.

There is renewed European wide interest in family policies. The activities of the European Alliance for Families are testimony to this. The 2008 EU recommendation on active inclusion has been a strong stimulus with its emphasis on the importance of a decent income and access to the labour market and quality services.

With declining birth rates, men and women have to work harder and longer to meet participation rates in the labour market. To achieve this requires modern family and child care policies, an ability to reconcile work and family life and more sharing of parental responsibilities between men and women. This leads to a combination of youth and family policies; application of gender equality; decentralisation, deregulation and subsidiarity to ensure efficacy; and a combination of targeted and universal policies.

Germany concentrates on combating child and family poverty and does so rather well. It is one of the few countries where the child poverty rate is lower than the overall poverty rate and gives a lot in family allowances. However, it has a fertility problem, so money alone is not sufficient to achieve the population replacement level.

There are no cash benefits in other European countries comparable to the Foundation's assistance, although finance can come from other sources. Instead of looking at the transferability of the whole German package, consideration should be given to the principles behind it. These include targeting benefits, local delivery, links with social support and between public and private providers and real freedom of choice for people.

Looking purely at cash benefits, the scheme reaches its objective of helping vulnerable people. But there is still the problem of non-documented people like refugees. Delivery, through local bodies and non-governmental organisations, is rather impressive. But to what extent does the scheme manage to be a gateway to other services?

Many peer country comments insisted on the need to combine finance with other measures. They emphasised education, accompanying social assistance, treatment of any abuse, labour integration and the role of employers, social networks and community support in helping people to manage in their own environment, empower women and reach out to the most vulnerable.

Other issues raised included the growing importance of local responsibilities and the role of men and young fathers. In a life cycle approach, focus should be given to transitional situations such as moving from school to work and entering parenthood.

When many services come through NGOs, important considerations are respect for cultural and religious differences in target populations, diversity of service deliverers and continuity of support.

Germany's challenge is how to place the Foundation's work in a wider family policy framework.

Discussion

Marie-Anne Paraskevas stressed that national parenting programmes which focus on vulnerable groups should be more universal and include the wider population. She emphasised the importance of freedom of choice. The Commission promotes the French model where the type of childcare can be chosen as opposed to the Nordic model of overwhelmingly publicly state funded care. Bearing in mind that the Foundation is also active in other areas, such as domestic violence, she pointed to the need to address the social exclusion dimension of this phenomenon, in which both women and men are victims, and to promote respect for cultural diversity which can sometimes suffer from the drive for equality.

Agata D'Addato highlighted the role extended family members can play and the importance of spreading a positive parenting message to them as well as the mother/father.

Ernst-Ulrich Huster (Fachhochschule Bochum/Universität Gießen) asked how different social services are coordinated during counselling, whether a case manager is assigned to ensure assistance is given quickly by another department and if, after the birth, additional help is available if needed for a second pregnancy.

Hugo Swinnen agreed that it is not always easy for organisations accountable in a vertical way to be accountable horizontally to others in the field. But this was necessary and is a huge challenge for professionals.

Eva Maria Welskop-Deffaa replied that the Foundation did not believe it would be more successful if it changed its policy and stipulated that women would have to repay the money if they did not meet certain requirements. Instead, the Foundation has a real system of positive incentives. The 600 euro can be paid before the birth and act as a bridge before child benefits become available.

Day 2

Monika Natter, chairing the proceedings, began by posing two questions: to what extent do the Peer Reviewers think the German system responds to children's rights, demographic challenges and gender equality. Are there elements of the German model that could be transferred to other countries? She then passed the floor to the three stakeholder organisations present.

Agata D'Addato (EUROCHILD) explained that Eurochild is a network of organisations and individuals committed to improving the quality of life of children and young people and to defending their rights.

She welcomed Germany's commitment to the protection of children. To break the cycle of inherited poverty, assistance is needed as early as possible. However, more should be done to strengthen an empowering approach. The assistance should value parents' empowerment and not be seen as a handout or charity.

In addition to material resources, families facing poverty or social exclusion need support that is not judgemental.

Sight should not be lost of the crucial role played by mothers' network. This also includes social networking among peers, create spaces where parents can go and exchange experiences and learn from one another. Fathers, especially young dads, should also be more involved – a factor that health and other services sometimes overlook.

It is important to evaluate whether measures to improve the situation of mothers and their children are sustainable over time. She asked whether the Foundation's work achieved this and managed to improve children's outcomes in the long run. She felt that it would be of crucial importance to evaluate how the Foundation's practice has an impact on ensuring that children are not abandoned or forced to be taken into care.

Among the key issues she highlighted the need to support families in their parental role prior to childbearing and during parenthood.. Advice on bringing up children should be shared with, not taught to, parents. She emphasised the importance of parental involvement programmes and promote cooperation between schools and parents. Services should embody participation and empowerment as essential values, as expressions of democracy and as a means to combat social exclusion. Finally, supporting parents in crisis situations should be about empowerment, not 19th century morality.

Céline Simonin (COFACE) said that the issues the Foundation is looking to address are a concern for all EU member states. There is the danger of a drift towards poverty, with the difficulties this causes families, and Germany is the only country with specific financial benefits for this situation.

The Foundation's activities fit into the modern approach towards family policy, children's rights, and active inclusion. It looks to protect children from poverty even before they are born (early intervention). She also noted it reaches one out of five pregnant women in Germany, with one third of recipients coming from a migrant background. This is achieved thanks to local delivery and user friendliness. The link with a network of social services is also a strong aspect.

However, certain points need to be improved. There is a discrepancy from one Land to another and a lack of adequate financial support. It is not clear what effect 600 euro has in reducing poverty. There is no automaticity in the Foundation's door opening function since this depends largely on the professionalism of the counsellors. There is absence of evaluation. There is insufficient involvement of fathers.

She accepted the scheme could potentially be transferred to other European Union countries, but wondered about the financial constraints and political priorities involved. The local delivery is a key aspect to preserve when the policy is transferred. She raised several questions for debate. Should benefits be universal or targeted, since child benefits should be the right of every child? Since benefits are paid before birth, could they be introduced in a more universal way? How is it possible to ensure continuity of financial support during pregnancy and integrated support after the birth? How can financial support act as a door opener to other forms of assistance, and in particular parenting support services?

Daniel Molinuevo (European Social Network) explained that the organisation is an independent network for directors of social services in the areas of health, education and employment in 27 countries.

The Foundation, he noted, ensures there are no gaps in the delivery of services to pregnant women, while respecting the principle of subsidiarity. Pregnancy counselling acts as a door opener when a woman's needs go beyond poverty and the Foundation's work is very timely in the context of the current crisis where budgets are cut and more has to be done with less. It can help meet peak need.

Two issues relate to women and children. Migrant women and children face a higher risk of poverty, but also more problems in accessing services. Secondly, a diverse workforce can help meet migrants' needs.

The early warning system for women who need help is important. Specific training is needed on handling referrals and being aware of the legal issues involved. For instance, there is talk of legal reform in Spanish health care services to tackle domestic violence – an item high on Spain's domestic and European Union agenda, as it holds the EU presidency.

He pointed to the need for effective coordination between services for children and parents, to the problem of sharing confidential information between services and to the exceedingly heavy case loads some people carry.

Summing up, he said that individual services needed to know where they fit within the overall framework. The Foundation is a good example in this respect. Targeting vulnerable groups is important. More attention should be paid to evaluating outcomes.

Monika Natter then invited peer country representatives to share their country's approach towards the challenges they face. She asked them to pick out specific elements so that there could be an exchange of views rather than repeat the material already contained in the written papers that had been submitted.

Hungary

Orsolya Makár (Ministry of Social Affairs and Labour, Department of Gender Equality) explained that the ministry has five state secretariats dealing with labour, social policy, equal opportunities, NGO liaison and administration. The first four all have important roles in family policies. These help women re-enter the labour market, and provide child protection, family support and family allowances.

NGOs can apply to a national fund for financial assistance. Many of these support families and equal opportunity causes such as Roma integration, youth and gender equality and tackling violence against women.

Efforts are made to ensure this is all done in an integrated way. But the traditional policy of allowing maternity leave to run to three years makes it difficult for women to find employment afterwards. Now, more emphasis is being placed on a more balanced approach and an easier re-entry into the labour market.

Hungary, with its special social aid for families in need, has measures similar to those of the Foundation. However, these go beyond the sole state of pregnancy and do not refer in their title to protection of the unborn child.

Discussion

Asked how an integrated approach was achieved between the four ministry departments involved, **Orsolya Makár** admitted this was not easy in practice. Sometimes informal channels are used. More formally, a high level meeting between state secretaries is held every week for an exchange of views and coordination.

Agata D'Addato asked about the Hungarian system of universal health visitation which is excellent in principle. She had heard that previously the support system for deprived families and pregnant women had worked very effectively, but then less so after the transition from communism and that now there is a growing shortage of health visitors in the most deprived areas and that there seem to be problems with Roma families not being visited.

Róza Vajda (Sociology Institute at Eötvös Lóránd University) explained that a network of nurses works with district doctors during the first year of a child's life, regularly visiting the families. Recent surveys show that healthcare services do not have good relations with Roma family. This reflects that fears and misunderstandings are caused by prejudices and stereotypes because, in

fact, the nurses are close to the families.

This is a cultural and institutional problem, she explained. The inability of nurses to improve their communication with Roma families, and thus increase the support they can bring, reflects suspicions on the part of institutions and a feeling, especially among the Roma community, that they are paternalistic and doctrinaire.

Orsolya Makar explained that the nurses try to involve fathers. They provide pregnant women with a beginners pack, leaflets, maternity planner, advice on dealing with their employer and pamphlets to increase a father's involvement. Hungary tries to make it compulsory for fathers to go to meetings with nurses (as it is for mothers), but this is not always successful.

Italy

Adriana Ciampa (Ministry of Labour and Social Affairs, Direction General for inclusion, social rights and corporate social responsibility) explained that implementation of social policy with its mixture of national, regional and municipal responsibilities, was complex.

A special fund exists for childcare services. Italy has a low rate of support in this area, especially in the South, and so efforts are made to reinforce these policies. In addition, there is a housing fund to help families with special needs. Finally, the government gives a social card to each newborn baby at risk of poverty which their parents can use to buy various services (napkins and milk).

There is a ten-year old policy for childhood and adolescents with a national fund. The money is given to regions and municipalities with special needs and towns with a high incidence of children's institutions. If experimental projects prove to be effective – and there are many supporting parenthood and families – municipalities may decide to support them. One of these is in Rome: Reaching the Unreachables.

Antonietta Cilumbriello (Il Melograno Centro di Maternità e Nascita of Rome) manages the project, which is part of a larger outreach programme. It emphasises participation as helping empowerment of women and families. It organises home visits and birth counselling. A team visits single parents, drug addicts and marginalised families or those with low levels of education. The contacts aim to strengthen the relationship between a mother and child in the initial years, to create social support and facilitate access to public and private services. The services provide information on all the resources available for births and childhood in the municipality of Rome. The holistic approach emphasises continuity of care and integration of services and offers a wide range of assistance during sexual reproductive health. These include pre and post natal courses, support during delivery, breast feeding assistance, family planning groups and help during the menopause

The project's three key principles are quality of care, continuity of care and integration of services. It does not aim simply to assist people, but to empower them and strengthen their resources and skills. In the relationship between givers and receivers, it stresses the ability of operators to support the women's capability and awareness. It is also organising more campaigns for fathers and recently held its first fatherhood congress. If we don't involve men, we can't reach reproductive health, **Antonietta Cilumbriello** pointed out.

Greece

George Farmakides explained that there were no major difficulties when a woman was pregnant or during the first year of a child's life since there are very strong family ties. However, single, abused and neglected women are a serious issue. This is especially true among non-documented immigrants. In his hospital, 30% of births come from this category. With the Greek government planning to give these individuals full citizenship, they will soon move elsewhere in the European Union adding to pressures on other countries' social services.

He mentioned the many benefits which single and working mothers below the poverty level can receive. These range from free medical care and priority in public nursery schools to occupational training, increased annual leave and tax and rent benefits. The government financed services attract immigrants.

Many non-documented immigrants prefer to approach NGOs since they trust them more than government authorities and they can help find shelter, education and food. To some extent, however, these NGOs are supervised by the government.

He pointed out that Greece has a very liberal attitude towards abortion. It can't be controlled and counselling may be done by anybody. There is no specific gatekeeper, he said, and if there were, there would be a revolution in the country.

He raised a fundamental issue by insisting it was imperative to take steps to define what poverty levels – a concept that varies from country to country.

Commenting specifically on the Foundation, he considered it laudable that one group organises everything. That way there is no conflict of interest between different government departments. But he suggested that the presence of gatekeepers who allocate money and give counselling makes it difficult to be objective if they have certain beliefs. He raised the possibility of someone being offered 3,000 euro to feed their child and being asked to think again about having an abortion. He also emphasised the importance of identifying abused mothers at an early stage – a role gynaecologists can play, as they do in the US.

He raised two specific questions. How do non-documented immigrants who don't have the internet and don't speak German access the system? In Greece, doctors of all nationalities go out into the community to seek out those in need. How is the impact on the child of the 600 euro measured? Some countries use coupons that can be exchanged for food to prevent abuses.

Katsikarou Stavroula (Ministry of Health and Social Solidarity) stated that in addition to what has been so far discussed, we suggest that families need support during the raising of their children, and namely the period after the 2 or 3 first years of life of their babies. In some countries this support may play a critical role in women's decision to continue their pregnancies. And it's very important to pay attention to this because in addition to helping children from an ethical point of view and trying to give them a good start in life, there is a demographic perspective as birth rates fall in Europe. In Greece, family and friends provide significant help in clothing and equipment, and fee free delivery of the babies may take place in the State Hospitals.

Discussion

Marie-Anne Paraskevas provided some further information on the situation in Greece. The government plans to give undocumented immigrants Greek citizenship making it possible for them to move legally to other EU countries. Tax evasion is a major problem and official statistics cannot be trusted. While education is free, many Greeks send their children to fee paying schools since in big cities over 50% of pupils in public education are immigrants. Given the costs involved, parents think twice about having more than one child. Greece has the biggest inequality in Europe between the very rich and very poor and this won't diminish without structural change.

Eva Maria Welskop-Deffaa explained that the Foundation's outreach programme can contact women with weak German, as do NGOs and word of mouth in the community. Several languages are used on the website and in printed material.

She insisted it was wrong to suggest that pregnancy counselling services attached conditions to the receipt of the 600 euro. A counsellor tries to establish the situation the needy women might be in, listen to their concerns and offer any assistance needed. If the woman wants an abortion, the counsellor can direct her. The counsellor is not concentrating only on the money. Their role is to help pregnant women in the best way they can. Most applications to the Foundation are from women who are five to six months into their pregnancy and so are no longer by law required to have counselling.

As for possible abuses of the money given, she pointed out that the Foundation does not consider itself as a social office. Its philosophy is that a child can only be given a good start in life if you work with the mother, not against her.

Denmark

Rasmus Larsen Lindblom (Ministry of the Interior and Social Affairs) said his country has a very wide approach towards families at risk and a broad degree of universal services covering general health and parental relief. There are specific measures to assess different needs, especially of children at risk, involving a wide range of preventive support within the home such as financial support, treatment and a contact person. Denmark has especially gained valuable experiences from the implementation of evidence based parental training and therapy programmes.

But there is always room for improvement, especially in earlier intervention. That is why the emphasis on a crossprofessional approach is necessary. In Denmark all persons holding public office or providing public services has a duty to notify to authorities if they, in the exercise of their duties, learn or become aware of factors giving rise to the presumption that a child or young person under the age of 18 is in need of special support.

Denmark offers high quality day care facilities and considers the facilities to be important for a wide number of reasons – socially, practically and pedagogically. In relation to single parent's high quality day care facilities gives them an opportunity to enter the labour market and allows single parents an opportunity to complete their education. It makes it possible to combine family and professional life. A high quality day care also strengthens the inclusion of ethnic minorities parents and children.

Discussion

There was a great deal of discussion on the impact different durations of maternity leave in Europe have on women seeking to return to work. In Denmark, this lasts 52 weeks and anti-discrimination legislation makes it illegal to fire someone after this period. In addition to the general rights laid down by law, a Board of Appeal can hear individual cases and part of the labour market is regulated by agreements between trade unions and employers.

Hungary too has legislation preventing a woman returning from maternity leave from being dismissed until she has been at work for at least 60 days. But, **Orsolya Makár** pointed out, the legislation is not always enforced in practice.

Her compatriot, **Róza Vajda**, pointed to the differences in the length of parental leave between Eastern and Western Europe. Historically, it has been longer in the former and remains so. This generous policy is usually considered an achievement by Western colleagues, but in fact it does not promote gender equality at all. Historically, it was a Communist way of giving the impression of full employment. At the same time, gender inequality at home remained untouched and there was no sharing of domestic duties. This legacy is still influential. In 95% of cases, parental leave is taken by women, thus undermining gender equality. The solution, she said, is to reduce parental leave and this is happening in Hungary as it is cut from three years to two.

However, with few employment opportunities currently available, many women and women's NGOs oppose the change. In addition, even the existence of anti-discrimination legislation doesn't prevent employers from finding loopholes or being less inclined to hire women, she added.

Céline Simonin noted that the problem of effectively implementing anti-discrimination legislation was widespread. In France, the equality body has produced a leaflet for pregnant women explaining their rights since it recognised this discrepancy existed. She wondered whether Danish employers really were so different, prompting the response that the system, with its complaints board, appears to be working well in practice.

Adriana Ciampa asked whether women with flexible or short-term contracts were fully covered by Danish parental leave legislation. They are. However, **Hugo Swinnen** pointed out that, despite anti-discrimination legislation, this is still an issue in the Netherlands where many women are in part-time employment.

Eva Maria Welskop-Deffaa said that Germany had examined the relationship between maternity leave and the labour market in great detail and was aware this had to be closely monitored. She made clear that the issue had deliberately not been included in the host country's Peer Review report.

Hugo Swinnen noted that there is always tension between parental leave and re-entering the labour market and that the length of the former affects the latter. He suggested it would be an interesting point to place on the European research agenda.

Asked how the cross-professional process works in practice, **Rasmus Larsen Lindblom** agreed it could be a challenge. He explained that a major reform is under way to make some rules more precise on the need to communicate awareness when encountering families and children in need.

This will most likely be in Parliament in March. A campaign also exists to make public employees working with children (in day care facilities, schools, health care etc.) aware of their responsibilities in this area.

Serbia

Dragana Radovanovic (Ministry of Labour and Social Policy, Department for International Cooperation, European Integration and Project Management) explained that the low birth rate is a major problem for the country. Annual births are currently running at 30% below what is needed to maintain existing population levels. Last year, the government adopted a strategy to address this and social legislation is being adapted to meet its goals.

These are to reduce the economic costs of childcare, reconcile work and parental situations, promote the role of the father in the family, reduce the psychological costs of parenting, and promote reproductive health. Concrete measures include different types of benefits, wage compensation and special child care for some types of disability.

Legislation provides social protection for citizens and material support if their income is below a certain threshold. If a municipality is in a sufficiently healthy financial situation, it can give extra benefits. In Belgrade, for instance, there are additional maternity protection benefits and support for pregnant women who are ill or encounter complications. A new law on employment and unemployment insurance aims to encourage jobs for young people out of work and for single mothers.

Discussion

Eva Maria Welskop-Deffaa noted the presentation's emphasis on the Serbian government's strong pro-birth policy. She said it would be very hard to describe Germany's policy in such terms. The Foundation's overall mission is to help all people who want a child, but to refrain from proactively encouraging young people to have children. She wanted to know whether Serbia advertises its policy as pro-natal.

The response was affirmative. The approach had been announced last year and measures would be introduced over the next five years to implement it.

The exchange broadened the discussion out into the area of pregnant teenagers and young parents. **Agata D'Addato** pointed out that these groups are less likely than older parents to access maternity care early on, and more likely to have a reduced engagement with clinical care as well as to attend antenatal education. The Ten Parents Support Programme in Ireland offers an example of effective response to the vulnerability of families headed by teen parents by providing support services for both the young parents and their children. **Marie-Anne Paraskevas** asked how many of the children remained with their parents or ended up in institutional care.

It was pointed out that Germany has a programme to help young people be future parents funded by the federal health education centre. There are targeted measures to prevent teenage pregnancies and a specific programme is directed at 8th grade pupils to discuss gender issues

and the role of the father. The programme is widely accepted, but financial constraints prevent it being deployed on a wider scale.

In Hungary, **Orsolya Makár** explained, there is a school sex education programme for 12 year olds. The level of teenage pregnancies is not that high, but most are in poor parts of society and among the Roma. Data protection rules prevent information being collected on whether the young mothers are Roma or not, but visits to settlements confirm that girls of Roma origin tend to have early pregnancies. The problem occurs after a pregnancy, since they will not return to school and so considerably reduce their chances of finding a job. The same phenomenon was noted in Italy.

Anna Jin Rolfgaard (Ministry of the Interior and Social Affairs, Denmark) gave details of a successful Danish scheme where young mothers at risk can stay in a private dormitory and continue their education. Fathers may visit, but are not allowed to live there. To date, every mother using the facility has completed her education.

There was a short debate about statistics on teenage pregnancies in Europe. It was pointed out that these exist and that the phenomenon is most prevalent in the UK, since there it is seen as a way for young girls to escape the family environment, especially since they then have access to extensive state support.

Eva Maria Welskop-Deffaa said that Germany had recognised five or six years ago that such misguided incentives could encourage teenage pregnancies and had changed its system leading to a fall in their numbers. In all, there are three sets of reliable figures that can be consulted: teenage pregnancies, terminated teenage pregnancies and births by young mothers. In Germany, teenagers under 17 years of age choosing to have an abortion or give birth are split 50:50.

Róza Vajda stated that early pregnancies among Roma girls may appear to be cultural, but in fact are due to their extensive social exclusion and lack of opportunities. Education is needed. This should not be a form of indoctrination, explaining that they had better wait a few more years before having children. Instead, a systemic transformation is needed involving the educational integration of Roma. Only by having better prospects for education, the labour market and social inclusion in general, will Roma change their habits regarding early pregnancies – just as it happened with our grandmothers and great grandmothers who started to have less children as soon as they finally had the right to study and develop their talents.

Bulgaria

Elena Manasieva (Ministry of Labour and Social Policy, Social protection and Social inclusion directorate) explained that the social assistance system contains two separate branches: one for the family, the other for child protection. Different allowances are available. Unemployed pregnant women and mothers on a low income receive financial support once at childbirth and then monthly for a year.

Pregnant women and mothers whose children face the risk of being abandoned enjoy special status in the Child Protection Act – the main piece of legislation guaranteeing children's rights in the country. This provides for special measures to be put in place if there is a danger of a baby being abandoned.

In the past few years, a series of community based services for family support has been developed. These provide for assistance from professionals, day care facilities, temporary accommodation, mediation and other back up facilities.

Elka Nalbantova (For Our Children Foundation) gave details of the measures being taken to prevent babies being abandoned by their mothers. In the past two years, this has been given a higher priority and appropriate support services have been developed.

One of these is the Mother and Baby unit. This is a residential shelter for mothers with children up to three years old. The women may stay for up to six months while deciding whether to keep their child or not.

Children with disabilities are the most serious problem in Bulgaria. When they are born, they are usually abandoned or placed in an institution. This decision is usually influenced by the medical profession, but efforts are now underway to develop a more integrated approach between medical and social services so that the best interests of the mother and child in such circumstances are taken into account.

Discussion

Marie-Anne Paraskevas, commenting on the problem of abandoned children, explained that for many years EU funding had been used to finance the construction of large institutions to care for their welfare. More recently, the approach has changed and the financial support is directed away from institutional care towards community based services and encouraging families to look after their own children.

Céline Simonin endorsed the change of approach, informing participants that last October COFACE had organised a seminar in Sofia in which the deputy minister for social affairs gave a commitment to support family carers in looking after children with disabilities.

Elka Nalbantova acknowledged that political will and commitment were very important, but on their own were insufficient. What was needed was to change the attitude of the medical profession in Bulgaria and that was far from easy.

Marie-Anne Paraskevas agreed that the practice of taking children away from their parents on the grounds that they could not cope and placing them in an institution was a major concern. She pointed to abuses of the system, notably in the UK, where the children had not even been consulted before being removed from their families. She emphasised the importance of supporting practices to encourage parents to keep their children.

Eva Maria Welskop-Deffaa pointed out that German legislation on the early detection of possible disabilities had been amended in January 2010. Pre-natal examinations enabled couples to imagine how they would cope with caring for a disabled child and counselling was available. She accepted that experience of medical reactions to such situations in Germany was not always in line with the social policy approach. What was required was to offer the optimal support possible to prospective parents.

Closing remarks

Hugo Swinnen said several main points had emerged for him from the one and half days of discussions.

1. Better understanding of the Foundation's policy objectives and operations. It has already reached many of its aims, but still has much potential as leverage for active inclusion. A clear distinction should be made between the role of service deliverers and those helping users receive support from the Foundation. This is especially true within the potentially controversial framework of abortion, although the work of the counselling bodies should also be seen in the wider context of support to pregnant women and their families.

Evaluating output and outcome is important. The former is clear, whereas outcome concerns a door opening function for active inclusion. This requires access to income, quality employment and quality services with an overall impact on a sustainable quality of life. Germany performs well in tackling family and child poverty, but this wider dimension is also important. The experience of counselling services in their day to day work and the way they see other services operate should be capitalised on and used to influence policy making.

An important feature of the Foundation's operations is that it is flexible and non-bureaucratic. It fills gaps between systems. It is not possible to have this flexibility if conditions are laid down on the use pregnant women make of its payments. There will always be the risk of some misuse on the way the personal grants are spent.

2. Importance of local quality services for vulnerable women and families to prevent social exclusion. The services have to be easy to access, community based and integrated with a holistic approach, involving family, friends and a network to empower parents and developing their potential. Outreach is important as is case management so that any referrals to other services are followed up. So too is horizontal accountability with responsibility taken for colleagues in other services.
3. Importance of integrated strategies. Tensions inevitably exist between different policies. These cannot be avoided, but should be used positively where possible. The relationship between parental leave schemes and labour integration depends on many factors, such as the economic situation and the views of users and other stakeholders including employers, governments, parents and children.
4. Importance of project-based innovation. This is especially true for the most vulnerable such as Roma, teenage parents and undocumented migrants. This requires a lot of investment and energy in developing imaginative initiatives.
5. Importance of very early intervention. The German practice is a good example of intervention well before the birth to improve a child's quality of life and helps to prevent them being abandoned later.

Marie-Anne Paraskevas thanked all participants, in particular the host country, on behalf of the Commission. She admitted that when this Peer Review had initially been suggested, the idea had appeared somewhat unclear to her. But there had been good positive results from the exercise.

1. The Foundation's support helps to bridge the gap before a mother is eligible for children's allowance. This is strong assistance for women in vulnerable situations, especially in the current economic crisis.
2. This support for women is not just about pregnancy, but also about other issues of concern to the early life of a child. This should be a universal practice and not remain targeted solely to people in emergency situations.
3. To be more proactive, it is necessary to encourage more participation in society. The empowerment element is missing at the moment and the Foundation should do more to stimulate parents to be actively involved in the process and not see the money as charity.
4. The local level design and inclusion of services are very positive. This is the best way to fill in gaps and satisfy needs when these appear.
5. It is crucially important to make the initiatives known to as wide a public as possible.
6. Outputs and outcomes, not just as they affect parents, but also children, should be evaluated. This preventive function of the Foundation should be accompanied by stronger earlier intervention where possible.
7. The initiative can be used as a catalyst to tackle domestic violence and to promote a network for parents who are in a similar situation and need support. Positive parenting programmes should be addressed to all parents regardless of their status and background.

She invited the participating member states to continue these discussions and suggested they might like to support a Peer Review on teenage pregnancies and the move from institutional to community care services.

Eva Maria Welskop-Deffaa thanked everyone for the opportunity to present the Federal Foundation Mother and Child's work in the context of a Peer Review and said that the ideas expressed over the two days would help it to make progress on child policy and gender equality. She underlined six basic issues.

1. All member states face similar challenges of teenage pregnancy, unwanted pregnancies, stress in pregnancy and disability complications. But the same starting point does not automatically mean all find the same solution. Health care systems are different. National cultures and traditions are so strong that individual answers have to be sought, even if there are useful and extensive exchanges between different countries.
2. One possibly worthwhile experience could be to offer targeted solutions. Given the money available, perhaps the focus should not be on the whole life cycle, but on those times when a mother needs assistance. Periods of pregnancy and forming a family should be monitored and considered in a targeted way. Attention should also be given to other forms of assistance to parents, possibly through anti-discrimination legislation.
3. There is general agreement that the approach to this phase in life should be marked by empowerment, especially of the mother of the child. It should be accompanied by a cross-

professional approach with cooperation between all involved – physicians, doctors and counselling centres.

4. Everything must be done to ensure early intervention. This means reducing all obstacles, including linguistic and other barriers. It is clear the Foundation can help overcome hurdles and open doors to other forms of standard assistance in the system.
5. The Foundation is making efforts to combine structural and financial help. It was not so clear to it beforehand that this constitutes a major challenge. Now, it will certainly give more thought to this and to linking these two elements together.
6. More effective evaluation of the Foundation's work is necessary. This is not to question what it does, but to see how this could be further developed.