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Feasibility Study for a **Child Guarantee**

Inception report

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Contact: Julius op de Beke

E-mail: Julius.Opdebeke@ec.europa.eu

*European Commission
B-1049 Brussels*

STUDY ON THE FEASIBILITY OF A CHILD GUARANTEE FOR VULNERABLE CHILDREN

Inception Report (December 2018)



in partnership with



In 2015, the European Parliament called on the European Commission and the European Union Member States, "in view of the weakening of public services, to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty". Following the subsequent request by the Parliament to the Commission to implement a Preparatory Action to explore the potential scope of a Child Guarantee for vulnerable children, the Commission ordered a study to analyse the feasibility of such a scheme.

The feasibility study for a Child Guarantee is carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with Eurochild and Save the Children, and with the support of nine thematic experts, 28 national experts and an independent study editor.

For more information on the feasibility study for a Child Guarantee, see:

<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

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Feasibility Study for a Child Guarantee (FSCG)

Inception Report

1. Introduction and context for the FSCG

The issue of the social inclusion and well-being of children and the promotion of children's rights has steadily become more prominent in EU policy as a result of the increased status given to children's rights and to the fight against poverty and social exclusion since the adoption of the Lisbon Treaty in 2009 and its guarantee of the freedom and principles set out in the EU Charter of Fundamental Rights in 2009. The inclusion of a specific target on reducing poverty and social exclusion in the Europe 2020 Strategy has further helped to increase the focus on those at risk including children¹. The EU Recommendation on *Investing in children: Breaking the cycle of disadvantage* proposed by the Commission (February 2013) and endorsed by the EU Council of Ministers (July 2013) has provided a clear framework for the Commission and EU Member States to develop policies and programmes to promote the social inclusion and well-being of children especially those in vulnerable situations². More recently, the adoption of a European Pillar of Social Rights (EPSR), which was jointly proclaimed by the European Parliament, the European Council and the Commission on 17 November 2017, and in particular Principle 11 reinforces the importance of promoting children's rights³. It is also important to note that all Member States have ratified the United Nations Convention on the Rights of the Child (UNCRC)⁴ and this Convention should thus guide EU as well as national and (sub-)national policies and actions that have an impact on the rights of the child.

In spite of the growing political commitment to promoting children's rights and well-being as well as the stronger legal framework and the clearer policy guidance, progress has been slow and high levels of child poverty or social exclusion persist in many EU countries, particularly for some groups of children. Recent studies on the implementation of the 2013 EU Recommendation by the Commission⁵ and the European Social Policy Network (ESPN)⁶ highlight that much more needs to be done to ensure its effective implementation. This has been reinforced by various reports from key European networks such as Eurochild⁷,

¹ European Commission (2010), *Europe 2020: A strategy for smart, sustainable and inclusive growth*, Communication COM(2010) 2020, Brussels: European Commission. See also: Marlier, E. Natali, D. and Van Dam, R. (2010), *Europe 2020. Towards a more social EU?*, Brussels: P.I.E. Peter Lang.

² The EU Recommendation on *Investing in children: Breaking the cycle of disadvantage* is available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:059:0005:0016:EN:PDF>.

³ For more information on the European Pillar of Social Rights, see: https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en. Principle 11 of the EPSR is devoted to the right to affordable and good quality early childhood education and care (ECEC), the right to protection from poverty and the right of children from disadvantaged backgrounds to specific measures to enhance equal opportunities.

⁴ More details on the United Nations Convention on the Rights of the Child are available at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.

⁵ See European Commission (2017), *Taking stock of the 2013 Recommendation on "Investing in children: breaking the cycle of disadvantage"*, Commission Staff Working Document, SWD (2017) 258 final, Brussels: European Commission.

⁶ See Frazer, H. and Marlier, E. (2017), *Progress across Europe in the implementation of the 2013 EU Recommendation on "Investing in children: Breaking the cycle of disadvantage". A study of national policies*, European Social Policy Network (ESPN), Brussels: European Commission.

⁷ See for instance Eurochild's annual reports monitoring the European Semester. The 2018 report *Making social rights work for children* is available at



the European Anti-Poverty Network, the European Social Network and Save the Children. These various reports also highlight that in spite of some increase in the use of EU Funds to support families and children from disadvantaged backgrounds these Funds could be much more extensively and strategically used. In this context, on 24 November 2015 the European Parliament voted for the proposition to combat child poverty and social exclusion and to ensure the effective implementation of the 2013 Recommendation on Investing in Children with a Child Guarantee. Subsequently in its 2017 budget the Parliament requested the Commission to implement a "Preparatory action - Child Guarantee Scheme / Establishing a European Child Guarantee and financial support"⁸. This Preparatory Action on establishing a possible Child Guarantee (CG) aims at laying down an implementing framework that is in accordance with the 2013 EU Recommendation, while also taking into account other more recent international initiatives in the social policy field such as the EPSR and the broader UN Sustainable Development Goals (SDG)⁹. All parts of this action must follow a child-rights based approach. This means taking due account of: EU and international standards and good practices, as defined through the UNCRC and its general comments; the Council of Europe standards and recommendations; other United Nations standards such as the UN Guidelines for the alternative care of children; and the EU policies on "de-institutionalisation" (transfer to community and family-based living) and "non-institutionalisation", non-discrimination and desegregation in education and housing.¹⁰

According to the budgetary remarks of the European Parliament attached to this Preparatory Action, the action should make sure that "every child in Europe at risk of poverty (including refugee children) has access to free healthcare, free education, free childcare, decent housing and adequate nutrition. By covering these five areas of action through European and national action plans one would ensure that the living conditions and opportunities of millions of children in Europe improve considerably and with a long-term perspective"¹¹.

In response, the Commission decided that a necessary first step would be to clarify the potential scope of the concept of a CG by exploring the feasibility and analysing the conditions for the implementation of such a scheme, and to assess whether or not a CG would bring added value to the existing EU and national frameworks and would then be a useful and cost-effective additional instrument. It thus decided to commission a feasibility study focusing on four specific groups of socially vulnerable children that are known to be particularly exposed to poverty and well-being risks: "Children residing in institutions", "Children with disabilities and other children with special needs", "Children of recent migrants and refugees" and "Children living in precarious family situations" (see Section 2 for working definitions of these target groups).

Following a competitive tender process, a consortium led by Applica and the Luxembourg Institute of Socio-Economic Research (LISER) and involving Eurochild and Save the

https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/09_Eurochild_SemRep2018UPATED_31.10.2018.pdf.

⁸ Preparatory Actions are an important tool for the European Parliament (EP) to formulate new political priorities and introduce new initiatives that might eventually turn into standing EU activities and programmes with their own budget lines.

⁹ More details on the SDGs can be found at <https://www.un.org/sustainabledevelopment/development-agenda/>

¹⁰ The 2013 EU Recommendation on *Investing in Children* also stresses the importance of a rights approach setting out as one of its horizontal principles that Member States should "Address child poverty and social exclusion from a children's rights approach, in particular by referring to the relevant provisions of the Treaty on the European Union, the Charter of Fundamental Rights of the European Union and the UN Convention on the Rights of the Child, making sure that these rights are respected, protected and fulfilled".

¹¹ See item 04 03 77 25 in Annex 3 PP/PA Budgetary remarks as in 2018 Budget.



Children (see Section 11 for details of the composition of the FSCG Team) has been commissioned to undertake the feasibility study. The overall objective of the study is to provide a thorough analysis of the design, feasibility, governance and implementation options of a possible future CG Scheme in the EU Member States based on what is in place and feasible for the four groups of particularly vulnerable children listed above. The study will also attempt to explore the possibility of extrapolating and learning from the insights found for the four groups to larger groups of, or eventually all, children in the EU.

This Inception Report is the first deliverable of the FSCG. It is intended to set the scene for the work that will follow over the next 16 months. Based on the limited evidence available, this report provides a first mapping of the situation across the 28 Member States outlining the situation in relation to children, particularly the four target groups (TGs) of disadvantaged children as well as an indication of the key issues in relation to children's access to the five policy areas (PAs). It also provides an initial indication of key policy questions to be discussed during the process and, in particular, at the fact-finding workshops, a clear description of the process and timeline that will be followed in implementing the project, and an outline of all the ways and moments when stakeholders will have an opportunity to contribute to the process.

In Section 2, the key concepts and definitions in relation to the four TGs and five PAs are outlined. Section 3 discusses the availability of empirical evidence. Section 4 provides a mapping of the situation in relation to the four TGs and five PAs. Section 5 presents a mapping of the main international and EU policy instruments relevant to children's rights. Section 6 describes the content and purpose of the different deliverables that will be produced and the key activities that will take place as part of the FSCG and how they are interconnected. Section 7 sets out the timetable for all the deliverables and activities. Section 8 explains how the FSCG is represented on the Commission website. Section 9 outlines the key issues and questions to be addressed during the course of the FSCG. Section 10 indicates the expected outcomes of the FSCG. Section 11 gives details of the consortium managing the FSCG, the coordinating team and all the experts involved in the FSCG.



2. Definition of the Target Groups (TGs) and estimation of their size at country level

This section presents the definitions of the four TGs, i.e. children residing in institutions, children with disabilities and other children with special needs, children of recent migrants and refugees, and children living in precarious family situations. These definitions are those that will be used in all the deliverables submitted in the context of the FSCG.

For each TG, this section mobilises available evidence to try to assess the size of the TGs in each Member State (in so far as evidence allows). The section also briefly discusses the quality, reliability, coverage and limitations of the information available. It also presents the source(s) chosen in those areas where more than one source is available.

2.1 Children residing in institutions

2.1.1 Definition of the TG

In line with the UN Guidelines for the Alternative Care of Children, “children in institutions” are children who, for various reasons (e.g. domestic violence, family poverty and family breakdown and dysfunction) are *deprived of parental care* and for whom an alternative care placement in *residential care institutions* has been found.

In various Member States, alternative care placements for children without parental care can be provided in different environments such as in informal kinship care (e.g. with relatives or friend), formal family-based care (e.g. formal kinship care, foster care), independent living arrangement (often for older children), or in **residential care**. Residential care can be provided in a family-like environment or in so-called *institutions*. Residential care/ institutional care can also be provided in boarding school facilities and/or in shelters for homeless children, or in hospital settings in the absence of alternatives (this is most often the case for very young children, like new-borns who are relinquished/abandoned directly after birth and for whom more permanent care is being sought). The definition of residential care does not include children in prisons or deprived of liberty because of being in conflict with the law.

Figure 2.1: different types of alternative care

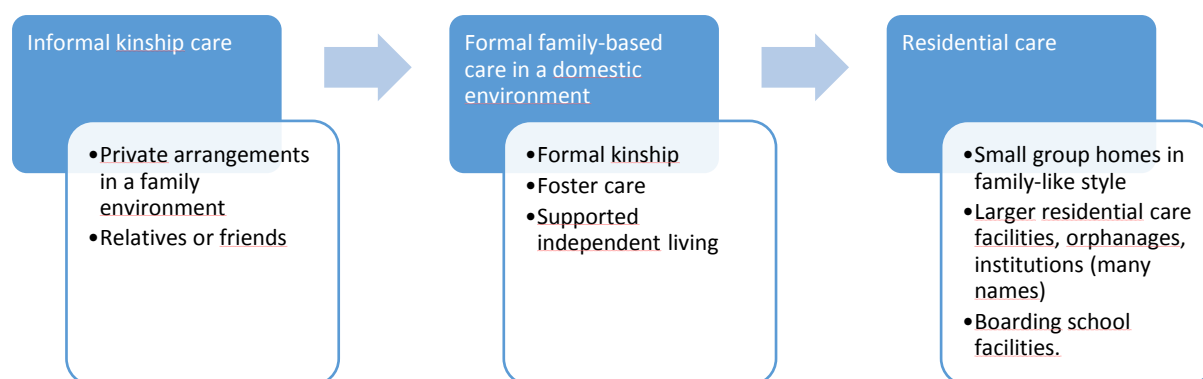


Figure 2.1 provides details on the different types of alternative care which are often available in countries and which need to be further diversified in order for children deprived of/ without parental care not to be placed in institutional care. Social workers providing case management need to have a range of options to choose from and refer children to the form of care best suited for each case. Large-scale institutional care with an institutional culture should never be used. Residential care in family-like settings should



be used as a matter of last resort and for the shortest possible period of time. Boarding schools should favour the family-like style of living for children, and favour regular contact with family and communities of origin.

International child rights standards such as the aforementioned UN Guidelines for the Alternative Care of Children and the Common European Guidelines for the Transition from Institutional Care to Community-Based Care¹², call for the progressive elimination of institutional care for children, and for children to be cared for in residential care only as a last resort and for the shortest possible period of time and on a case-by-case basis.

Efforts have been made to define institutional care, with the UN guidelines defining this by the size of the residential care facility, while the Common European Guidelines for the Transition from Institutional Care to Community-Based Care, have gone further and defined institutions or institutional care by the institutional “culture”¹³ of the care environment rather than the size of the care facility.

Many EU Member States have transitioned from alternative care systems that are relying mainly on residential care with an institutional care culture, to systems that provide care to children in family-based or family-like care settings. However, there are still Member States where residential care, often with an institutional care culture, is the predominant alternative care service available to children without parental care¹⁴. Given that countries’ administrative systems most often record data on children without/ deprived of parental care, **in the FSCG the overarching identifier for the policy area “children residing in institutions” is children who are without/deprived of parental care and who, through an administrative or judicial decision are placed in any form of residential care, regardless of the size and culture.** Within this group and to the extent that it is possible, we are interested in identifying quantitatively and qualitatively the extent to which children without/ deprived of parental care in residential care, are living in residential care facilities with an institutional care culture.

In this context, an institutional care culture, as per the Common European Guidelines for the Transition from Institutional Care to Community-Based Care is defined by the fact that *“residents are isolated from the broader community and/or compelled to live together; residents do not have sufficient control over their lives and over decisions which affect them; and the requirements of the organization itself tend to take precedence over the residents’ individualised needs”*. Even though the care facility is not defined by the number of residents, size is an important factor: *“smaller and more personalized living arrangements are more likely to ensure opportunities for choice and self-determination of service users and to provide a needs-led service”*.

In EU Member States, residential care can be provided by both **public and private service providers, NGOs and faith-based organisations.**

When collecting information on children in residential care/ institutional care, it is important to distinguish between different **sub-groups**:

- Children who are living in family-like residential care facilities and children who are living in residential care facilities with institutional culture: In Eastern Europe the most common form of residential care has traditionally been provided in facilities

¹² <http://www.esn-eu.org/raw.php?page=files&id=334>

¹³ Institutional care “culture” has to be understood as impersonal regime, isolation from the community and goals of care limited to meeting basic physical needs for food and shelter. Such *institutions* do not comply with the conditions set for residential care in the UN Guidelines, which recognise children’s need for love, care and affection to develop normally.

¹⁴ <http://www.openingdoors.eu/the-campaign/>



with an institutional culture, but more family-like residential care facilities are emerging as part of reforms to alternative care systems.¹⁵

- Children who are living in residential care for the sake of education, in boarding school facilities: Within these facilities, some children go home on holidays and/or weekend, and there are also children who permanently reside in boarding schools and have lost entirely (or only have very scarce contact) with their family or community of origin. The latter group is to be considered as “institutionalised”, while the former is not.
- Children with disabilities living in residential care: Children with disabilities are often overrepresented in residential care, and are often the last group of children to benefit from alternative care reforms that are establishing less harmful and better care options.
- Children under age of 3 living in residential care: International child right standards call for children under the age of 3 not to be cared for in residential care at all (neither in family-like residential care facilities, nor in institutional care environments). It is important to explore the extent to which children under the age of 3 are placed in residential care. In some cases, children under 3, if they are deprived of parental care, or abandoned/relinquished in the hospital after birth, can in the absence of other alternatives be cared for in the hospital for a prolonged period of time, which in those cases should be considered as the worst form of institutional care.

2.1.2 Size of the TG in EU countries

Availability of data

Because of the lack of a clear and common definition of “institutions”, estimating the number of children who are living in *institutions* is not possible. However, attempts have been made to estimate the number of children in **residential care**. These data have their flaws. Availability of national prevalence figures usually depends on the level of maturity of countries’ data collection systems and not all countries record these data in national statistics. Furthermore, when data are collected on children in residential care, definitions of what qualifies as residential care also often differ between countries. There is not one EU database that captures data on children without parental care and children placed in residential care comprehensively and where countries would be reporting on similar standards and definitions. This makes the estimation of the number of children in residential care difficult.

In order to estimate the number of children growing up in residential care in the various EU countries, of which many children would be considered as living in institutions, various sources were consulted. To the extent that this was possible, we tried to identify as recent data sources as possible that provide data from multiple countries and, ideally, sources where data on indicators for children in residential care for countries have been cleaned and standardised across countries. The TransMONEE database¹⁶ is one such source that collects and reports data from national statistical offices on an annual basis, based on standardised forms defining which children to count in different indicators. This database includes data from 10 EU countries. This is our preferred data source because of the standardisation of the indicators that it includes. For the remaining countries, for which data were not available in the TransMONEE database, two other sources were identified. On the one hand, we aggregated data from the country fact-sheets developed by the

¹⁵ <https://www.unicef.org/protection/Web-Unicef-rapport-home-20110623v2.pdf>
https://www.unicef.org/turkmenistan/UNICEF_Report_Children_Under_3_2013_ammended_January_2013_Web.pdf

¹⁶ <https://www.unicef-irc.org/databases/transmonee/>



Opening Doors Campaign¹⁷; these contain data on children in residential care from several EU countries. These data are recent but the indicators used are not standardised across countries. The data reported from this data source have therefore been standardised to be similar to what is included in the TransMONEE database. This standardisation was done through aggregating data on different residential care settings into one standard indicator for all children in residential care. The third data source for the remaining countries that are not covered in TransMONEE or in the Opening Doors Campaign country facts-sheets is a report containing national surveys compiled by Eurochild¹⁸ in 2010. In this survey, countries have reported on the number of children in residential care as per the way such data are contained in national statistics. Similar to the Opening Doors Campaigns country fact-sheets, the data reported on children in residential care also had to be recalculated to include similar data as in the TransMONEE database. The limitations of this approach are that the data reported below are from different years, depending on the data source, and that the data cleaning, verification and standardisation has not followed the protocols that would be necessary from a scientific point of view. The below data are therefore to be considered as rough estimations.

Current situation – children in residential care in the EU

Based on these three data sources, we can conclude that a large number of children grow up in residential care in the EU: around 400,000-500,000 children. This number most likely underestimates the actual number as none of the data sources captures the potentially large number of children placed in residential care who are entering the EU as unaccompanied minors, migrants or refugees. Table 2.1 provides the available numbers by country and data source.

These data do not include all forms of alternative care, such as family-based care. Therefore, while roughly half a million children are estimated to be living in residential care in the EU, many more are separated from their biological families and live in formal alternative care - including both residential care and family-based care, like foster care. In 2010, Eurochild estimated that approximately 1 million children were living in any form of formal alternative care. This would, at the time, constitute around 1% of children in the EU. Rates of separation and rates of residential care placement furthermore vary significantly between countries, as can also be seen in Table 2.1.

¹⁷ www.openingdoors.eu/category/resources/

¹⁸

[https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication - Children in Alternative Care - 2nd Edition January2010.pdf](https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication_-_Children_in_Alternative_Care_-_2nd_Edition_January2010.pdf)



Table 2.1: Number of children in residential care by EU country

	Number of children in residential care (at the end of the year)		
	Opening Doors Campaign - country fact sheets (2016 data)	TransMONEE (2014 data)	Eurochild National Surveys from 2010 (2007-8 data)
Austria	8,423		6,076
Belgium	13,599		
Bulgaria		3,713	7,602
Croatia	1,459		
Cyprus			
Czech Republic		22,810	
Denmark			6,340
Estonia	1,068	1,056	1,398
Finland			8,095
France			154,819
Germany			68,788
Greece	2,815		2,500
Hungary	6,183	6,940	9,582
Ireland			401
Italy			15,600
Latvia	1,200	2,710	2,655
Lithuania	3,186	4,086	9,483
Luxembourg			1,033
Malta			220
Netherlands (No of beds)			14,516
Poland	52,916	49,108	
Portugal			15,837
Romania		21,540	25,530
Slovakia		5,307	4,709
Slovenia		1,137	1,334
Spain	13,596		14,605
Sweden			4,000
United Kingdom			7,437
Total (bolded numbers)			455,385

Sources: <https://www.unicef-irc.org/databases/transmonee/>;

www.openingdoors.eu/category/resources/;

https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication_-_Children_in_Alternative_Care_-_2nd_Edition_January2010.pdf



Changes over time – child separation and institutionalisation in the EU

The only regional database that can provide a picture of changes over time in separation rates and in placements into residential care is the TransMONEE database. Of the 10 EU countries included in that database eight provided data on these changes¹⁹. Table 2.2 shows that **Bulgaria, the Czech Republic, Estonia and Hungary** have increasing separation rates, while in **Latvia, Lithuania, Poland and Slovakia** separation rates are decreasing. The children reported in this indicator are placed either in residential care or in family-based care.

Table 2.2: Changes over time in separation rates in 8 EU countries

Total number of children left without parental care (during the year)						
	2000	2005	2014	Number between and 2014	increase 2000/2005	Increase/decrease (in per cent between 2000/2005 and 2014)
Bulgaria	-	2,758	488		-2270	-82%
Czech Republic	4,064	5,003	5,935		1871	46%
Estonia	1,227	858	3,556		2329	190%
Hungary	-	4,389	6,549		2160	49%
Latvia	2,331	1,943	1,605		-726	-31%
Lithuania	2,597	3,209	1,871		-726	-28%
Poland	-	32,660	27,042		-5618	-17%
Slovakia	2,164	2,342	1,705		-459	-21%

Source: <https://www.unicef-irc.org/databases/transmonee/>

Amongst these children, it is nevertheless interesting to note that for 10 EU countries reporting into the TransMONEE database, all countries have reducing numbers of children being placed in residential care. As can be seen in Table 2.3, the reduction in the number of children placed in residential care in the **Czech Republic** is quite small compared to other countries. **Bulgaria, Lithuania** and **Romania** have seen the most significant decreases in the number of children placed in residential care between 2000 and 2014. However, these data do not take into account possible increasing numbers of refugee or unaccompanied migrant children who are placed in residential care. There are many reports suggesting the separation rates and placement of children into residential care are increasing in the EU. The country fact-sheets available through the Opening Doors Campaign report such a change in **Belgium** where it is stated that more institutions have been now opened to or extended to cater for this group of children. Similar situations are reported in **Greece, Malta, Spain** and **Sweden** and these are likely not to be the only countries in the EU that are facing a similar change.

¹⁹ These data are likely to exclude the number of refugee children and unaccompanied children who are often not counted within the below statistics because they have not been separated at the decision of a competent authority, but is a "spontaneous" separation that is happening as a result of their specific refugee or migrant status.



Table 2.3: Changes over time in placement in residential care in 10 EU countries

Total number of children in residential care (at the end of the year)						
	2000	2005	2013	2014	Increase/decrease in numbers between 2000 and 2013/2014	Increase/decrease (in per cent) between 2000 and 2013/2014
Bulgaria	16,409	11,126	4,747	3,713	-12696	-77%
Czech Republic	22,912	23,622	22,602	22,810	-102	-0.4%
Estonia	1,715	1,683	1,071	1,056	-659	-38%
Latvia	3,659	2,881	2,930	2,710	-949	-26%
Lithuania	11,706	10,688	6,198	4,086	-7620	-65%
Hungary	8,401	7,819	6,407	6,940	-1461	-17%
Poland	61,117	55,765	49,337	49,108	-12009	-20%
Slovakia	9,122	8,304	5,517	5,307	-3815	-42%
Slovenia	1,756	1,566	1,137	-	-619	-35%
Romania	58,385	28,786	22,189	21,540	-36845	-63%

Source: <https://www.unicef-irc.org/databases/transmonee/>

Children under three in residential care

Children under the age of three is the group of children for whom residential care is the most harmful. The UN Guidelines state that children in this age group should ideally not be placed in this form of care. In spite of growing awareness of this issue in the EU, which is evident through the fact that some countries have introduced a ban on placing children under three in residential care, this problem still persists. For example, the country fact-sheets from the Opening Doors Campaign report this problem in **Croatia, Hungary, Lithuania and Spain**. For the countries that report on this indicator in the TransMONEE database (Table 2.4), it is encouraging to note that there seems at least to be a significant decrease in this indicator in **Estonia, Hungary, Latvia and Lithuania**, while a very small decrease is observed in **Romania**.

Table 2.4: Changes in placement of children under three years in residential care in 5 EU countries

Children in residential care by age: 0-3 years old (at the end of the year)						
	2005	2010	2012	2013	2014	Increase/decrease between 2000 and 2013/2014
Estonia	95	56	48	-	-	-49%
Hungary	564	396	395	327	322	-43%
Latvia	349	369	364	327	250	-28%
Lithuania	675	469	462	431	-	-36%
Romania	721	672	715	755	716	-0.6%

Source: <https://www.unicef-irc.org/databases/transmonee/>



Children with disabilities in residential care

Concerning children with disabilities, it is known from several studies that this group of children is often overrepresented in residential care, and the last group to benefit from care reform efforts. Many reports suggest that the institutionalisation of children with disabilities is a major concern in a number of EU countries but these data are not complete. Some countries, such as Sweden, reported in the Eurochild 2010 Survey that they do not have disaggregated data on the number of children with disabilities who are in residential care, out of the grand total.

If we combine the data sources we used for the total number of children in residential care (Table 2.1), the regional picture for the EU remains incomplete, but suggests that children with disabilities represent a large proportion of all children placed in residential care in the EU. This proportion is higher than 50% in Belgium, Croatia, the Czech Republic, France and Lithuania. It is around 30% in Romania and Hungary. It is 15% in Latvia and Slovakia and less than 10% in Bulgaria and Luxembourg.

Table 2.5: Number of children with disabilities in residential care in EU countries

	Number of children with disabilities out of the total number of children in residential care		
	Opening Doors Campaign (country fact-sheets) (2016 data)	TransMONEE (2014 data)	Eurochild National Surveys from
Austria			
Belgium	9,317		
Bulgaria		215	
Croatia	715		
Cyprus			
Czech Republic		11,569	
Denmark			
Estonia (2012)		437	
Finland			
France			106,642
Germany			
Greece			
Hungary		1,877	
Ireland			
Italy			
Latvia		410	
Lithuania (2005)		4,789	
Luxembourg			38
Malta			
Netherlands (No of			4,500
Poland		22,844	
Portugal			
Romania		7,235	
Slovakia		813	
Slovenia (2013)		1,137	



Spain			
Sweden			
United Kingdom			330
Total		10,032	51,326
TOTAL ALL SOURCES			173,198

Source: see Table 2.1.

The TransMONEE data suggest a decrease in the number of children with disabilities placed in residential care in eight of the 10 EU countries covered in the database, with significant reductions (more than 30% since 2000) in **Bulgaria, Estonia, Latvia, Poland, Slovakia and Slovenia** (Table 2.6). There is an increase between 2000 and 2014 in **Hungary and Romania**.

Table 2.6: Changes over time in placement of children with disabilities in residential care in 10 EU countries

Number of children with disabilities in public residential care - all types of institutions (at the end of the year)						Increase/decrease between 2000 and 2013/2014
	2000	2005	2012	2013	2014	
Bulgaria	4,144	1,310	652	542	215	-95%
Czech Republic	12,783	12,923	12,063	11,898	11,569	-9%
Estonia	1,045	464	437	-	-	-58%
Hungary	1,840	1,741	1,831	1,924	1,877	2%
Latvia	805	683	453	444	410	-49%
Lithuania	5,481	4,789	-	-	-	-13%
Poland	35,147	32,780	24,211	23,605	22,844	-35%
Slovakia	3,830	3,164	878	819	813	-79%
Slovenia	1,756	1,566	1,155	1,137	-	-35%
Romania	-	7,100	8,303	7,693	7,235	2%

Source: <https://www.unicef-irc.org/databases/transmonee/>

It should be noted, however, that even though this table shows that the number of children with disabilities in residential care seems to be decreasing in several countries, this might not necessarily represent the full picture of the situation. With alternative care reform taking place across many countries, it happens that residential care providers change their name to look like "resource centers". Such resource centers may in some cases still be a form of residential care but are not always officially counted as such because of a change in the name or in the intent of the service. The overall situation and trends are therefore not fully clear and need to be triangulated with more qualitative data on policy reform and on the development of the services needed to prevent children from entering care, and providing children with family-based care.



2.2 Children with disabilities and other children with special needs

2.2.1 Definition of the TG

According to the European Disability Strategy 2010-2020 and the UN Convention on the Rights of Persons with Disabilities²⁰ (CRPD) the definition of disability is rather broad and encompasses an open concept: **“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”**.

The description of persons with disabilities proposed in the CRPD results from a progression, over time, of the way in which disability is understood. It reflects the Social Model of disability (also known as the bio-psycho-social model), in line with the human rights-based approach, or human rights model of conceptualising disability, and is consistent with the World Health Organisation’s *International Classification of Functioning, Disability and Health* (ICF and the ICF-Children and Youth version) that conceptualises a person’s level of functioning as a **dynamic interaction** between her/his **health conditions, environmental factors and personal factors**. It defines functioning and disability as multidimensional concepts relating to:

- the body functions and structures of people;
- the activities people do and the life areas in which they participate; and
- the factors in their environment that affect these experiences.

The social model acknowledges the importance of the context and environment in enabling or disabling individuals from participating effectively in society and provides the *golden standard*.

However, despite each of the 28 Member States and the EU as a whole having signed and ratified the CRPD, most countries still use traditional ways of defining disability reflecting the medical and/or charity models of disability that emphasise diseases and illnesses, and present persons with disabilities as recipients of charity rather than rights holders. In some countries, gathering data and an accurate account of the situation of persons with disabilities is made more difficult because the term “special needs” is used as a catch-all category. The category “special needs” may or may not include disability, usually lacks accurate definition, and thus masks the specificity of the barriers and magnitude of the difficulties encountered by persons with disabilities in realising their rights. In addition, the term “special needs” is one that many people in the disability community object to, arguing that the rights of persons with disabilities should not be qualified as “special” but rather are the same rights that everyone else is entitled to. In the FSCG, **we will therefore refer to “children with disabilities” rather than “children with disabilities and other children with special needs”** (as originally proposed).

Lastly, children with disabilities are often an invisible segment of the population, with many children with disabilities being kept in segregated settings. The issue of children with disabilities in institutional care is addressed specifically in the TG “children residing in institutions” (see Section 2.1 above).

2.2.2 Size of the TG in EU countries

Availability of data

Identifying and measuring disability according to the social model **goes beyond identifying and measuring an impairment**. It is a description of a person’s life

²⁰ UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution adopted by the General Assembly*, 24 January 2007, A/RES/61/106.



situation, including their impairment, but also acknowledging the environmental and personal factors that are acting as barriers or enablers for their participation. Therefore, to identify a person with a disability it is necessary to describe the life situation of the person, including **the person's health condition (impairment), their activities and participation restrictions, and the environmental factors that support their participation:**

- **Impairment:** problems in body function (physiological functions) or structure (anatomy) to a significant degree (such as voice and speech functions; structures of the nervous system; structures related to movement; etc.);
- **Activity Limitations & Participation Restrictions:** activity limitations, i.e. difficulties people have in executing activities while participation restrictions are the difficulties someone faces in being involved in a life situation. They are usually described along 9 domains: learning and applying knowledge; general tasks and demands; communication; movement; self-care; domestic life areas; interpersonal interactions; major life areas (education, employment, economic life), and community, social and civic life.
- **Environmental Personal Factors:** contextual factors that may influence participation, such as assistive technology; natural and man-made environment; support and relationships; attitudes; services, systems and policies. Personal Factors include gender, age, social/religious background, past and present experiences, ethnic background, profession, etc.

Only by investigating and studying the relationships between these three sets of determinants can "disability" be established. To be effective in identifying disability (and providing adequate services) it is important to start as early as possible in the child's life, consider disability determination as a whole-person assessment, and take into consideration the person through the lifecycle. In all cases, gathering information on all three sets of determinants requires that various persons (starting with the most immediate family) provide information related to all aspects of a person's life, that information be collected and made available in ways that create one single picture of the person, and be made sense of by those who are the most likely to make a difference in the person's life (starting with the person her/himself, family and closest community, professionals familiar with person/services). Only then can functional profiles be developed, always leading to service supports.

These complex data are not collected at EU level.

Furthermore, until 2017, all cross-country comparable surveys gathered data on health conditions starting at age 15 or 16 and relevant information related to issues specific to children was not gathered²¹. While data on adults with disabilities may be indicative of the overall prevalence of disability in a particular country, they do not replace data on children with disabilities because they do not capture the situation along the lifecycle and in specific domains particular to children.

An ad-hoc module on children's health was added to the 2017 EU Statistics on Income and Living Conditions (EU SILC), gathering information on the general health and limitation in activities due of health problems of children aged less than 16, as well as information on their unmet needs for dental care, medical examination or treatment (see Section 4 for an analysis of these data). However, as explained above, although the data gathered shed some light on issues related to health and limitations it cannot be understood as equivalent

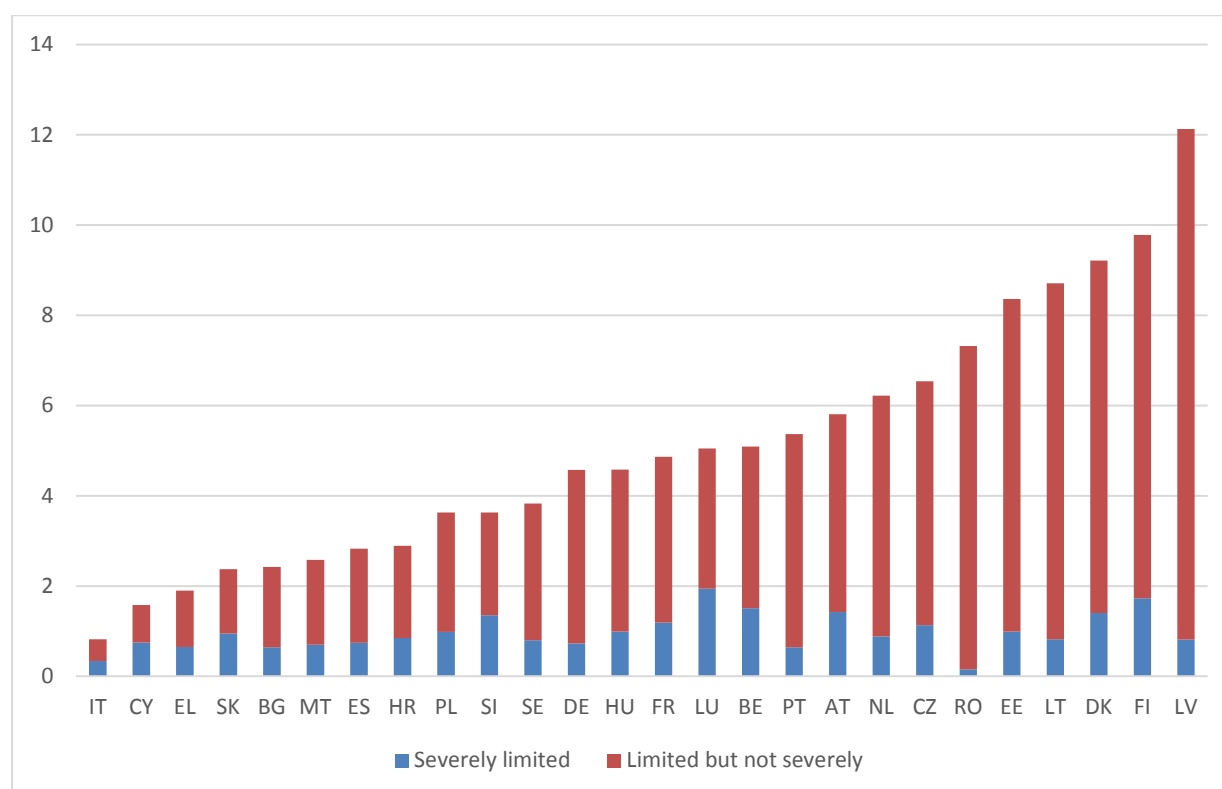
²¹ One exception is data collected on items related to child material deprivation that have led to the adoption of an EU indicator in 2018: <https://www.liser.lu/?type=news&id=1529>. For more information on this indicator, see: <https://link.springer.com/article/10.1007%2Fs12187-017-9491-6>.



to data on disability. It is also important to note that people living in institutions are not included in the EU-SILC sample. This means that children with disabilities who live in institutions are not taken into account in the analysis below.

Figure 2.2 provides the proportion of children experiencing limitations in their daily activities in the various EU countries. While the data gathered in the 2017 ad-hoc module on children's health are very important and have the potential to shed some light not only on children's access to healthcare but also health-related functional limitations, these data need to be used with caution when determining the size of the population of children with disabilities in a given country because, as indicated above, one's health status does not directly correspond to dis/ability. General health and/or impairment data cannot be used as proxy for disability. "Data on all aspects of disability and contextual factors are important for constructing a complete picture of disability and functioning. Without information on how particular health conditions in interaction with environmental barriers and facilitators affect people in their everyday lives, it is hard to determine the scope of disability. People with the same impairment can experience very different types and degrees of restriction, depending on the context. Environmental barriers to participation can differ considerably between countries and communities".

Figure 2.2: Share of children severely limited or limited (but not severely) in daily activities during the past 6 months, Children 0-15 years old, EU countries, 2017, %



Source: EU-SILC 2017, ad-hoc module, Users' Data-Base (UDB) version November 2018, own calculations. No data available for DE, NL, IE, PT and UK.

At the country level, administrative data on children with disabilities are also gathered. Despite signature and/or ratification of the CRPD, most of the 28 EU countries still use a traditional/medical definition of disability. This information is usually captured in multiple databases (based on a specific need/purpose and housed within separate ministries) that often do not allow for triangulation of findings. Thus, in one country, one may find:

- a dataset representing children with an impairment (body part or body function limitation) that often includes chronic illnesses, and should not be used as proxy for disability (usually in ministry of health);



- a dataset representing children with disabilities who have been officially registered as living with a disability and receive some sort of a benefit/ pension/ allowance based on the type and severity of the disability (usually in the ministry of social protection or ministry of welfare);
- a dataset representing school-age children with some type of a specific education need/ support, often designated “special education needs” (SEN) or “special needs education” (SNE) – this group of children should include, but should not be restricted to, children with disabilities (it cannot be assumed that all children classified as SEN or in SEN programmes are children with disabilities).

Current situation – children limited in their daily activities in the EU countries

Keeping in mind the above constraints, Figure 2.2 provides the proportion of children 0-15 years old experiencing severe or some (not severe) limitations in their daily activities. The response categories include three levels:

- “severely limited”, which means that performing or accomplishing an activity which can normally be done by a child of the same age cannot be done or only done with extreme difficulty. Persons in this category usually cannot do the activity alone and (would) need help;
- “limited but not severely”, which means that performing or accomplishing an activity which can normally be done by a child of the same age can be done but only with some difficulties (persons in this category usually do not need help from other persons); and
- “not limited at all” is also used in cases when a child cannot perform an activity or can perform it only with difficulties provided that the type of activity is beyond normal capability of children of that age.

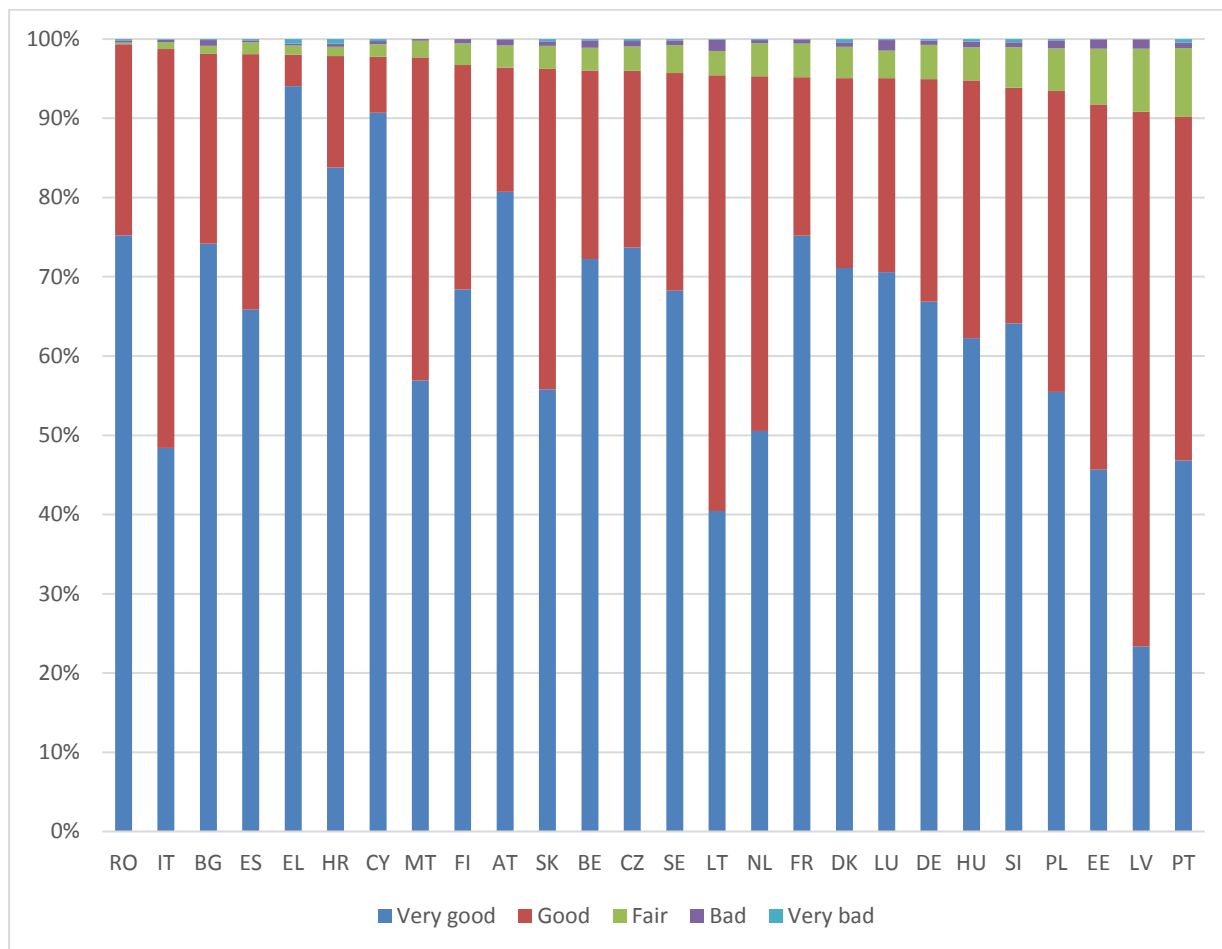
The limitations in daily activities must have started at least six months before the interview and still exist at the moment of the interview. This means that a positive answer (“severely limited” or “limited but not severely”) should be recorded only if the person is currently limited and has been limited in activities for at least the past six months. New limitations which have not yet lasted six months but are expected to continue for more than six months shall not be taken into consideration, even if usual medical knowledge would suggest that the health problem behind a new limitation is very likely to continue for a long time or for the rest of the life of the respondent (such as for diabetes type 1). The activity limitations of the same health problem may also depend on the individual person and circumstances, and only past experience can provide a safe answer.

Figure 2.2 shows that the proportion of children severely limited or limited but not severely in daily activities varies a lot across countries, ranging from less than 2% (Cyprus, Greece and Italy) to more than 8% (Denmark, Estonia, Finland, Latvia and Lithuania). In most countries, the proportion of children experiencing severe limitations is around 1% of the population aged 0-15 years.

As general context information on children’s health (not necessarily related to children’s disabilities), Figure 2.3 presents the distribution of children according to the subjective assessment of their health status by the household respondent. The proportion of children with very good health varies considerably between countries: from less than 50% in Baltic countries, Portugal and Italy to more than 80% in Austria, Croatia, Cyprus and Greece. This kind of subjective question may be partly influenced by cultural differences. Once the “very good” and the “good” answer modalities are grouped together, variations between countries are smaller. The proportion of children with “bad” or “very bad” health is 1% or less in all EU countries. Once children with “bad” or “very bad” health are grouped with children with “fair” health, the proportion ranges from 1% (Italy, Romania) to 8-10% in Estonia, Latvia and Portugal.



Figure 2.3: Distribution of children according to the perceived general/overall health, Children 0-15 years old, EU countries, 2017, %



Source: EU-SILC 2017, ad-hoc module. UDB version November 2018, own calculations. No data available for IE and UK.

2.3 Children of recent migrants and refugees

2.3.1 Definition of the TG

For the purpose of this study, the focus here is on **children below the age of 18 with a non-EU migrant background**. Children who are mobile EU citizens or the offspring of mobile EU citizens are not included in this group (some of these children are included in the fourth TG (“Children living in precarious family situations”; see below Section 4).

The TG originally identified by the Commission referred to “children of recent migrants and refugees”. However, there is no established definition of “recent”. In some publications, recent is defined as “immigrated in the past 12 months”, in others “first generation/newcomers/ not born in the country”. Moreover, and most importantly, the relative disadvantage of recent immigrants does not end within a year, but persists during a long period of time. In fact, it is often the case that second-generation children (who were born in the country) are equally (sometimes indeed more) disadvantaged than those of the first generation (see for example the performance gap of second-generation students in education according to the OECD’s “Programme for International Student Assessment” [PISA] research). **The “recent” criterion is therefore not retained in the FSCG definition of this TG.**

It is important to also highlight that the TG consists of **any child with a non-EU migrant background** – i.e. any child with **at least one parent born outside the EU, whatever**



the country of birth of the child. An important reason for this choice is that in most surveys (esp. EU-SILC), information about the country of birth of the child is not collected - only the country of birth of the parents is provided.

Table 2.7: First- and second-generation concepts

	Children	Parents
(1)	Foreign-born (i.e. not born in country of residence)	Foreign-born (i.e. not born in country of residence)
(2)	Foreign-born (i.e. not born in country of residence)	Non-foreign-born (i.e. born in country of residence)
(3)	Non-foreign-born (i.e. born in country of residence)	Foreign-born (i.e. not born in country of residence)

Table 2.7 presents the first- and second-generation concepts which are widely used in the migration literature. First-generation migrant children are foreign-born children whose parents are also foreign-born – i.e. category (1) in Table 2.7. Second-generation migrant children are children born in the country of residence whose parents are foreign born – i.e. category (2). In the FSCG, the country of birth of the child is not taken into account. What matters is the migration background of at least one parent – thus, categories (1) and (3) with “foreign” referring only to non-EU countries.

This TG includes, therefore, children who migrated from their country of origin (outside the EU) to the territory of the EU in search of survival, security, improved standards of living, education, economic opportunities, protection from exploitation and abuse, family reunification or a combination of these factors. These children may travel with their family or independently (unaccompanied child) or with an extended family or a non-family member (separated child). They may be **refugees** seeking international protection or reunification with family members. They may be **dependents of labour migrants, victims of trafficking and/or undocumented migrant children.**²²

Where meaningful and possible, it may be useful to look at the particular situation of the following sub-categories that come with a specific set of challenges (while keeping in mind that the feasibility of such detailed analyses depends on the [very limited] information available at the national level):

- children in families who are asylum seekers;
- unaccompanied minors;
- children who are undocumented migrants; and
- young migrants between the age group 15-18 and their transition into adulthood.

2.3.2 Size of the TG in EU countries

Availability of data

Eurostat produces statistics on international migration flows, population stocks of national and non-national citizens and data relating to the acquisition of citizenship. Data are

²² EU law recognises children as applicants for international protection in their own right and sets some procedural safeguards and protection measures. The EU regular migration package includes specific legislation on family reunification and includes provisions on whether or not regular migrants covered by EU law must have a right to migrate with dependents or bring their families at a later date (e.g. researchers, seasonal workers, highly-qualified workers, long-term residents), as well as provisions related to access to social security. EU instruments and tools across other policy areas of shared or supporting competence are also relevant to the rights of children in migration, including in the areas of health, education and social inclusion. See also the EU’s asylum and migration glossary (<https://publications.europa.eu/en/publication-detail/-/publication/8f58e88d-d27a-4295-89bc-47f38ef0c3ca>).



collected on an annual basis and are supplied to Eurostat by EU countries' national statistical authorities. The data include the total number of stock migrants who do not have the citizenship of the host country and stock migrants who are foreign born by age categories. In addition, series that include also the annual number of immigrants who arrived in each member state by age (on the 1st of January of the corresponding year) are available as of 2009, as well as the number of unaccompanied minors, pending asylum cases, asylum decisions made, and cases that have been withdrawn, divided into five age categories, including less than 14 years and 14-17 year olds. Migrants are defined by two criteria: citizenship and country of birth. There is no information about the country of birth of parents. Data on the young migrants' age category are broken down by four age subcategories: 0-4 (early childhood), 5-9 (late childhood), 10-14 (adolescents) and 15-19 (middle and late adolescents). Due to the ranges of the age categories, the precise number of children below the age of 18 is not available in the published data. These figures underestimate the total number of EU inhabitants "with a migration background" because only people born in a non-EU country are included. Put differently, as far as children are concerned, these figures only allow measuring the size of first-generation migrant children (category 1 in Table 2.7); they exclude second-generation migrant children - i.e. children born in the country from parents born in a non-EU country (category 3 in Table 2.7, which are included in the FSCG definition). Moreover, they include foreign-born people whose parents are not foreign-born (category 2 in Table 2.7), which are excluded in the FSCG definition. **This data source is therefore not appropriate for estimating the size of the TG.**

Census data provided by Eurostat are based on the 2011 Population and Housing Census which is a set of harmonised high-quality data from the population and housing censuses conducted in the Member States. Migration status is defined by the citizenship and the country of birth which is defined as the place of usual residence of the mother at the time of birth, or, if not available, the place in which the birth took place. The most recent data are from 2011. Here also, there is no information available on the country of birth of parents. **This data source is therefore also not suitable for estimating the size of the TG.**

In view of the problem with estimating the size of the TG in official migration statistics, let us turn to three international surveys: EU-SILC, the European Labour force survey (LFS) and the OECD Programme for International Student Assessment (PISA).

To start with, it is important to highlight that, as (most) other surveys, these three sources have (serious) **limitations in the coverage of the migrant population**. By design, they target the entire resident population and not specifically the migrants. Coverage issues of survey data arise in the following cases:

- Recently arrived migrants: this group of migrants is missing from the sampling frame, resulting in under-coverage of the actual migrant population.
- Non-response of migrant population: a significant disadvantage of surveys is that a high percentage of the migrant population does not answer them. This may be due to language difficulties, misunderstanding of the purpose of each survey, arduousness in communicating with the interviewer, and fear on behalf of migrants of a possible negative impact on their authorisation to remain in the country after participating in the survey.
- Sample size: sample surveys cannot fully capture the characteristics of migrants in EU countries with low migrant populations.
- Furthermore, these surveys cover only private households. Persons living in collective households (including institutions) are excluded from the target population. This may have an impact on the coverage of migrant population.



Keeping in mind these limitations, it is possible in EU-SILC and LFS to identify children who live with at least one parent not born in the EU²³.

In PISA (which measures 15-year-old school pupils' scholastic performance on mathematics, science, and reading), both the first and second generations of immigrant students are identifiable. However, this source does not distinguish between EU and non-EU country of birth and considers as foreign-born any person born outside the country of residence. Furthermore, it focuses only on 15-year old children. Using PISA data as an estimate of the total population of children would imply that we assume an even age-distribution, which is not the case. To be more specific, according to the 2017 Eurostat migration data, the total number of non-EU-born children aged between 5 and 14 in the EU countries (excluding Germany which is not available) is 1,460,480 and almost half (627,071) of them are between 5 and 9. When we break down the numbers per country, the differences become more dramatic, in particular for Bulgaria, Poland and Romania where almost one third of migrant children are below 9 years of age. Nevertheless, PISA is a valuable source of data considering the differentiation of first and second generations among 15-year old migrant children and to assess the access of the TG to education but **not to estimate the size of the TG**.

Furthermore, UNICEF expert reports and statistics publish monthly "Situation Reports" with detailed information on the number of migrant children who receive services from UNICEF and/or are affected by displacement. In addition to the number of migrant children, UNICEF reports also discuss the risks faced by migrant children using both primary and secondary quantitative and qualitative data sources.

Estimating the number of children with a migrant background is therefore quite complex. As very well explained on the "Migration data portal"²⁴, "realities on the ground make data collection and analysis by age, specifically on those aged under 18, extremely challenging". The portal highlights a number of challenges, including:

- **Incomplete, unreliable or duplicated data:** Unaccompanied children or children who become separated from their guardians or lose them during their journeys may go undetected, avoid being registered by authorities, or claim to be older than 18 or accompanied by a guardian, so that they can continue their journeys and not be taken into custody. Others may not know how old they are or claim to be under 18 years old so that they can take advantage of the rights and privileges of being a child, such as shelter and schooling²⁵. There may also be cases of children who register for asylum in more than one country, who do not register for asylum at all, or who claim international protection but have not arrived by sea. For instance, Germany reported that more than 42,000 unaccompanied and separated children entered the country in 2015, but only 14,439 claimed asylum²⁶.
- **Differing definitions for age categories:** The comparison of data on stocks and flows of migrant children and other age groups is difficult because countries analyse age and collect data using different definitions.
- **Differing criteria for recording data:** Countries differ in how they record data for the same categories. For instance, some European Union Member States record

²³ We would like to warmly thank Eurostat LFS colleagues who kindly accepted to make specific treatment using LFS microdata to estimate the size of the TG.

²⁴ <https://migrationdataportal.org/themes/child-migrants>.

²⁵ Separated Children in Europe Programme (2011), *Review of current laws, policies and practices relating to age assessment in sixteen European countries*.

²⁶ European Commission (2016), *Statistical Annex to the Annual Report on Immigration and Asylum 2015*, Brussels: European Commission.



those who claim to be unaccompanied minors in the statistics, whereas others only count those recognised as such following an age assessment by an authority²⁷.

- **Exclusion of children’s agency over their lives:** Reports of numbers of “missing refugee children” can be informed by the data/evidence of the dangers that children face as migrants, especially when they are unaccompanied or separated. However, challenges in data collection and the agency of children should also be considered when assessing claims of missing children. For instance, a child may leave a shelter on their own accord to continue their migration journey²⁸.

Last but not least, it is important to emphasise that data collection on the actual living conditions of migrant children is of major importance. Information about their education, social protection, social inclusion, health and also well-being needs to be improved.

Current situation – children with a non-EU migrant background

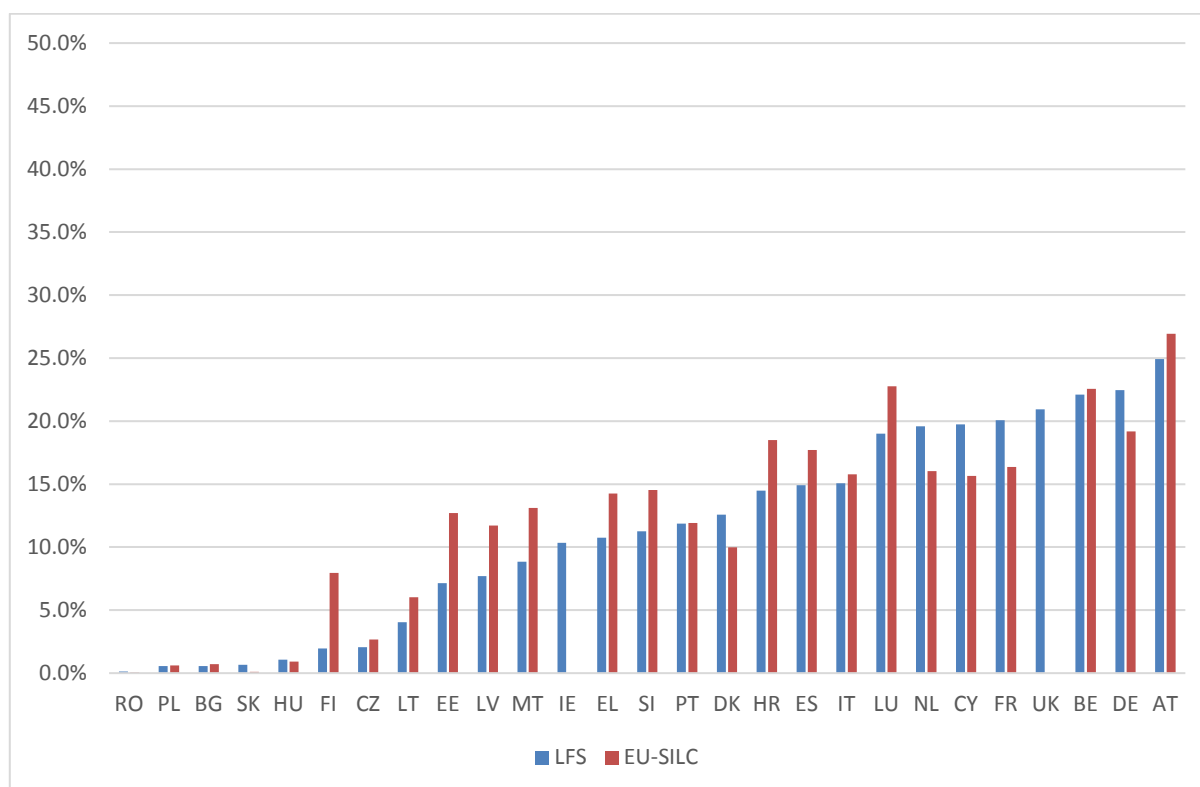
In view of the above, but keeping in mind the limitations of these two surveys that have been highlighted, the data sources selected for assessing the size of the TG are EU-SILC and LFS. As shown by Figure 2.4, the share of children aged below 18 with at least one parent born outside the EU varies considerably across Member States. National shares computed on the basis of EU-SILC and LFS are different, but of the same magnitude in most countries (differences for Finland and Estonia should be further investigated). We suggest using LFS data for assessing the size of the TG, in view of the much larger national sample sizes, and EU-SILC data for analysis of access to PAs by children in general and available TGs.

²⁷ Humphries, R. and Sigona, S. (2016), “Children and unsafe migration in Europe: Data and policy, understanding the evidence base”, *Global Migration Data Analysis Centre Briefing Series*, Issue 5.

²⁸ Humphries, R. and Sigona, S. (2016), Op.Cit.



Figure 2.4: Share of children aged below 18 with at least one parent born outside the EU, 2017, %



Note: In the LFS, the focus is on "dependent children", i.e. children below the age of 15 plus children aged 16-24 who are inactive and live with at least one of their parents.

Source: EU-SILC (2017) and LFS (2017). No data in EU-SILC (2017) for UK and IE.

2.4 Children living in precarious family situations

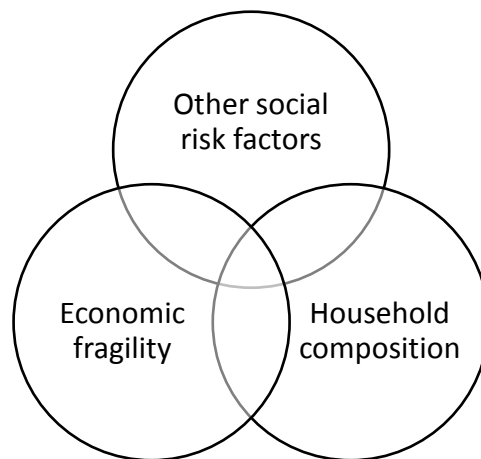
2.4.1 Definition of the TG

Conceptually, we can identify three broad factors that may lead to family precariousness (see Diagram 2.1):

- **Economic fragility:** This refers to a situation where the household's assets and resources are insufficient to protect the child against poverty or hardship. This may, for instance, be measured by indicators of income poverty or material deprivation.
- **Household composition:** This refers to certain characteristics of the members of the household where the child lives – e.g. age of the mother, number of adults and children in the household (single-adult households with children, households consisting of 2 adults and 3 or more children...), etc.
- **(Other) social risk factors:** These are individual/ group characteristics or situations that may lead children and their households to precarious situations. These include mental health issues, violence, exclusion due to discrimination or spatial dynamics of urban segregation, etc.

One factor *per se* does not necessarily lead to a precarious family situation (e.g. not all single-adult households with children or Roma families are precarious, etc.). Children who are most at risk will be at the intersection of two or all three of these factors. However, in some cases just one of these factors may well lead to family precariousness and generate a lack of opportunities for the development of the child.



Diagram 2.1: Broad factors that may lead to family precariousness

The sub-groups potentially at risk of living in precarious family situations include the following:

- **Precariousness related to economic fragility:** Children who are child-specific deprived, live in an income-poor household, live in a low socio-economic status household, etc.
- **Precariousness related to the household composition:** Children living in single adult households, "Left-behind" children of EU-mobile citizens, Teenage mothers, Children living in households consisting of 2 adults and 3 children or more, Children who are caring for sick or disabled household member(s) (young carers), Children with imprisoned parents, etc.
- **Precariousness related to (other) social risk factors:** Children living in a household where there are mental health problems, substance abuse, domestic violence; Children living in urban segregated areas (areas with high level of violence and crime, low education levels, economic deprivation...); Roma Children; etc.

As can be seen from this **non-exhaustive list**, the TG "Children living in precarious family situations" covers a very wide range of households and groups, and it is not possible to cover them all in the FSCG. For the purpose of this study, a pragmatic choice was made which takes account of the risk of poverty and exclusion of these groups and of the availability of data. This TG will primarily consist of **three sub-groups**: two sub-groups belong to the second category (Children living in single adult households and "Left-behind" children of EU-mobile citizens) and one to the first category (Children who experience child-specific deprivation or live in an income-poor household). In the initial stages of the FSCG (i.e. Country Reports, Policy Papers, Target Group Discussion Papers and On-line Consultation), one group from the third category (Roma children) will also be covered. Depending on the quality and richness/ comprehensiveness of the information related to access by Roma children to the five rights under scrutiny that we will be able to collect (through the Country Reports, the Policy Papers and the Target Group Discussion Papers), and in particular depending on the added value of this information compared with what has already been gathered through other existing EU processes monitoring and analysing the situation of Roma, Roma children will either be included in the group of poor/deprived children in the final stages of the FSCG (i.e. in the Thematic Seminars, Intermediary Report, Final Conference and Final Study Report) or addressed in a future study on extending the CG to a wider group of children that will follow the FSCG. (See Table 2.8 for the exact definition of each sub-group.)



2.4.2 Size of the TG in EU countries

Data availability

Table 2.8: Definition of each sub-group and data sources

Factor	Definition and discussion	Data sources to quantify the size of the sub-group
Economic fragility		
Low income/ socio-economic status children	<p>Definition: The exact definition of this group will vary according to the EU/ national source of evidence for each PA. For instance:</p> <ul style="list-style-type: none"> • in EU-SILC, the EU indicator of child-specific deprivation (based on 17 items and adopted at EU level in March 2018; see definition below) and/or the EU indicator of income poverty (at-risk-of-poverty²⁹) will be used; • in PISA, the index of economic, social and cultural status (ESCS); • etc. <p>Discussion: It is important to try to measure the social gradient when assessing the access to the five PAs.</p>	EU-SILC
Household composition		
Children living in single-adult households	<p>Definition: households consisting of one adult with one or more children</p> <p>Discussion. Not all these children are living in a precarious family situation, but statistics and research demonstrate that they face a higher risk of precariousness than other children. This also applies to the other 2 sub-groups below.</p>	EU-SILC
"Left-behind" children of EU-mobile citizens	<p>Definition: one or both EU-mobile parents</p> <p>Discussion: This sub-group is represented mainly in EU countries with substantial migration to other EU countries such as Poland, Romania or Bulgaria and to a lesser extent the Baltic Countries.</p>	No hard data but empirical evidence exists: www.childrenleftbehind.eu
Social risk factors		
Roma children	<p>Definition: [official definition of Roma of the Council of Europe (CoE) and EU institutions] The term "Roma" used by the CoE refers to Roma, Sinti, Kale and related groups in Europe, including Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as Gypsies.</p> <p>Discussion: Since the Roma Decade 2005-15 and during the 2008 economic and financial crisis the socio-economic situation of Roma has become more diversified. Roma are present in all EU Member States but their numbers vary a lot across countries, with largest numbers in Romania, Hungary, Bulgaria, Slovakia and the Czech Republic. Furthermore, children represent a large percentage of the Roma population.</p>	<p>There are no official census and statistics on the size of the Roma population in most of the EU countries, but there is some evidence in national and international (CoE, EU) reports.</p> <p>On access to the five PAs: see FRA EU-wide survey on minorities' and migrants' experiences (EU-MIDIS)³⁰</p>

²⁹ In line with the EU definition, the at-risk-of poverty rate of children is the proportion of children living in households whose equivalised income is below 60% of the national median household equivalised income.

³⁰ The EU Agency for Fundamental Rights (FRA) has conducted two major EU surveys on minorities' and migrants' experiences of discrimination and criminal victimisation. The first survey (EU-MIDIS I) was conducted in 2011 in 11 countries. The second survey (EU-MIDIS II) was conducted in 2015 and 2016 in all 28 EU Member States.



Size of each of the 4 retained sub-groups in EU countries

Size of sub-group “Low-income/ socio-economic status children”

In March 2018, two indicators of child deprivation were agreed at EU level; they are now part of the EU monitoring instruments. The first indicator is a child deprivation rate³¹, the second an indicator of child deprivation intensity³².

The adoption of these child-specific indicators is an important step in the direction of the Commission’s and Member States’ commitment to including (at least) one indicator on “child well-being” in the EU portfolio of social indicators and to improving the EU toolbox needed for monitoring progress in the implementation of the 2013 EU Recommendation on “Investing in Children: breaking the cycle of disadvantage” (see Section 1).

Using child-specific indicators usefully complements the picture provided by household-centred indicators of poverty and social exclusion that may not adequately reflect the specific situation of children.

The child deprivation rate is the percentage of children aged between 1 and 15 years who suffer from the **enforced lack** of at least three items out of a list of 17 (unweighted) items - 11 items specifically focused on the situation of children and six items related to the household where they live:

- Child: Some new clothes
- Child: Two pairs of shoes
- Child: Fresh fruits & vegetables daily
- Child: Meat, chicken, fish daily
- Child: Suitable books
- Child: Outdoor leisure equipment
- Child: Indoor games
- Child: Leisure activities
- Child: Celebrations
- Child: Invite friends
- Child: School trips
- Child: Holiday
- Household: Replace worn-out furniture
- Household: Arrears
- Household: Internet
- Household: Home adequately warm
- Household: Car

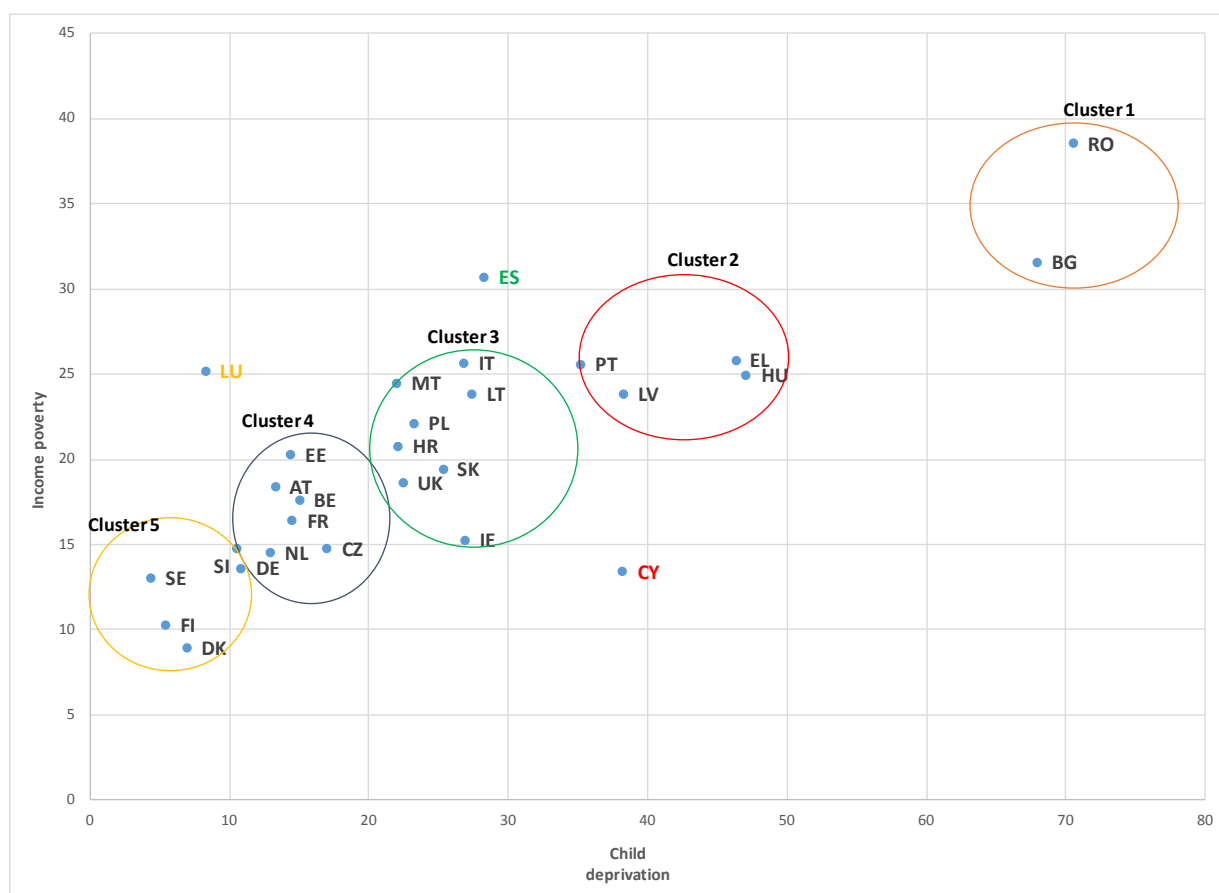
In the Inception Report, the information covered by these 17 items is used both at the level of individual item, to analyse for example aspects of adequate nutrition or education costs and at the aggregated level (child-specific deprivation rate and intensity) to quantify the proportion of children suffering from economic vulnerability.

³¹ For a discussion of this indicator, see: Guio, A.-C., Gordon, D., Marlier, E., Najera, H. and Pomati, M. (2017), “Towards an EU measure of child deprivation”, *Child Indicators Research*, 11(3), pp 835–860.

³² The child deprivation intensity is the average number of enforced lacks among deprived children, i.e. among children lacking at least three items out of the 17 retained items.



Figure 2.5: Proportion of children (aged between 1 and 15 years) who lack at least three items (out of 17) and proportion of children who suffer from income poverty, EU-28 Member States, 2014, %



Source: EU-SILC 2014, computations Guio et al. (2018).

Figure 2.5 presents, for each Member State, the share of children suffering from child-specific deprivation and the share of income poor children. In this figure, Guio et al. (2018)³³ use a hierarchical cluster analysis to identify five main clusters of countries:

- **Cluster 1** consists of Bulgaria and Romania, the two EU countries which suffer the most from both child deprivation (around 70% in both countries) and income poverty (32 and 39% respectively).
- **Cluster 2** consists of Cyprus, Greece, Hungary, Latvia and Portugal, which are characterised by a high prevalence of child deprivation (between 35 and 47%). Cyprus differs from the other countries in this group in terms of income poverty: 13% (one of the lowest rates in the EU) as against around 25% for the other countries.
- **Cluster 3** contains countries with a medium-to-high rate of child deprivation (22 to 28%): Croatia, Ireland, Italy, Lithuania, Malta, Poland, Slovakia, Spain and the UK. This group is heterogeneous in terms of income poverty (there is a two-to-one ratio between Ireland and Spain).
- **Cluster 4** includes Austria, Belgium, the Czech Republic, Estonia, France, Germany and the Netherlands. They suffer from a low-to-medium level of child deprivation rate and income poverty.

³³ Guio, A.-C., Marlier, E., Vandenbroucke, F. and Verbunt P. (2018). *Micro- and Macro-drivers of child deprivation in 31 European countries*, Paper presented at the Net-SILC3 conference in Athens, 19-20 April 2018.



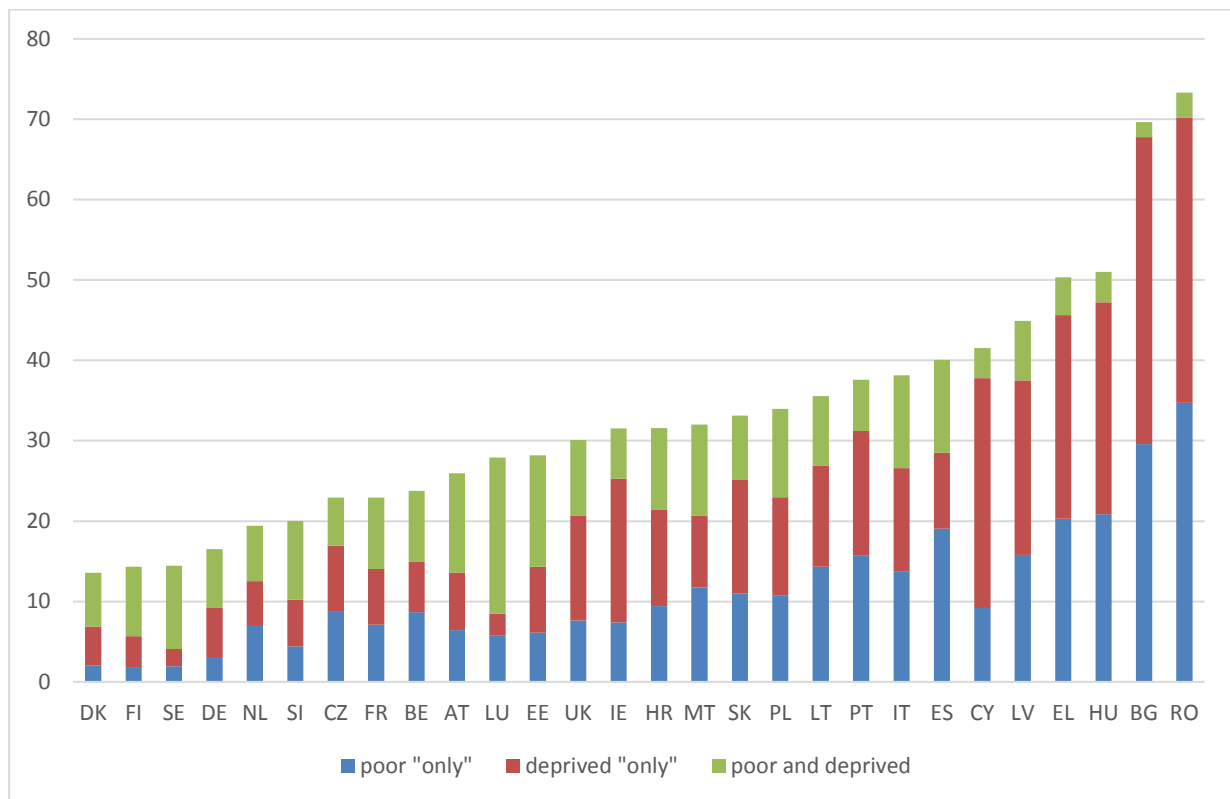
- Finally, the cluster with the lowest share of deprived children consists of Nordic countries, Luxembourg and Slovenia (**Cluster 5**). They are also characterised by low levels of child income poverty (except for Luxembourg, where it is high [25%]).

This clustering is based on aggregated macro-data (i.e. it focuses on national shares). It shows a large heterogeneity of national situations in the EU, even within clusters. Countries with similar child deprivation rates may have very different performances in terms of income poverty. This means that the socio-economic composition of child deprivation depends to a certain extent on the national context. Using econometric analyses, Guio et al. (2018) show that for explaining child deprivation, variables related to the household's "longer-term command on resources" (current household income, parents' education, household labour market attachment, burden of debts, migration status) and variables signalling household needs (costs related to housing, tenure status and bad health) need to be combined. They also show that the number of children in the household increases the risk of child deprivation in all countries. Living in a single-parent household increases this risk in many, but not all countries (20 out of 28). They highlight that the impact of explanatory variables differs between countries. In the richest countries, the relative impact of the variables related to household costs and debts is the largest, whereas in the most deprived countries, the impact of variables that capture or directly influence households' ability to generate resources on the labour market have a larger effect on child deprivation. Low-income or low-educated households are better protected from child deprivation in the more affluent countries. This means that countries not only differ in terms of socio-economic composition, but also in terms of the influence of each variable on the child deprivation risk, i.e. household income, (quasi-)joblessness, housing cost burden, single parenthood do not have the same impact on child deprivation across countries, meaning that the socio-economic composition of the group of children living in vulnerable situations differs between countries.

Finally, Figure 2.6 provides an estimation of the proportion of children confronted with economic fragility, i.e. suffering either from income poverty only (and not from deprivation), or from child-specific deprivation only (i.e. not from income poverty) or suffering from both child-specific deprivation and income poverty. It shows the degree of overlap between the two problems and the relative weight of each of them. For example, in Luxembourg and in Nordic countries the proportion of children suffering from both problems among those having at least one problem is high, whereas in Eastern countries the prevalence of child deprivation is proportionally larger. This is due to the fact that the income poverty rate is a relative measure (i.e. the income poverty threshold varies from country to country) whereas the child-specific deprivation indicator is a "more absolute" measure (based on a same basket of items in all EU countries). Reaching the income poverty threshold in these countries does not allow escaping from child-specific deprivation. It is therefore important to combine both indicators to adequately capture the diversity of economic fragility in the EU countries.



Figure 2.6: Share of children (aged between 1 and 15 years) who lack at least three items (out of 17) and share of children who suffer from income poverty, EU-28 Member States, 2014, %



Source: EU-SILC 2014, UDB version November 2016, own calculations.

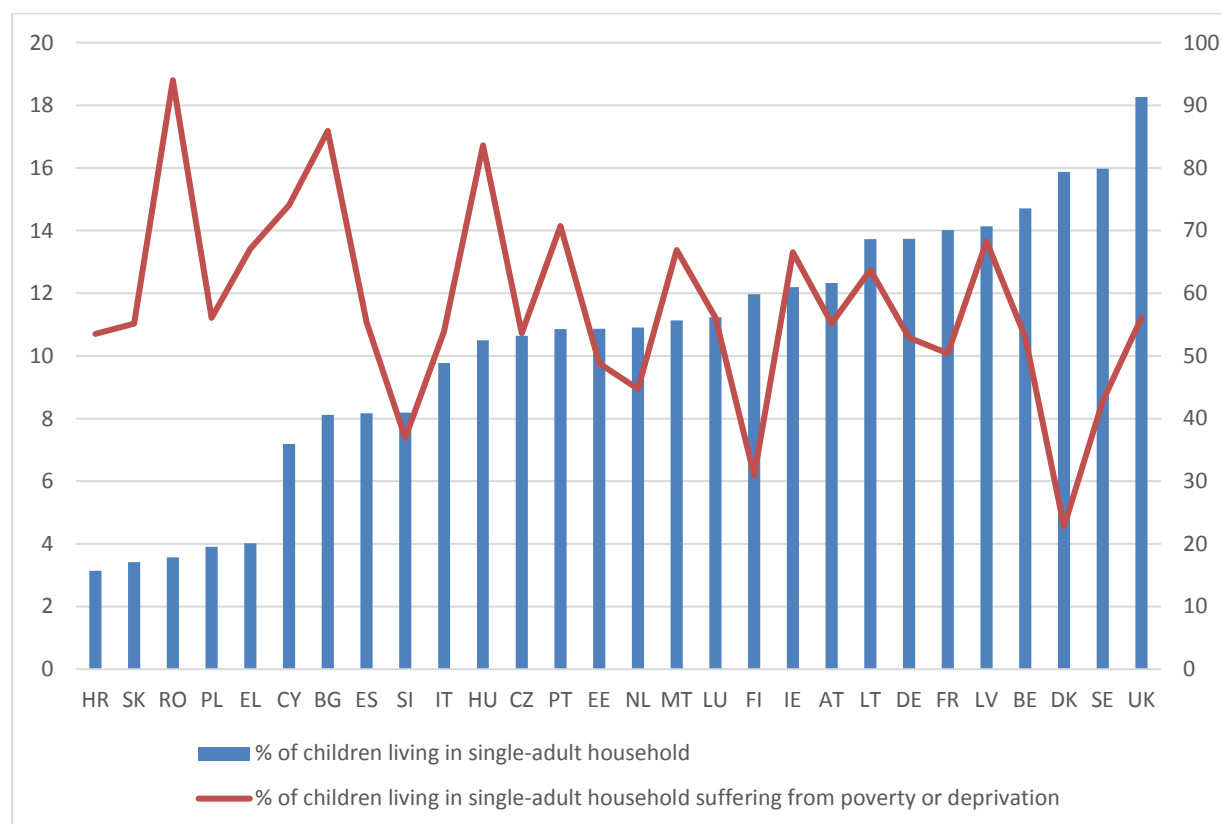
Size of sub-group "Children living in single-adult households"

Living in a single-adult household is known to be a risk factor of precariousness. It increases the risk of suffering from child-specific deprivation or income poverty, but it is also *per se* a factor influencing all domains of life. From a resources perspective, a single-adult household is more vulnerable (it has less possibility of pooling employment risk among adults in the household than households with more than one adult). From a needs perspective, single-adult households face fixed costs (housing, childcare costs, healthcare costs etc.) which generally represent a higher share of their household's resources than for households with more than one adult. They also face more difficulties in reconciling work and family lives and are therefore more likely to opt for part-time employment or inactivity. Single-adult households also face more emotional and organisational challenges than two-adult households. They face time constraints because of the additional responsibilities of running the household and going to work and they may have less time to spend with their children. Finally, they may also face a higher degree of social instability, which makes them more vulnerable to self-esteem issues and emotional problems.

Figure 2.7 presents the proportion of children living in single-adult households in EU countries. It shows the large diversity of family arrangements in the EU, with proportion of children living in single-adult households ranging from less than 4% in Croatia, Slovakia, Romania, Poland or Greece to 16-18% in Denmark, Sweden and the UK. It also shows that the proportion of children in single-adult households confronted with income poverty and/or child-specific deprivation is very high in most countries: in most countries, at least 50% of these children suffer from one or both problems. This risk is the lowest in Denmark, Finland and Slovenia, but remains non-negligible and much higher than for two-adult households.



Figure 2.7: Proportion of children (aged between 1 and 15 years) living in single-adult household (left hand scale) and, among them, proportion of children who lack at least three child-specific items (out of 17) or who suffer from income poverty (right hand scale), EU-28 Member States, 2014, %



Source: EU-SILC 2014, UDB version November 2016, own calculations.

Size of sub-group “Left-behind children of EU-mobile citizens”

There are no (“hard”) data at EU level and only little data at national level on the number of “left-behind” children of EU-mobile citizens. Some evidence indicates that the most affected countries are Bulgaria and Romania as well as, to a lesser extent, the Baltic States and some areas of Poland and Greece³⁴. It has been recognised that “in many countries, however, the size of the problem is probably understated, so that policy choices made are far from optimal in addressing the needs of diverse groups of children affected by migration”³⁵.

According to the 2012 estimates of the “Children Left Behind” Network, there were approximately 500,000 children of migrants left behind in the EU³⁶. This network aims to protect the rights of children involved in migratory events and to support transnational and migrant families; it is also committed to facilitating data collection and influencing EU level policy on the topic. Their website provides information and sources on left-behind children of EU-mobile citizens from Lithuania, Moldova and Romania and includes an online library providing a list of relevant research, reports, and other documents from EU and national institutions³⁷.

³⁴ See B elorgey et al. (2012), *Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe (VT/2010/001)*, Synthesis report.

³⁵ B elorgey et al. 2012, Op.Cit.

³⁶ <http://www.childrenleftbehind.eu/2011/02/left-behind-seminar-in-the-european-parliament/>

³⁷ For more information, see: <http://www.childrenleftbehind.eu/> the project seems to be ceased since 2015.



Bélorgey et al. (2012, Op.Cit.) analyse available (inter)national data and research. On this basis, Table 2.9 provides evidence on the size of this sub-group at the country level.

Table 2.9: Country evidence on left-behind children

	Data source	Data on children left-behind
Bulgaria	No data (Bulgaria report)	Some locations in the mountains and in the North of the country face situations where the majority of children live with relatives because their parents work abroad or elsewhere in Bulgaria
Estonia	No data (Estonia country report)	There is a phenomenon of children left behind where one or both parents work in Finland and, thus, return home most weekends.
Latvia	No data (Latvia country report)	Increasing concern regarding children left behind but no precise numbers, "suggesting, however, that the number runs to thousands".
Lithuania	Children Left Behind website	Approximately 9,500 children are left behind in Lithuania.
	Children's Rights Ombudsman and the Ministry of Science and Education survey 2007	A survey of 651 educational institutions found 4,039 children left without any parental care, living with grandparents, relatives, older brothers and sisters, friends, or, in a small number of cases, even living alone.
Poland	National survey	Between 1.1 and 1.6 million children aged 9-18 experience some "separation" from at least one parent within a 3-year period. Given that in 40% of cases the separation lasted less than 2 months, the proportion of children left behind is much lower but may still represent some 15% of all children in that age group. The majority of children with a parent working abroad have fathers working abroad.
Romania	Official statistics 2011	Approximately 85,000 children have one or both parents working abroad, 42% of them have no parents with them.
	UNICEF study	350,000 left-behind children in 2007, representing 7% of the total population aged 0-18: a) 126,000 with both parents abroad; b) half of the children under the age of 10.

Source: Bélorgey et al., 2012, Op.Cit.

Bélorgey et al. (2012) highlight that the research evidence on the impacts on children of being left behind is rather sparse and mixed. However, based on the country data it seems that they experience emotional effects due to the lack of parental affection and, interestingly, that remittances tend to be used not so much for educational investments as for consumer goods for children. Those with both parents abroad appear to have poorer school achievement, compared with that of non-migrant children whose parents have divorced or are from a lower socio-economic background.

COFACE (2012)³⁸ claims that the phenomenon of children left behind is growing, but does not present data on this. Their report deals with the situation of children left behind by European mobile citizens (especially Eastern European mobile citizens and their left-behind children) as well as non-European mobile citizens. It claims that, as a first step, there is a need for research at EU level to present a clearer picture of the phenomenon and urges the initiation and support of the collection of quantitative and qualitative data. It also

³⁸ COFACE (2012), *Transnational families and the impact of economic migration on families*, Brussels: COFACE.



highlights that transnational families are overrepresented in the care sector: “(...) a large share of the care work which is externalised outside the family is covered by the employment of migrants, often migrant women, despite the increasing number of men starting working as carers. This movement of care workers may correspond to a care drain in the country of origin and it has consequences on the family members left behind. However, the lack of data on this phenomenon is alarming.”

Size of sub-group “Roma children”

Roma are considered the largest minority group in Europe.

The use of the term “Roma” in official EU documents follows the approach of the Council of Europe³⁹: using the term to refer to “Roma, Sinti, Kale and related groups in Europe, including Travellers and the Eastern groups (Dom and Lom), and covering the wide diversity of the groups concerned, including persons who identify themselves as *Gypsies*”⁴⁰. There are a number of political and methodological difficulties in defining the *Roma* which affect the identification and sampling of respondents in surveys targeting this particular population group.”⁴¹

There are no official census and statistics of Roma and Roma children in most EU countries⁴². Even when official data disaggregated by ethnic groups are available, other factors may lead to the underrepresentation of ethnic groups such as Roma in these sources. This means that Roma are invisible in most national and international surveys that cover the general population, either because ethnic origin data are not collected or because not all Roma are willing to reveal their ethnic identity or because of sampling difficulties⁴³.

At this stage, we could not find information on the exact size of the Roma population in each Member State. What evidence shows is that Roma are present in all EU Member States, with largest proportions of the total population in Bulgaria, the Czech Republic, Hungary, Slovakia and Romania. Furthermore, it shows that children represent a large percentage of the Roma population, as shown in Table 2.10.

³⁹ Council of Europe (2011), *Descriptive glossary of terms relating to Roma issues*, version dated 16 November 2011.

⁴⁰ The Council of Europe also notes that the French administrative term “gens du voyage” is used to refer to both the Roma, Sinti/Manush and Gypsies/ Gitans, and other non-Roma groups with a nomadic way of life. This term actually refers to French citizens, as opposed to the term Roma which at official level is improperly used to refer exclusively to the Roma immigrants from Eastern Europe.

⁴¹ EU Agency for Fundamental Rights [FRA] (2012), *The Situation of Roma in 11 EU Member States – Survey results at a glance*, Luxembourg: Publications Office of the European Union.

⁴² To obtain representative population samples, surveys use census data and other official sources, such as population registers, when they are disaggregated by ethnic groups. This type of background information concerning population characteristics, such as age structure, gender and geographical distribution, is not only used for mapping the localities where Roma live to build a sampling frame, but also to verify if the sample is representative for the target population in respect to these characteristics once the survey is completed. See the methodological discussion of the UNDP/WB/EU Survey in Ivanov, A. and Kagin, J. (2014), *Roma Poverty from a Human Development Perspective*. Bratislava: UNDP Regional Support Centre for Europe and CIS (available at: <http://europeandcis.undp.org/ourwork/roma/>) and Till-Tentschert, U., Ivanov, A., Elena, M., Kling, G.J. and Latcheva, R. (2016), *Measuring Roma Inclusion Strategies – a Fundamental Rights Based Approach to Indicators*. Vienna / Geneva (available at: https://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.15/2016/Sem/WP20_FRA_ENG.pdf).

⁴³ See FRA (2012), Op.Cit.



Table 2.10: Distribution of Roma across various household types with and without children in a few EU countries, 2011, %

Country	Households without children under 18 years	Households with 1 child under 18 years	Households with 2-3 children under 18 years	Households with 4 or more children under 18 years
Bulgaria	19	18	48	15
Czech Rep.	21	17	43	19
Greece	11	9	48	31
France	25	18	42	15
Hungary	14	17	39	30
Italy	15	19	42	24
Poland	17	23	38	21
Portugal	14	17	46	23
Romania	14	19	41	26
Slovakia	14	14	38	34
Spain	19	19	44	19
Average	16	17	43	24

Source: FRA Roma Pilot Survey 2011.

Even if the information on the exact size of the TG is missing, specific surveys on minorities, reports from international organisations (Council of Europe, EU and FRA) and national reports allow identifying problems of access of the Roma population to a number of policy areas⁴⁴. The Commission *Roma integration Indicators Scoreboard (2011-2016)*⁴⁵ presents the situation of the Roma population in nine EU countries, based on 18 indicators in four main thematic areas (education, housing, employment and health) and the cross-cutting area of poverty. The Scoreboard is based on the very useful surveys conducted by FRA in 2011 and 2015/2016.

Table 2.11 presents one specific (important) aspect of child deprivation: the proportion of children living in households with someone going to bed hungry several times a month. Figure 2.8 compares the income poverty rate of Roma children with the national income poverty rate of children. These figures clearly illustrate the high risk of economic precariousness of Roma children.

⁴⁴ See: <https://www.coe.int/en/web/portal/roma> and https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-and-eu_en

⁴⁵ European Commission (2017), *Commission Staff Working Document, Roma integration Indicators Scoreboard (2011-2016)*, COM (2017) 458 final. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017SC0286&qid=1542127177729&from=EN>.

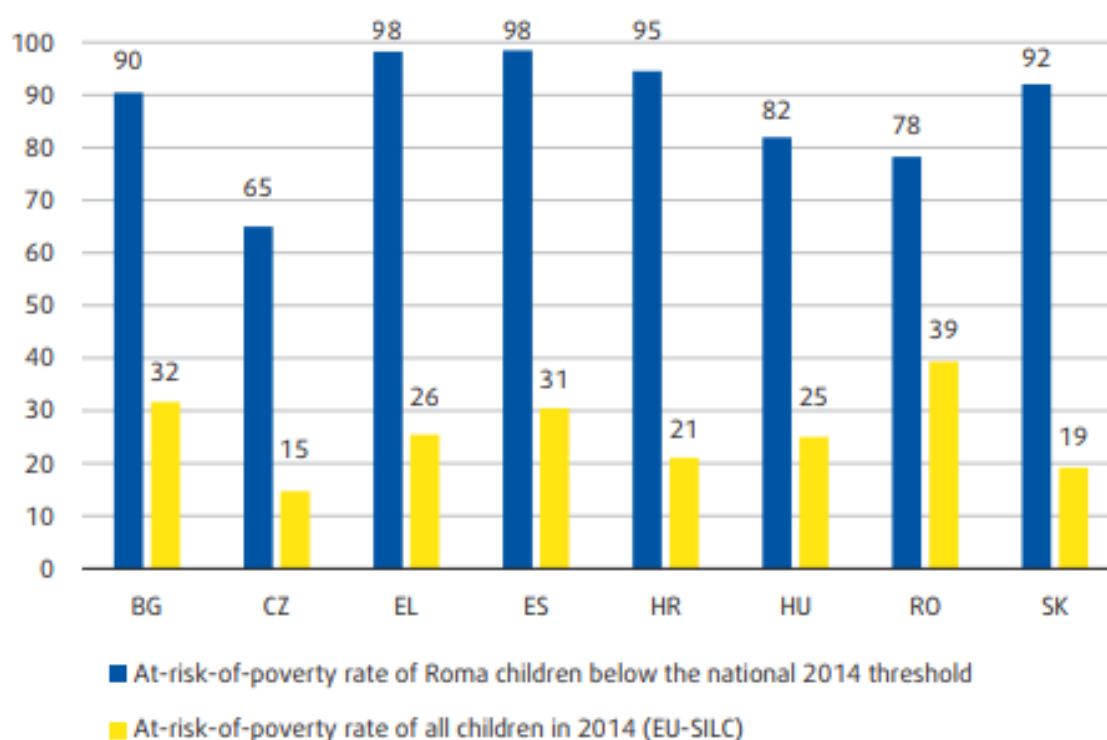


Table 2.11: Material deprivation of Roma children living in households with someone going to bed hungry at least four times a month, 2016, %

Country	Roma
Bulgaria	5
Croatia	14
Czech Rep.	4
Greece	14
Hungary	6
Romania	10
Slovakia	12
Spain	7
Average	8

Note: Proportion of Roma respondents aged 0-15 with someone in their household going to bed hungry at least 4 times in the past month because there was not enough money or food.

Source: FRA (2017; Op.Cit.). Data: EU-MIDIS II, 2016.

Figure 2.8: Income poverty rate of Roma children compared with the rate for all children in 2014, EU Member States, 2014, %

Source: FRA (2017; Op.Cit.). Data: EU-MIDIS II, 2016 and EU-SILC 2014.



2.5 Conclusions

This section mobilised available evidence from a number of sources to try to assess the size of the selected TGs in each Member State. It highlighted and discussed issues of quality, reliability, coverage and limitations of the information available. For some TGs, the information available is sparse, not comparable between EU countries and of poor quality. Other TGs are better covered in mainstream surveys, which made it possible to quantify their relative size in a reasonably comparable way in Member States. This leads to a mixed picture in which the total size of the population to be covered by the FSCG remains largely unknown.



3. Definition of the Policy Areas (PAs)

This section presents the definitions of the five Policy Areas (PAs) identified by the European Parliament (healthcare, housing, nutrition, early childhood education and care (ECEC) and education). These definitions are those that will be used in all the deliverables submitted in the context of the FSCG.

3.1 Housing

The United Nations Convention on the Rights of the Child⁴⁶ (UNCRC, Art. 27) guarantees a right to housing, in a more general statement related to standard of living: "Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing." Moreover, Sustainable Development Goal No 11 of the 2030 UN "Agenda for Sustainable Development" ("Make cities and human settlements inclusive, safe, resilient and sustainable"), endorsed by all 28 EU countries, includes the commitment to "ensure access for all to adequate, safe and affordable housing and basic services and upgrade" slums by 2030⁴⁷.

Housing is **not just an issue of access but also an issue of quality**. This is clearly recognised by the European Parliament: in their proposal for a Child Guarantee, they refer to *decent* housing.

The starting point for defining the concept of "decent housing" in the FSCG is the framework proposed by the CESCR, General Comment No. 4 on the Right to Adequate Housing (Art. 11 of the Covenant) though limited to the context and scope of the study.

When possible, this approach to decent housing will be broadened to include an overview of how the TGs fall, or are prevented from falling, into vulnerable living situations such as rooflessness, houselessness, insecure or inadequate housing, according to the FEANTSA ETHOS typology⁴⁸. People living in these forms of accommodation are often the most vulnerable, and therefore the ones which the FSCG should not miss.

"Decent housing" should then be understood in the FSCG as housing that meets the following criteria:

- **Availability:** This refers to i) the availability of the housing itself (sufficient number of affordable quality dwellings in relation to the need of the population), in an appropriate quality context (availability of adequate services and unpolluted surrounding in the location of the dwelling); and to ii) the availability of essential facilities for health, security, comfort and nutrition (access to natural and common resources, safe drinking water, energy for cooking, heating and lighting (energy poverty), sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services).
- **Accessibility:** Housing must be accessible to all. Disadvantaged groups must be accorded full and sustainable access to decent housing. Disadvantaged groups in particular should be ensured some degree of priority consideration in the housing sphere. Both housing law and policy should take fully into account the special housing needs of disadvantaged groups.
- **Affordability:** Housing should be affordable, i.e. the personal or household financial costs associated with housing should be at such a level that the costs involved do not act as a barrier to access adequate housing and that the attainment

⁴⁶ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁴⁷ <https://sustainabledevelopment.un.org/post2015/transformingourworld>

⁴⁸ <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>



and satisfaction of other needs are not threatened or compromised. At EU level, housing is deemed to be unaffordable when housing costs represent more than 40% of the household disposable income (EU agreed indicator on housing cost overburden). Member States should establish mechanisms ensuring access to decent affordable housing to those unable to obtain it.

- **Adaptability:** Both housing law and policy should take full account of the special housing needs of vulnerable groups. For instance, housing policies might need to differ in an urban or rural context (e.g. responding to the lack of availability of social housing, or lower income in rural areas), to adapt their content to specific vulnerable groups (e.g. housing allowance taking into account the number of children in the family), or adapt their processes to particular vulnerable groups (e.g. providing priority to families with children in access to social housing).
- **Acceptability:** Housing must be habitable, in terms of providing the inhabitants with adequate space, taking into account specific needs such as disability and family size and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors. The physical safety of occupants must be guaranteed as well. All persons should also possess security of tenure, which guarantees legal protection against forced eviction, repossession, harassment and other threats.

3.2 Healthcare

Healthcare is the largest and most complex sector of any country's economy. At the more complex end of the treatment spectrum, smaller or poorer countries may depend on other countries to provide some specialist services. Yet at its most essential and fundamental, healthcare should be available locally, accessibly and in a timely way for all of its citizens, and arguably also for non-citizen residents including migrants and refugees. Children, especially in the younger years, are victims of circumstance as to where they might be located, and should benefit from a universal humanitarian duty of care including healthcare.

There is no internationally agreed definition of healthcare. In particular, countries vary as to the boundaries of healthcare, not least as to whether the health system is responsible for social care, for care of those with intellectual disability, and for over-the-counter medication and advice.

The latest child health strategy from the World Health Organisation Regional Office for Europe (relating to the 53 countries of Europe) points out that most countries have problems defining their health services for children, down to having difficulty identifying the budget spent⁴⁹. The previous strategy is more expansive on the reasons to invest in children's health⁵⁰, but its core statement of purpose does not provide a universal, measurable definition: "Overall, the goal is to enable children and adolescents in the European Region to realise their full potential for health and development and to reduce the burden of avoidable disease and mortality". The strategy also points out that the situation is different in each country.

Turning to the UNCRC, Article 24 recognises "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". It highlights that "States Parties shall strive to ensure that no

⁴⁹ World Health Organisation Regional Office for Europe (2014), *Investing in children: The European child and adolescent health strategy 2015–2020*, Copenhagen: WHO.

⁵⁰ World Health Organisation Regional Office for Europe (2014), *European strategy for child and adolescent health and development*, Copenhagen: WHO.



child is deprived of his or her right of access to such healthcare services”⁵¹. This too is not helpful, as primarily it defines health rather than healthcare, and as regards the latter implicitly benchmarks it at the state of the art level of “the highest attainable standard”, rather than any basic acceptable common level.

The final challenge in the Child Guarantee concept is that of “free” service. While most countries will have free services for children in most respects, this is not universal. Positions which may need to be addressed include: totally free; some (possibly means-tested) co-payment for consultation; free consultation but co-payment for dispensed drugs or other consumables; free at the point of consumption but some pre-payment needed (registration fee, health insurance purchase for responsible adult); (co)payment necessary but reimbursable (initial outlay will be a barrier for many).

A source of information for the FSCG may be the Models of Child Health Appraised (MOCHA) project, funded by DG Research to November 2018⁵², which has a large body of information on service patterns in each of the 28 Member States. The MOCHA project is also working on crafting a number of rights statements in health into a more measurable set insofar as primary care for children is concerned.

In summary, not only is healthcare difficult to define, and each country has its own pattern of provision, but also a key tenet of healthcare is that it is tailored to the needs of the individual. A **core concept** might be devised as:

The right to receive appropriate consultation with a suitably qualified health professional, with relevant necessary follow-up action, to enable receipt of preventive healthcare services, treatment for illness, or ongoing care to maximise potential where a long-term condition exists.

Therefore, for the purpose of the FSCG, **a set of benchmark or tracer services might be used**, each of which any child should be able to receive. The suggested list is:

- Professional post-natal examination at birth.
- Receipt of infant immunisation protection as given in the country of residence
- A 2-year old child quickly develops a mild fever, and rash, and is clearly uncomfortable – can the child be seen by a health professional within 24 hours?
- Will a child receive a health check, including vision and hearing screening, on admission to school at 5 years (plus or minus 1 year)?
- A 12-year old boy playing falls 1.5 metres when climbing. His leg is twisted and very painful, and is possibly broken. Will he: i) get ambulance transfer to the nearest emergency room?; and ii) receive full diagnostic and clinical treatment to a standard for all residents?
- Can a 14-year old adolescent receive confidential access to a mental health professional within 1 month?
- Can a 15-year old adolescent receive confidential access to a reproductive health clinic within 1 month, and if appropriate receive free supplies?

The question for each would be to ask what is available for a normal resident citizen child, and for a child in each of the four TGs; secondly, whether the access and payment (if any) are the same for all children and the four TGs. This coverage will spread across the age-range of childhood, and provides basic scenarios of what should be realistically available

⁵¹ See also General Comment No. 15 (2013) on this Art. 24: https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en. Sustainable Development Goal No. 3 is also important in this respect as it stresses the obligation for countries to “Ensure healthy lives and promote well-being for all at all ages”.

⁵² www.childhealthservicemodels.eu



to any child. Less than this will show unacceptable gaps in provision; finer granularity would be desirable but would strain the feasibility of the FSCG.



3.3 Nutrition

Adequate nutrition contributes to achieving or maintaining not only a normal body weight and height, according to age, gender and race, but also a good state of physical and mental health. It consists of a balanced diet, based on the consumption of a variety of foods, containing adequate proportions of carbohydrates, fats, and proteins, along with the recommended daily allowances of all essential minerals and vitamins.

Inadequate nutrition, or according to the World Health Organisation **malnutrition**, can be expressed as **three broad groups of conditions** (WHO – Malnutrition):

- undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age);
- micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
- overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and some cancers).

Inadequate nutrition early in life can cause irreparable damage to the developing brain and body. The right to adequate nutrition, therefore, is a fundamental, foundational right for children. Its fulfilment is essential for life, health, development and dignity. Without adequate nutrition, a child will have difficulty learning, playing, engaging in other childhood activities, becoming a productive member of society in later years and enjoying the full range of human rights to which all humans are entitled (UNICEF 2008).

The right to adequate nutrition is established in numerous international instruments, from the Universal Declaration of Human Rights (UDHR) to the UNCRC (Article 24⁵³), the 2030 UN Agenda (Sustainable Development Goal No. 2: “End hunger, achieve food security and improved nutrition and promote sustainable agriculture”), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

General Comment No. 12 to the International Covenant on Economic, Social and Cultural Rights (ICESCR) clarifies that every state is obligated to ensure for everyone under its jurisdiction access to the minimum essential food which is sufficient, nutritionally adequate and safe to ensure freedom from hunger. The right to adequate food is realised when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.

Furthermore, according to the UN Food and Agriculture Organisation (FAO), “Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are availability, stability of supply, access and utilization”.

For infants up to 6 months, to the extent that this is possible, “adequate nutrition” consists of exclusive breastfeeding, for providing young infants with the nutrients they need for healthy growth and development⁵⁴.

⁵³ States Parties shall take appropriate measures “to combat disease and malnutrition, including within the framework of primary healthcare, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water” and “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”.

⁵⁴ WHO, Breastfeeding: <https://www.who.int/topics/breastfeeding/en/>



For infants aged 6 months or older, children and adolescents, it consists of a balanced diet (in amounts defined by the child's age, gender and anthropometric characteristics), based on the consumption of a variety of foods that contain appropriate proportions of carbohydrates, fats, proteins and the recommended daily allowances of all essential minerals and vitamins, as well as clean tap water. Breastfeeding may be continued along with appropriate complementary foods up to two years of age or beyond.

Adequate nutrition for children with disabilities may differ according to the extent and nature of the disability.

For the FSCG, elements to be taken into consideration are then: i) adequate nutrition during pregnancy and during the first two years of age; ii) combating micronutrient-related malnutrition; iii) combating overweight, obesity and diet-related non-communicable diseases; and iv) ensuring adequate caring and feeding practices.

3.4 Early Childhood Education and Care (ECEC)

ECEC covers different mainstream services for young children under the age of obligatory schooling. In most EU Member States, this starts around birth-1 year of age and ends at obligatory school age, which varies around the age of six. Depending on the policy framework, ECEC refers most often to childcare for the very youngest and pre-primary schooling for children under the age of 6-7 years. In some countries, these are integrated into one system (within the larger education sector) also known as "unitary" ECEC systems. In other countries, we see the so-called "split" system, with childcare for younger children (0-3 year-olds) usually falling under the responsibility of a ministry of welfare, children or social affairs. In split systems, childcare and pre-primary education (also called Kindergarten or preschool) are quite different in terms of funding, accessibility, staff qualification, adult/child ratio, curriculum, regulations on fees to be paid by parents, attendance, inspection and so forth.

As there are quite some differences in the ECEC systems in the different Member States, and because it is a crucial document in the ECEC debate, the FSCG has opted to use the definition of the **European Quality Framework for ECEC (EQF)**. EQF was drafted on the basis of consensus among Member States and contains the five most relevant quality elements for ECEC, each with two quality principles.

ECEC will then refer to "**any regulated arrangement that provides education and care for children from birth to compulsory primary school age—regardless of the setting, funding, opening hours or programme content—and includes centre and family day-care; privately and publicly funded provision; pre-school and pre-primary provision**".⁵⁵

In the split systems, both formal (institutional) as well as informal and paid care provided by professionals are subject to legislation. Informal and unpaid types of childcare (e.g. care by grandparents, neighbours, family and friends) are regulated in neither split nor unitary systems. It should be noted that some countries have partially integrated ECEC systems where, although managed by the same authority, staff qualifications, curricula or funding arrangements are usually different between age groups⁵⁶.

In the FSCG, we will only cover the **formal childcare sector**. Regarding pre-primary education, we will only consider **publicly funded or (partially) subsidised and**

⁵⁵ European Commission (2014), *Proposal for key principles of a Quality Framework for Early Childhood Education and Care (ECEC)*. Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission, Brussels: European Commission.

⁵⁶ Eurydice (2014), *Key Data on Early Childhood Education and Care in Europe*, Luxembourg: Publications Office of the European Union.



accredited provision. We will **not include home-schooling or private schools**, as in our view these fall beyond the scope of a Child Guarantee.

3.5 Education

“Education” is defined in the FSCG as primary and secondary **compulsory** education⁵⁷. Sustainable Development Goal No. 4 (“Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”) obliges all 28 Member States to providing all children, including all children in the four TGs, with education that is inclusive and promotes democratic participation.

The UNDHR (Art.26) and the UNCRC (Art.28) guarantee a right to free elementary and fundamental education for all children:

- UNDHR (Art. 26, http://www.claiminghumanrights.org/udhr_article_26.html): “Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. (...)”
- UNCRC (Art.28): “States Parties recognise the right of the child to education, and (...) 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; (...) 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 drop-out rates.”

The CRPD (Art. 24) further promotes the **Right to Inclusive Education** (which has become an obligation by virtue of ratification of the CRPD by all 28 Member States) and identifies nine core features of an inclusive system in its [General Comment No 4](#)⁵⁸. **Inclusive systems** encompass, among others, flexible curricula, Special Education Needs (SEN) provision, drop-out prevention mechanisms, apprenticeship schemes, and vocational and second-chance programmes.

Because education is the right of all citizens, the FSCG will only consider **publicly funded or (partially) subsidised and accredited provisions**⁵⁹.

⁵⁷ Given that there is a separate policy cluster on ECEC. However, in the study we will also recognise the educational importance of after-school activities (leisure, sports) in combatting child poverty in line with the CRC General comment No. 17 (2013) on the right of the child to rest, leisure, play, recreational activities, cultural life and the arts (article 31).

⁵⁸

https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/4&Lang=en

⁵⁹ Home-schooling or private schools is not included as these fall beyond the scope of a Child Guarantee.



4. Mapping of TGs' access to PAs

This section provides an initial mapping of the situation of the general population of children and of the TGs in terms of access to the five PAs, on the basis of available data and analyses.

The primary source of EU comparative data used for analysing access to most of the PAs (childcare, housing, healthcare, some aspects of nutrition) is the EU Statistics on Income and Living Conditions (EU-SILC), which is the reference source for this study and more broadly for most comparative statistics on income distribution and social inclusion at European level. It provides annual data for the 28 EU countries.

In the analysis below, we have produced, each time it was feasible, indicators for the whole population of children and for the TGs identifiable in EU-SILC, i.e.:

- low-income/socio-economic status children;
- children living in single-adult households;
- children living with at least one parent not born in the EU; and
- children severely limited or limited but not severely in their daily activities⁶⁰.

We have used the 2017 microdata set released mid-November 2018 and have included in our analysis the child-specific health indicators collected in the 2017 ad-hoc module never published before. Additional data sources specific to some groups (Roma children, children in institutions) or to some PAs (PISA for education, HSBC for nutrition) are also used.

In Section 2.4.2 above, we showed the importance of considering both income poverty and child-specific deprivation when looking at the sub-group "Low-income/socio-economic status children". However, data on child-specific deprivation were only collected in the 2014 EU-SILC ad-hoc module. In the analysis below, we therefore only use income poverty to characterise this subgroup.

It is important to keep in mind some key methodological warnings that are linked to the nature of EU-SILC (sample survey, coverage). These precautions are true for the whole population in general and may be reinforced by the specific situation of some of the TGs.

First, EU-SILC is based on a sample of European households; therefore, the precision of the point estimates depends to a certain extent on the sample size. This may be more problematic for some TGs than for the national population. Table 4.1 presents the sample size of each TG available in EU-SILC, at the country level.

According to Eurostat publication rules:

- an estimate should not be published if it is based on fewer than 20 sample observations or if the non-response for the item concerned exceeds 50%; and
- an estimate should be published with a flag if it is based on 20 to 49 sample observations or if non-response for the item concerned exceeds 20% and is lower or equal to 50%.

To be on the safe side, we have opted for not publishing any indicator based on less than 50 observations, i.e. for countries and groups highlighted in red in Table 4.1. The response rate for all the variables used was also checked and is higher than the Eurostat threshold. So, it does not necessitate other precautions.

⁶⁰ As explained in Section 2.2.2, the identification of children with disabilities in standard surveys is not an easy task and the variable on limitations of daily activities for health reasons can only be considered as a proxy.



Second, methodological challenges of the FSCG are linked to the coverage of the surveys used. The most important particularity of EU-SILC is that the reference population includes only private households and their current members living in the countries concerned at the time of data collection. This means that people living in collective households are excluded from the target population. This has a disproportionate impact on capturing the situation of people with disabilities and makes it impossible to produce data on the TG of children living in institutions.

Third, the imperfect coverage of migrant children also deserves careful interpretation of the indicators produced, as reminded in Section 2.3.2.

Table 4.1: Sample size of available TGs in EU-SILC data, 2017, Number of observations

	Children severely limited or limited (but not severely) in their daily activity (0-15 years)	Children (< 18 years) living with at least one parent not born in the EU	Children (< 18 years) living in single-adult household	Children (< 18 years) living in poor household
AT	125	413	313	376
BE	139	793	561	651
BG	55	17	158	768
CY	25	376	183	293
CZ	185	81	424	347
DE	155	664	617	535
DK	158	204	303	126
EE	220	346	280	601
EL	143	945	462	2189
ES	163	1196	561	1738
FI	418	351	455	445
FR	247	882	843	1143
HR	92	560	147	728
HU	133	26	365	489
IT	56	1002	832	1578
LT	91	116	249	383
LU	100	553	188	553
LV	262	298	383	484
MT	38	261	149	398
NL	327	533	696	641
PL	214	38	454	1086
PT	241	573	525	1249
RO	70	1	95	572
SE	114	777	382	438
SI	138	701	231	548
SK	58	2	137	606

Note: Figures highlighted in red are figures below 50.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in this UDB for UK and IE.



4.1 Housing

Long-term quality housing is a prerequisite for well-being, recovery and social integration. It is a means - and not an end - to the protection of all social rights and the personal development of an individual. Housing is a driver of social exclusion when it is inaccessible, inadequate, undignified, insecure or absent.

Access to decent housing for children in Europe is far from a given, and is often affected by inadequate housing, which can take many forms such as an inability to keep home adequately warm, overcrowding, noise, damp or other forms of unhealthy settings (exposure to pesticide, carbon monoxide, lead, etc.).

Housing inadequacies have been proven to have negative impacts, particularly on children⁶¹, that include for instance ill-health or accidents, low educational outcomes, lack of general well-being (lack of light, space to play, etc.) and increase in the risk to perpetuate the intergenerational poverty cycle (profound and long-term effect on children's life chances). The causal relationship between housing problems and poor health outcomes is difficult to establish as many factors such as poverty and unemployment could lead to similar outcomes. Nevertheless, evidence suggests that inadequate housing contributes to undermining positive development and perpetuates disadvantage from one generation to the other⁶².

Housing is the basis of social inclusion for all. It is also the "cornerstone of independent living", as recalled by the UK Equality and Human Rights Commission in its report on Housing and disabled people⁶³. The report shows how many disabled people still live in homes that do not meet their requirements, and how this is not only about a human rights perspective but also a financial cost-saving change that is needed. Other aspects of housing comfort than those presented below may matter for persons with disabilities: the size of the dwelling, the lack of space to store the child's equipment, having only one toilet and/or bathroom or the lack of a downstairs toilet and/or bathroom, having access to special stairs etc.⁶⁴ No specific data on these access issues are available. Furthermore, as explained in Section 2.2.2 the identification of the TG of children with disabilities in standard surveys is not an easy task and the variable on limitations of daily activities for health reasons can only be considered as a proxy.

In general, despite the decisive importance of housing adequacy for children, there are data gaps in the specific situation of children's access to decent housing in Europe. This section focuses mainly on EU-SILC data to provide an overview of children's access to decent housing in Europe. It covers different aspects of access to decent housing: housing

⁶¹ For instance, see:

- New evidence from WHO: inadequate housing causes more than 100,000 annual deaths in Europe: <http://www.euro.who.int/en/media-centre/sections/press-releases/2011/06/new-evidence-from-who-inadequate-housing-causes-more-than-100-000-annual-deaths-in-europe>;
- Fondation Abbé Pierre (2018), *23ème rapport sur l'état du mal-logement en France*: <http://www.fondation-abbe-pierre.fr/nos-actions/comprendre-et-interpeller/23e-rapport-sur-etat-du-mal-logement-en-france-2018#telechargement%2023e%20rapport%202018>;
- Eurofound (2016), *Inadequate housing in Europe: Costs and consequences*, Publications Office of the European Union, Luxembourg: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1604en_0.pdf

⁶² Bartlett S. (1998), "Does_Inadequate_Housing_Perpetuate_Children's_Poverty?", *Childhood*, 5:4, pp. 403-420.

⁶³ <https://www.equalityhumanrights.com/.../housing-and-disabled-pe...>

⁶⁴ Beresford, B. and Oldman (2002), C., *Housing matters. National evidence relating to disabled children and their housing*, University of York & Joseph Rowntree Foundation: https://www.jrf.org.uk/file/36782/download?token=6B3_la6u&filetype=full-report



deprivation, overcrowding, fuel poverty and housing costs, for the total population of children and for the TGs available in EU-SILC. It also provides evidence on some of the TGs who are poorly covered or not covered in the survey (Roma children, children in institutions, undocumented children and homeless children).

4.1.1 Severe housing deprivation

Severe housing deprivation is defined at the EU level as:

- living in an overcrowded household (see definition in Section 4.1.2); and also
- exhibiting at least one of the following housing deprivation measures (leaking roof/damp walls/rot in windows, no bath/shower and no indoor toilet, or a dwelling considered too dark).

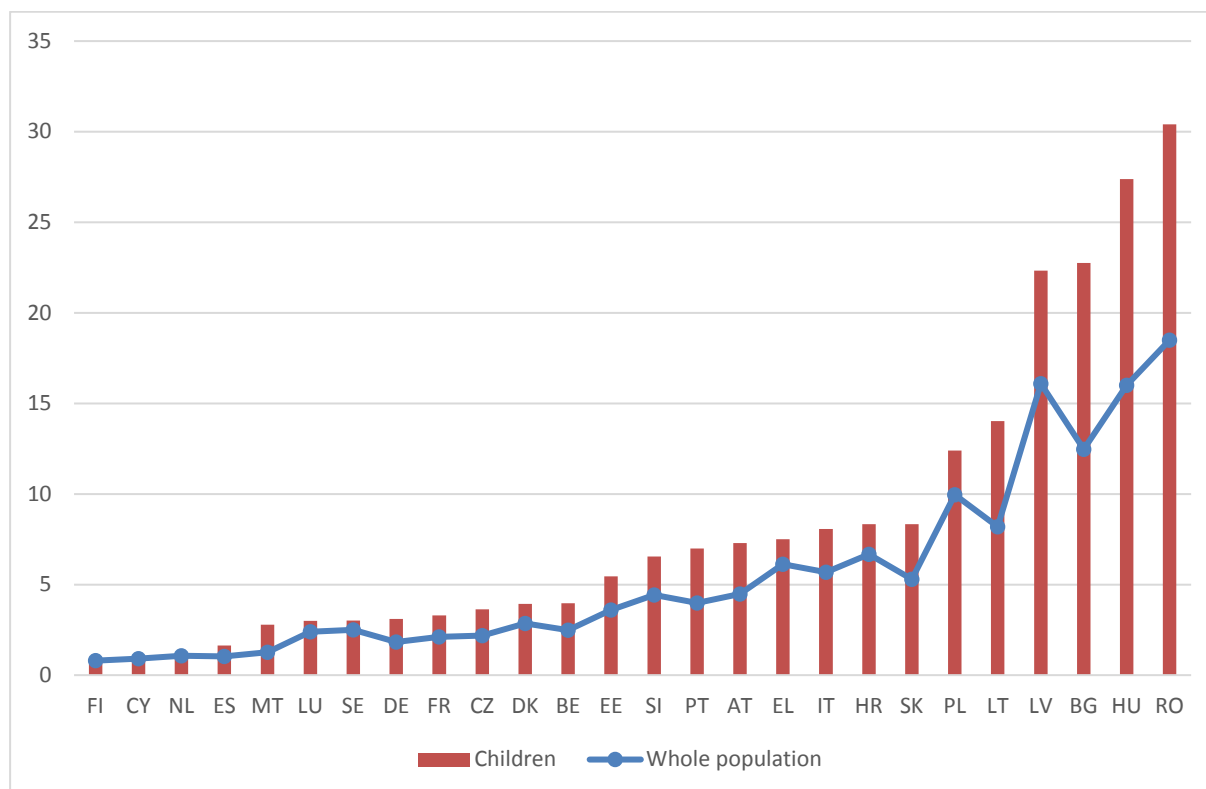
As shown in Figure 4.1, the proportion of children suffering from severe housing deprivation in 2017 is higher for children (below 18) than for the general population in almost all EU countries⁶⁵. The figure is particularly high in Romania (30%), Hungary (27%), Bulgaria (23%) and Latvia (22%). Disparities are strongly marked as the lowest rates are much lower in Finland, Cyprus, the Netherlands and Spain (around 1%).

While severe housing deprivation plagues a massive proportion of the population in Eastern countries, children in the rest of Europe are not spared. In Portugal, Austria, Greece and Italy, around 7-8% of children are affected by severe housing deprivation (Figure 4.1).

⁶⁵ In 2015, the Foundation Abbé Pierre and FEANTSA analysed EU SILC to calculate the risk for households with children of severe housing deprivation compared to households with no children. They found that it was in the countries with high redistribution where the risk factor is the weakest. Their analysis argued for the need to intelligently combine universal policies that protect society as a whole with targeted policies that reduce inequalities. The Foundation Abbé Pierre – FEANTSA, Overview of Housing exclusion in Europe 2015, pp. 44-45: https://www.feantsa.org/download/fap_eu_gb2861057678142834491.pdf



Figure 4.1: Proportion of children (< 18 years) and whole population (aged 0+) who suffer from severe housing deprivation, EU-28 Member States, 2017, %



Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

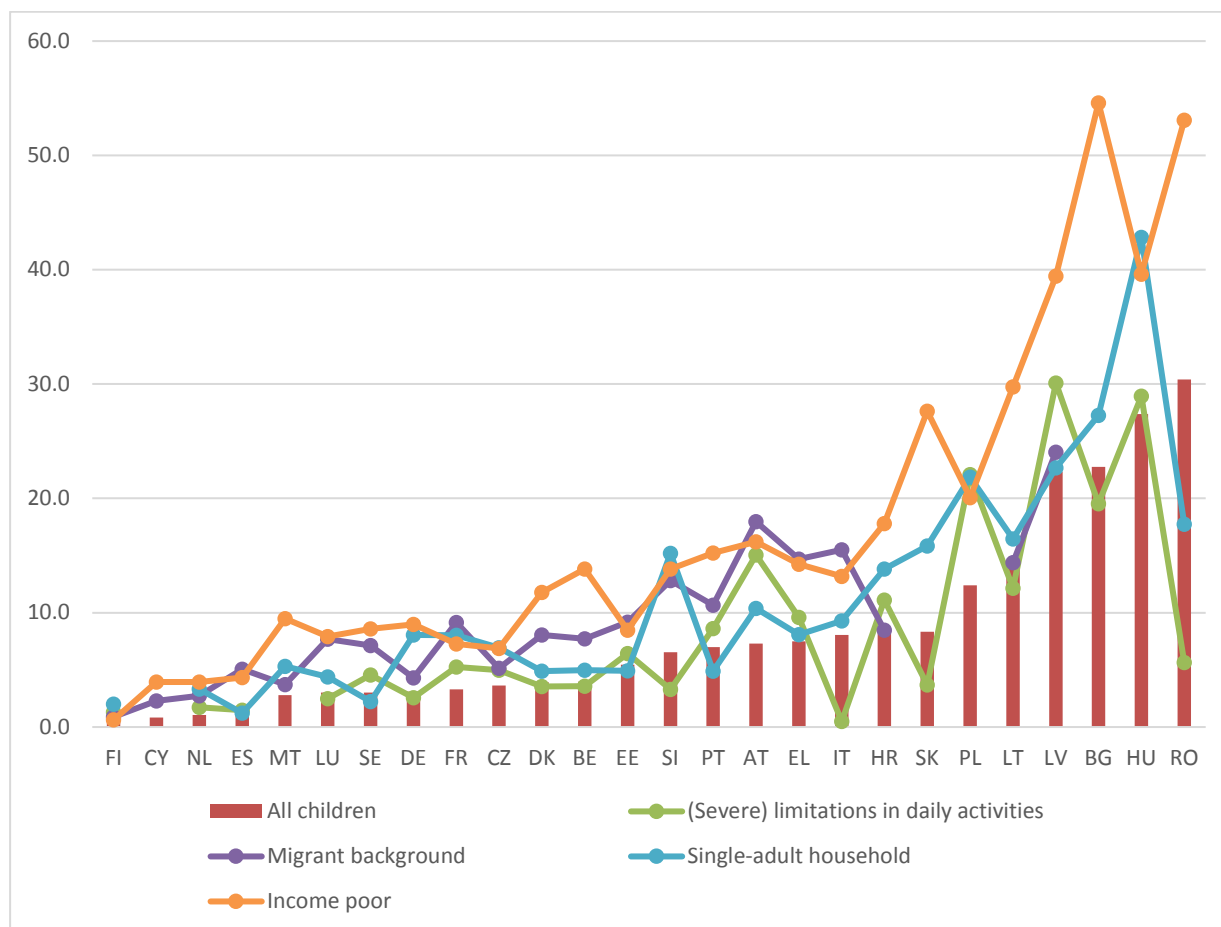
Figure 4.2 presents the proportion of children suffering from severe housing deprivation for each TG available in the survey and compares it with the total population of children.

In most countries, suffering from income poverty, living in a single-adult household or coming from a migrant background increases the risk of severe housing deprivation. The correlation with children's health limitations is less clear and may be difficult to establish due to small sample sizes and large confidence intervals.

Regarding the situation of children with a migrant background, the 2016 European Commission's "Migrant Integration Information and good practices"⁶⁶ confirm these figures by pointing out that migrants are often more disadvantaged than the native-born population as regards to housing: "*migrants are generally vulnerable on the housing market, disproportionately dependent on private rentals, more likely to be uninformed of their rights and discriminated against. They also face greater obstacles to access public housing or housing benefits and are more likely to live in substandard and poorly connected accommodation, with less space available and at a higher rental cost burden than the national average*".

⁶⁶ European Website on Integration- Migrant Integration Information and good practices - Immigrant Housing in Europe: Overview 05/09/2016 - EU-wide - Research or Report by Paola Mikaba (Migration Policy Group) Authors: EWSI Editorial Team. Retrieved on 18.01.2019: <https://ec.europa.eu/migrant-integration/intdossier/immigrant-housing-in-europe-overview>.

Figure 4.2: Proportion of children who suffer from severe housing deprivation, EU-28 Member States, all children and available TGs, 2017, %



Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

4.1.2 Overcrowding

A person is considered as living in an overcrowded household if his/her household does not have at its disposal a minimum of rooms equal to:

- one room for the household;
- one room by couple in the household;
- one room for each single person aged 18 and more;
- one room by pair of single people of the same sex between 12 and 17 years of age;
- one room for each single person between 12 and 17 years of age and not included in the previous category; and
- one room by pair of children under 12 years of age.

Overcrowding has a negative impact on children and the family unit. A report from the UK charity Shelter⁶⁷ shows for instance how overcrowding can harm family relationships, negatively affecting children's education and causing depression, stress and anxiety.

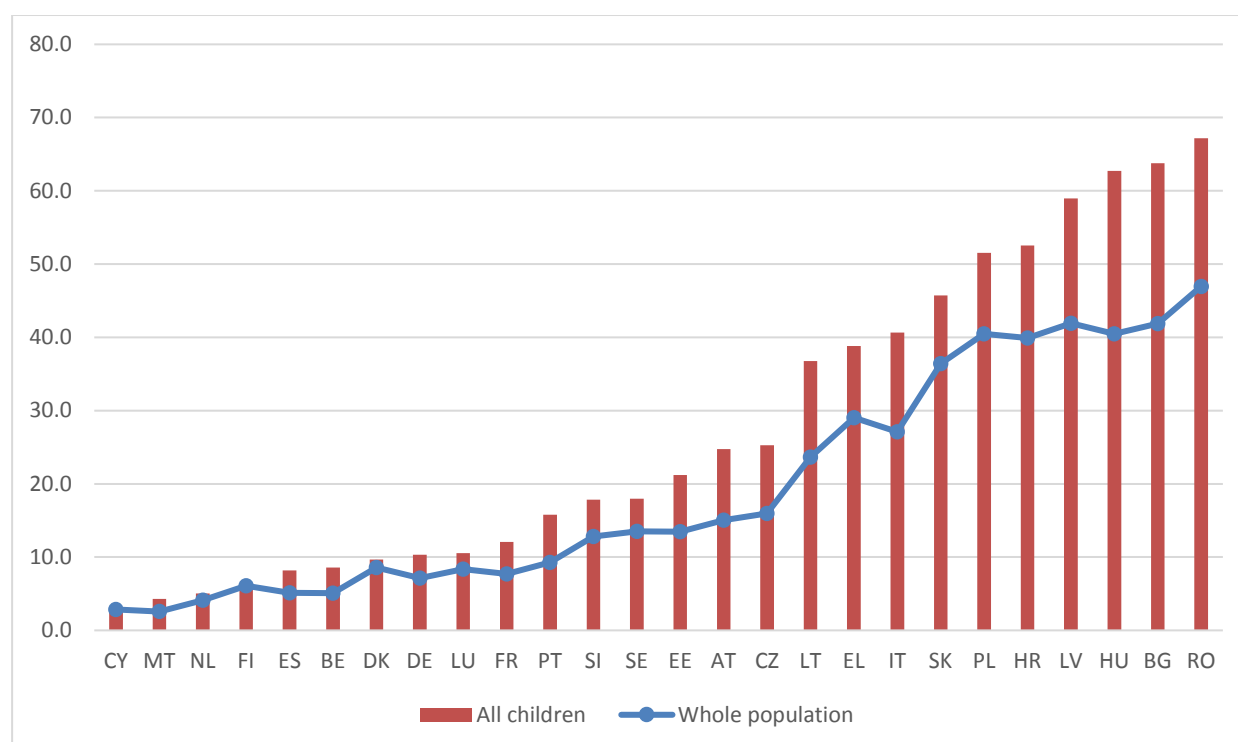
⁶⁷ Shelter (2015), *Full house? How overcrowded housing affects families*:

https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/full_house_how_overcrowded_housing_affects_families.



As shown in Figure 4.3, the proportion of children living in an overcrowded household in 2017 is higher for children (below 18) than for the general population in almost all EU countries. The situation is particularly stark in Romania (67%), Bulgaria (64%) and Hungary (63%). However, once again, this is not limited to Eastern Europe as 41% of children in Italy and 39% in Greece are in an overcrowding situation. In Cyprus, Malta, the Netherlands, Finland, Spain, Belgium, Denmark and Germany by contrast, one in ten children (or even [much] less) live in overcrowded households.

Figure 4.3: Proportion of children (< 18 years) and whole population (aged 0+) who live in overcrowding households, EU-28 Member States, 2017, %

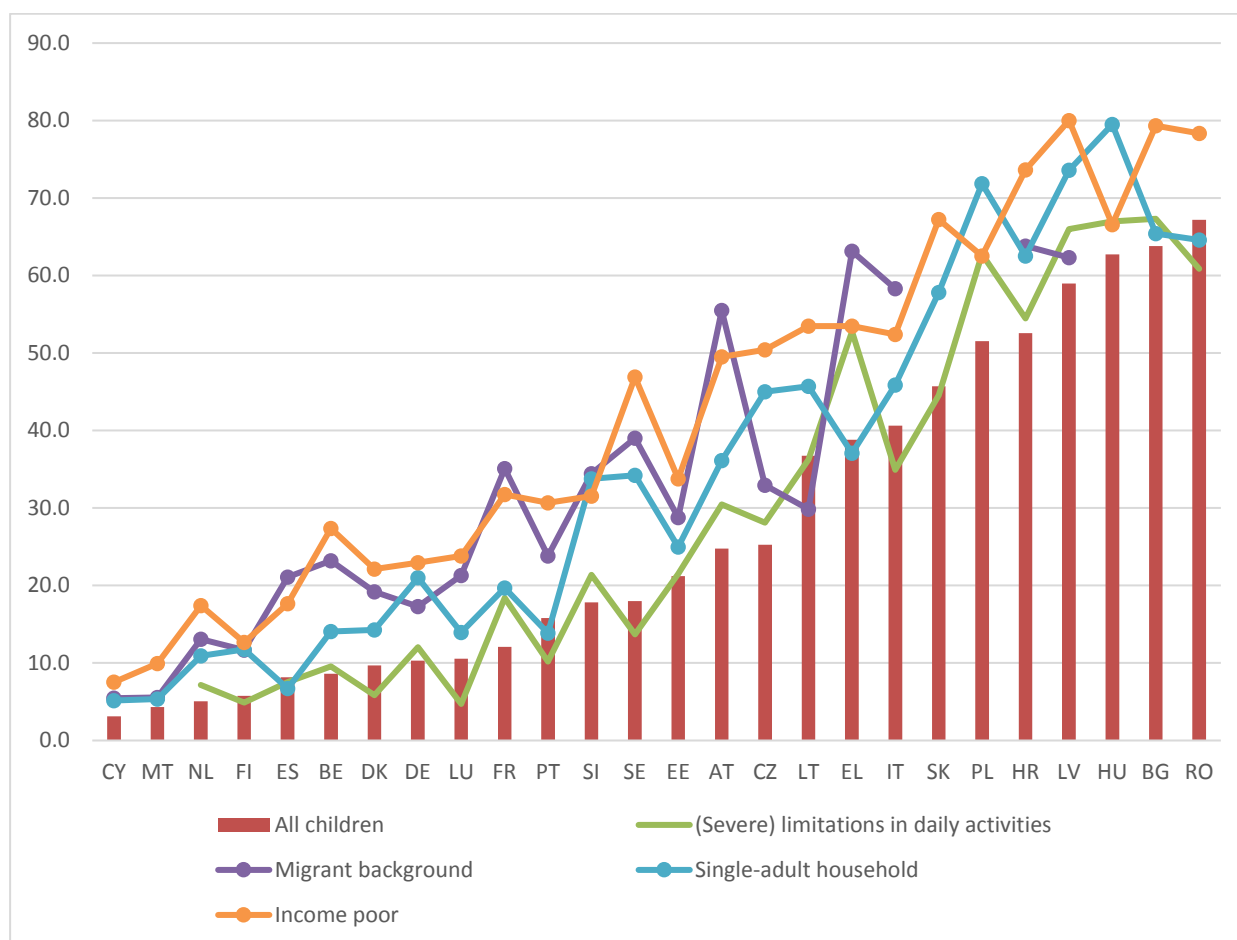


Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

Figure 4.4 shows that suffering from income poverty, living in single-adult households or having a migrant background increase the risk of overcrowding in most countries. So, for instance, in Bulgaria, Latvia and Romania around 8 poor children out of 10 combine income poverty with overcrowding.



Figure 4.4: Proportion of children who live in overcrowding households, EU-28 Member States, all children and available TGs, 2017, %



Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

Regarding the impact of migration, these findings are confirmed by the OECD report on “Indicators of Immigrant Integration 2015”⁶⁸. The report’s chapter on housing shows that (with the exception of Central Europe) immigrants are slightly more likely to live in substandard housing and are twice as likely to be in overcrowded accommodation. The report also shows that immigrant women are likely to have more children than their native-born counterparts, while the “differences in birth rates tend to be most pronounced in those European countries where the fertility rates of the native-born are particularly low” (p. 39). The fertility rate of immigrant women was 0.5 births higher on average in the EU than that of native-born women (p. 44). The difference in birth rate and the large households would mean that children with a migrant background are particularly exposed to difficulties in terms of overcrowding.

4.1.3 Ability to keep home adequately warm (energy poverty)

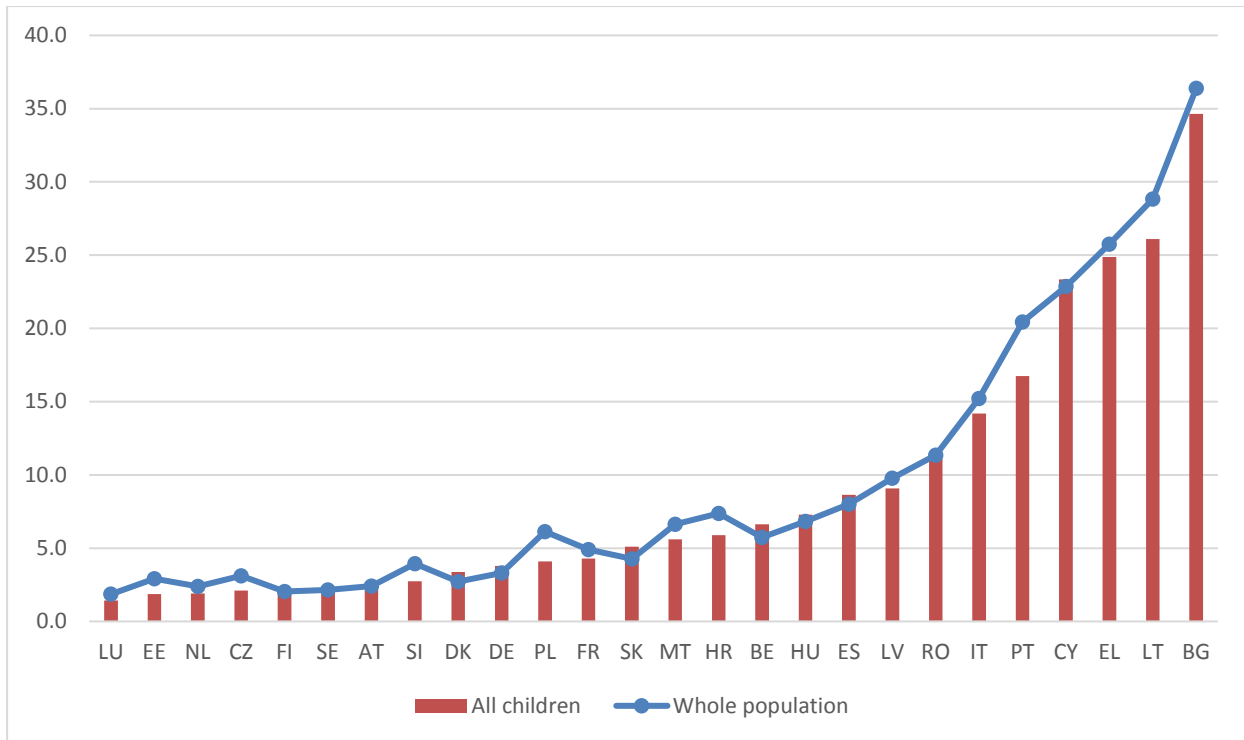
The ability of a household to keep its home adequately warm is an indicator of energy poverty and is often linked with a low household income, high-energy costs and low energy efficient homes.

⁶⁸ See: <http://www.oecd.org/publications/indicators-of-immigrant-integration-2015-settling-in-9789264234024-en.htm>



Children are equally or slightly likely to suffer from an inadequately warm home than the whole population (Figure 4.5). A non-negligible proportion of children live in households who have difficulty in maintaining adequate household temperature in numerous EU countries, most especially in Lithuania, Bulgaria and in Southern countries (EL, CY, PT, IT).

Figure 4.5: Proportion of children (< 18 years) and whole population (aged 0+) who suffer from an inadequately warm home, EU-28 Member States, 2017, %



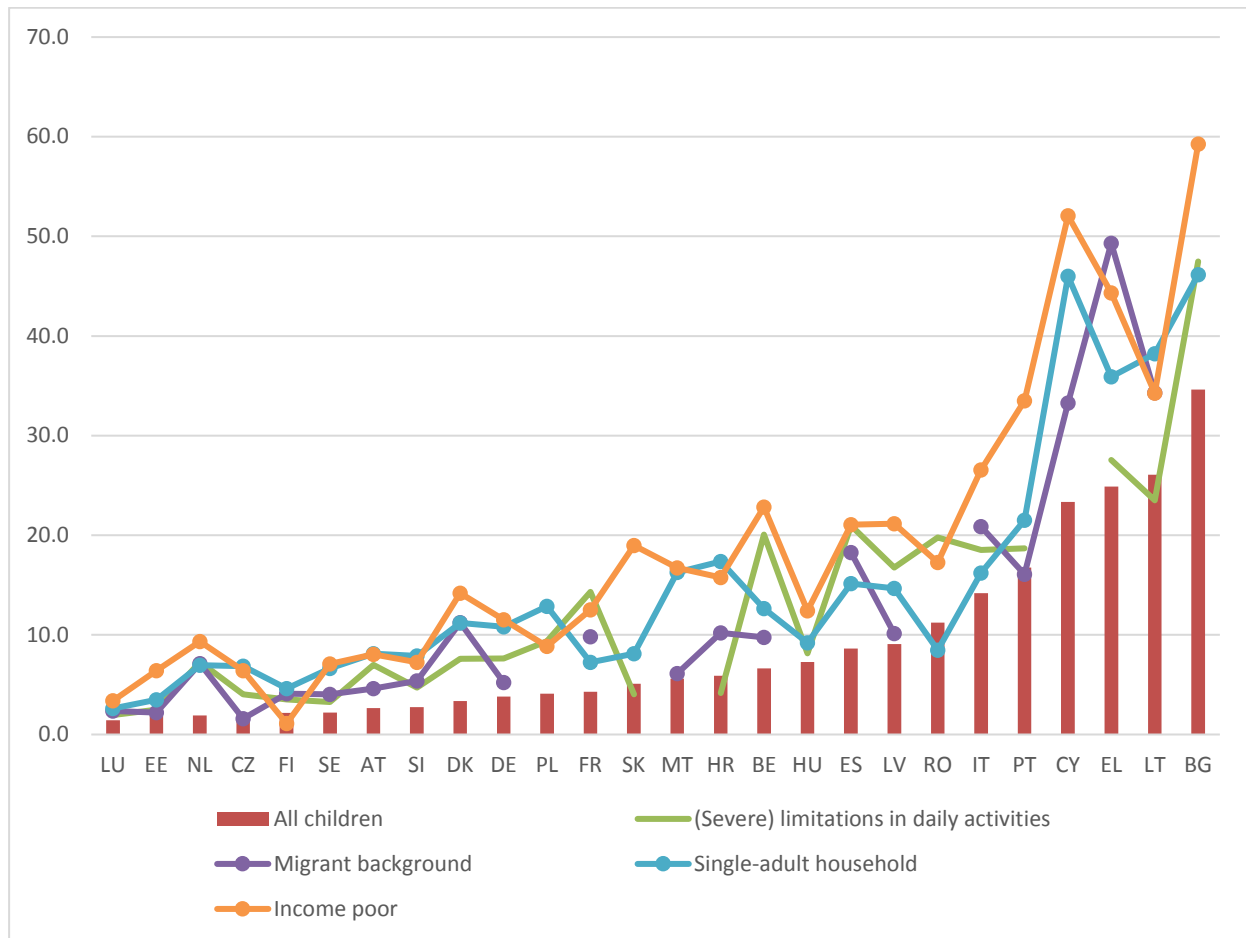
Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

Unsurprisingly, income poor households are more heavily impacted (Figure 4.6). The proportion of income-poor children who suffer from an inadequately warm home attains almost 60% in Bulgaria and more than a third in Portugal, Cyprus, Greece and Lithuania. Children living in single-adult households are also particularly at risk. The highest rates are in Cyprus and Bulgaria (both 46%).



Figure 4.6: Proportion of children who suffer from an inadequately warm home, EU-28 Member States, all children and available TGs, 2017, %



Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

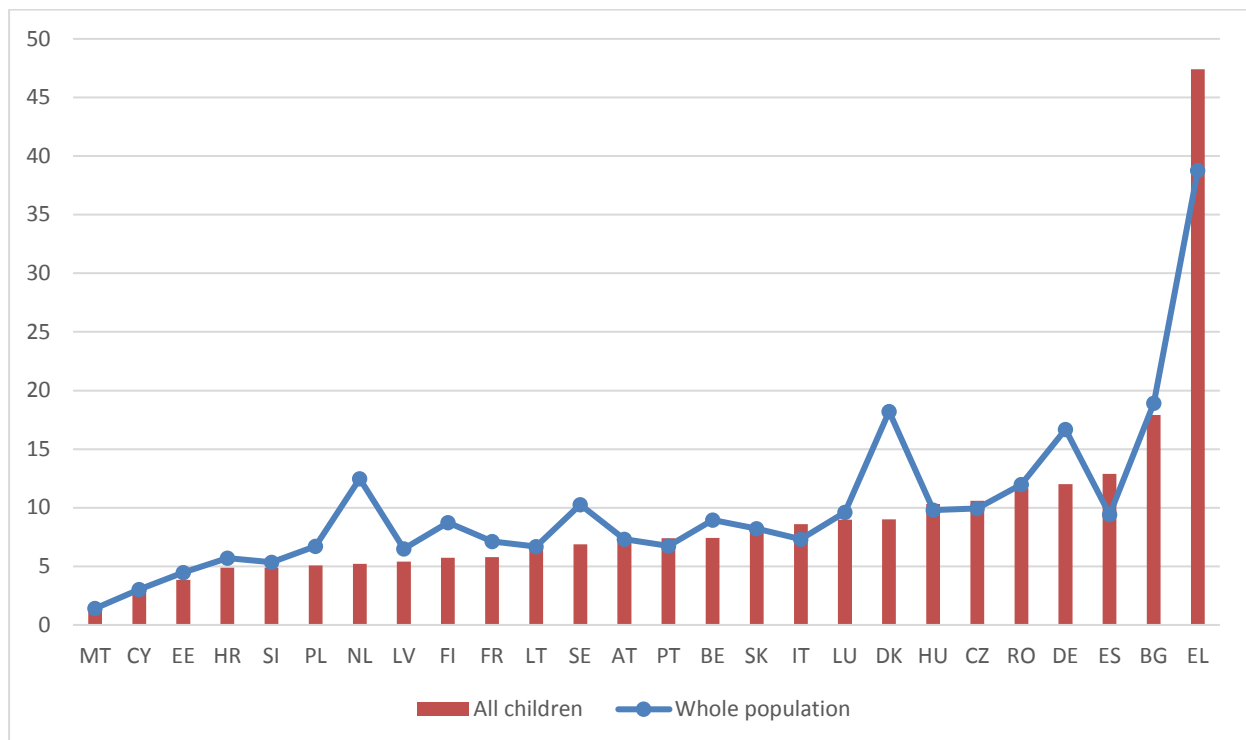
4.1.4 Housing cost overburden

The EU indicator of housing cost overburden is defined as the percentage of the population living in a household where the total housing costs (net of housing allowances) represents more than 40% of the total disposable household income (net of housing allowances).

As shown in Figure 4.7, in 2017 Greece is by far the EU country with the highest rate (both for children and the whole population): half (47%) the children live in households experiencing housing cost overburden. Then comes Bulgaria (18%), followed by a group of countries with 10-13% of children in this situation: Spain, Germany, Romania, Czech Republic and Hungary. Countries with the lowest proportion of people/children experiencing housing cost overburden are Malta, Cyprus, Estonia, Croatia, Slovenia, Poland, the Netherlands and Latvia (5% or less).



Figure 4.7: Proportion of children (< 18 years) and whole population (aged 0+) in households confronted with housing cost overburden, EU-28 Member States, 2017, %



Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.
Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

The situation affects disproportionately children living in income poor households, as illustrated in Figure 4.8. They face a risk of housing costs overburden which is between three and five times higher than the total population of children.

Regarding the impact of migration on housing cost overburden, the 2016 European Commission's analysis of statistics on housing and migrant integration shows that in a few countries, housing subsidies alleviate the housing cost overburden of some vulnerable groups. The gap between immigrant and native-born households disappears after adjustment for subsidies in Finland; it diminishes significantly in France, the Netherlands and the UK. However, available subsidies have no real effect for immigrants in e.g. Belgium, Czech Republic, Italy, Portugal or Spain.⁶⁹

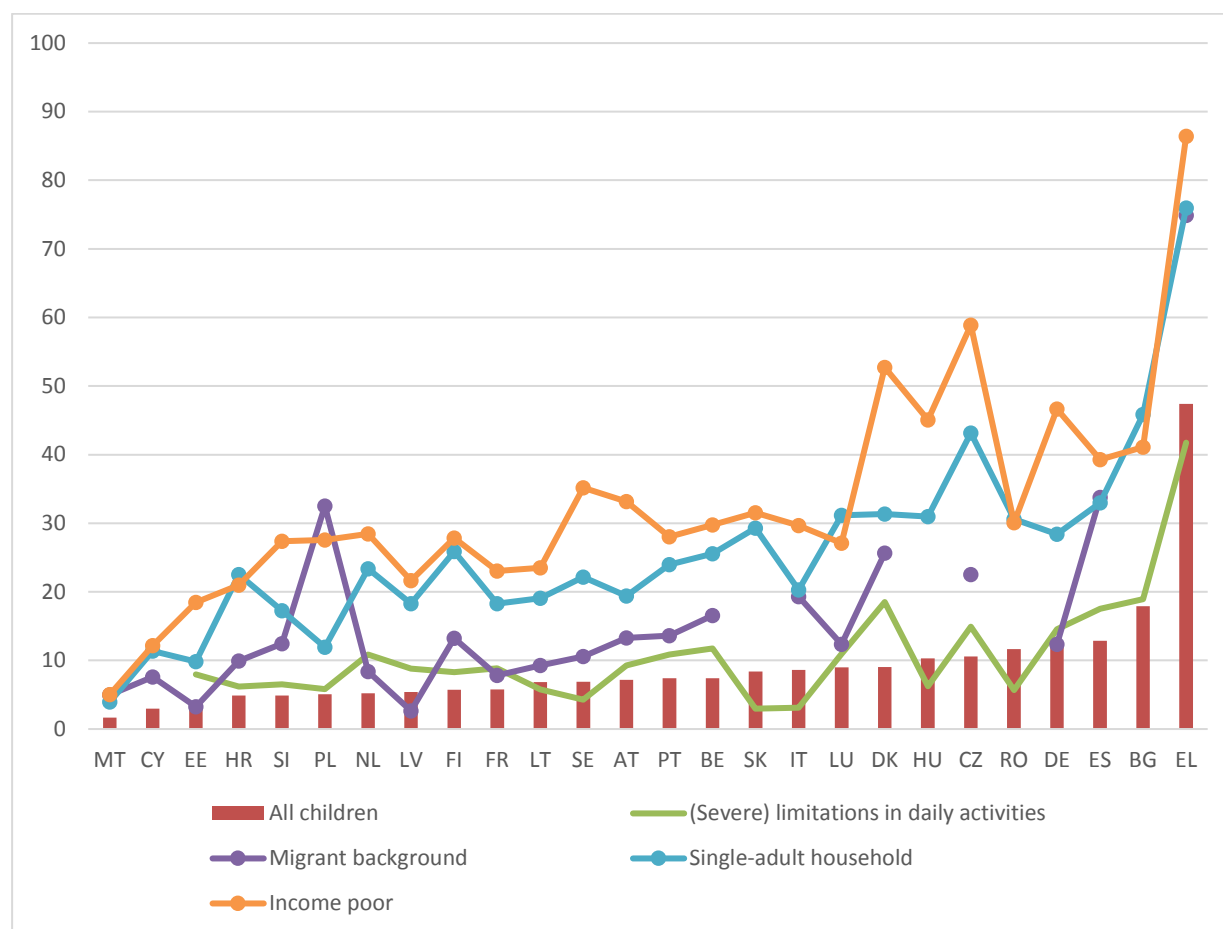
For single-adult households, the extra risk of housing costs overburden is high in all countries (except Malta) and may be due to the fact that single-adult households face high fixed costs, as compared to two-adult households. A 2015 London School of Economics research⁷⁰ finds that single-adult households with children are heavily overrepresented in social housing in almost all countries.

⁶⁹European Website on Integration- Migrant Integration Information and good practices - Immigrant Housing in Europe: Overview 05/09/2016 - EU-wide - Research or Report by Paola Mikaba (Migration Policy Group) Authors: EWSI Editorial Team. Retrieved on 18.01.2019: <https://ec.europa.eu/migrant-integration/intdossier/immigrant-housing-in-europe-overview>.

⁷⁰ Scanlon, K., Fernández Arrigoitia, M. and Whitehead, C.M E (2015), *Social housing in Europe*. European Policy Analysis, p. 5.



Figure 4.8: Proportion of children in households confronted with housing cost overburden, EU-28 Member States, all children and available TGs, 2017, %



Note: Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

4.1.5 Target groups poorly or not covered in EU-SILC

As reminded above, a major difficulty is that EU-SILC does not include people living in institutions or homeless children, and imperfectly covers migrant or Roma children. Data on the living conditions of these children are therefore not presented in the above sections. Qualitative studies or specific data sources are used to partly fill in this gap in this section.

Children in institutions

Studies have shown a relation between living in an institution when a child, housing instability and homelessness later in life. For instance, Dumaret et al. (2011)⁷¹ and Mendes and Moslehuddin (2006)⁷² show that almost half of the young people with a care history were in temporary housing or staying with family/friends during the first years following

⁷¹ Dumaret, A_C, Donati, P. and Crost, M. (2011), "After a long-term placement: Investigating Educational Achievement, Behaviour, and Transition to Independent Living", *Children in Society*, 25(3):215-227.

⁷² Mendes, P. and Moslehuddin, B. (2006), "From dependence to interdependence: Towards better outcomes for young people leaving state care", *Child Abuse Review*, 15(2):110-126.



foster care⁷³ (in this case the link is between experience of child protection services and housing instability). This is also the experience of some NGOs such as Focus Ireland⁷⁴ which in a 2014 study reported that a growing number of young people leaving State care are becoming homeless (15% of the care-leavers Focus Ireland is working with in Dublin are now homeless).

There is a body of evidence in literature, particularly from the 80s and from the United States, which establishes a link between de-institutionalisation and homelessness. Some of these studies suggest that homelessness is only an indicator of housing instability, and that young people out of foster care also often face temporary residence and precarious housing (e.g. temporary leaving with friends, couch surfing).⁷⁵

It is important to know whether homelessness results from deinstitutionalisation itself or from the way deinstitutionalisation has been carried out (e.g. lack of housing and rehabilitation planning after institutionalisation⁷⁶).

Undocumented children

Most countries would have specific mechanisms of support to families with children (such as housing allowances, tax break, priority access to social housing, rapid re-housing), but undocumented children and families rarely benefit from these safeguards⁷⁷. Undocumented children and families have access to temporary accommodation in some Member States, but these often remain an unsuitable form of housing for children. Moreover, even when they can access the private rental market, they are more vulnerable to exploitation or violation of rights as tenants, due to their irregular migration status.

There is also evidence from FEANTSA's European Observatory on homelessness's report on Family homelessness in Europe⁷⁸ that homeless undocumented migrant families might experience rough sleeping (street homelessness). Some families, being denied access to the labour market and with no support (or a very limited support) to access housing, may be faced with no other solutions than rough sleeping and parents risk losing custody of their children. This research does not suggest this was widespread in the countries that were analysed.

⁷³ In: Children and Youth Services Review Volume 95, December 2018, pages 134-143. Transition to adult life of young people leaving foster care: A qualitative systematic review Arja Häggman-Laitilaa, Pirkko Salokkiläb Suyen Karkic, <https://doi.org/10.1016/j.childyouth.2018.08.017>.

⁷⁴ Mayock, P., Parker, S. and Murphy, A. (2014), *Young People, Homelessness and Housing Exclusion*: <https://www.focusireland.ie/wp-content/uploads/2016/04/Mayock-Parker-and-Murphy-2014-Young-People-Homelessness-and-Housing-Exclusion-FULL-BOOK.pdf>. See section on history of state care.

⁷⁵ Housing for Youth Aging Out of Foster Care A Review of the Literature and Program Typology, U.S. Department of Housing and Urban Development Office of Policy Development & Research, <https://www.mathematica-mpr.com/download-media?MediaItemId=%7B56079F32-E3DA-4F8A-AB96-1DD7859568EA%7D>.

⁷⁶ See: Hosp Community Psychiatry. 1984 Sep;35(9):899-907. Deinstitutionalization and the homeless mentally ill. <https://www.ncbi.nlm.nih.gov/pubmed/6479924> and Health Affairs Vol. 8, Nb. 4 Mental Health And Homelessness: Evidence Of Failed Policy? Leslie J. Scallet, 1989 <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.8.4.184>.

⁷⁷ Housing and Homelessness of Undocumented Migrants in Europe: Developing Strategies and Good Practices to Ensure Access to Housing and Shelter, March 2014, PICUM: http://picum.org/Documents/Publi/2014/Annual_Conference_2013_report_HOUSING_EN.pdf

⁷⁸ https://www.feantsaresearch.org/download/feantsa-studies_07_web3386127540064828685.pdf



Roma children

Roma face both similar challenges to other groups in terms of access to decent housing, as well as specific ones such as sub-standard and slum-like housing conditions⁷⁹. Overcrowding and access to sanitation are two of the characteristics strongly affecting Roma, according to Eurofound which reports for instance that “on average, 62% of Roma did not have access to improved forms of sanitation compared with 31% of the majority population living in segregated areas”⁸⁰.

The FRA EU-MIDIS II (2016) on Roma⁸¹ confirm that Roma neighbourhoods are frequently overcrowded, affected by lack of water, gas, electricity, and public services⁸². A specific question also particularly faced by Roma households is the legality of property ownership and the consequent risk of eviction and housing instability.

Homeless families and children

One hidden but very important facet of housing exclusion is children and family homelessness. Data are very scarce and often not comparable. The 2017 Peer Review on “Homelessness from a child’s perspective” from DG Employment, Social Affairs and Inclusion, demonstrated the dramatic absence of statistical data on homeless children⁸³. FEANTSA’s European observatory on homelessness issued an overview of twelve EU countries in 2017⁸⁴. It shows that in several countries there are no data on homeless families, and in others data are limited to persons who are “parents”. There is, in some EU countries, presumption of a significant increase in family homelessness in recent years due to the economic crisis and evictions, even if data on trends are not available in most of them.

It is also worth mentioning that family and female homelessness are often not captured by official homelessness statistics which have a strong shelter-service bias. These families may be elsewhere (e.g. sofa surfing, domestic violence services, etc.) and are therefore in hidden homelessness situation.

4.2 Healthcare

4.2.1 The empirical measurement challenge

Access to healthcare is a right for children under the UN Convention on the Rights of the Child but is difficult to define, and there are no comparable statistics at national level on primary care. Whether children in each TG are currently eligible for a service will vary by country, as will whether policies are being fulfilled on the ground.

For example, core medical primary care is organised differently in each EU country – e.g. whether provided by a generalist family practitioner system, by a community paediatrician system, or mixed; and whether nurses have a first contact role, a care support role, a

⁷⁹ European Observatory on homelessness, December 2017, Family homelessness in Europe - https://www.feantsaresearch.org/download/feantsa-studies_07_web3386127540064828685.pdf

⁸⁰ Eurofound Living conditions of the Roma: Substandard housing and health https://www.eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2012/02/en/1/EF1202EN.pdf

⁸¹ Second European Union Minorities and Discrimination Survey: Roma - Selected findings http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf

⁸² See also OSCE/ODHR 2013 Best Practices for Roma Integration Regional Report on Housing Legalization, Settlement Upgrading and Social Housing for Roma in the Western Balkans <https://www.osce.org/odihr/115737?download=true>

⁸³ Horizontal Overview Summary Paper - Peer Review on Homelessness from a child's perspective <http://ec.europa.eu/social/BlobServlet?docId=19824&langId=en>

⁸⁴ European Observatory on homelessness, December 2017, Family homelessness in Europe - https://www.feantsaresearch.org/download/feantsa-studies_07_web3386127540064828685.pdf



minimal role, or a role within a multidisciplinary team. The basic pattern of eligibility may be by citizenship, by being resident, by family eligibility through employment-based or free market purchased insurance, or through government support specifically for low income or fractured families. Governments may cover insurance for families of the unemployed or other vulnerable family groups. This will affect how children access the service, and how payment or reimbursement (which may be recoverable) is managed. Some countries, such as the Netherlands, have an insurance-based health system, but a separate publicly funded and organised system of preventive care for children including immunisation.

The concept of “free healthcare” is indeed simplistic. Even where there is no family insurance premium and consultation is free, there may be costs associated with medication, appliances, special diets or other costs arising from a health condition and prescribed or advised by a health professional. In addition, in some of the Member States, informal payments, particularly for hospital care, are widespread and substantial (although detailed data are not available).

In many countries there may be charges or co-payments to some aspects of children’s primary care, but with special systems to avoid/reimburse charges for the most needy, with definitions based on income, the nature of a disease or other eligibility criteria. These may ensure truly free services for the most vulnerable. Comparable empirical data on all these issues are scarce to the point of being non-existent.

For children, almost all needs will be met in the first instance in primary care, and the most recent thorough study of primary care for children in Europe is the Models of Child Health Appraised (MOCHA) Horizon 2020 funded project, reported in November 2018. This project’s final report emphasises the lack of data about children’s health and about primary care. Chapter 6 of that report on “The Invisibility of Children in Data Systems” describes and analyses all sources of comparative data on children’s health, health services, and health finance, and demonstrates that there is little helpful and meaningful data available.

The MOCHA project used a number of scenario vignettes to seek to identify the co-payment policies. When analysed for direct treatment costs including medication and supplies prescribed as part of primary care treatment, this information showed that of the 30 EU and EEA countries, only three (Norway, Sweden and the UK) provided a universal totally free service. However, for the other countries, analysis of complex reports as to targeted exemptions or reimbursements, their volume and cost, has not been completed, and certainly no analysis of numbers of children affected.

4.2.2 EU child-specific indicators

Using available “clef-sur-porte” international indicators on healthcare accessibility (e.g. OECD Horizontal inequity index) are not usable in the FSCG. These are designed for the whole population and cannot be used for assessing the specific situation of children for a variety of reasons:

- in many countries, rules for children are different from those for adults (more exemptions etc.);
- these data include adult bigger conditions such as cataract surgery and drugs for ongoing conditions. Children usually need “a little, often” (e.g. cough syrup, immunisation); and
- for children, it might not be the cost of treatment, but the cost of going to treatment (parental time off work, transport costs) which constitutes a barrier.

The published Eurostat indicators of self-reported unmet needs for medical care or dental care or on self-perceived health and daily limitations in activities offer some information on health status and on access to healthcare. However, until now, these indicators were only available for people aged 16 years or more. In the 2017 EU-SILC ad-hoc module,



these data were collected for the first time for children. These microdata, released mid-November 2018, are used in this report to offer for the first time information on children's unmet medical needs. However, it is important to keep in mind that, at the time of writing this report, the quality of these data has not yet been assessed by Eurostat and these indicators are not yet published on the Eurostat website.

The aim of the variable on unmet need of medical care is to capture the restricted access to medical care via the person's own assessment of whether the children in the household needed medical examination or treatment, but did not get it, experienced a delay in getting it or did not seek for it.

The variable holds for the whole group of children aged under 16 living in the household and was not collected for each child separately. When one child has an unmet medical need, the whole group of children in the household is assumed to have an unmet medical need.

Eurostat advised National Statistical Institutes to collect information using two questions. The first question asks whether there was any time during the past 12 months when at least one of the children needed a medical examination or treatment for a health problem. The second question is collected for those replying yes to the first question and aims to know whether child(ren) had a medical examination or treatment each time it was really needed.

Medical care refers to individual healthcare services (examinations or treatments) provided by or under direct supervision of medical doctors, traditional and complementary medical professionals or equivalent professions according to national healthcare systems.

Are included:

- healthcare provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care);
- medical mental healthcare; and
- preventive medical services if perceived by respondents as important. For example, a national healthcare system guarantees regular preventive medical check-ups but the respondent is not able to make an appointment for his/her child and perceives the situation as jeopardizing the child's health.

Are excluded:

- taking prescribed or non-prescribed drugs; and
- dental care.

It is important to keep in mind that the (adult) indicator on unmet medical need, commonly used in the EU and which has the undeniable advantage of providing a first indication of inequalities and problems regarding affordability and accessibility of healthcare, suffers from drawbacks, which also apply to the children indicator that we present below. These drawbacks concern the validity, coverage, and meaning of the unmet need indicator (see EXPH 2016, pp 21-24⁸⁵):

- First, the sample is limited to those who report need for healthcare. The sample size is therefore relatively small, limiting scope for sub-group analysis.
- Second, the fact that EU-SILC data exclude the institutionalised population, such as those living in health and social care institutions may underestimate the unmet need

⁸⁵https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/docsdire/opinion_benchmarking_healthcareaccess_en.pdf.



for medical care as these people generally have higher needs than the rest of the population.

- Third, data fail to capture most irregular migrants who also may have different medical needs than the rest of the population.
- Fourth, the variables used do not allow distinguishing between unmet need for first contact and for subsequent care. Need for the latter may not be met when waiting lists for interventions are long and people are treated outside a clinically acceptable time window, when patients receive less care than required (for example through premature discharge or failure to provide necessary treatment), when patients are kept in hospital inappropriately because there is no space in social care or other more appropriate settings, or when informal care inappropriately replaces formal care because of an absence of the latter.

The way Eurostat collects the information allows the percentage of the child population with no health needs to be calculated (see Table 4.2), as well as the percentage of those with needs who had them (un)met (see Table 4.4).

Table 4.2: Distribution of children (less than 16 years) according to their (met or unmet) need for medical examination or treatment, EU-28 Member States, 2017, %

	None of the children really needed any medical examination or treatment	There was at least one occasion where at least one child needed a medical examination or treatment
AT	41.0	59.0
BE	36.5	63.5
BG	28.9	71.1
CY	6.5	93.5
CZ	9.0	91.0
DK	:	100.0
EE	19.3	80.8
EL	57.0	43.0
ES	23.2	76.8
FI	22.9	77.1
FR	8.2	91.8
HR	15.0	85.0
HU	15.7	84.3
IT	56.2	43.8
LT	22.1	77.9
LU	14.9	85.1
LV	19.8	80.2
MT	49.4	50.6
NL	68.8	31.2
PL	14.6	85.4
PT	19.5	80.5
RO	10.8	89.2
SE	44.3	55.7
SI	13.8	86.2
SK	14.6	85.4

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE. This variable was not collected in DE. Data collection/ processing issue in DK.



Table 4.2 shows that the proportion of children who did not need any medical care differs a lot between countries. It is important to bear in mind that needs are influenced not only by the health status but also by supply of medical care. In Denmark, there seems to be a problem with the way this variable was collected and/or processed, as 100% of children need medical examination. In other countries, the “degree of need” varies from 31% in the Netherlands and 43-44% in Greece and Italy to more than 90% in Cyprus, the Czech Republic and France. In 13 of the 25 countries for which data are available (not counting DK), this proportion is higher than 80%.

As explained above, the question on possible unmet medical need is only asked to households where there was at least one child who needed medical examination or treatment. This reduces further the size of the sample for some of the TGs and the precision of the estimates (i.e. the confidence intervals are [very] large). Table 4.3 presents the sample size by TGs. No figures are presented for the TGs in countries where the sample size is lower than 50 observations (highlighted in red in Table 4.3).

Table 4.3: Sample size, number of children (less than 16 years) who live in household where there was at least one occasion where at least one child needed medical examination or treatment (met or unmet need), EU-28 Member States, 2017, %

	Children severely limited or limited but not severely in their daily activity (0-15 years)	Children (< 18 years) living with at least one parent not born in the EU	Children (< 18 years) living in single-adult household	Children (< 18 years) living in poor household
AT	104	204	151	205
BE	95	365	277	286
BG	49	9	89	473
CY	23	327	138	223
CZ	184	72	323	277
DK	158	161	231	106
EE	195	241	153	392
EL	114	358	147	765
ES	155	887	368	1216
FI	388	216	276	281
FR	243	695	607	906
HR	92	409	100	500
HU	126	24	266	317
IT	46	345	268	492
LT	84	68	168	257
LU	95	420	138	400
LV	230	205	255	295
MT	20	110	55	169
NL	141	129	153	165
PL	204	27	292	728
PT	232	358	344	787
RO	55	1	58	407
SE	87	351	150	194
SI	132	519	132	386
SK	55	2	97	451

Note: Figures highlighted in red are figures below 50.



Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE. This variable was not collected in DE.

Table 4.4 presents a heat map with the proportion of children who suffered from unmet medical need, for the total population of children (aged less than 16 years) and for the available TGs. Interpretation of these results would deserve further analysis. The percentage is low in most countries (lower than 5%, except in Romania [7%] and Belgium [8%]). There are differences between countries/ TGs which need cautious interpretation. These data tend to show that the risk of unmet need is higher for children with disabilities in most countries. Income poverty, migrant background, living in a single-adult household are also factors that increase the risk, but not in all countries. When interpreting these data, it is important to bring into the analysis the input that will be provided by the FSCG's national experts in their country reports – input on the availability, accessibility and affordability of national healthcare services for each TG.

Table 4.4: Proportion of children (< 16 years) who live in households where there was at least one occasion where at least one child did not have a medical examination or treatment when needed, EU-28 Member States, all children and available TGs, 2017, %

	All children	(Severe) limitations in daily activities	Migrant background	Single-adult household	Income poor
AT	0.0	0.4	0.0	0.4	0.0
HU	0.2	0.0		0.4	0.0
ES	0.4	0.0	1.4	0.0	0.8
MT	0.4		0.0	0.0	0.0
HR	0.4	2.5	1.2	0.0	0.4
SK	0.6	1.3	.	0.0	0.0
PT	0.9	2.5	5.5	0.3	3.5
LU	1.1	3.5	1.0	12.2	1.8
DK	1.2	5.3	0.9	0.4	0.0
CY	1.4	.	4.8	7.9	4.2
FR	1.5	2.6	2.2	1.2	1.8
SI	1.6	2.7	2.4	0.4	1.9
EE	1.9	2.7	0.9	3.4	3.4
IT	1.9		7.2	3.9	5.1
NL	1.9	8.7	4.3	5.3	3.7
PL	2.1	4.1	2.6	2.8	1.4
BG	2.3			16.1	5.2
LT	2.3	0.6	0.0	0.0	4.2
EL	2.4	10.2	2.4	6.6	4.4
LV	2.5	3.3	1.6	2.2	5.1
CZ	2.7	3.3	7.5	3.8	2.4
FI	3.4	9.7	4.6	5.5	4.4
SE	4.4	12.7	5.5	3.4	7.2
RO	7.2	4.1	.	1.6	11.4
BE	8.4	22.5	12.2	15.4	28.5

Note: Figures based on a sample size lower than 50 observations are not presented. Countries are ranked according to the percentage of all children suffering from unmet medical need.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE. This variable was not collected in DE.



Data on the reasons why children suffered from unmet needs were only collected for those children who suffer from unmet needs. The sample size is so small (even for the total population of children) that these data cannot be used.

Tables 4.5 and 4.6 present similar analysis for children's unmet need for dental care. Dental care refers to individual healthcare services (examination or treatment) provided by or under direct supervision of stomatologists (dentists). Are included:

- healthcare provided by orthodontists; and
- preventive dental services if perceived by respondents as important (for example, a national healthcare system guarantees regular preventive dental check-ups but the respondent is not able to make an appointment for his/her child and perceives the situation as jeopardizing the child's health).

Table 4.5 presents the proportion of children who did not need any dental care during the last 12 months. This percentage is relatively high in view of the recognised importance of preventive care for children. Denmark is the only country where there is needs' percentage of 100%, as for medical care (which must result from a data collection and/or processing problem). There are large differences between countries that may depend on the type of care which are fully reimbursed for children and the degree of non-take-up. In Belgium for example, dental care is fully reimbursed for children less than 18 years, but it is known from administrative data that not all children make use of this policy (which may be due to lack of information, lack of awareness of importance of prevention, lack of time, problems of having to advance money to pay the dentist before reimbursement...).



Table 4.5: Distribution of children (less than 16 years) according to their (met or unmet) need for dental care, EU-28 Member States, 2017, %

	None of the children really needed any dental care	There was at least one occasion where at least one child needed dental care
AT	56.1	43.9
BE	32.7	67.3
BG	57.6	42.4
CY	33.4	66.7
CZ	15.6	84.4
DK	0.0	100.0
EE	33.0	67.0
EL	71.2	28.8
ES	43.9	56.1
FI	28.3	71.8
FR	35.2	64.8
HR	25.3	74.7
HU	60.1	39.9
IT	57.9	42.1
LT	47.8	52.2
LU	33.6	66.4
LV	24.9	75.1
MT	48.8	51.2
NL	88.5	11.5
PL	42.4	57.6
PT	36.3	63.7
RO	10.1	89.9
SE	63.8	36.2
SI	17.0	83.0
SK	34.8	65.3

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE. This variable was not collected in DE. Data collection/ processing issue in DK.

Table 4.6 presents a heat map with the proportion of children who suffered from unmet dental care, for the whole population of children and for the available TGs. Despite the fact that the proportion of unmet need is relatively low in most countries for the total population of children (lower than 4% in all countries except Greece, the Netherlands, Spain, Romania, Portugal and Latvia where it ranges from 5% to 7%), some TGs in some countries suffer from a significant higher risk.



Table 4.6: Proportion of children (< 16 years) who live in a household where there was at least one occasion where at least one child did not have dental care when needed, EU-28 Member States, all children and available TGs, 2017, %

	All children	(Severe) limitations in daily activities	Migrant background	Single-adult household	Income poor
HU	0.2	0.0		0.0	1.5
HR	0.3	1.5	0.7	0.5	0.6
LU	0.6	0.0	1.7	4.8	1.6
SE	0.8	5.6	1.7	0.0	0.0
DK	0.8	3.3	1.2	2.5	1.2
SK	0.9	0.0		0.0	3.4
FR	1.1	2.0	1.7	1.9	2.7
AT	1.3	0.0	3.4	0.0	3.6
BG	2.2			2.7	7.2
BE	2.3	6.2	1.9	3.7	7.9
PL	2.4	6.0		3.8	4.9
CZ	2.6	1.3	4.4	2.7	5.8
MT	2.6	5.4	1.1	10.9	6.6
SI	2.7	2.1	2.1	2.8	1.9
FI	3.0	6.7	0.1	7.5	7.8
CY	3.2		7.8	7.8	11.0
EE	3.4	11.2	8.5	3.2	1.8
LT	3.6	20.5	0.9	1.2	1.4
IT	3.7		8.0	2.5	11.0
EL	5.1	14.8	8.5	9.4	9.7
NL	5.3	11.7	22.3	0.0	0.0
ES	5.3	12.7	19.6	9.5	16.3
RO	5.6	6.0		3.5	12.4
PT	6.5	6.2	9.2	10.0	18.0
LV	7.2	6.7	4.5	6.1	10.9

Note: Figures based on a sample size lower than 50 observations are not presented. Countries are ranked according to the percentage of all children suffering from unmet dental care.

Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE. This variable was not collected in DE.



4.3 Nutrition

Nutrition is a complex and multidimensional policy area (PA). Access to nutrition is influenced by private habits and preferences, market characteristics (food supply and price) and diverse public policies such as awareness campaigns, provision of food at school, etc.

In Section 3.3, we highlighted the following elements to be taken into consideration in the FSCG: i) adequate nutrition during pregnancy and during the first two years of age; ii) combating micronutrient-related malnutrition; iii) combating overweight, obesity and diet-related non-communicable diseases; and iv) ensuring adequate caring and feeding practices.

Two main cross-national data sources contain usable information on some (but not all of) these aspects at the EU level:

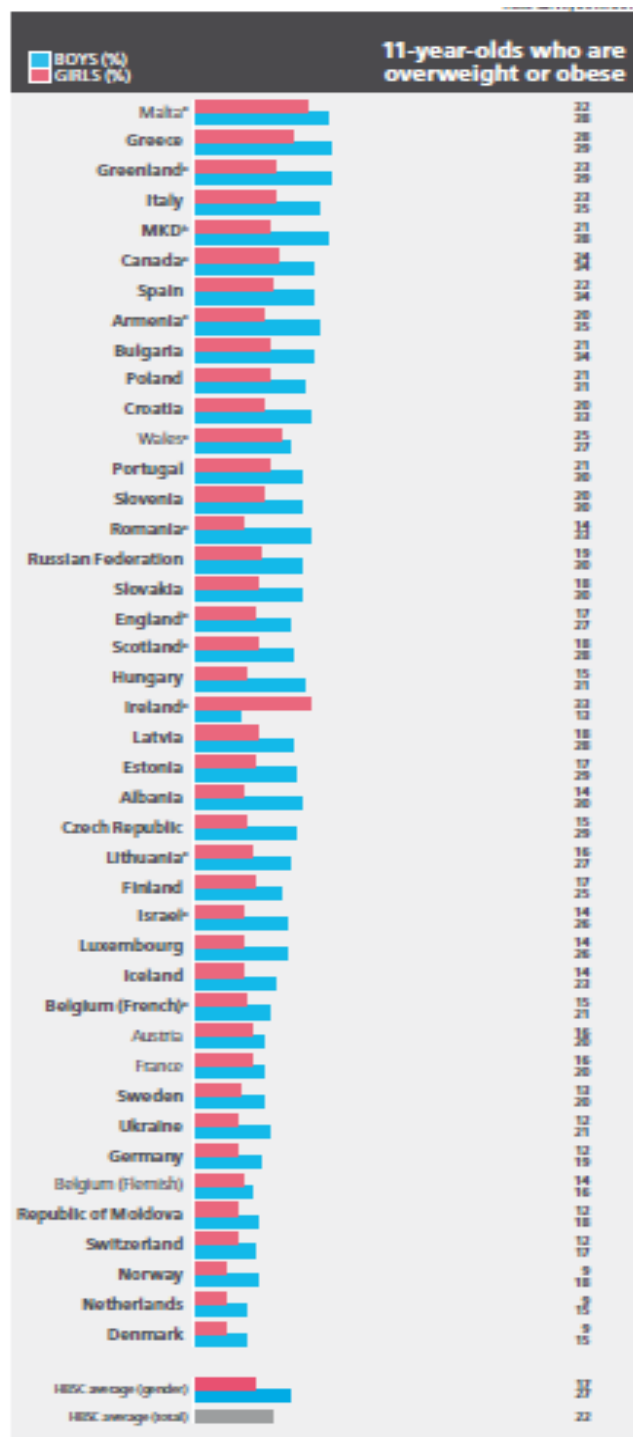
- the Health Behaviour in School-aged Children (HBSC) study, which provides information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls; it was launched in 1982 and covers now 48 countries and regions across Europe and North America;
- the EU-SILC ad-hoc module on deprivation collected in 2014, which provides some information on children's (1-15 years) enforced lack of some nutrients (fruits/vegetables and proteins).

4.3.1 Overweight and obesity

Based on HBSC, Figure 4.9 shows the percentage of 11-year-old children who are overweight or obese (based on the WHO child growth curve standards) and Figure 4.10 the impact of family affluence on the risk of overweight – by country. In both figures, girls are presented in pink and boys in blue. The average proportion of overweight is 22%, with national figures higher for boys than for girls in all countries except Ireland (Figure 4.9). There is an increased prevalence associated with low family affluence for boys in around half of countries covered and about two thirds for girls (Figure 4.10).



Figure 4.9: Prevalence of overweight and obesity by country/region and gender, 11-year children, 2013/2014, %



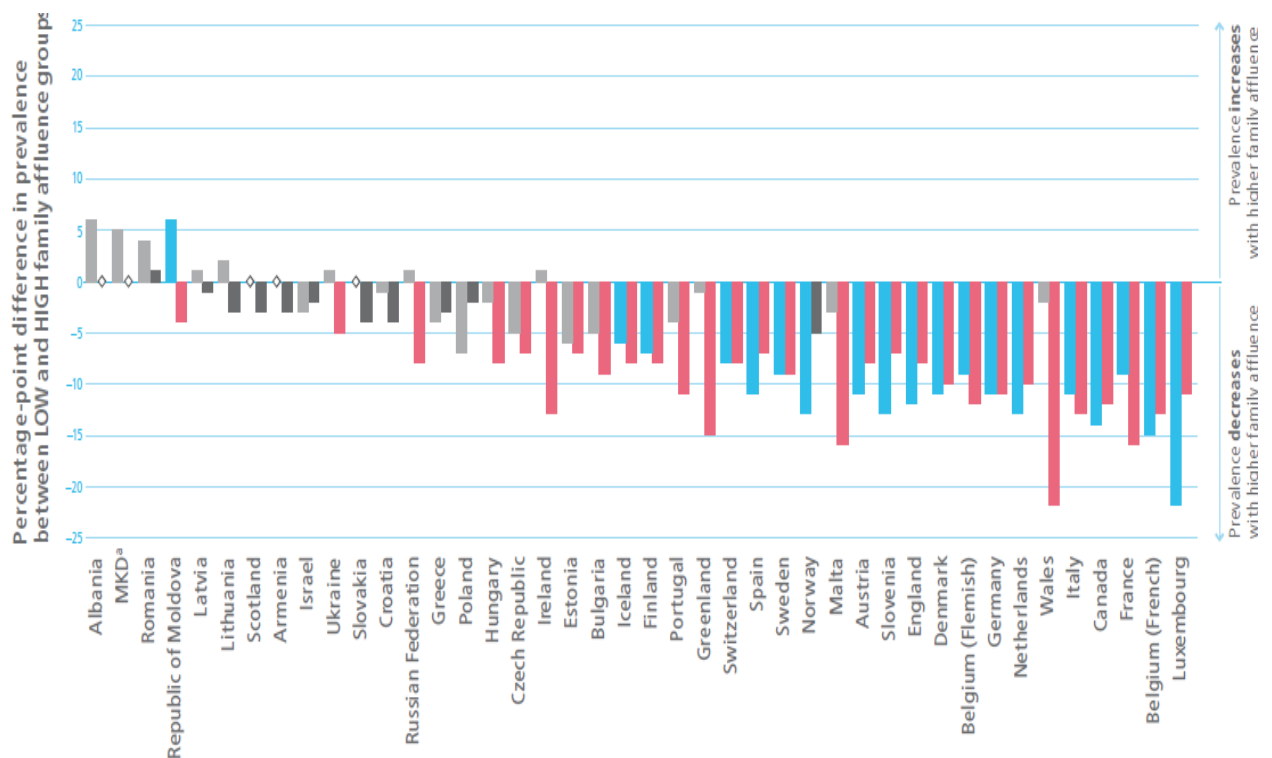
Source: HBSC survey 2013/2014⁸⁶

⁸⁶ Growing up unequal. HBSC 2016 study (2013/2014 survey), Edited by: Jo Inchley, Dorothy Currie, Taryn Young, Oddrun Samdal, Torbjørn Torsheim, Lise Augustson, Frida Mathison, Aixa Aleman-Diaz, Michal Molcho, Martin Weber and Vivian Barnekow.

Health Policy for Children and Adolescents, No. 7. See <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc/hbsc-international-reports/growing-up-unequal.-hbsc-2016-study-20132014-survey>.



Figure 4.10: Associations between family affluence and indicators of health, by country/region and gender: reported weight – overweight and obesity, 2013/2014



Note: When family affluence has a significant impact on obesity, the bar representing the difference is shaded blue (for boys) or pink (for girls); otherwise, it is shaded grey (dark grey for girls, light grey for boys).

Source: HBSC survey 2013/2014⁸⁷

4.3.2 Caring and feeding practices

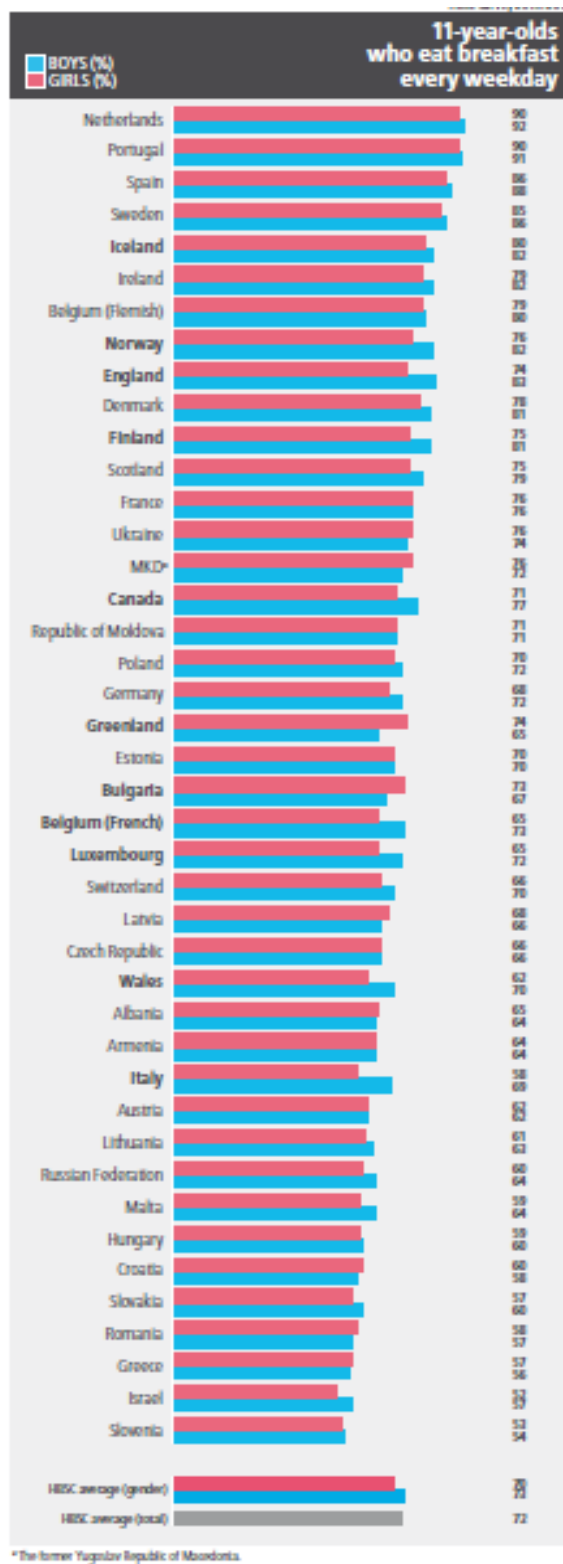
Among feeding practices, studies show that breakfast consumption is inversely related to overweight in children and adolescents and that skipping breakfast can also affect school performance. Figure 4.11 presents the proportion of children who eat breakfast every weekday at the country level. These HBSC data show that the proportion of children who eat breakfast varies at lot between countries, from around 50% in Slovenia to 85% or more in the Netherlands, Portugal, Spain and Sweden.

This indicator broken down by family affluence (not shown here) shows that children from higher-affluence families (especially boys) have higher breakfast consumption rates than other families in most countries.

⁸⁷ Ibidem.



Figure 4.11: Proportion of boys and girls who eat breakfast every weekday, 11-year children, 2013/2014, %



Source: HBSC survey 2013/2014⁸⁸

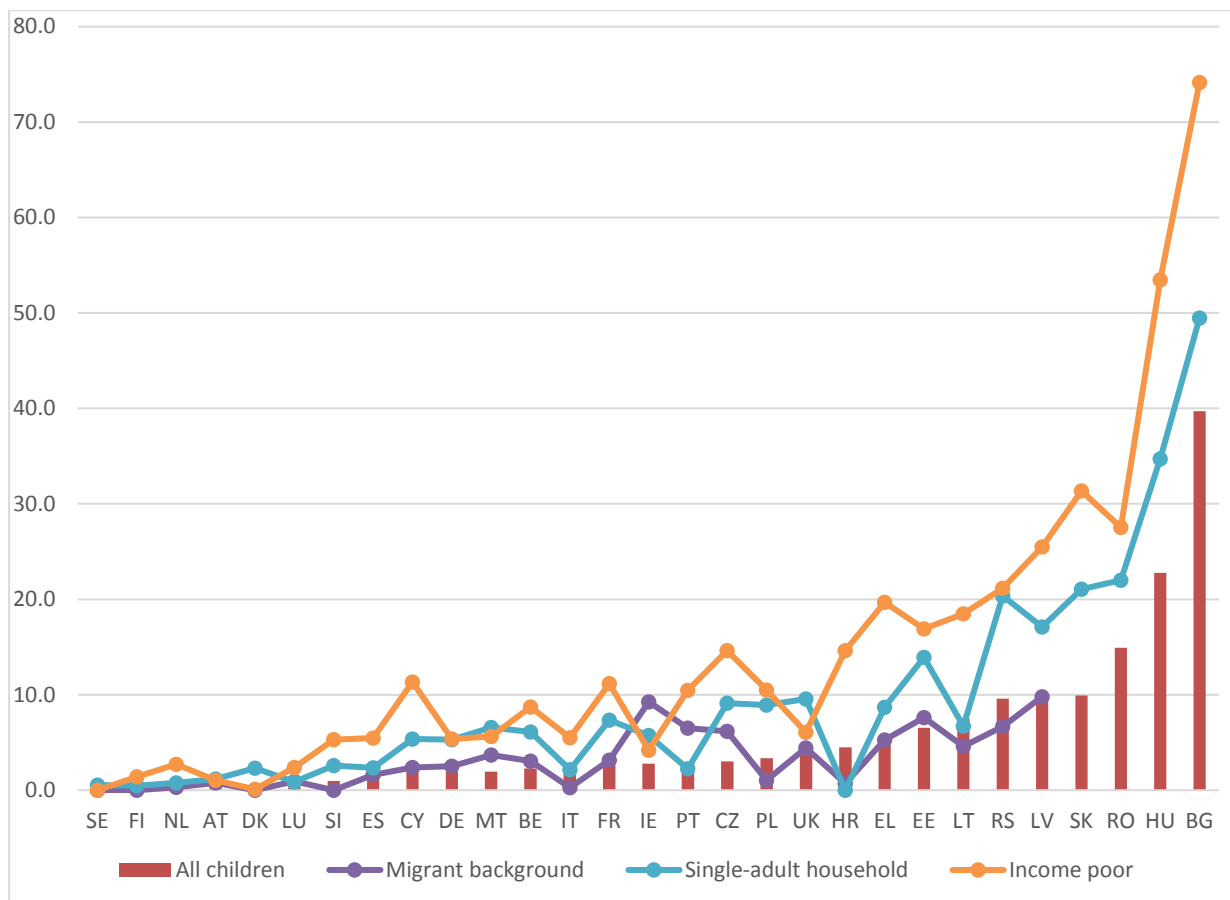
⁸⁸ Ibidem.



As explained above, EU-SILC data (2014 ad-hoc module) provide child-specific information on affordability of some food items for children (fruits/vegetables and proteins). These data are presented for the total group of children and for the TGs available in EU-SILC (Figures 4.12 and 4.13).

Figure 4.12 presents the proportion of children lacking (for affordability reasons and not by choice) fruits and vegetable daily. This proportion varies between less than 1% (in Sweden, Finland, the Netherlands, Austria, Denmark and Luxembourg) and 40% (Bulgaria). The EU average is 4%.

Figure 4.12: Proportion of children (1-15 years) who live in a household where there is at least one child lacking fruits and vegetables daily for affordability reasons, EU-28 Member States, all children and available TGs, 2014, %



Note: No data on children limitation in daily activities in EU-SILC 2014. Figures based on a sample size lower than 50 observations are not presented. Countries are ranked according to the percentage of all children suffering from the problem.

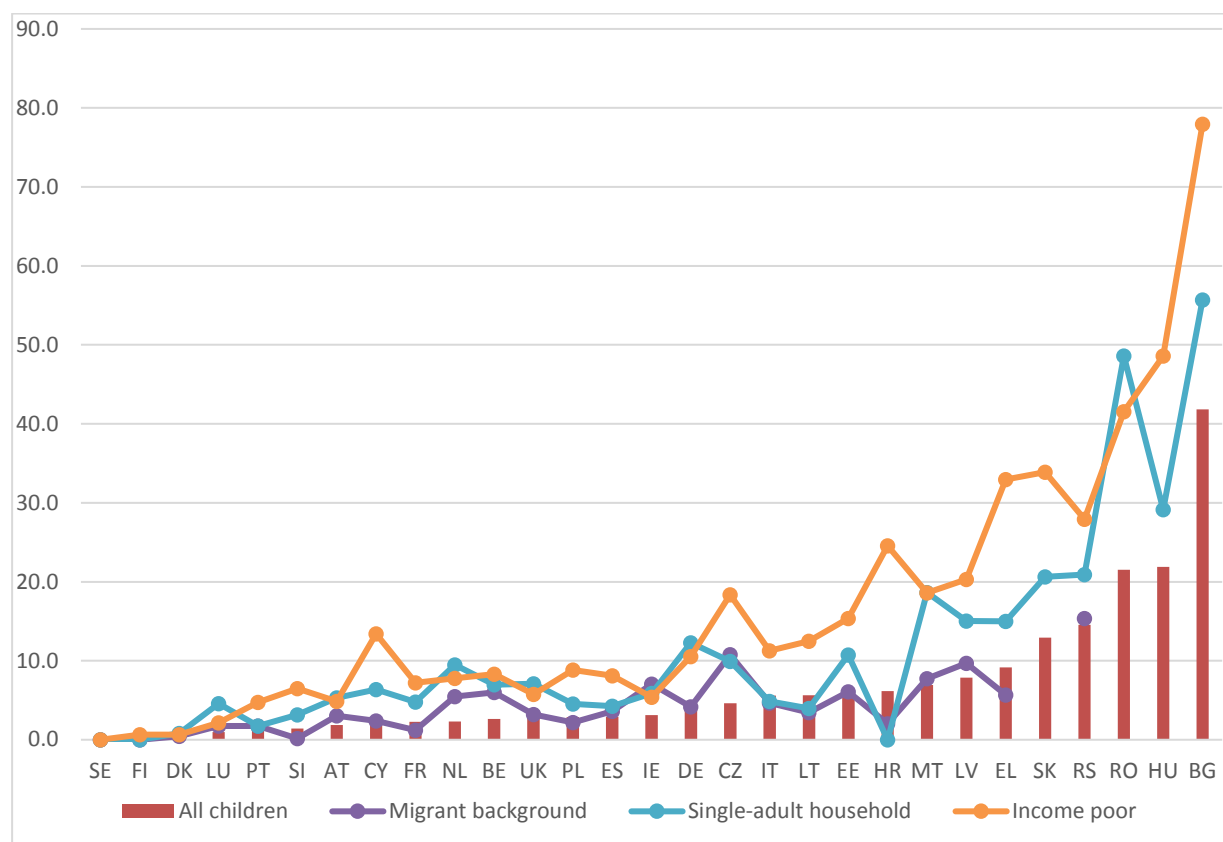
Source: EU-SILC 2014, UDB version November 2016, own calculations.

Figure 4.13 provides information on proteins intake. The occurrence of lack of meat, chicken or other vegetarian equivalent for affordability reasons ranges between 0-1% (SE, FI, DK, LU, PT, SI) and 42% (BG).

In both Figures 4.12 and 4.13, income poverty increases the risk of unforced lack of nutrients significantly in almost all countries, except Nordic countries, Austria and Luxembourg, where the occurrence of these problems is low for all children. This is also true for single parenthood, except in a few countries. The impact of the migration background differs considerably across countries and according to the type of food lacked.



Figure 4.13: Proportion of children (1-15 years) who live in an household where there is at least one child lacking proteins daily for affordability reasons, EU-28 Member States, all children and available TGs, 2014, %



Note: No data on children limitation in daily activities in EU-SILC 2014. Figures based on a sample size lower than 50 observations are not presented. Countries are ranked according to the percentage of all children suffering from the problem.

Source: EU-SILC 2014, UDB version November 2016, own calculations.

4.4 Early Childhood Education and Care (ECEC)

“Investing in early childhood education is one of those rare policies that is both socially fair – as it increases equality of opportunity and social mobility – and economically efficient, as it fosters skills and productivity. But all these benefits are conditional on the quality of the education provided. Consequently the availability of high quality, affordable early childhood education and care for young children is an important priority for Member States and for the European Union.” (European Commission, 2018)⁸⁹

Most children in the 28 countries enjoy some kind of ECEC provision, albeit in different systems and with differences in attendance regularity (number of times a week, duration a day). The (regular) attendance increases the closer children get to the age of obligatory schooling; it is lower for younger children and for some vulnerable children.

There are various reasons why attendance at childcare may not be as evident as attendance at pre-school. While preschool is most often free of charge (except for costs like meals, outings, additional activities...) this is not the case for childcare in many countries. Also, attending preschool may seem evident to most parents, but sending children to childcare is still not as accepted throughout the EU. This has to do with views

⁸⁹ European Commission (2018), *Commission staff working document accompanying the proposal for a council recommendation on high quality early childhood education and care systems*, COM (2018) 271, Brussels: European Commission.



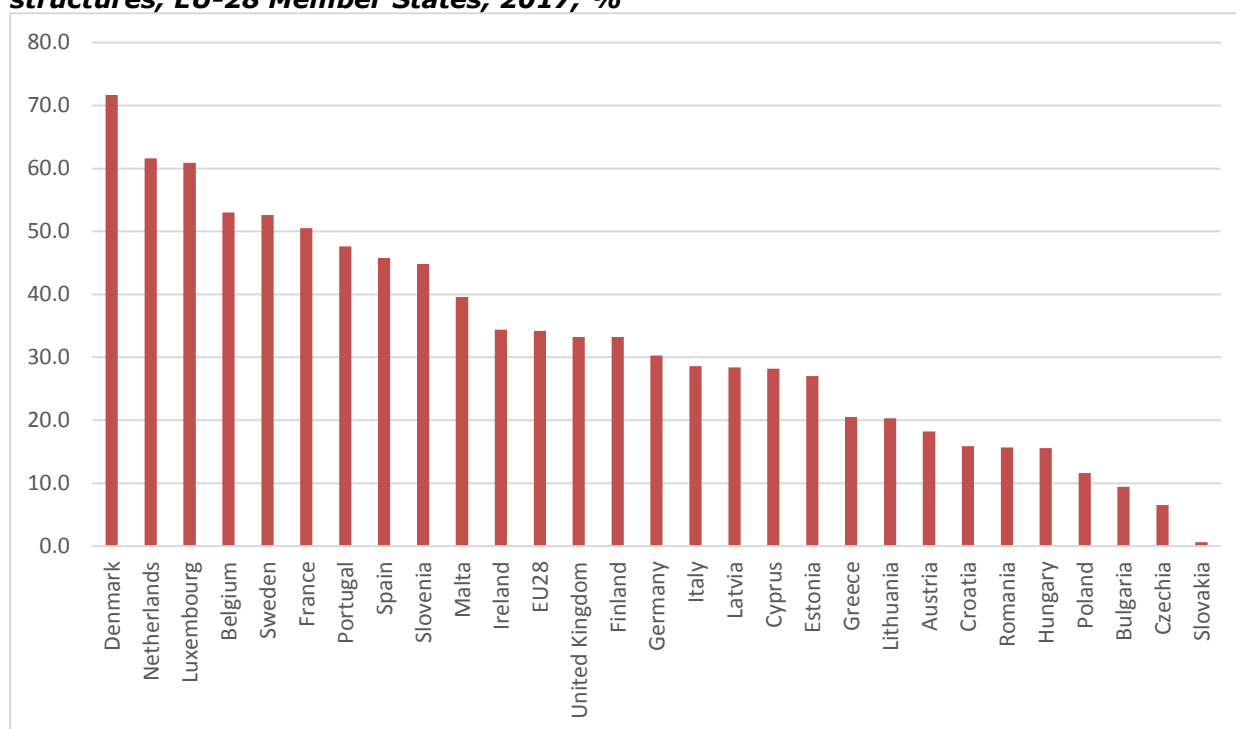
on education and parenting and cultural differences. Leaving a very young child in the care of a “stranger” is not as widely accepted as sending a toddler to preschool.

A recent report from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the development of childcare facilities for young children (i.e. the “Barcelona objectives”) provides a thorough analysis of the use of childcare in EU countries⁹⁰. We present below the main EU key indicators.

4.4.1 Children under 3 years

For children under 3 years, ECEC attendance attains 33% for the EU-28 in 2017 (Figure 4.14). This is one of the so-called “Barcelona Targets” which is met at the EU level. However, there are still persisting and considerable differences between Member States. In 11 Member States, more than one third of children attend formal care; in six of them, this figure is 50% or more (DK, NL, LU, BE, SE and FR). At the other extreme, four Member States have attendance rate of less than 10% (BG, CZ, SK and HU).

Figure 4.14: Proportion of children (0-3 years) cared for in formal childcare structures, EU-28 Member States, 2017, %

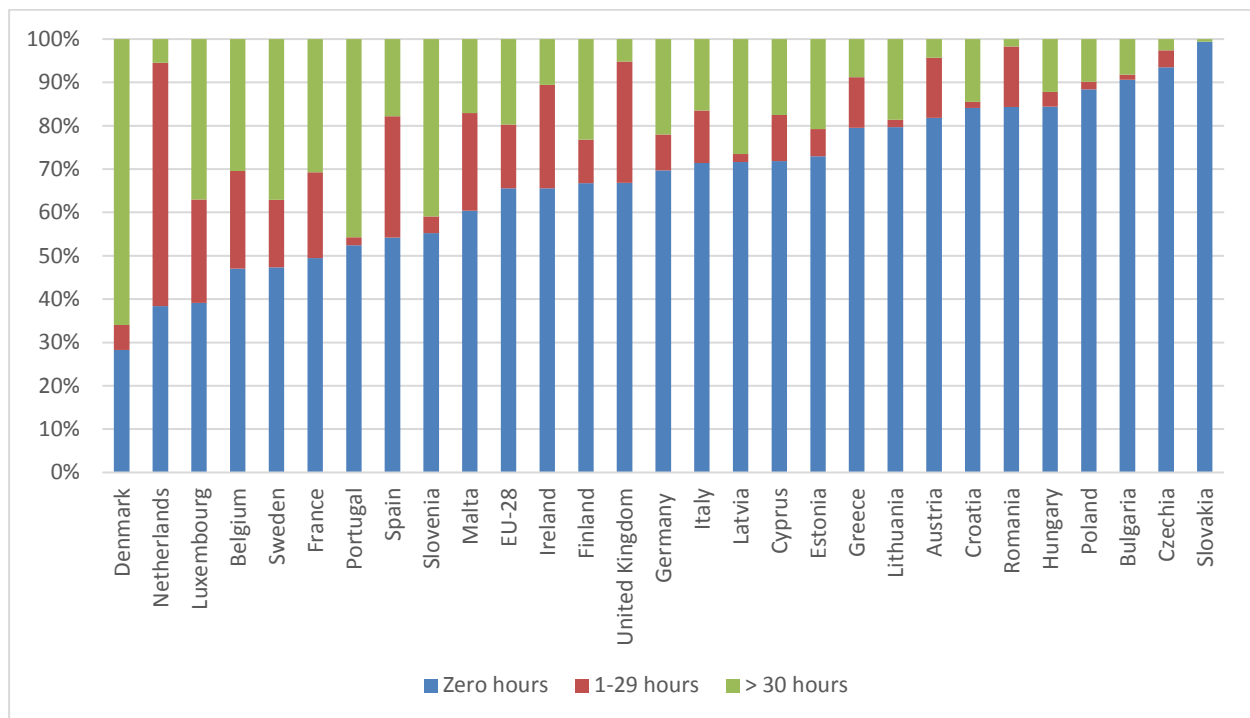


Source: EU-SILC 2017, Eurostat, Table *ilc_caindformal*, January 2019. For Hungary, 2016 are used instead due to problems with 2017 data.

Across Member States, there are also differences in the number of hours the youngest children usually spend in childcare facilities (Figure 4.15): a non-negligible share of children from 0 to 3 years use childcare on a part-time basis (less than 30 hours a week). This is particularly the case in the Netherlands (where three women out of four work part-time), Austria and Romania. On the other hand, full-time childcare (30 hours or more a week) is used most among children attending childcare in PT, LV, DK, LT, SI, HR, BG and PL (where more than 80% of children attending childcare attend it full-time).

⁹⁰ This report is available at https://ec.europa.eu/info/sites/info/files/bcn_objectives-report2018_web_en.pdf.

Figure 4.15: Proportion of children (0-3 years) cared for in formal childcare structures and time spent in childcare, EU-28 Member States, 2017, %



Source: EU-SILC 2017, Eurostat, Table *ilc_caindformal*, January 2019. For Hungary, 2016 are used instead due to problems with 2017 data.

The literature shows that children from disadvantaged backgrounds attend ECEC less than their affluent peers; and when they do, they often attend ECEC services of poorer quality. Lazzarri and Vandebroek (2014)⁹¹ concluded in a literature review of ECEC studies that overall children with a disadvantaged background tend to be under-represented in ECEC services and particularly in childcare services (0-3 years) where availability is generally lower and rationing tends to be higher. The authors have identified the factors that are more frequently associated with low participation in ECEC provision:

- low socio-economic status including low level of parental education, low family income or parental unemployment;
- ethnic minority, in combination with length of time parents have been residing in the host country; and
- living in poor neighbourhoods/rural areas/marginalised settlements.

Most of these factors are those used to identify the TGs in the present study. It is however extremely difficult to compute the EU indicators for the different TGs, due to (very) small sample sizes in EU-SILC. In the national samples, the number of children less than 3 years living in single-adult households, experiencing limitations due to health problems or with a migrant background is extremely low. We have only computed the ECEC attendance rates for income-poor children. These data confirm that income poverty decreases the level of attendance in almost all countries (national sample sizes for income-poor children are however very small and the results are not presented).

It is important to remember that the socio-economic gradient of ECEC attendance is not a fatality. Some countries have made successful efforts to mitigate the negative effect of family income or parents' level of education. These countries have combined high overall attendance with hardly any differences in children's socio-economic background. According

⁹¹ Vandebroek, M. and Lazzari, A. (2014), "Accessibility of ECEC: a state of affairs", *European Early Childhood Education Research Journal*, 22/3, 327-335.



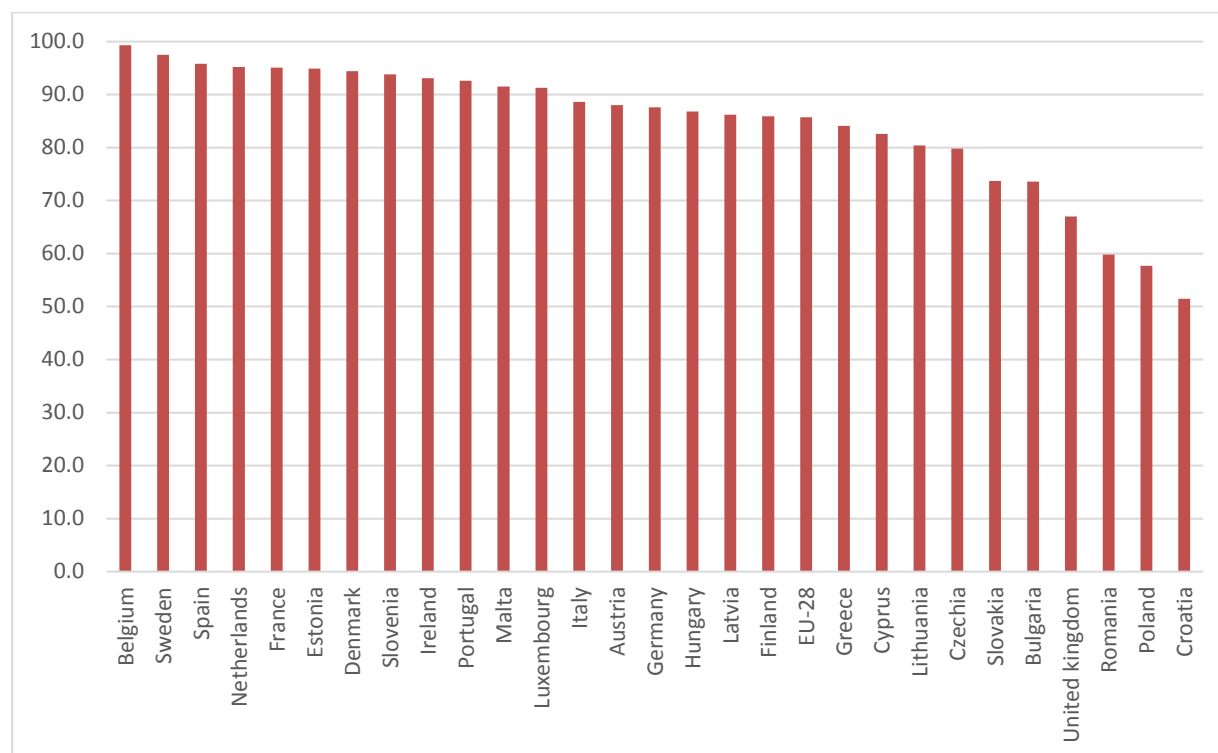
to the OECD (2016)⁹², this is largely related to the structure and funding of ECEC. In countries where the family income level (and parents' education and employment level) does make the biggest difference, the ECEC system is usually demand-led and mostly privatised.

Furthermore, policies often tend to aim at increasing the number of children attending ECEC, but it is not only a quantitative issue that is at stake: access and regular attendance should also be "stretched" to groups that are now rather underrepresented in ECEC. Increasing the number of places, the supply side, may not be sufficient to fully address this problem; other strategies are needed here, such as outreach work, cooperation with other services and referrals, creating a more welcoming environment in ECEC centres, improving cultural sensitivity and so forth.

4.4.2 Children from 3 years to mandatory school-going age

Here, we look at the attendance of formal childcare or preschool for all children from 3 years to compulsory school age (Figure 4.16). This proportion attains 90% on average; lowest figures are Romania, Poland, Croatia and Hungary.

Figure 4.16: Proportion of children (from 3 years to minimum compulsory school age) cared for in formal childcare structures, EU-28 Member States, 2017, %



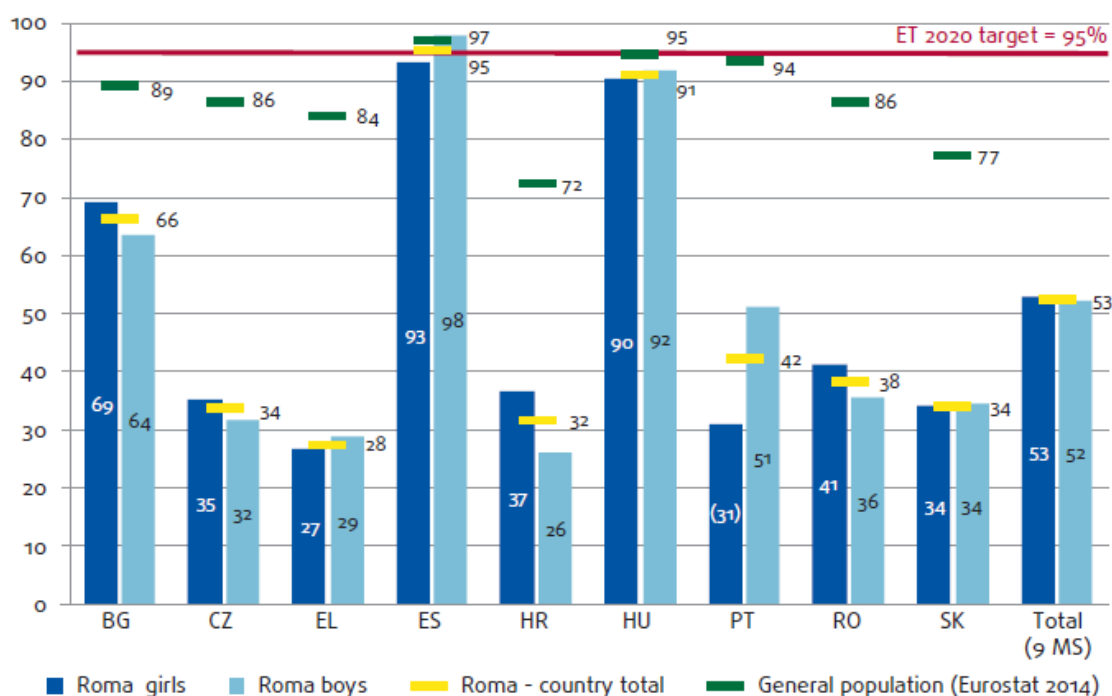
Source: EU-SILC 2017, Eurostat, Table *ilc_caindformal*, January 2019. For Hungary, 2016 are used instead due to problems with 2017 data.

Our analysis of EU-SILC microdata (Users' Data-Base) show that income poverty does not significantly decrease attendance in some countries; it depends on the cost of childcare for this intermediate age group and the type of system (split or not).

⁹² OECD (2016), *Who uses childcare?*, Background brief on inequalities in the use of formal ECEC among very young children, available at: https://www.oecd.org/els/family/Who_uses_childcare-Backgrounder_inequalities_formal_ECEC.pdf.

Additional evidence shows that Roma children are particularly fragile in terms of attendance to childcare. Using the 2016 FRA EU-MIDIS II survey presented in Section 2.4.2, Figure 4.17 illustrates the low attendance of Roma children in BG, CZ, EL, HR, PT, RO and SK.

Figure 4.17: Participation in early childhood education, Roma vs. Non-Roma, %



- Notes:
- ^a Out of all persons aged between 4 years and the country-specific starting age of compulsory primary education in Roma households (n=1,776); weighted results.
 - ^b Survey question filled in by respondent for all children if they regularly attend public or private childcare (including nursery, preschool, etc.)
 - ^c Different age groups for participation in early childhood education in countries: 4-6 years in Bulgaria and Croatia; 4-5 years in remaining countries.⁹³ Age is calculated on annual basis, hence the figures do not consider earlier or delayed start in primary education of an individual child.
 - ^d Eurostat: Education and Training 2020 target -*educ_uoe_enra10* (downloaded 20/10/2016) using data from education facilities' registers.

Source: FRA EU-MIDIS II 2016, Roma; Eurostat 2014, General population.

4.4.3 Main barriers

Use of childcare may be hampered by several factors: legal entitlement to childcare, accessibility, affordability and quality. Issues such as distance to the facilities and opening hours adapted to working patterns and needs also play an important role.

Table 4.7 (heat map) is based on the specific data collected in the 2016 EU-SILC ad-hoc module on public services (see Eurostat, 2018, for an assessment of this module⁹³). These data clearly show that high costs play a significant role in the decision not to use (or not to make more use of) formal childcare facilities in many countries, with an EU average of 50%. This is particularly true in Cyprus, Ireland and the United Kingdom (more than 70%).

⁹³ <https://ec.europa.eu/eurostat/documents/1012329/8088300/LC+221-18+EN+Module+2016+assessment.pdf/82b23b36-9e04-4905-ab74-9a07f1223637>



Table 4.7: Main reason for not making (more) use of formal childcare services, 2016, % of respondents

	Financial reasons	Distance	No places available	Opening hours not suitable	Quality not good	Other	Total
Cyprus	85	5	1	2	4	2	100
Ireland	80	4	3	0	0	12	100
United Kingdom	71	2	7	4	1	16	100
Romania	64	14	5	1	0	16	100
Greece	61	6	18	10	5	0	100
Netherlands	61	0	2	5	2	30	100
Hungary	59	4	5	6	2	22	100
Spain	59	1	2	4	0	32	100
Bulgaria	59	3	21	3	3	11	100
Portugal	59	7	10	8	2	14	100
Croatia	57	0	22	0	0	21	100
Lithuania	54	16	4	2	1	23	100
EU-28	50	5	12	8	2	23	100
Slovakia	50	11	6	6	2	25	100
Austria	48	2	16	5	5	25	100
Italy	44	9	7	8	4	29	100
Belgium	43	0	11	6	2	38	100
Latvia	41	9	26	5	5	15	100
Luxembourg	41	8	21	8	4	19	100
Estonia	39	4	14	1	2	40	100
France	35	5	22	14	2	22	100
Germany	35	1	23	18	8	16	100
Slovenia	34	8	21	6	1	30	100
Czech Republic	32	3	24	6	2	34	100
Finland	22	7	28	14	1	29	100
Malta	20	1	6	4	1	68	100
Poland	18	16	18	10	4	35	100
Denmark	11	6	6	26	3	47	100
Sweden	6	3	11	17	1	62	100

Source: EU-SILC ad-hoc module on public services 2016, own calculations.

The lack of available places is mentioned as a major reason for not using childcare by a non-negligible proportion (more than 20%) of the respondents in Bulgaria, Croatia, Latvia, Luxembourg, France, Germany, Slovenia, Czech Republic and Finland.

There are several countries with a high frequency of “other reasons”. This is particularly true in Malta (68%), Sweden (62%) and Denmark (47%). In these countries, the main reasons for not making (more) use of formal childcare services are thus largely unknown.

Information on affordability of childcare services was also collected in the 2016 ad-hoc module, using a six-modality question (1. With great difficulty; 2. With difficulty; 3. With some difficulty; 4. Fairly easily; 5. Easily; 6. Very easily).



Analysing the first three modalities collapsed together, data show that a bit less than half (42% for the EU average) of the sampled population respond that childcare services were difficult to afford. There are however a lot of cross-country variations:

- in AT, BE, CZ, DE, DK, FI, FR, LU, LV, NL, SE, SI: "1+2+3"<40%;
- in BG, EE, ES, HR, IE, IT, MT, PL, PT, SK, UK: 40%<"1+2+3"<60%; and
- in RO, CY, EL, HU, LT: "1+2+3">=60%.

In the FSCG analysis, these data on affordability, accessibility and barriers will be contrasted with the differences in ECEC systems (split system or not, degree of universality, regulation of costs and fees, financial support for vulnerable groups etc.) that will be documented by national experts in the different countries.

4.5 Education

Access to and equality in education has always been a major issue, even in the wealthiest countries. We know that high national wealth does not necessarily mean more equality in education: regardless of the country's wealth (e.g. GDP per capita), inequalities may arise or persist in different levels of education (UNICEF, 2018)⁹⁴. In this report (p. 8), UNICEF classifies Finland, Latvia and Portugal as the least unequal, Sweden as moderately unequal and Slovakia as the most unequal European countries when it comes to education – while the others have varying levels of inequality at every step of the way.

This section is structured on the basis of the criteria that will be used in the FSCG analysis (availability, accessibility, affordability, adaptability and acceptability of the services).

From a conceptual perspective, we can identify three types of educational strategies to level the playing field for disadvantaged children (Nicaise, 2000)⁹⁵: strategies for equal opportunities, equal treatment and equal outcomes. In this context, equal opportunities refer to exogenous determinants conditioning children's equitable access to education, equal treatment stands for the absence or elimination of endogenous barriers within education, and finally equal outcomes strategies aim to bring all children to the same level despite unequal starting positions, through positive discrimination of the disadvantaged.

Most countries aim for equal opportunities (i.e. equitable access) in education for all. In other words, states try to ensure the preconditions for children to enjoy and benefit from education by compensating for the disadvantages that are exogenous to the education system and are related to the child and his/her home environment (e.g. differences in material resources, parental education, parenting skills, children's health, social support) (Nicaise, 2000). Major schemes to ensure equal opportunities include legal entitlement to education, public free-of-charge provision, supporting services and financial help to students.

Strategies for equal treatment are related to the functioning of the education system. States and schools aim to organise the supply equally for everyone once children access education and eliminate discrimination within the system. Equal treatment depends on factors such as the quality and geographical distribution of services, but also barriers built into the system (such as early tracking, segregation, academic selection, discrimination in enrolment procedures), quality of communication and treatment by teachers. Quality standards set by law are important instruments to ensure equal treatment, but they are no guarantee. Even when equal treatment and equal opportunities are ensured by law, vulnerable groups may be discriminated against directly or indirectly. Some indirect forms

⁹⁴ UNICEF (2018), *An Unfair Start: Inequality in Children's Education in Rich Countries (No. 15)*, Innocenti Report Card, Florence: UNICEF Office of Research – Innocenti.

⁹⁵ Nicaise, I. (ed., 2000), *The right to learn: educational strategies for socially excluded youth in Europe*, Bristol: Policy Press.



of discrimination arise from “imperfections” in communication such as language barriers or intercultural differences in interpretation or reference frameworks (Nicaise, 2000).

Finally, equal outcomes strategies include positive action (or positive discrimination) to bring all children (as much as possible) to the same level of educational outcomes even though their initial state of development may be unequal. This necessitates compensatory action and additional resources for disadvantaged children who lag behind or are at greater risk than others (such as Roma children, children from low-income households, children living in single-adult households, etc.). In other words, it is necessary to pre-empt the problems that may arise in the future instead of mending problems after they become deeply rooted (Horvai, 2010)⁹⁶. For disadvantaged children, equal standards are not enough and most of the time additional measures need to be taken (e.g. better equipped centres, better personnel, etc.) in order to bring them to the same level of outcomes (Nicaise, 2000). Most countries have introduced some form of equity funding scheme as a way to increase investment for disadvantaged children. Some countries do this by means of differentiated investments within the mainstream provision, while others invest in targeted programmes.

4.5.1 Availability of education

Availability in education means the sufficient supply of establishments, teachers, and materials (hence, the public funding to supply all of that) in order for all children to be able to access education. In other words, availability is the prerequisite for “access” to happen and a major component of the strategies for *equal opportunities*. While the state does not have to be the sole funder and provider of education (there is still room for private provision that also relies on private funding to parents to exercise choice), it has to provide adequate supply of schools and places in these schools, so that every child has access to accessible, affordable, adaptable and acceptable education.

In most EU countries, usually starting from age 6 or earlier, 9-10 (up to 13) years of education is compulsory, where children are obliged to follow formal education (Eurydice, 2017⁹⁷). Considering the widespread availability of compulsory education for at least 9-10 years across the EU, availability is one of the least problematic domains for the policy area of education. However, there are still problems of infrastructure, especially in disadvantaged schools in disadvantaged areas; and infrastructure has been shown to be linked with educational outcomes (Cuyvers et al., 2011)⁹⁸.

Teaching staff is one of the most important and also one of the most overlooked aspects of availability in education. An adequate number of well-qualified teachers is essential to deliver a high-quality education that will produce good learning outcomes. Hence, it is crucial for EU countries to invest in high-quality teacher training, as well as attract and keep highly motivated teaching staff that are satisfied with their work. One way to know if the government is able to attract and keep highly motivated teaching staff by contributing to their satisfaction with their work is the salary of the teachers working in public schools.

⁹⁶ Horvai, A. (2010), *Recognising the Roma and their Rights: an analysis of exclusion and integration in the education system*. Research in Comparative and International Education 5, 394. <https://doi.org/10.2304/rcie.2010.5.4.394>.

⁹⁷ Eurydice (2017), *Compulsory Education in Europe - 2017/18 (Eurydice Facts and Figures)*. Luxembourg: Publications Office of the European Union.

⁹⁸ Cuyvers, K., De Weerd, G., Dupont, S., Mols, S. and Nuytten, C. (2011), *Well-Being at School: Does Infrastructure Matter?* (CELE Exchange, Centre for Effective Learning Environments No. 2011/10). Paris: OECD. <https://doi.org/10.1787/5kg0lkzc81vc-en>.



According to the data from the 2016-2017 school year, teachers' salaries are much lower in Eastern European countries than in the rest of Europe (Eurydice, 2018⁹⁹).

4.5.2 Accessibility of education

Securing accessibility goes hand in hand with availability among the strategies for equal opportunities. Accessibility in education refers to the elimination of the barriers that prevent children from participating in education. After the services are made available with the sufficient supply of infrastructural and teaching resources, unequal access should be tackled. The reasons for non-attendance go beyond the mere availability of schools and these need to be addressed.

One of the most problematic cases of unequal access is observed with regard to Roma children. Roma children are among the most deprived ethnic minorities in Europe, facing social exclusion and unequal access to employment, education, housing and health (FRA, 2016)¹⁰⁰. One of the goals of the EU Framework for National Roma Integration Strategies (adopted in 2011) is to "ensure that all Roma children complete at least primary school" (ibid.) – which clearly shows the level of deprivation Roma children face in terms of access to education. Note that, in this case, access is hindered despite the availability of services. Roma children attend preschool and compulsory school much less than their non-Roma peers: "On average, 89% of the Roma surveyed aged 18 to 24 had not acquired any upper secondary qualification compared to 38% of non-Roma living close by. The share of Roma not having completed upper secondary education was highest in Greece, France, Portugal, Romania and Spain, at more than 90%." (2011 Roma pilot survey in 11 countries (FRA, 2016, Op.Cit, p. 12)).

Educational segregation (resulting partly from residential segregation) is another issue in geographical accessibility. At least 40% (and up to 51%) of disadvantaged students across the OECD are concentrated in schools with an overwhelming majority of students with a similarly disadvantaged background (OECD, 2018a¹⁰¹). Disadvantaged students in disadvantaged schools face double disadvantage: disadvantaged children attending "average-socio-economic-status" schools score 36 points higher in PISA, and disadvantaged children attending "high-socio-economic-status" schools score 78 points higher (ibid.). Hence, school segregation leads to even wider gaps in educational outcomes.

In the case of segregation, physical access is secured, but the results are far from being optimal because equity in access is still a problem. In other words, even though children get to receive education, their options in education are limited by the socio-economic-status (SES) of their parents and their area of residence from the start. School segregation becomes a problem especially for children in poverty, children with a migration background and Roma children, who tend to face residential segregation as well. In the case of Roma children, for instance, class compositions are heavily affected by the neighbourhood being a segregated one in the first place (Figure 4.18).

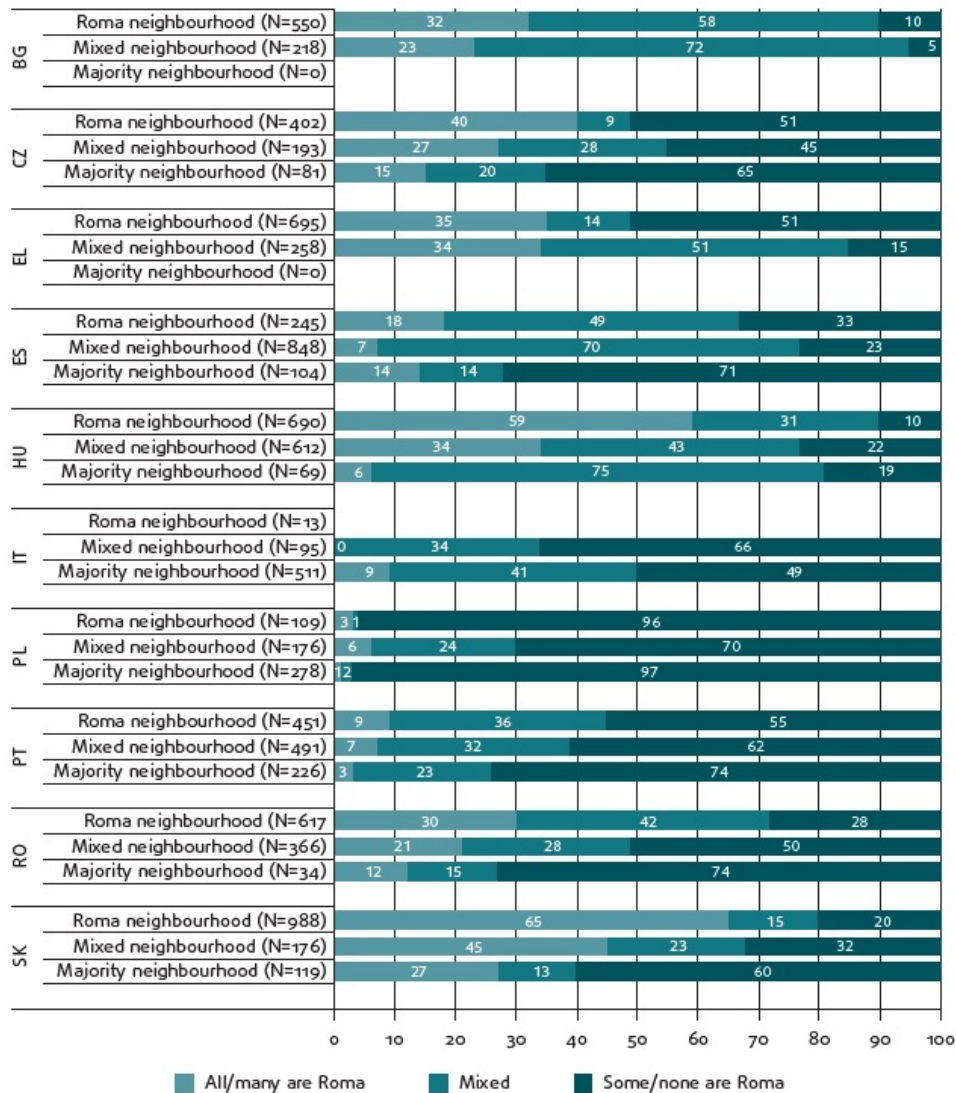
⁹⁹ Eurydice (2018), *Teachers' and school heads' salaries and allowances in Europe 2016/17*. Luxembourg: Publications Office of the European Union.

¹⁰⁰ FRA (2016), *Education: the situation of Roma in 11 EU Member States - Roma survey: Data in focus*. Luxembourg: Publications Office of the European Union.

¹⁰¹ OECD (2018a), *Equity in Education: Breaking Down Barriers to Social Mobility*, PISA. OECD. <https://doi.org/10.1787/9789264073234-en>



Figure 4.18: Ethnic composition of school classes according to the neighbourhood in which Roma children live, available Member States, 2011, %



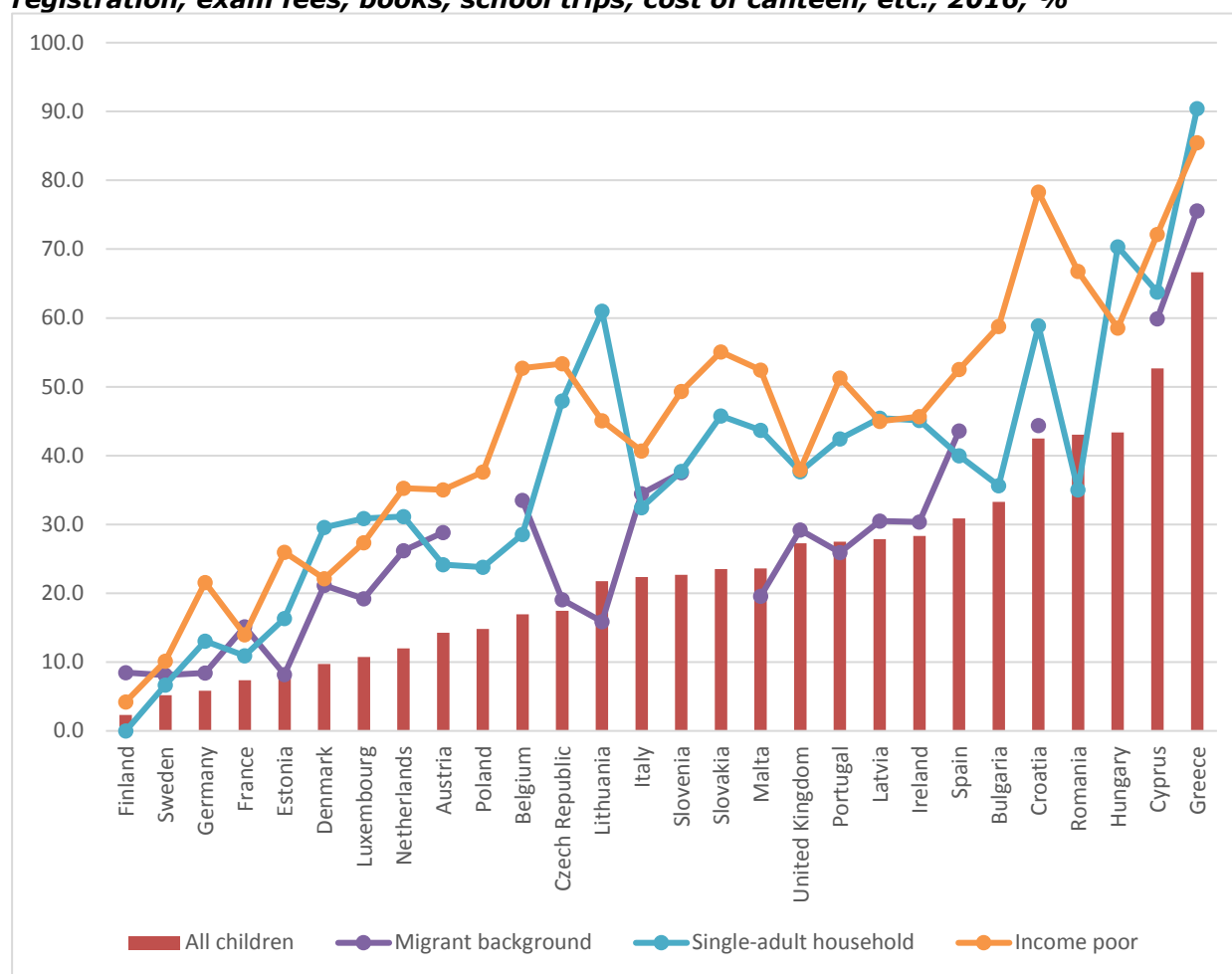
Question: B12. What is/was the background of his/her classmates in school or kindergarten?
M4. Was the neighbourhood predominantly a...?
Notes: The French gens du voyage are excluded because of their mobile lifestyle. N indicates the number of children in each category. Results are not presented if 'n' is less than 30 children. Reference group: All children in the surveyed Roma households up to the age of 15 who are or have been in school.
Source: FRA Roma pilot survey, 2011

4.5.3 Affordability of education

Compulsory education is free of charge for all children at least from 6 until at least 15 years of age in all EU countries. However, although compulsory schooling is free of charge in terms of tuition fees, families still have expenses related to education including registration, exam fees, books, school trips, cost of canteen, transport to school, etc. In the ad hoc module of the 2016 wave of EU-SILC, respondents were asked to subjectively rate the difficulty of payment for expenses related to formal education (6-point Likert scale). Southern and Eastern European countries reported the highest difficulty (great and moderate difficulty combined), while the residents of Western and especially Northern European countries reported the least difficulty (see Figure 4.19). Note that, in all EU countries without exceptions, children at risk of poverty reported higher difficulty compared to the general population of children.



Figure 4.19: Children (0-17 years) living in households that find it greatly or moderately difficult to cover the costs of formal education – including tuition fees, registration, exam fees, books, school trips, cost of canteen, etc., 2016, %



Source: EU-SILC ad-hoc module on public services 2016, own calculations.

In all European countries, without exception, income-poor people are more likely than the average to find education expensive. This is also the case for single-adult households, except in Finland and Romania.

Children may live in a single-adult household either from the day they are born or later on as a result of a change in the structure of their households. Both groups of children have a higher risk of being in a disadvantaged situation. For instance, research shows that children of divorced parents have lower school grades and test scores, have lower school engagement, differ in the kind of track entered in high school, have lower final educational attainment, and are less likely to continue to full-time upper secondary education even though the parental separation did not affect their school grades (cf. Härkönen et al., 2017¹⁰²).

Finally, we also see that people with a migration background find education less affordable compared to the general population in most European countries, with a few exceptions such as Estonia, Lithuania, Malta and Portugal.

The abovementioned findings regarding the affordability of education are even more interesting when inspected in the light of the public spending for education in these countries. For instance, countries like Greece, Cyprus, Portugal and Latvia have relatively

¹⁰² Härkönen, J., Bernardi, F., Boertien, D. (2017), *Family Dynamics and Child Outcomes: An Overview of Research and Open Questions*. Eur J Population 33, 163–184. <https://doi.org/10.1007/s10680-017-9424-6>.



higher allocation of their GDP to fund education (ISCED 1, 2 and 3). Moreover, their public expenditure per child in education is relatively higher than other countries in proportion to their GDP per capita. Still, the residents of these countries report relatively higher affordability problems compared to the public spending they make. This is yet another evidence that high public spending on education does not necessarily translate into affordable education.

4.5.4 Acceptability of education

Acceptability of education relates to both *equal treatment* and *equal outcomes* strategies. While cultural, linguistic or religious minorities should not be discriminated against in any way, schools should also ensure a decent quality education to all children. This calls for the regulation by the state (Tomaševski, 2001)¹⁰³.

Although not an ideal measure of the quality of education, studies of educational outcomes such as PISA and TIMSS (Trends in International Mathematics and Science Study) do give indications regarding the quality of education, at least to determine whether educational outcomes are equal for disadvantaged and non-disadvantaged children. Given that disadvantaged schools tend to receive less resources, disadvantaged students who attend these schools are doubly disadvantaged and score lower than their non-disadvantaged peers (OECD, 2018a). Hence, a common curriculum and basic quality standards on paper do not necessarily lead to equal outcomes. Disadvantaged children should be targeted, when necessary, in order to bring them to the same level as their non-disadvantaged peers.

Besides being a problem of accessibility, segregation is also a problem of acceptability, as it affects the quality of education offered in some countries. One way to target vulnerable children so that they receive higher quality education from motivated teaching staff is to offer extra allowances to teachers who work in disadvantaged areas and/or with disadvantaged children. However, only in half of the EU countries teachers are entitled to extra allowance for teaching students with “special education needs” (SEN) in mainstream classes and/or teaching in a disadvantaged, remote or high cost area (Eurydice, 2018, Op.Cit., p. 32). Similarly, only in less than half of the EU countries teachers are rewarded with extra allowance for showing outstanding performance, obtaining further formal qualifications, or successfully completing professional development activities (ibid.).

Children with disabilities and/or SEN are also often excluded from mainstream schools and placed in separate classes, or even separate schools (European Agency Statistics on Inclusive Education [EASIE], 2018¹⁰⁴), which contributes to their stigmatisation.

Finally, for education to be acceptable, parental choice and socio-cultural diversity should be respected and accommodated. For instance, religious convictions should be respected and minority languages should be recognised in education where relevant. Across the OECD, immigrant students are more likely to repeat grades at school, be the victims of frequent bullying at school, and feel that they are being treated unfairly by their teachers more than native students (OECD, 2018b¹⁰⁵). Similarly, children with a migration

¹⁰³ Tomaševski, K. (2001), *Human rights obligations: making education available, accessible, acceptable and adaptable* (No. 3), *Right to Education Primers*. Stockholm: Swedish International Development Cooperation Agency, Sida.

¹⁰⁴ EASIE. (2018), *European Agency Statistics on Inclusive Education: 2016 Dataset Cross-Country Report*. Odense, Denmark. Retrieved from <https://www.european-agency.org/resources/publications/european-agency-statistics-inclusive-education-2016-dataset-cross-country>.

¹⁰⁵ OECD (2018), *The Resilience of Students with an Immigrant Background: Factors that Shape Well-being*, OECD Reviews of Migrant Education. OECD. <https://doi.org/10.1787/9789264292093-en>.



background and/or their parents sometimes think that their culture and religious reservations are not sufficiently accommodated. For instance, for Muslim children, the unavailability of halal food may typically become a problem in some countries (Göktuna Yaylaci, 2014¹⁰⁶; Ünver and Nicaise, 2016¹⁰⁷). Moreover, some EU countries operate with a monolingualistic ideology, which pushes children with a migration background further from integration with the majority community (Agirdag, 2010¹⁰⁸).

If schools and teachers are more equipped to appropriately accommodate the needs of students with an immigration background, the more students will stay in education, be more willing to integrate with the majority community and eventually break the cycle of their socio-economic disadvantage. For this, teachers should also be encouraged to accommodate the cultural diversity in the classroom, as well as receive training regarding how to do so. Teachers in different levels of education report that they need more knowledge and tools regarding how to deal with multicultural classrooms (OECD, 2018b, Op.Cit.; Ünver and Nicaise, 2016¹⁰⁹).

4.5.5 Adaptability of education

Adaptability is another crucial dimension to achieve equal treatment and equal outcomes in education. In order to be inclusive, education systems need to adapt to the abilities and needs of each individual child (Tomaševski, 2001, Op.Cit.).

Lack of adaptability of education is a major problem for disadvantaged children in terms of socio-economic status, migration background, and disabilities or special educational needs.

In Figure 4.20, PISA results from 2015 clearly show that the students in the lowest two deciles of the PISA index of economic, social and cultural status score, on average, much lower than the ones not only in the top deciles but also in the middle one. The exceptions to this general trend are Estonia and Finland as well as two non-EU countries (Norway and Iceland) – where both the percentage of students in the lowest two deciles are very small and the performance of these students are not significantly lower than those in the middle decile. However, in countries like Germany, the United Kingdom, Slovenia, Czech Republic, Denmark, France, Belgium, Sweden, Austria and Slovakia, even though the proportion of children in the lowest two deciles is less than 10%, there is a big gap between the mean performance of these children and that of children in the middle decile. The situation is even more striking in Poland, Hungary, Malta, and Bulgaria, where both the percentage of socio-economically disadvantaged children is higher and the performance gap is larger.

¹⁰⁶ Göktuna Yaylaci, F. (2014), *Simultaneous Lives: Daily Life Practices of Turks in Belgium as Migrant*. ZfWT 6.

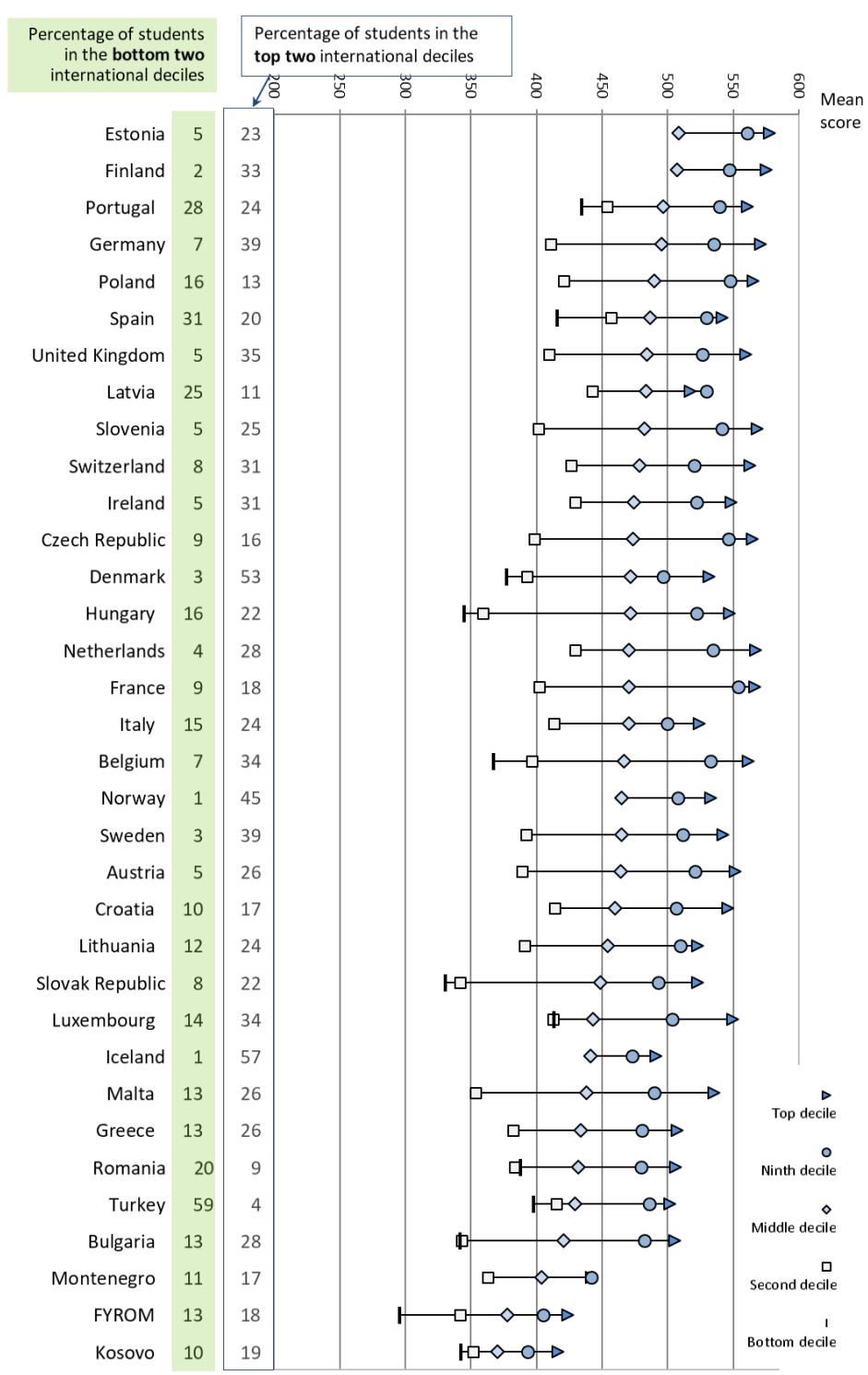
¹⁰⁷ Ünver, Ö. and Nicaise, I. (2016), *Inclusiveness of Early Childhood Education and Care: Seven Case Studies across Europe*, CARE D5.2.1.

¹⁰⁸ Agirdag, O. (2010), "Exploring bilingualism in a monolingual school system: insights from Turkish and native students from Belgian schools", *British Journal of Sociology of Education*, 31, 307–321. <https://doi.org/10.1080/01425691003700540>.

¹⁰⁹ Ünver, Ö. and Nicaise, I. (2016), Op.Cit.



Figure 4.20: Mean performance in science, by international decile on the PISA index of economic, social and cultural status, 2015



Source: OECD 2016, PISA 2015 Results (volume 1), Excellence and equity in education, Table I.6.4a.

Adaptability is also a major problem especially for children with a migration background and children with disabilities or special educational needs.

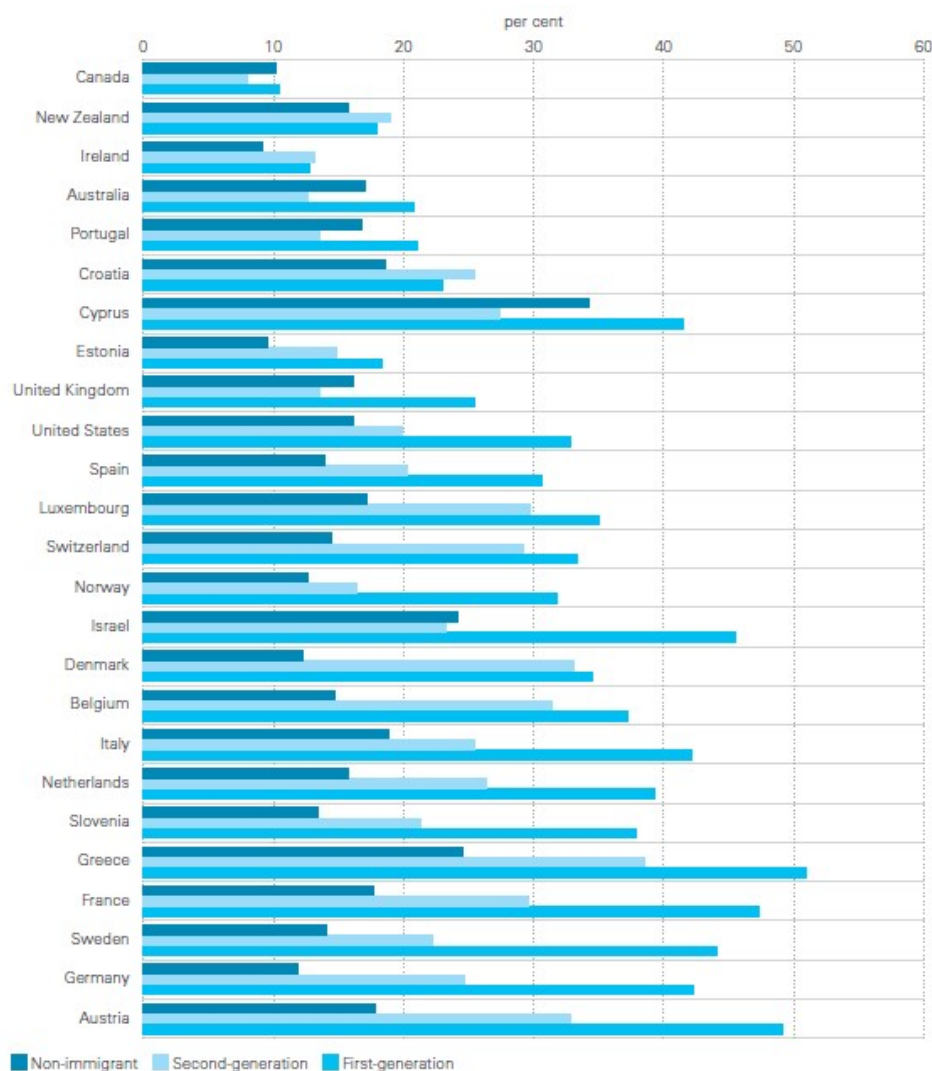
Apart from academic under-performance, students with an immigration background also report a weak sense of belonging at school, low satisfaction with life, and high schoolwork-related anxiety (OECD, 2018b). Among these, academic achievement is the area with the



largest gap between native students and students with an immigration background (Figure 4.21).

While this group of students are also socio-economically disadvantaged, compared to native students, across almost all European countries that are sampled, their socio-economic disadvantage explains only one-fifth of their difference in academic proficiency. As the cross-border mobility increases, it is extremely important for education to be adaptable to migrant students’ needs.

Figure 4.21: Percentage of 15-year-olds by migrant status, who have not reached Level 2 proficiency in reading¹¹⁰



Note: The chart shows percentages for each group in all countries where at least 5 per cent of children were not born in the country. Countries are ranked on absolute gaps between non-immigrant and first-generation immigrants. Differences between non-migrant children and first-generation migrant children were statistically significant in all countries except Australia, Canada, Estonia and New Zealand. Source: PISA 2015.

The ideology of monolingualism should be revisited also from the standpoint of making education adaptable and there should be more flexibility with the language of instruction, so that children’s learning outcomes are supported. This is especially important for children with a migration background.

Early tracking is another issue where recalibration is needed. Ideally, tracking should help children to find and focus on their abilities, and start working towards learning a profession

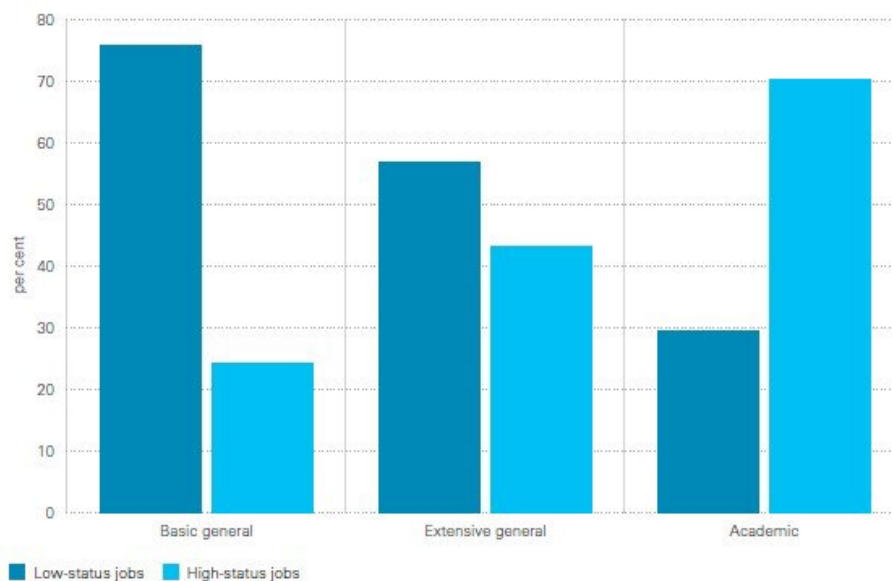
¹¹⁰ UNICEF (2018), *An Unfair Start: Inequality in Children’s Education in Rich Countries (No. 15)*, Innocenti Report Card. Florence: UNICEF Office of Research – Innocenti, p. 35.



they would like to do. However, in reality, children are further classified and segregated based on their perceived (but often biased) academic abilities and unfavoured ones are encouraged to follow a vocational or technical track. This is especially an issue for children with a migration background, who perform significantly worse than their peers academically.

It is also the case for children with a disadvantaged socio-economic background: Children of parents with high-status jobs are over-represented in academic tracks (Figure 4.22). In a sense, children are segregated further when they are forced to get tracked so early on the educational path.

Figure 4.22: Percentage of children on different tracks by parental occupation



Source: UNICEF (2018), *Op.Cit.*, p.43

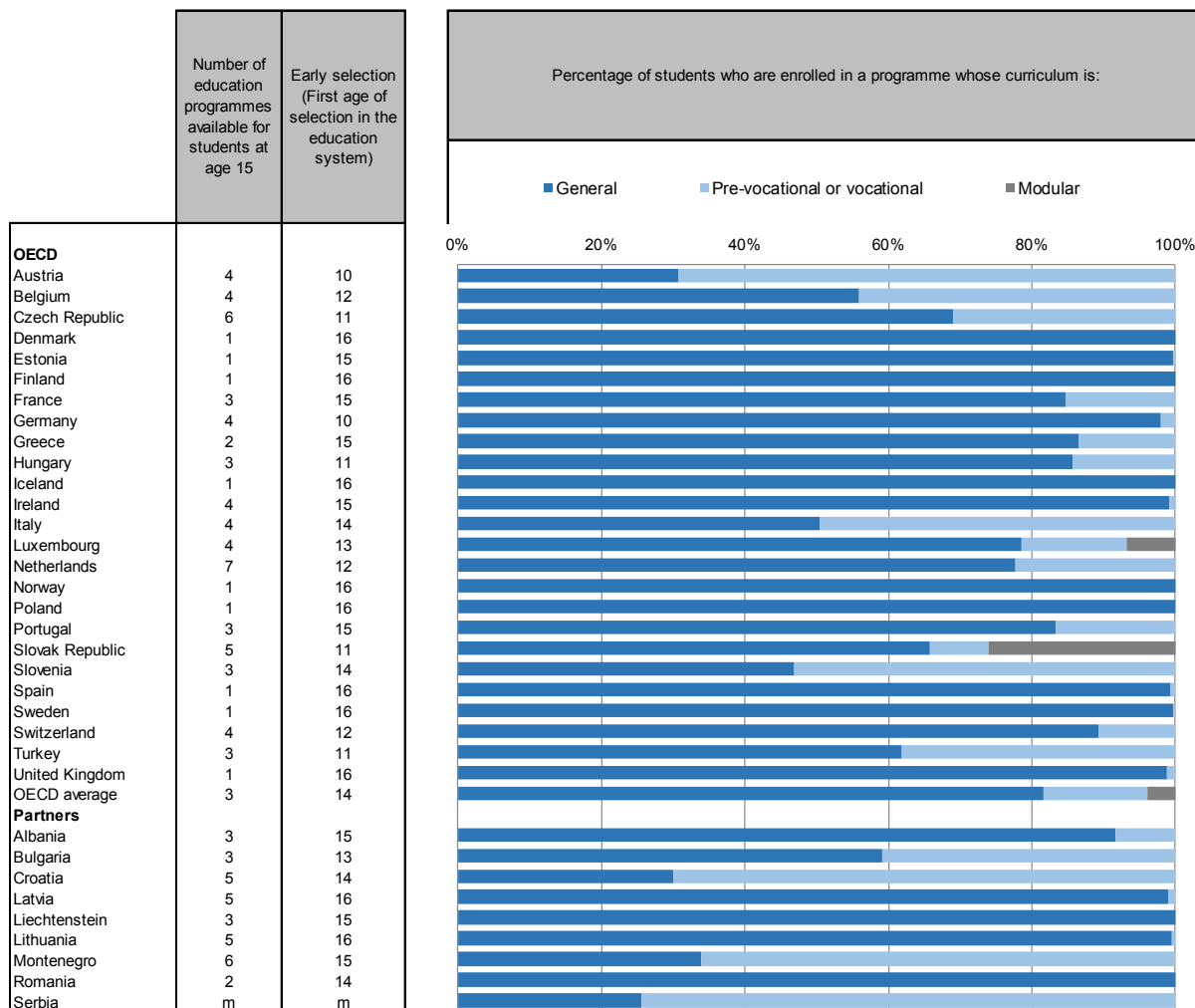
Early tracking is often detrimental to the educational opportunities of socially disadvantaged students¹¹¹. Children from less privileged families, who are overrepresented in the unfavoured tracks, have fewer opportunities in the future – especially if tracking takes place at a very early age, when children have yet to develop their potential (UNICEF, 2018, *Op.Cit.*). Also, it is not a coincidence that in countries that introduce tracking earlier (ages 10-12) and have more tracks, problems with tracking and problems with the integration of socio-economically disadvantaged immigrants are hot topics (Figure 4.23). Even though the late-tracking countries are confronted with different challenges due to heterogeneous classrooms, combining late tracking with extra efforts aiming for equal outcomes for disadvantaged students seem to be fruitful¹¹².

¹¹¹ Lavrijsen, J. and Nicaise, I. (2015), "New empirical evidence on the effect of educational tracking on social inequalities in reading achievement", *European Educational Research Journal*, 14, 206–221. <https://doi.org/10.1177/1474904115589039>.

¹¹² Lavrijsen, J. and Nicaise, I. (2015), *Op.Cit.*



Figure 4.23: Tracking in Europe, European countries



Source: PISA 2012; OECD, 2013.

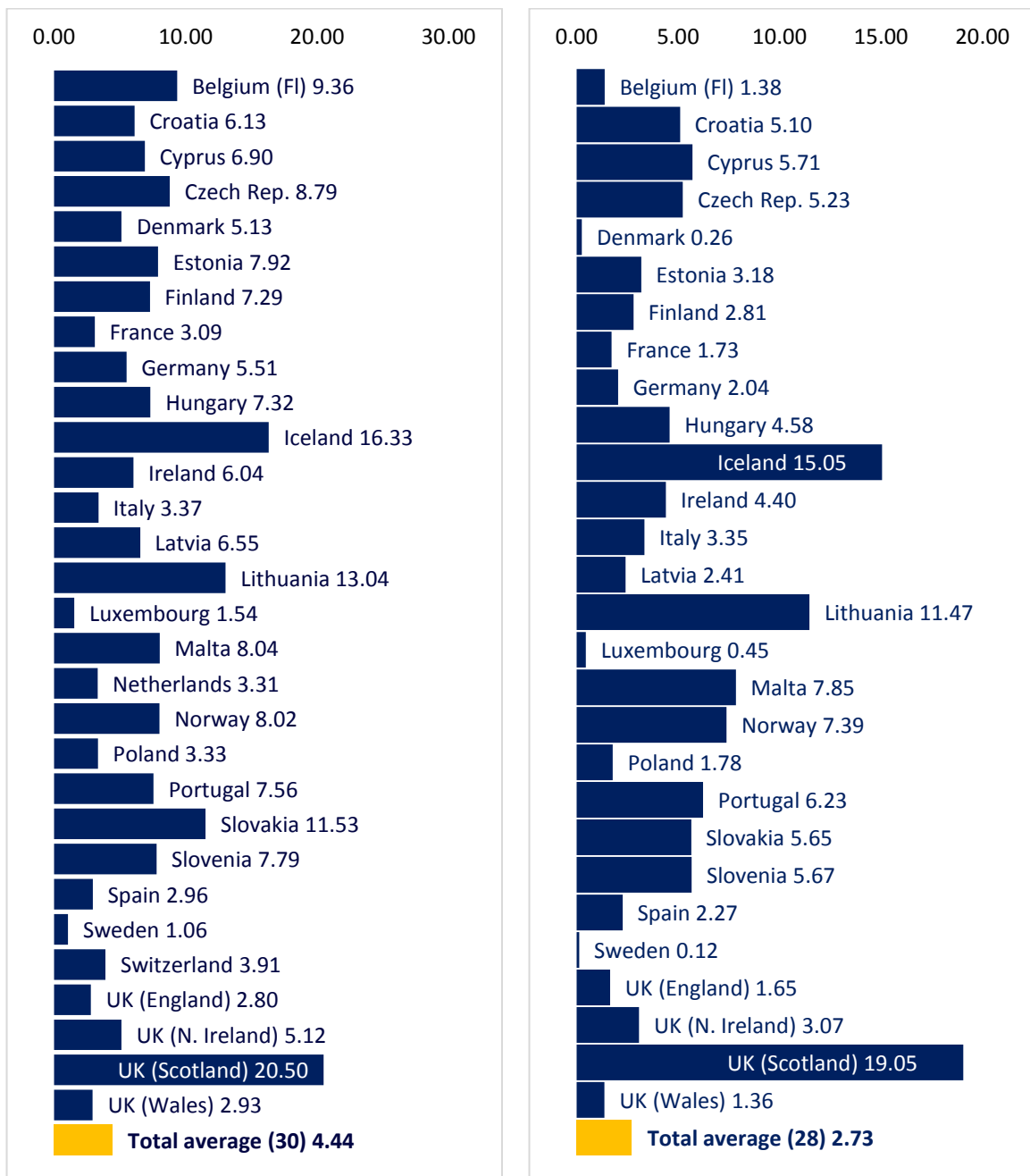
Another kind of forced segregation happens to children with disabilities who are often segregated into separate schools (Tomaševski, 2001). There is enough evidence that inclusive education is best for the educational progress and social inclusion of children with disabilities and SEN (Kyriazopoulou and Weber, 2009¹¹³). In line with this recommendation, the majority of pupils with SEN receive education in inclusive settings where they attend at least 80% of the classes with children who do not have SEN in half of the EU countries (Croatia, Cyprus, the Czech Republic, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, Norway, Poland, Portugal, Slovenia, Spain, and United Kingdom (England, Northern Ireland, and Scotland)) (Figure 4.24).¹¹⁴ In the other countries, more than half of the pupils with SEN attend fully separate educational settings. Note that in each country, the number of boys who have a record of SEN is almost twice the number of girls with SEN. National experts and the experts for the TG of children with disabilities and SEN are advised to look into the gendered nature of the SEN classification and its implications for girls.

¹¹³ Kyriazopoulou, M. and Weber, H. (2009), *Development of a set of indicators – for inclusive education in Europe*, European Agency for Development in Special Needs Education, Odense, Denmark.

¹¹⁴ Since there are no universally accepted definitions of disability and/or SEN available to use for international comparisons, EASIE (2016) reports the number of children with SEN in each country as per that country’s definition of SEN.



Figure 4.24: Percentage of pupils with SEN out of the total number of students enrolled in ISCED 1 and 2 (left) and percentage of pupils with SEN in inclusive settings out of all pupils enrolled in ISCED 1 and 2 (right)



Notes: Inclusive settings are "mainstream schools". In an inclusive setting, pupils with SEN follow education in mainstream classes alongside their mainstream peers for the largest part (80% or more) of the school week. NL is missing in the chart because none of the SEN pupils are attending inclusive setting in that country.

Source: EASIE (2016), European Agency Statistics on Inclusive Education: Methodology Report. Odense, Denmark.

Another issue raised by Tomaševski (2001, Op.Cit) is the need for education to be adaptable for working children. Children in precarious family situations are especially vulnerable to the risk of not receiving sufficient, good quality and acceptable education due to the need for them to work in order to contribute to family income. This is an issue that goes unnoticed due to the invisibility of child labour.



4.6 Conclusions

This section has mobilised a long list of sources of evidence to analyse the access of TGs to the five policy areas (PAs). These sources include EU Statistics on Income and Living Conditions (EU-SILC), Labour Force Survey (LFS), Programme for International Student Assessment (PISA), Health Behaviour in School-aged Children (HBSC), UNICEF TransMONEE database, Opening Doors Campaigns country fact-sheets, Eurochild National Surveys on institutions, PICUM database, FRA EU-wide survey on minorities' and migrants' experiences (EU-MIDIS I and II), Data from the "Children Left Behind" Network, Review of (inter)national data and research on children left behind, FEANTSA's European Observatory on homelessness's reports, European Agency Statistics on Inclusive Education (EASIE), etc.

Two main conclusions emerge from this analysis:

- Section 2 showed that available data are very useful but have serious limitations: they do not allow estimating (accurately) the size of some of the TGs in the 28 EU Member States. In this Section 4 as well, it is clear that the available data are certainly useful but only allow for an imperfect analysis of the access of the TGs to the five PAs. Most TGs are hard-to-reach groups and are not satisfactorily (or not at all) covered in mainstream surveys. When they are (partly) covered, sample sizes are very often too small to lead to "reasonably robust" conclusions. For the whole group of children, the analysis of child-specific information presented here (e.g. the 2014 EU-SILC ad-hoc module on child deprivation or the 2017 EU-SILC ad-hoc module on children's health) shows the importance of collecting child-specific data – it is not sufficient to solely rely on households' or adults' information to infer children's living conditions, as they may differ substantially from those of the adults with whom they live. This calls for (more) investment in collection of child-specific data and, in particular, of data focused on the TGs in order to be in a position to better assess in a reasonably comparable and robust way the difficulty of these children in accessing the five PAs.
- Despite these imperfections in terms of data quality and availability (see Section 2 for a discussion of these aspects), the evidence presented in Section 4 shows that there are large variations within the EU in children's access to the five PAs and that the four TGs face more difficulties of access than the total population of children. This confirms the crucial importance of the FSCG in collecting and analysing evidence on access to the five PAs and the fact that, in the current state, the national and EU policy instruments and/or the way these instruments are used do not guarantee access of children in the TGs to some of their fundamental rights in all EU countries. The next steps of the FSCG (see Section 6) will focus on the mapping of the national policy instruments to identify concretely barriers in access and to highlight ways in which these national and EU policy instruments (and/or their use) could be best improved.



5. Mapping of policy instruments

A key task of the FSCG is to map the existing policy instruments available as at 1 January 2018 at national and EU level for the EU-28 and assess how effective they are in ensuring the access of the four TGs to the five PAs. The mapping of national instruments and an assessment of the impact of both national and international instruments will be undertaken during the course of the research. In this section, we provide an initial mapping of the main international policy instruments in the field of children's rights. These will be further refined and elaborated in the course of the research on the different TGs and PAs. As will be seen in the mapping below, EU and other international policy instruments can be divided into two categories: "hard"/"legal" instruments and "soft law" instruments.

5.1 European Union instruments

5.1.1 EU legal framework

Fighting child poverty is primarily the responsibility of Member States. However, the EU is competent to support and complement Member States in their efforts. There are five main "hard"/"legal" instruments in this regard: the Treaty on European Union (TEU), the Treaty on the Functioning of the European Union (TFEU), the Charter of Fundamental Rights of the European Union (EU Charter), the EU financial instruments and the European Semester.¹¹⁵

TEU: Article 3 of the Treaty on European Union establishes that - among other objectives - the EU aims to promote the well-being of the European peoples, to combat social exclusion and promote social justice, and to protect the rights of the child.

TFEU: In line with Article 3 of the TEU, Article 151 of TFEU sets out the areas and competences of the EU and the objectives of the EU and the Member States. These are: the promotion of improved living conditions, employment, proper social protection and combating social exclusion. Article 4 and Article 153 establish that the EU has shared competence to act in certain social policy areas, including to combat social exclusion, by supporting and complementing the activities of Member States. However, the fight against social exclusion and child poverty is not among the social policy fields in which the EU may adopt directives that lay down minimum requirements for gradual implementation.

Articles 6, 165 and 168 of the TFEU stipulate that the EU shall have competence to support, coordinate or supplement the actions of Member States, while also encouraging their cooperation, in other areas related to child wellbeing, such as education and health.

EU financial instruments: The TFEU provides for the establishment of a European Social Fund (Articles 162-164) with the aim of raising the standard of living in the EU, and a European Regional Development Fund (Articles 174-178) to strengthen economic, social and territorial cohesion. In addition, the Fund for European Aid to the Most Deprived (FEAD) supports EU countries' actions to provide food and/or basic material assistance to the most deprived including to children.

EU Charter: In exercising their competences regarding the fight against child poverty, EU institutions, as well as Member States, when acting in the scope of and implementing relevant EU law, are bound by the EU Charter of Fundamental Rights. Article 24 of the EU Charter establishes the right of children to protection and care as is necessary for their well-being; Art.34 (3) explicitly links the principle of fighting social exclusion and poverty

¹¹⁵ The European Commission compiles and updates on an ongoing basis a document, *EU acquis and policy documents on the rights of the child*, which covers all the acquis and policy documents relevant to children's rights. See: https://ec.europa.eu/info/sites/info/files/euacquisandpolicydocumentsontherightsofthechild_update.pdf.



to specific fundamental rights, such as the right to social and housing assistance in view of ensuring “a decent existence for all those who lack sufficient resources”. In addition the EU Charter contains references to a number of fundamental rights crucial to the development of children and the fight to protect them against poverty, such as the right to education (Article 14) and the right to healthcare (Article 35).

European Semester: In order to monitor progress in the achievement of the Europe 2020 Strategy’s (see below) objectives and targets and to better coordinate their economic policies, the European Commission put in place the European Semester mechanism. The legal base for this work are the Integrated Guidelines for economic and employment policies of the EU. The Employment Guidelines were renewed in 2017 to be in line with the European Pillar of Social Rights (EPSR), and as such refer to ensuring equal opportunities, including for children and young people. On the basis of the National Reform Programmes submitted by each Member State, the European Commission prepares draft Country Reports assessing policy developments and proposes Country Specific Recommendations (CSRs) calling on each Member States to adjust its policies in certain areas. CSRs are endorsed by the Council of the European Union.

Although the European Semester focuses mainly on economic and employment policies, the European Commission highlights that social cohesion, material well-being and health are important dimensions of EU countries’ economic and social models. It has increasingly issued CSRs in relation to tackling poverty and social exclusion, including child poverty. The European Semester is now seen as a key way of implementing the EPSR principles and, since the ratification of the EPSR, the “Social Scoreboard” has also become part of the Semester’s monitoring tools. The Scoreboard is expected to help to: a) detect key employment and social problems; and b) assess convergence or divergence patterns across Member States¹¹⁶. Although child poverty and social exclusion is not one of the headline indicators in the Scoreboard, the reading and assessment of the data does regularly reflect that children are at greater risk of poverty and social exclusion than adults.

5.1.2 Main “soft law” EU instruments

The EU has developed several “soft law” legal instruments that are especially relevant to realising the rights of children and combatting child poverty and social exclusion. These include the EU Agenda for the rights of the child, 2013 EU Recommendation on “Investing in children: breaking the cycle of disadvantage”, the EPSR, and the Europe 2020 Strategy.

EU Agenda for the Rights of the Child: The Commission Communication (COM(2011) 60 final) of February 2011 presents an agenda to strengthen and protect children's rights as set out in the principles of the EU Charter of Fundamental Rights and the United Nations Convention on the Rights of the Child (UNCRC). All EU policies which impact on children should respect their rights. It reaffirms the strong commitment of all EU institutions and of all EU Member States to promoting, protecting and fulfilling the rights of the child in all relevant EU policies.

Recommendation on Investing in children: In 2013, the European Commission adopted, and the Council subsequently endorsed, the EU Recommendation on “Investing in children: breaking the cycle of disadvantage” as part of the Social Investment Package. The latter provides Member States with policy guidance on their social investments with a strong focus on investment throughout the individual's life and early intervention. The Recommendation contains guidelines for Member States on addressing child poverty and social exclusion in a holistic way across policy areas, taking a child-rights approach. The innovation of the Recommendation lies in its ability to build on the United Nations Convention on the Rights of the Child and suggest national policy responses in a three-

¹¹⁶ The 2018 Joint Employment Report made use of 12 indicators of the Social Scoreboard; see: <http://ec.europa.eu/social/BlobServlet?docId=18624&langId=en>.



pillar structure addressing 1) family income or parents' employment, 2) access to quality services and 3) the right of children to participate.

In June 2016 the Council of the EU adopted Conclusions on "Combating Poverty and Social Exclusion: An integrated approach" calling on Member States to address child poverty and promote children's well-being through multi-dimensional and integrated strategies, in accordance with the Commission Recommendation Investing in Children.

European Pillar of Social Rights: The proclamation of the EPSR by the European Parliament, the Council and the Commission on 17 November 2017 (Social Summit for Fair Jobs and Growth, Gothenburg, Sweden) represents a crucial momentum since it reflects a strong political will and commitment by the EU Institutions to develop more comprehensive social policies. Its Principle 11 establishes clearly that children have the right to protection from poverty and children from disadvantage backgrounds have the right to specific measures to enhance equal opportunities. The inclusion of a principle dedicated to fight child poverty together with the other principles in the Pillar is a step forward in relation to the previous European social policy framework.

The EPSR was accompanied by a European Commission Staff Working Document "Taking stock of the 2013 Recommendation on "Investing in children: breaking the cycle of disadvantage". Four years after the adoption of the Recommendation, the SWD concludes that its implementation is still very much work in progress.

Another accompanying Staff Working Document of explanatory fiches on each principle describes in further detail that, for example, children from disadvantaged backgrounds (such as Roma children, some migrant or ethnic minority children, children with special needs or disabilities, children in alternative care and street children, children of imprisoned parents, as well as children within households at particular risk of poverty) have the right to specific measures – namely reinforced and targeted support - with a view to ensure their equitable access to and enjoyment of social rights. It encourages governments to put in place national and subnational strategies that include targets, indicators, earmarked budget allocations and a monitoring mechanism.

Europe 2020 Strategy: The strategy, adopted in 2010, includes targets related - among others - to education,¹¹⁷ and poverty and social exclusion. The poverty and social exclusion target aims at reducing by at least 20 million the number of people in or at risk of poverty or social exclusion by 2020 – compared to 2010. However, while children are part of the overall target, the Strategy does not include a specific target for reducing child poverty.

In addition to these overarching "soft law" instruments, there are a number of other "soft law" instruments that are relevant to specific TGs and PAs to be covered by the FSCG. These include:

- the European Disability Strategy 2010-2020;
- the EU Framework for National Roma Integration Strategies;
- the Proposal for a Council Recommendation on access to high-quality early childhood education and care (ECEC), 2018;
- the European Commission Communication on the Protection of Children in Migration, 2017;
- the EU Action Plan on Childhood Obesity, 2014-2020; and
- the Council Recommendation on Key Competences for Lifelong Learning, 2018.

¹¹⁷ Figures for 2010 are based on 2008 EU-SILC data which, at the time of the adoption of the target in 2010, were the most recent data available.



The role played by these various instruments will be elaborated on further in the course of the FSCG.

5.2 Child Poverty in the context of International Human Rights Law

The EU, within its competences is bound by legal human rights standards concerning the rights of the child. EU Member States also have specific legal obligations related to child poverty at the international level. There are four key international policy instruments in this regard: the International Covenant on Economic, Social and Cultural Rights (ICESR), the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Guidelines for the Alternative Care of Children. The UN's 2030 Agenda for Sustainable Development is also relevant here.

UNCRC: All the EU Member States have also ratified the UNCRC, adopted in 1989. It enshrines certain child-specific economic and social rights that are closely linked to child poverty: Article 6 (Obligation of State Parties to ensure the survival and development of the child to the maximum extent possible), Article 26 (Right to have help from the Government if they are poor or in need¹¹⁸), Article 27 (Right of every child to a standard of living adequate for their physical, mental, spiritual, moral and social development, encompassing the rights to food, clothing and housing). For the UNCRC the development of a child is a "holistic concept" and to achieve this result other rights enshrined in the UNCRC are relevant: Article 24 (Right to good quality healthcare), Article 28 (Right to education). The UNCRC is accompanied by a series of General Comments interpreting the content of certain articles and other relevant human rights provisions.

Also relevant are the Concluding Observations of the Committee on the Rights of the Child which are available by country, the Government Report on the implementation of the CRC (these documents are available in the treaty body database), and the Supplementary Reports edited by NGOs.

ICESR: All the EU Member States have ratified and are bound by the UN ICESR adopted in 1966. It does not explicitly refer to poverty, but it recognises human rights such as the right to education, the right to enjoy the highest standard of health and the right to an adequate standard of living (including adequate food, clothing and housing). It also provides for the right to protection and assistance for families with children (Article 10.1), including special measures for the assistance and protection of children and young people (Article 10.3).

UNCRPD: In addition to the above Article 7 of the UNCRPD obliges States Parties, including the EU, to take all the necessary measures to ensure that children with disabilities fully enjoy all their rights on an equal basis with other children. Other relevant articles are Article 24 (Right to education), Article 25 (Right to health) and Article 30 (Right to participate in cultural life, recreation, leisure and sport). Given their vulnerable situation, the special protection provided for children with disabilities is crucial in the fight against child poverty.

UN Guidelines for the Alternative Care of Children: These guidelines were adopted in 2009 to enhance the implementation of the UNCRC and of relevant provisions of other international instruments regarding the protection and well-being of children who are without/ deprived of parental care or who are at risk of being so. Though non-binding, the

¹¹⁸ Article 26: 1) States Parties shall recognise for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realisation of this right in accordance with their national law. 2) The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.



UN Guidelines represent an essential reference, clarifying that “States should develop and implement consistent and mutually reinforcing family-oriented policies designed to promote and strengthen parents’ ability to care for their children”.

The **2030 Agenda for Sustainable Development** (adopted by the UN in 2015 and endorsed by the EU) includes the goal of ending poverty in all its forms everywhere and sets the target to reduce by at least half the proportion of “men, women and **children**” of all ages living in poverty in all its dimensions according to national definitions. Many other of the 17 Sustainable Development Goals are also relevant to children, for instance those on zero hunger (Goal 2), good health and well-being (Goal 3) and quality education (Goal 4).

5.3 Council of Europe provisions related to child poverty

There are two Council of Europe policy instruments that, even if they are very different from the legal point of view, are particularly relevant: the European Social Charter (ESC) and the Strategy for the Rights of the Child for the period 2016-2021, that is a policy and soft law framework for member states.

ESC: The 1996 ESC is the key instrument of the Council of Europe that guarantees social and economic rights¹¹⁹. In particular, Article 30 introduces the Right to protection against poverty and social exclusion. There is also a link between this article 30 and other provisions of the ESC such as: Article 11 (Right to the protection of health), Article 12 (Right to social security), Article 13 (Right to social and medical assistance), Article 31 (Right to housing), and, with respect to child poverty, with Article 16 and Article 17 (Right to the social, legal and economic protection of the family, as well as of children).

Strategy for the Rights of the Child (2016-2021): The Strategy, which has been developed in an intergovernmental and participatory process with the involvement of governments, international organisations, civil society, experts and children, identifies five priorities for the Council of Europe’s 47 member states to guarantee the rights of the child (equal opportunities, participation of children, a life free from violence, child-friendly justice and children’s rights in the digital environment). It clearly defines expected outcomes under each priority area so performance can be evaluated at regular intervals. The Strategy identifies poverty, inequality and exclusion as being among the main challenges for children’s rights and states that “Child poverty and social exclusion can most effectively be addressed through child protection systems that carefully integrate preventive measures, family support, early childhood education and care, social services, education and housing policies”.

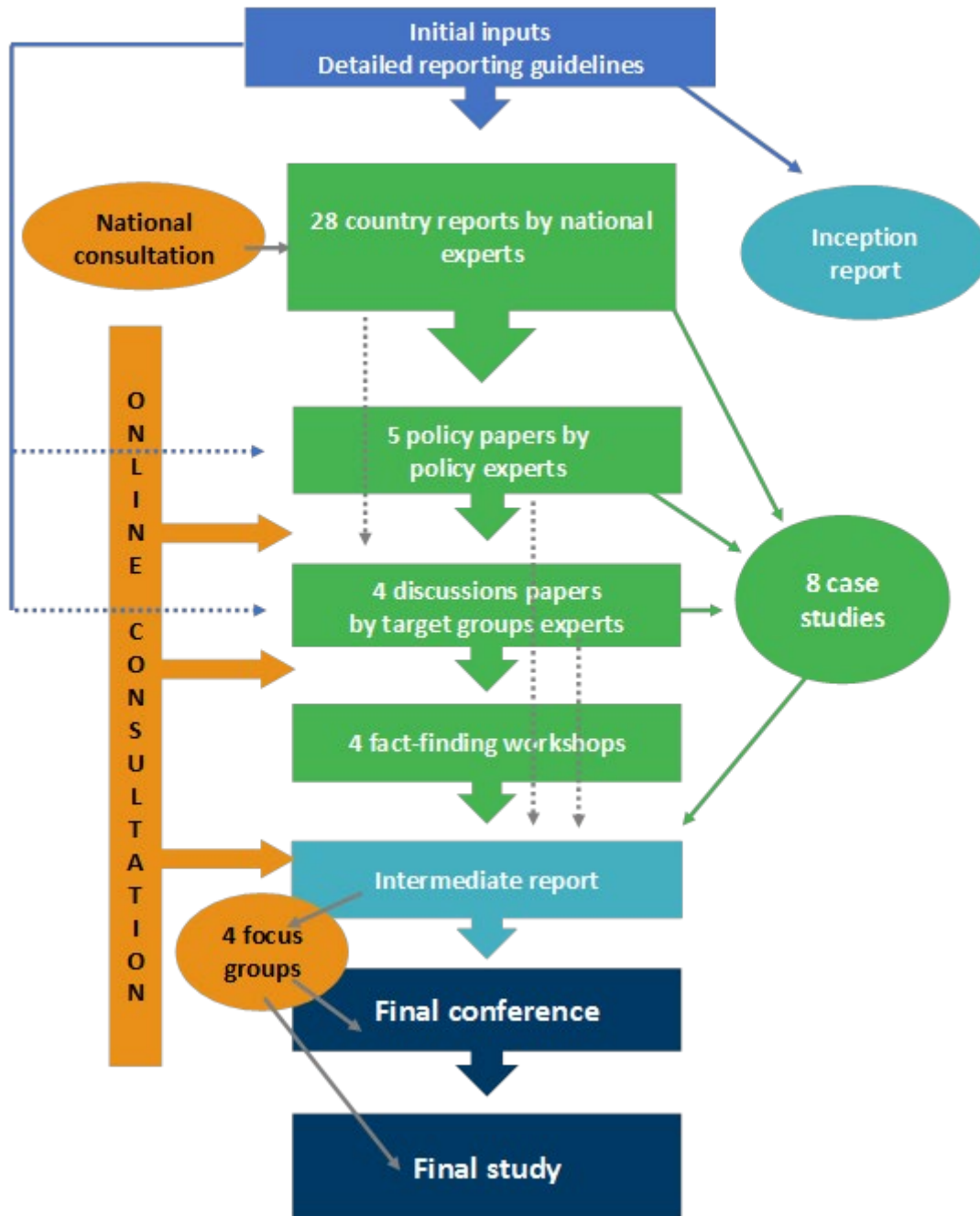
¹¹⁹ The 1996 ESC was ratified by 20 EU member states and signed by all of them.



6. Content and purpose of the key deliverables and activities

The FSCG has many different deliverables that are carefully interconnected and will all contribute to the Final Study Report in March 2020.

Diagram 6.1: Representation of the interconnection between deliverables



FSCG deliverables will include 28 Country Reports assessing the situation in each country, five Policy Papers on each of the five PAs identified by the European Parliament, four Discussion Papers on each of the four TGs of disadvantaged children selected by the Commission, eight case studies of effective funding arrangements and also consultations with children from each of the four TGs. Insights from key stakeholders will also be



gathered through an online consultation which will be launched in January 2019. There will be four fact-finding workshops to tease out issues emerging from the research. An intermediary Report will be prepared with the initial conclusions and recommendations of the study, and these will be presented and discussed at a closing conference in Brussels in early 2020. This will be followed by the Final Study Report on the whole project.

The interconnections between the various deliverables are shown in Diagram 6.1 above.

6.1 28 Country Reports

The 28 Country Reports will provide a comprehensive “analytical mapping” of the situation in each Member State. They will document the overall situation in each country in relation to children in the four selected TGs including, based on the limited available evidence, the relative size of each TG and the extent to which these children have access to the five PAs. They will also analyse the main strengths and gaps/ weaknesses in existing policy instruments and programmes in ensuring such access, the most frequent barriers to access that exist for each TG and how these are different from the barriers encountered by the majority of children in each country, and the concrete steps that would be needed to strengthen policies and programmes to address these barriers and increase their access. In doing so, the Country Reports will describe and assess the arrangements for delivery of policies and programmes at national or sub-national level and the extent to which there is effective coordination and integration in the delivery of services so that policies and programmes are developed and delivered in a comprehensive, integrated and coordinated manner to the four TGs with the active participation of children and families in vulnerable situations. They will also assess the extent to which there are national/ international legally binding obligations in their Member State which provide enforceable rights for children in general and the four TGs in particular in relation to access to the five PAs and if there has been any relevant litigation using these national/ international legal instruments. They will also examine the extent to which and how effectively EU Funds (in particular the Structural Funds) are currently used at the national or sub-national level to support the access of children in the four TGs to the five PAs under scrutiny and what improvements could be made to ensure the more effective use of the EU Funds in these areas.

The Country Reports are being prepared by one or two national experts in each Member State. Detailed guidelines have been prepared by the FSCG Coordination Team (in close coordination with the TG and PA experts) setting out the purpose and structure of the Country Reports. In undertaking this work, the experts will draw on a wide range of existing national and international research reports and other documents. They will also draw upon significant secondary sources of information – research, grey literature, reports on past consultations etc. They will also draw on information from the Commission on the expenditure of EU Funds on children. As appropriate, national experts will consult with relevant stakeholders. Such consultations will focus on examining in more detail gaps in provision and key issues identified in the desk research and analysis and will help to identify priorities for future action. The reports will be prepared in two stages. First, a draft report will be submitted to the FSCG Coordination Team for review. Experts will then revise their reports in the light of the feedback received and submit a final report.

The Country Reports are being prepared early in the process of the FSCG so that their findings can inform and feed into the preparation of the five Policy Papers and four TG Discussion Papers. They will also be an important resource in the preparation of the Intermediate Report and Final Study Report.



6.2 Five Policy Papers

The five Policy Papers will look in depth at each of the five PAs under scrutiny. They will identify the extent to which children in general, and the four TGs in particular, lack access to each PA. They will provide an overview of the national instruments available in Member States for each PA and assess whether the mainstream instruments are sufficiently adapted to take into account the TG's specific needs. They will identify the most frequent barriers to access that exist for each TG and how these are different from the barriers encountered by the majority of children in each country. They will identify the policies and programmes in Member States that are most successful in reaching children in the four TGs and ensuring their access to the five PAs. They will document the key learning from EU and other international agencies with expertise in these areas (e.g. Eurofound, the EU Agency for Fundamental Rights [FRA], the European Agency for Special Needs and Inclusive Education, the European Network of Ombudspersons for Children [ENOC], the International Organisation for Migration [IOM], OECD, UNESCO, UNICEF, WHO, World Bank). The Policy Papers will also assess the extent to which the legally binding obligations in the different Member States (including legally binding international obligations) provide enforceable rights in relation to each PA for children in general and for one or more of the four TGs in particular. If there has been any relevant litigation using these national/ international legal instruments in relation to a PA this will be highlighted. They will identify the types of enforcement of existing policies that would be required to support better enforcement of existing regulations and practices on the ground and how these could best be linked into an overall national or sub-national policy framework. Where none (or only very limited and inadequate measures) exist, they will identify the types of specific practical measures that would be needed on the ground and how these can best be linked into an overall national or sub-national policy framework. They will identify the extent to which EU Funds (in particular the Structural Funds) are already used to support the development of such measures.

In the light of the findings, the Policy Papers will conclude by suggesting: concrete ways in which EU Funds might in future best assist in supporting the development of more effective policies and programmes and improved delivery of services whether at national or sub-national level so as to ensure each of the five rights identified by the Parliament for the four TGs; the types of concrete measures that would be needed to support work in Member States with the four TGs; the types of arrangements that would be needed within countries to ensure effective implementation of such measures; any other supporting actions that might be introduced by the Commission to support work in this area. The Policy Papers will also examine what the value added of an EU level CG for access by the four TG to each of the five PAs could be in addition to the existing national and EU legal frameworks.

The five Policy Papers are each being prepared by an expert in the PA. Detailed guidelines have been prepared by the FSCG Coordination Team setting out the purpose and structure of the Policy Papers. In undertaking this work, the experts will draw on: the findings from the 28 Country Reports; relevant national, EU and other international research, including all relevant studies documented in EPIC and all relevant peer reviews undertaken as part of the Commission's peer review in social protection and social inclusion programme; the consultation with relevant stakeholders both at EU and other international levels (see above); qualitative methodologies to collect relevant information by reaching out to specific TGs through NGOs (e.g. Eurochild and Save the Children) projects, etc.; and available information from the Commission on the existing use of EU Funds to support access of the four TGs to the five PAs. The reports will be prepared in two stages. First, a draft report will be submitted to the FSCG Coordination Team for review. Experts will then revise their reports in the light of the feedback received and submit a final report.



The findings of the five Policy Papers will feed into the preparation of the four TG Discussion Papers. They will also be an important resource for the four fact-finding workshops and for the Intermediate Report and Final Study Report.

6.3 Four Target Group Discussion Papers

The four TG Discussion Papers will examine in detail issues in relation to each of the four selected TGs. They are each being prepared by an expert on each of the TGs in question. Detailed guidelines have been prepared by the FSCG Coordination Team setting out the purpose and structure of the Discussion Papers. In undertaking this work, the experts will draw on: the findings from the 28 Country Reports; the five Policy Papers examining the five PAs ; relevant national, EU and other international research, including all relevant studies documented in EPIC and all relevant peer reviews undertaken as part of the Commission's peer review in social protection and social inclusion programme; the consultation with relevant stakeholders both at EU and other international levels (see above); qualitative methodologies to collect relevant information by reaching out to specific TGs through NGOs (e.g. Eurochild and Save the Children) projects, etc.; and available information from the Commission on the existing use of EU Funds to support access of the four TGs to the five PAs. The reports will be prepared in two stages. First, a draft report will be submitted to the FSCG Coordination Team for review. Experts will then revise their reports in the light of the feedback received and submit a final report.

The findings of the four Discussion Papers will inform the preparation of and be a resource for the four fact-finding workshops and for the Intermediate Report and Final Study Report.

In terms of content, the Discussion Paper related to children residing in institutions will be different from those addressing the situation of the other three TGs.

6.3.1 Children with disabilities and other children with special needs, children of recent migrants and refugees, and children living in precarious family situations

These three Discussion Papers will identify (in so far as the limited available evidence allows) the relative size of each TG in each Member State and the extent to which these children lack access to each of the five PAs; they will then try to group countries in relation to the extent of the challenges they face in this regard. They will provide an overview of the national instruments available in Member States for each TG (in the five PAs) and assess whether the mainstream instruments are sufficiently adapted to take into account the TG's specific needs regarding these five PAs. They will identify the most frequent barriers limiting access for children in each of the TGs to the five PAs and how these are different from the barriers encountered by the majority of children. They will identify the policies and programmes in Member States that are most successful in reaching children in each TG and ensuring their access to the five PAs. They will assess the extent to which there is an integrated, comprehensive and strategic approach to the development of services for each TG under consideration. They will document the key learning from EU and other international agencies with expertise in these areas (see above examples). The Discussion Paper will also assess the extent to which the legally binding obligations in the different Member States (including those related to legally binding international obligations) provide enforceable rights in relation to each of the five PAs for each TG. If there has been any relevant litigation using these national/ international legal instruments in favour of a TG this will be highlighted. They will identify the types of enforcement of existing policies that would be required to support better enforcement of existing regulations and practices on the ground and how these could best be linked into an overall national or sub-national policy framework. Where none (or only very limited and inadequate measures) exist, they will identify the types of specific practical measures that are needed on the ground and how these can be best linked into an overall national or sub-national policy framework. They will identify the extent to which EU Funds (in particular



the Structural Funds) are already used to support the access of children in the TGs to the five PAs.

In the light of the findings, the Discussion Papers will conclude by suggesting: concrete ways in which EU Funds might in future best assist in supporting the development of more effective policies and programmes and improved delivery of services whether at national or sub-national level so as to ensure each of the five rights identified by the Parliament for each TG; the types of concrete measures that would be needed to support work in Member States with the TGs; the types of arrangements that would be needed within countries to ensure effective implementation of such measures; any other supporting actions that might be introduced by the Commission to support work in this area. The Discussion Papers will also examine what the value added of an EU level CG for access by each TG to each of the five PAs could be in addition to the existing national and EU legal frameworks. They will also suggest key issues related to their TG that would merit further discussion at the fact-finding workshops.

6.3.2 Children in institutions

This Discussion Paper will begin by defining the TG and briefly presenting and discussing the international legally binding obligations of Member States with regard to the TG. It will then identify (in so far as the limited available evidence allows) the relative size of the TG in each Member State and group countries according to the extent of the challenges they face. The national policies and programmes in place for children deprived of/ without parental care and residing in residential care will be described and the extent to which national policies and legislation are in compliance with the UNCRC and the 2009 UN Guidelines for the alternative care of children will be considered. The main barriers/ weaknesses of existing policies and programmes will then be summarised. The most urgent actions that would need to be taken to prevent the separation of children from families and, when this is not possible, to prioritise family-based care over residential and institutional care, will be identified. The Paper will document the key learning from EU and other international agencies with expertise in these areas and will assess the extent to which the legally binding obligations in the different Member States (including of course those related to legally binding international obligations) provide enforceable rights for the TG. If there has been any relevant litigation using these national/ international legal instruments in favour of the TG, these will be highlighted. The types of enforcement of existing policies that would be required to support better enforcement of existing regulations and practices on the ground and how these could best be linked into an overall national or sub-national policy framework will be assessed. Where none (or only very limited and inadequate measures) exist, they will identify the types of specific practical measures that are needed on the ground and how these can be best linked into an overall national or sub-national policy framework. They will identify the extent to which and how effectively EU Funds (in particular the Structural Funds) are already used in favour of the TG.

In the light of the findings, the Discussion Paper will conclude by suggesting: the types of actions that should be funded as a priority in the different countries; concrete ways in which EU Funds could be better used in supporting the development of more effective policies and programmes and improved delivery of services for the TG whether at national, regional or local level; the types of concrete measures that it might be feasible to include in any future CG to support work in Member States with the TG and the types of arrangements that would be needed within countries to ensure effective implementation of such measures. The Paper will end by suggesting key issues related to the TG that would merit further discussion at the fact-finding workshop.



6.4 Targeted online consultation

A key part of the FSCG will involve consulting widely with relevant stakeholders. As outlined above, FSCG experts will consult with relevant sub-national, national and international (EU and non-EU) organisations when preparing the 28 Country Reports, five Policy Papers and four TG Discussion Papers (see Sections 6.1-6.3 above). These will be complemented by an online consultation (see present section below) and consultations with children from each of the four TGs (see Section 6.8). Structured consultations with relevant stakeholders will also take place through their participation at the four fact-finding workshops (see Section 6.5) and the closing conference (see Section 6.9).

The aim of the targeted online consultation is to gather stakeholders' views on the feasibility, efficiency and overall benefits of a possible CG and its potential scope by examining how it could help to combat child poverty and social exclusion particularly amongst the four selected TGs of children and how it could help to ensure access of these children to the five social rights under scrutiny.

The consultation will target:

- policy advisers;
- academics/ researchers and policy evaluators;
- national, EU and other international civil society organisations focussing on one or more of the four TGs and one or more of the five PAs;
- (sub-)national authorities, including Ministries and Departments (concerned with children and social affairs, education, early childhood development, early childhood education and care, health, housing and homelessness, social protection...) and Managing Authorities for the European Investment and Structural (ESI) Funds; and
- EU and other international institutions and agencies.

A detailed questionnaire has been prepared by the FSCG Coordination Team. The list of stakeholders who will be invited to reply to the consultation has been compiled with the support of the national experts and all TG and PA experts.

The consultation will be published on the DG EMPL webpage and will make use of the EUSurvey tool. It will be publicised through the communication channels of the FSCG Team (in particular the European Social Policy Network, Eurochild and Save the Children) and the Commission to reach all the different parts of the target audience. The survey will be launched in January 2019, with an accompanying text explaining clearly the context and objectives of the study.

6.4.1 Questionnaire

A draft questionnaire has been prepared.

It starts with questions aimed at identifying the profile of the respondents, whether they answer in their own personal capacity or on behalf of an organisation and, if so, what kind of organisation (a list of organisational types is included for respondents to choose from in order to ensure that the replies are comparable and respondents can be grouped according to the interests they represent in a meaningful way). It also asks where the respondents are based and to which country their responses relate. It includes questions about knowledge of the CG and the support which currently exists (so far as they are aware). Accordingly, this section provides essential background information that will help to put the responses into context and to structure their analysis, as well as to enable any correlation or linkage between the responses and the profiles of the respondents to be identified.

The questionnaire then contains a set of multiple-choice, or closed, questions of the type which ask the respondents to indicate, for example, the extent to which they agree with a



particular statement, are in favour of a particular measure or approach, consider a particular issue or problem as being important or believe that a particular course of action will be effective in tackling the problem or issue concerned. This will enable the replies to be more easily compared and analysed, including in quantitative terms, so that the results can be readily communicated in an immediately understandable way.

The final questionnaire will be discussed and agreed with the Commission. It will be important to ensure that the survey can be completed in 15-20 minutes in order to maximise the number of responses.

The questionnaire will be translated into all the official EU languages and respondents will have the possibility of answering in their own language.

The consultation will be open for a fixed period of time (such as six weeks) with the possibility of an extension if the replies are less than expected or if requested by potential respondents; the exact duration will be discussed and agreed with the Commission. A helpline will be available to answer any queries.

6.4.2 Analysis of the responses

Once the consultation is closed, the replies to the questionnaire will be downloaded from the EUSurvey into a single dataset that can be used as the basis for subsequent analysis. The precise structure and format of the database (most likely in Microsoft Excel) will be defined and tested during the inception phase. Irrespective of the final format, the principles of the database will remain the same.

Before the actual analytical work starts, the dataset will be prepared by:

- checking the validity of the information provided by the responses;
- identifying, interpreting and coding missing values;
- checking possible inconsistencies in the answers given to different questions;
- coding open questions;
- removing duplicates; and
- identifying any campaigns in the form of identical replies to the open questions, which will then be separated from the others to be analysed apart.

An important issue in relation to all types of response is language. In many cases, it will be possible to use the language expertise of in-house staff who between them can read and interpret six languages. Where this is not possible, an online translation tool will be used instead (such as Google translate). The objective is not to have a perfect translation but to obtain sufficient understanding of the text to be able to interpret the main points made and to code and summarise them accordingly. The experience of the FSCG Coordination Team, which has used online translation tools extensively, particularly in the work for the Evaluation Helpdesk and the analysis of the open consultation on cohesion policy (currently being undertaken), is that those available (such as Google translate) in particular have improved immeasurably over the recent past and are continuing to do so. For the most part, they provide a standard of translation which is appropriate for present purposes. In exceptional cases where the machine translation is not good enough to be intelligible, where the results are ambiguous or where the points made are particularly interesting, a "manual" translation will be made by calling upon the national experts or the network of translators that the FSCG Coordination Team uses routinely for its work.

Descriptive statistics will be used to analyse the "closed" and recoded open answers to the questions included in the questionnaire.

The proposed approach for analysing the open-ended questions in the survey, aimed at collecting opinions and preferences from respondents is a "manual" one consisting of



reading the replies to the questions concerned and identifying the main themes and issues covered. If it happens that the consultation attracts a very large number of replies to open questions, the use of text analysis software will be considered (e.g. T-LAB, NVivo) to help in grouping and analysing them, though setting a maximum reasonable length (1,500 characters) to the replies should avoid the need for this.

In analysing the replies, personal information will be considered as confidential and treated in strict compliance with data protection legislation and privacy regulations and all the information collected will be used only for the purpose of this study. In addition, respondents will be asked whether they agree to their name or that of the organisation they represent being disclosed (in some cases, they are likely positively to wish the name being known in order to associate the views being expressed with the organisation concerned). If they do not, they will remain anonymous.

6.4.3 Synoptic report

Following the analysis of the data, a concise report will present the main findings from both the quantitative (closed questions) and qualitative (free text responses) analysis of the responses and the main conclusions drawn from the exercise. This will inform the Intermediate Report and the closing conference and feed into the recommendations in the Final Study Report so as to provide additional perspectives on the desirability and feasibility of a CG scheme. Accordingly, it should help to determine whether this particular intervention is regarded as the EU producing a beneficial effect which otherwise would not have occurred and, therefore, effectively generating added-value.

6.5 Four fact-finding workshops

Four fact-finding workshops will take place in September and October 2019, each one in a different Member State and each one focused on one of the four TGs. They will be organised jointly by the Commission and the FSCG Team. They will provide the opportunity for focussed discussions with a wide range of stakeholders and policy-makers on the measures needed to support the inclusion of the four TGs in the five policy areas and the role that might be played by a CG Scheme in helping Member States to develop such measures. The workshops will draw on the findings in the Country Reports, the Policy Papers, the online consultation and above all the four TG Discussion Papers. The insights articulated by the stakeholders and policy makers at the four fact-finding workshops will be carefully documented and will feed into the preparation of the Intermediate Report, the closing conference and the Final Study Report.

The schedule for the four workshops is as follows:

- workshop 1: Romania (Bucharest), 9-10 September (1.5 days);
- workshop 2: Latvia (Riga), 23-24 September (1.5 days);
- workshop 3: Sweden (Malmö), 9-10 October (1.5 day); and
- workshop 4: Italy (Rome), 22-23 October (1.5 days).

In each country, the FSCG Coordination Team will work in close collaboration with a partner who has expertise and a strong interest in a specific TG:

- workshop on children residing in institutions – Organised with Eurochild (Romanian NGO Federation for child rights organisations);
- workshop on children with disabilities – Organised with Eurochild (Latvian Child Welfare Network);
- workshop on children with a migrant background – Organised with Save the Children Sweden; and
- workshop on children living in precarious family situations – Organised with Save the Children Italy.



6.6 Eight case studies

Eight case studies will be prepared which will highlight existing good (and bad) practices on how EU and other international funding sources have enabled the development and roll out of innovative and /or proven interventions in the Member States for each of the four TGs and across the five PAs. It is hoped that this will help to highlight innovative ways that some of the weaknesses that have been identified in the use of EU Funds for supporting the inclusion of disadvantaged children can be addressed in any new funding arrangement. In particular key issues that will need to be addressed include: the low level of absorption and take up of EU Funds in many countries to promote the social inclusion of children; the failure to take the 2013 EU Recommendation on Investing in children into account in making programming decisions; the failure to use EU Funds in favour of children in a strategic and planned way and link them with national or local policies and priorities; the displacement of national resources by EU resources and the lack of mainstreaming of EU-funded programmes into national policies; management, procedural and monitoring weaknesses in how Funds are used. The learning from these case studies will then be synthesised in the Intermediate Report which will feed into both the concluding conference and the Final Study Report.

The list of case studies will be agreed with the Commission and in the light of suggestions from the 28 national experts and all TG and PA experts. Some initial proposals, however, were already included in the original bid:

- Atlantic Philanthropy’s funding for the Prevention and Early Intervention Programme and the ABC programmes for children and families in the most disadvantaged communities in Ireland;
- European Economic Area and Norway grants for EU countries for children at risk in Central and Southern Europe and the Baltics;
- World Bank support for Roma children in Eastern Europe¹²⁰;
- The Open Society Foundation’s support for early childhood programmes in central and eastern Europe;
- Bulgaria’s use of EU Funds to improve school facilities, prevent student drop-out etc.;
- Slovakia’s use of EU Funds to construct new facilities for children up to 3 years and provide specific support to children in marginalised Roma settlements;
- Estonia’s use of EU Funds to improve the quality of alternative care settings;
- Finland’s use of EU Funds for projects focusing on Roma and immigrant children and projects improving the situation of female prisoners and their families;
- Slovenia’s use of EU Funds to promote greater social inclusion of children belonging to ethnic minority communities and children with disabilities;
- Malta’s use of EU Funds to support LEAP Centres identified by the Dutch EU Presidency as a good practice example of an Integrated Approach to Combating Poverty and Social Exclusion¹²¹;
- Germany’s use of EU Funds (FEAD) to fund programmes for recent arrivals and people with housing problems.

To ensure the quality of the case studies papers, clear guidelines will be developed by the FSCG Team. Draft papers will be reviewed by the FSCG Team and, if it so wishes, by the

¹²⁰ See for example “Closing the Early Learning Gap for Roma Children in Eastern Europe: Evidence from a Randomised Evaluation in Bulgaria”: <http://www.worldbank.org/en/programs/sief-trust-fund/brief/closing-the-early-learning-gap-for-roma-children-in-eastern-europe>.

¹²¹ Dutch EU Presidency 2016, Best practices from EU Member States on Integrated Approaches to Combating Poverty and Social Exclusion: [https://fsws.gov.mt/en/leap/Documents/EU%20Best%20practice.%20\(2%20files%20merged\).pdf](https://fsws.gov.mt/en/leap/Documents/EU%20Best%20practice.%20(2%20files%20merged).pdf).



Commission. The authors will then revise their papers in the light of the feedback received and a final version will be submitted.

6.7 Intermediate Report

An Intermediate Report will be prepared which will pull together all the learning from the different studies (Country Reports, Policy Papers, Discussion Papers and Case Studies), the online consultation, the fact-finding workshops etc. It is envisaged that the report will: provide clear EU-wide overview of the situation of each of the four TGs in relation to their access to the five PAs; synthesise the main findings from the online consultation; synthesise the lessons from the 8 case studies; summarise the findings of the four fact-finding workshops; suggest key issues and make provisional suggestions/recommendations for key measures that might be included in any possible future CG. These will provide the basis for further discussion at the closing conference. The report will be made available in advance as a background paper to all people participating in the closing conference.

6.8 Four consultations with children

The 2013 EU Recommendation on *Investing in children* recognises the right of the child to participate as its third pillar. Child participation is also explicitly enshrined as a fundamental right under the UNCRC. In the design of a CG, it is therefore essential that children themselves have the opportunity to voice their opinion and influence the final recommendations so they best reflect the reality of children's lives. To this end, the FSCG Team will organise focus group consultations with children representing each of the four TGs. It is anticipated that these consultations will take place after the four fact-finding workshops and the finalisation of the Intermediate Report and that it will thus provide an opportunity for children to provide a sort of "reality-check" and to test whether the recommendations and proposed measures, under each of the five PAs, are likely to make a difference given the lived experiences of children themselves. This will provide important pointers in the final recommendations on how child participation can feed into the reflection on a possible future CG.

The consultations with children will apply a rigorous focus group methodology, a tried-and-tested approach to enhancing participation, in particular with groups of children in vulnerable situations. It is anticipated that focus groups will be organised in four different countries. The organisations responsible for leading the focus group consultations will be selected by Eurochild and Save the Children from their membership in consultation with other members of the FSCG Team. Each focus group consultation will involve a professional facilitator/researcher, familiar with focus group methodology and preferably from the country where the focus group will take place. A lead facilitator will develop the methodology and guidelines to be followed across each of the four TGs and countries.

Children participating in the focus groups will be selected by Eurochild and Save the Children members and partners through snowball sampling, starting from those participating in existing projects. Child protection measures will apply. The focus groups will be audio-taped upon written consent of children's parents and children themselves. A research protocol will be submitted to an Ethical Committee, in agreement with the Commission. Audio recordings will be transcribed and coded for axial, thematic analyses. These analyses will be then redefined in a more phenomenological analysis, based on the review of literature and findings outlined by empirical part of the study. The analysis of the focus group consultations will feed into the Final Study Report.



6.9 Closing conference

The closing conference will bring together around 300 participants who will consider the key issues and provisional suggestions/ recommendations for key measures that might be included in any future CG as outlined in the Intermediate Report. It will also be informed by the consultations with children. The discussions at the closing conference will be carefully documented and will feed into the Final Study Report.

6.10 Final Study Report

A final consolidated report will be prepared. It will summarise all the research conducted plus the feedback received from the four fact-finding workshops and the closing conference. It will include all the findings, conclusions and recommendations for each of the four TGs and provide conclusions and recommendations on the possible added-value of establishing a CG. It will also attempt to explore the possibility of extrapolating and learning from the insights found for the four groups to larger groups of, or eventually all, children in the EU. The detailed issues and the expected outcomes that will be covered in the Final Study Report are elaborated in Section 10 below. The Final Study Report will include a 6-page executive summary in English, French and German.



7. Timetable

The feasibility study began with a kick-off meeting between the Commission and the FSCG Coordination Team on 28 September 2018. The Final Study Report is due to be delivered by 27 March 2020.

The schedule for the main events and deliverables leading up to the delivery of the Final Study Report is as follows:

- Mid-January 2019: Targeted online consultation launched (closed mid-February)
- End-May 2019: Submission of the four Target Group Discussion Papers
- September-October 2019: Four fact-finding workshops:
 - Workshop on children residing in institutions: Romania (Bucharest), 9-10 September (1.5 days);
 - Workshop on children with disabilities: Latvia (Riga), 23-24 September (1.5 days);
 - Workshop on children with a migrant background: Sweden (Malmö), 9-10 October (1.5 day); and
 - Workshop on children living in precarious family situations: Italy (Rome), 22-23 October (1.5 days).
- End-January 2020: Closing conference



8. FSCG on Commission website

According to the information received from the Commission on 25 October 2018, everything that is public and commissioned by the Commission (i.e. main deliverables foreseen in the contract) should be made available on Europa and an independent project-specific website is therefore not allowed. At this stage, what has been agreed with DG EMPL is that the following documents will be made available: the four TG Discussion Papers, the Intermediate Report and the Final Study Report. The publication of other deliverables (in particular the 28 Country Reports and the five Policy Papers) will be discussed in due time between the Commission and the FSCG Coordination Team, in consultation with the experts concerned.

In line with the guidance received, the FSCG Team in close consultation with DG EMPL set up a dedicated page on the Europa site¹²².

The webpage is a key tool for informing stakeholders, policy-makers and experts on the progress of the study. The quality and timing of its content is critical to ensuring that participants remain engaged.

The webpage already provides general information on the study and the context in which the European Parliament and the European Commission have requested it. Information on the state of play at specific points in time as well as access to all publishable deliverables and information on the four fact-finding workshops and the closing conference will be published as soon as available. The webpage will also be the main point of entry for the consultation of stakeholders (see Section 6.4).

For an effective exchange of information within the FSCG Coordination Team and between this Team and the other experts involved in the FSCG (national experts and PA/TG experts), the FSCG Coordination Team is setting up a password-protected collaborative online platform where all relevant information will be stored and made available to all those concerned. This will include the guidelines to all deliverables, draft and final versions of papers and reports and any other relevant information of interest for the study.

¹²² <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>



9. Key issues and questions to be addressed

The FSCG Coordination Team has identified a wide range of issues and questions that need to be addressed in the various research reports and stakeholder discussions before the FSCG can arrive at clear view on the possible role and function of a CG in guaranteeing the access of children from the four TGs to the five PAs. These include the following:

1. How should each TG be defined and what are the main sub-groups within the overall TG?
2. What is the relative size of the TG in each country?
3. To what extent are children in the four TGs lacking access to the five PAs in each country?
4. To what extent is adequate national and international data and research available on each TG and on their access to the five PAs?
5. What are the national instruments available in Member States for each of the PAs and are these mainstream instruments sufficiently adapted to take into account the four TG's specific needs?
6. What are the main barriers that hinder children in the four TG's access to the five PAs and how are these different from the barriers affecting all children?
7. What are the policies and programmes in Member States that are most successful in reaching children in the four TGs and ensuring their access to each PA?
8. What types of specific practical measures are needed on the ground to increase access and how can these best be linked into an overall national (or sub-national) policy framework and in which countries?
9. What are the types of arrangements, such as national action plans, that would be needed within countries to ensure effective implementation of such measures in an integrated, comprehensive and coordinated way?
10. Why, given the various legal instruments in place, as well as the availability of detailed policy guidance and the availability of EU Funds, has more progress not been made in combating child poverty and social exclusion and ensuring the progressive realisation of children's rights in the five PAs, especially for those groups of children experiencing the most disadvantage?
11. To what extent is this because the existing instruments and legal frameworks are not being adequately used and implemented and/or because they are lacking? If the latter, in what ways and what types of enforcement of existing policies would be required to support better implementation of existing regulations and practices on the ground?
12. What are the main reasons for EU Funds not being used on a larger scale and not being used more effectively to support the access of the four TGs to the five PAs?
13. How might EU Funds in future best assist in supporting the development of more effective policies and programmes and improved delivery of services whether at national or sub-national level so as to ensure each of the five PAs for the four TGs?
14. In relation to children residing in institutions, to what extent have countries developed policies and legislation that prioritise preventing the separation of children from families and, when this is not possible, prioritise family-based care over residential and institutional care. For example: Do legislation and policies define a minimum package of services needed for this purpose? What does legislation say about legal entitlements to support these services and about priorities and preference for family-based alternative care over residential and institutional care? What does legislation say about how the "best interest of the child" should translate into processes for deciding on service and care options for children?



15. Again in relation to children residing in institutions, to what extent have countries developed policies (alternative care reform/ de-institutionalisation policies and plans), legislation (e.g. moratorium on opening new institutions) and enforcement mechanisms (e.g. coordination mechanisms and funding) to facilitate moving children from institutions into alternative family-based care or facilitating the reintegration of children with their families?
16. What could be the potential added-value of an EU level CG for access by the four TGs to each of the five PAs in addition to the existing national and EU legal frameworks?



10. Expected outcomes of the Feasibility Study

The main outcomes that are expected from the FSCG are: a better understanding of the extent to which the four TGs lack access to the five PAs and the reasons why; an identification of the types of actions needed to increase this access; an assessment of the strengths and weaknesses of existing legal instruments and funding mechanisms; and an assessment of whether or not a CG could enhance their effectiveness and if so what form it should take.

In particular, the outcomes of the study will provide:

- a clear picture of the extent to which children in the four TGs in the 28 Member States are unable to access the five PAs;
- an analysis of the key reasons why children in the four TGs are unable to access these five rights and the barriers that hinder them from doing so;
- an outline of the types of policies and programmes that are needed to enhance access of children from the four TGs to the five rights including:
 - an assessment of the role that can be played by national action plans;
 - an assessment of which services are best delivered in kind or alternatively against a means-tested cash fee;
 - suggestions as to how services can be delivered in ways that avoid stigmatisation and non-take-up;
 - suggestions as to how to ensure effective cooperation between local service providers and ensure an integrated approach;
- an analysis of why, given the various national and international legal instruments in place as well as the availability of detailed policy guidance and the availability of EU Funds, more progress has not been made in combating child poverty and social exclusion and ensuring the progressive realisation of these five children's rights, especially for children from the four TGs;
- an assessment of the extent to which this is because the existing instruments and legal frameworks are not being adequately used and implemented and/or because they are lacking and if so in what ways;
- an analysis of the strengths and weaknesses in the way EU Funds are currently used to support the access of children in the four TGs to the five rights;
- recommendations on how existing legal frameworks and instruments, especially EU Funds, could be better mobilised by the EU to ensure the access of children from the four TGs to the five PAs and if such improvements in how they are used would be sufficient;
- a clear recommendation on whether or not an additional instrument, a CG as proposed by the Parliament, would:
 - lead to better enforcement of existing frameworks;
 - ensure more effective use of EU Funds in pursuit of the objectives set out by the Parliament and Commission and the reasons why and under what conditions;
 - help Member States in fulfilling children's rights as set out in the UNCRC;
 - strengthen the EU's commitment to upholding and advancing children's rights and contribute to fulfilling the EPSR and in particular Principle 11; and
 - foster more effective implementation of the Recommendation on Investing in Children.



If the Study concludes that a CG could bring added-value to the four TG's access to the five PAs compared to the existing EU and national frameworks and would be a useful additional instrument, the study will provide:

- an outline of the form such a CG should take;
- a description of the necessary key organisational and administrative arrangements that would be required at both EU and Member State levels;
- an assessment of the overall feasibility of establishing such a CG;
- suggestions as to how the implementation of the CG might be monitored and enforced while respecting the principle of subsidiarity;
- an outline of other possible actions that might be taken at EU level to complement a CG and support the rights and well-being of children;
- initial suggestions, which can be pursued in more depth in a subsequent study, as to how any CG focussed initially on the four TGs covered in this FSCG might, over time, be progressively extended to cover all children and in doing so investigate:
 - the extent to which a progressive/targeted universalist approach could help in this regard;
 - whether the rights granted to all children in the area of nutrition, education, healthcare, housing and ECEC might be realised by defining adequate minimum standards of service provision applying across all countries; and
 - how the existing rights to services set out in the UNCRC, which has been ratified by all EU countries, might be used to ensure that all children benefit from a minimum essential level of rights ("minimum core obligations").



11. FSCG Team

The study is being carried out by a consortium consisting of Applica and LISER in close collaboration with Eurochild and Save the Children. They are supported by four experts covering each of the four TGs, five experts covering each of the five PAs and an independent expert on child poverty as study editor.

There is a Coordination Team responsible for the scientific direction, coordination and quality control of the project made up of representatives of Applica, LISER, Eurochild and Save the Children and the study editor.

The composition of the FSCG Coordination Team is the same as the one described in the bid. The national experts in the 28 EU countries and the four TG experts are also the same. In the case of the PA experts, Daniela Del Boca (education) and Athena Linos (nutrition) had to leave the project. Daniela has been replaced by Ides Nicaise (HIVA, KULeuven, Belgium), who has extensive experience in the area of education. We are in contact with various nutrition experts and the name of the expert who will replace Athena will be communicated to the Commission as soon as an agreement with him/her has been reached.

Details of all those involved and their roles in the study are given in Tables 11.1 and 11.2.

Table 11.1: Overview of FSCG Team (Coordination Team, TG experts and PA experts)

Name	Organisation	Role
Eric Marlier	LISER	B1 – Project Manager and Scientific Director B4 – Workshop/conference animator/moderator Leader of Tasks 1 – Mapping & Inception Report, Assessment and Policy Papers (together with Hugh Frazer and-Catherine Guio) and 6 – Closing conference (with Hugh Frazer)
Loredana Sementini	Applica	B1 – Project Coordinator Leader of Task 4 – Website and online consultation (together with Liesbeth Haagdorens and Terry Ward)
Hugh Frazer	Maynooth University	B2 – Study editor B4 – Workshop/conference animator/moderator Leader of Tasks 5 – Intermediate Report (with Eric Marlier) and 7 – Final Study Report (with Eric Marlier)
Anne-Catherine Guio	LISER	Leader of Task 2 – Thematic workshops (together with Hugh Frazer) B4 – Workshop/conference animator/moderator
Liesbeth Haagdorens	Applica	B3 – Web editor
Jana Hainsworth	Eurochild	B4 – Workshop/conference animator/moderator Stakeholders' and child's perspective; strong involvement in preparation of guidelines and in conceptualisation of deliverables; etc.
Raffaella Milano	Save the Children	B4 – Workshop/conference animator/moderator Stakeholders' and child's perspective; strong involvement in preparation of guidelines and in conceptualisation of deliverables; etc.
Terry Ward	Applica	Leader of Task 3 – Case studies B4 – Workshop/conference animator/moderator
Jose Manuel Fresno	Target group expert	B5 – Children in vulnerable family situations



Name	Organisation	Role
Paula Frederica Hunt	Target group expert	B5 – Children with disabilities and other special needs
Ides Nicaise	Target group expert	B5 – Recent migrant and refugee children
Anna Nordenmark	Target group expert	B6 – Children residing in institutions
Ides Nicaise	Policy area expert	Education
Michael Rigby	Policy area expert	Healthcare
Frederik Spinnewijn	Policy area expert	Housing
Ankie Vandekerckhove	Policy area expert	ECEC
TBC	Policy area expert	Nutrition

Table 11.2: Overview of FSCG Team (national experts)

Country	Name	Country	Name	Country	Name
Austria	Marcel Fink	Germany	Walter Hanesch	Poland	Irena Topińska
Belgium	Ides Nicaise	Greece	Dimitris Ziomas	Portugal	Pedro Perista
Bulgaria	George Bogdanov	Hungary	Fruzsina Albert	Romania	Luana Miruna Pop
Croatia	Siniša Zrinščak	Ireland	Mary Daly	Slovakia	Daniel Gerbery
Cyprus	Christos Koutsampelas	Italy	Michele Raitano	Slovenia	Nada Stropnik
Czech Republic	Tomáš Sirovátka	Latvia	Tana Lace	Spain	Gregorio Rodríguez Cabrero
Denmark	Jon Kvist	Lithuania	Arunas Poviliūnas	Sweden	Joakim Palme
Estonia	Helen Biin	Luxembourg	Hugo Swinnen	UK	Jonathan Bradshaw
Finland	Olli Kangas	Malta	Mario Vassallo		
France	Michel Legros	Netherlands	Bob Van Waveren		



Annex 1: Assessment criteria

In the Child Guarantee as proposed by the European Parliament, five policy areas are highlighted: access to free healthcare, free education, free early childhood education and care (ECEC), decent housing and adequate nutrition. In the light of this, an important first task of the FSCG will be to assess the strengths and weaknesses of existing policies and programmes in these five areas, in so far as is possible from existing data and documentation. Thus, this guidance note on assessment criteria has been prepared to assist experts in making such assessments. We hope that it will help to ensure that there is a consistent use of terminology when experts are making assessments. **It is not expected or required that experts apply all the five criteria to all policy areas or to all four target groups** as very often the available data and information will just not exist to do this. However, **we hope the criteria will be helpful to experts as a checklist of the sort of things that will be useful to highlight when the relevant data and other evidence are (almost) readily available.**

The common terminology which we are proposing for assessing the national/EU policy instruments is based on the following five criteria (the five As), which are derived from the human rights literature¹²³. These criteria may overlap to a certain extent.

Criterion 1: Availability

Availability implies that functioning institutions and programmes have to be available in sufficient quantity and quality. This is defined as the relationship between the volume, type and geographical distribution of services (resources) which exist, and the volume, type and geographical distribution of needs of the children to overcome existing barriers. The notion of availability encompasses the types of services made available and the staff in charge of the services (adequate number of professionals, qualifications, supportive working conditions etc.). In other words, the availability of a service is closely related to whether the supply meets the demand.

We provide below some examples by policy area (PA) to illustrate this criterion.

In the education field: availability implies that public educational institutions and programmes must be available in sufficient quantity and quality (schools that match school-aged children, adequate buildings, trained teachers, teaching materials, library, computer facilities and information technology etc.) at the level of the community. In its [General Comment No 4](#), the Committee on the Rights of Persons with Disabilities highlights that “States parties must guarantee a broad availability of educational places for learners with disabilities at all levels throughout the community”. These resources may be unavailable or insufficient in remote or disadvantaged areas.

In the ECEC field: services should be made available from birth to the age at which children start compulsory primary school, in sufficient quantity and quality, at community level. The staff should be well qualified (i.e. their initial and continuing training should enable them to fulfil their professional role according to established standards) and have supportive working conditions including professional leadership which creates opportunities for observation, reflection, planning, teamwork and cooperation with parents. To respond to parental circumstances and encourage all families to use ECEC services, provision needs to offer flexibility in relation to opening hours and the content of the programme. For example, ECEC services may be unavailable for families where parents work in shifts.

¹²³ See for example Tomaševski (2001) http://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/Tomasevski_Primer%203.pdf; the Proposed standards of accessibility, adaptability, acceptability and adequacy of social protection programmes for all rights holders (<http://socialprotection-humanrights.org/framework/principles/standards-of-accessibility-adaptability-and-acceptability/>).



Availability also includes the notion that ECEC services are in reach of families, also in less affluent areas and neighbourhoods.

In the healthcare field: availability refers to the sufficient supply and appropriate stock of healthcare services, with the competencies of health workers and skill-mix to match the health needs of the population, at community level. It can be measured by the ease of contacting professionals in case of need: location/distance, office hours, clinic and physician/specialist availability, waiting times for an appointment (timeliness), availability of emergency/specific services etc.

In the nutrition field: availability is related to the availability of sufficient, safe and nutritious food for all children. For instance, for each TG:

- Is there professional public health nutrition monitoring of available nutrition?
- Are special sources of food (e.g. school meals/ feeding stations/ supplementary supplies/ food banks) monitored by public health nutritionists for adequacy and balance of nutrition?

In the housing field: availability refers to i) the availability of the housing itself (sufficient number of affordable quality dwellings in relation to the need of the population), in an appropriate quality context (availability of adequate services and unpolluted surrounding in the location of the dwelling), as well as to ii) the availability of essential facilities for health, security, comfort and nutrition (access to natural and common resources, safe drinking water, energy for cooking, heating and lighting, sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services).

Criterion 2: Accessibility

Accessibility means making the policy instruments easy for people to reach, understand and use, irrespective of age, sex, ability, ethnicity, social origin, legal status, religion, geographical location or other factors. This covers the following sub-criteria:

- non-discrimination: the five PAs must be accessible to all, especially the most vulnerable groups, in law and fact, without discrimination. Children's rights to the five PAs should not be at the expense of any of their other rights (e.g. right to inclusion or non-discrimination);
- eligibility: the selection used for the identification of beneficiaries must be reasonable, proportionate and transparent, especially for urgent access (for instance in healthcare) means of proving eligibility must not form barriers;
- awareness and access to information: people must have the right to seek, receive and impart information on entitlements in a clear and transparent manner. The procedures should not be too bureaucratic, policy planning should be in place to avoid waiting lists and other barriers, especially for more vulnerable groups. People should be entirely aware of their rights (of benefits, possibilities, financial help schemes etc.), what is available to them and how to seek recourse when their rights are violated. Outreach and information about a programme should be adapted to reach the most vulnerable segments of society; and
- physical access: disadvantaged groups must be accorded full and sustainable access to adequate education/ECEC/housing/nutrition/healthcare services and information about services. Particular attention must be paid to persons with disabilities, migrants and persons living in remote, segregated disaster-prone or conflict areas.

In the evaluation of these sub-criteria, experts should identify and assess the instruments that aim at taking into account the needs of disadvantaged groups and at ensuring them some degree of compensation of disadvantages and priority consideration in the access to the five PAs. Where evidence is available, existing barriers (material and immaterial) should be highlighted.

Financial accessibility (affordability) is covered separately below.



In the education field: In its [General Comment No 4](#), the Committee on the Rights of Persons with Disabilities highlights that “educational institutions and programmes must be accessible to everyone, without discrimination. The entire education system must be accessible, including buildings, information and communication tools (comprising ambient or frequency modulation assistive systems), the curriculum, education materials, teaching methods, assessment and language and support services. The environment of students with disabilities must be designed to foster inclusion and guarantee their equality throughout their education. For example, school transportation, water and sanitation facilities (including hygiene and toilet facilities), school cafeterias and recreational spaces should be inclusive, accessible and safe.”. It also identifies nine core features of an inclusive education system; these include flexible curricula, Special Education Needs (SEN) provision, drop-out prevention mechanisms, apprenticeship schemes, and vocational and second-chance programmes.

Examples of non-accessibility in education:

- discrimination: systematic over-representation of children with low socio-economic status or immigrant backgrounds in special education, due to socially or culturally biased testing methods;
- information barriers: when enrolment periods are limited, disadvantaged families may come too late and thereby miss opportunities to enrol their children in the better schools.

For the ECEC sector: barriers at the level of language, employment situation of the parents, bureaucratic procedures, waiting lists, or priorities set by the management may implicitly exclude vulnerable groups. ECEC access policies should therefore be carefully planned, both nationally and locally. Access also refers to the (lack of) trust between families and ECEC services; additional outreach may be needed to families whose presence tends to be less visible in the local community in order to strengthen trust between these groups and ECEC centres.

Criterion 3: Affordability

Affordability means that children and their family should not face hardship or an increased risk of poverty due to seeking and accessing the PAs. If access requires contributions, then the contributions must be stipulated in advance and be equal for all children. The direct and indirect costs and charges associated with making contributions must be affordable for all.

According to the specifications of this FSCG, some of the PAs should be provided free (free education, free ECEC and free healthcare). The experts should assess whether it is indeed the case, and if not, if they are affordable and what are the financial barriers that the four Target Groups (TGs) face. For education, *compulsory* education has to be free. The cost related to education should encompass tuition, school supplies, field trips, special programmes or other “extras”¹²⁴. Similarly, healthcare may be claimed to be free but be accompanied by unavoidable co-payment such as for prescribed medication – “free” must therefore be considered in terms of the totality of any treatment or care process. Provision of “free” services by means of retrospective reimbursement of fees charged may be confronted with a practical barrier due to the need for initial payment. This qualification to provision of “free” service must be identified.

The other two PAs (housing and nutrition) should be affordable, i.e. the personal or household financial costs associated with housing or nutrition should be at such a level that the costs involved do not act as a barrier to access adequate housing or food and that the

¹²⁴ According to CRPD GC4 (p. 8 paragraph 23): “education at all levels should be affordable for students with disabilities. Reasonable accommodation should not entail additional costs for learners with disabilities”.



attainment and satisfaction of other needs are not threatened or compromised. At EU level, housing is deemed to be unaffordable when housing costs represent more than 40% of the household disposable income (EU agreed indicator on housing cost overburden).

The analysis should assess how policy instruments ensure access to free/affordable PAs to those unable to obtain it. For vulnerable groups, attention also needs to be paid to the possible cost of “stigma”; specific regulations for “those in need” may turn families away from the offered services instead of increasing their access.¹²⁵

Criterion 4: Adaptability

Policies should be constructed in ways that recognise and accommodate the local context or groups. Adaptability means that they should adapt to new, different or changing requirements. Where necessary they should be adapted to reach the most vulnerable segments of society. They have to be flexible so they can adapt to the needs of changing societies and communities and respond to the needs of the TGs within their diverse social and cultural settings.

In the education domain, this requires the application of the Universal Design for Learning (UDL) approach, which consists of a set of principles to create adaptable learning environments and develop instruction to meet the diverse needs of all learners.

In the ECEC domain, the provision of services should encourage participation, strengthen social inclusion, embrace diversity, and respect and value the beliefs, needs and culture of parents. It needs to “make sense” to parents. This also implies an assurance that all children and families are welcome in an ECEC setting; a pro-active approach to encouraging all parents to use ECEC services; a recognition that staff should be trained to help parents and families to value ECEC services and to assure them that their beliefs and cultures will be respected. Not only do parents need to be invited to use ECEC services, they must feel that they have a say also in how these services treat their children. The materialisation of education and care needs to be done in close consultation with the families themselves in order to develop a similar view on the meaning of care and education.

In the housing domain, both housing law and policy should take fully into account the special housing needs of vulnerable groups. For instance, housing policies might need to differ in an urban or rural context (e.g. responding to the lack of availability of social housing, or lower income in rural areas), to adapt their content to specific vulnerable groups (e.g. housing allowance taking into account the number of children in the family), or adapt their processes to particular vulnerable groups (e.g. providing priority to families with children in access to social housing).

Criterion 5: Acceptability

Policies should be relevant, culturally appropriate and of good quality. This criterion refers to sensitising the policies towards the multiple forms of discrimination (due to race, gender, class, ethnicity, disability or other identities). Acceptability is the obligation to design and implement all facilities, goods and services taking full account of and respecting the requirements, cultures, disability, views and languages of the children. Special attention must be paid to groups that suffer from structural discrimination as a matter of priority in the design, implementation and monitoring.

In the domain of ECEC and education, the form and substance of education or child care, including curricula and teaching/caring methods, have to be acceptable (e.g. relevant,

¹²⁵ Families may encounter additional “costs” to benefit for lower/no fee such as giving up their privacy or experience negative social and psychological consequences of an intervention e.g. being labelled as “in need”.



culturally appropriate and of good quality) to children and their parents. As a principle in the UNCRC, parents are the first educators and ECEC needs to support them in that role, not take it over. ECEC services need to take into account what parents expect and need and they need to keep the dialogue on education and care open, so that mutual respect and reciprocity can be fully developed to the best interest of the child.

In the domain of healthcare, health services and health workforce should have facilities including equipment, characteristics and ability to treat all patients with dignity, create trust and promote demand for services. The quality of health services offered to the TGs should be no less than that offered to the general population.

In the housing domain, adequate housing must be habitable, in terms of providing the inhabitants with adequate space, taking into account specific needs such as disability and family size and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors. The physical safety of occupants must be guaranteed as well. All persons should also possess security of tenure, which guarantees legal protection against forced eviction, repossession, harassment and other threats.

To comply with this principle, policies should assess the asymmetries of power that exist in communities by holding broad consultations with the respective rights-holder groups. Special attention must be paid to groups that suffer from structural discrimination as a matter of priority in the design, implementation and monitoring of programmes in order to meet access to the five PAs. Acceptability can only be determined by the rights-holder and requires that monitoring mechanisms include the rights-holders being targeted by the policy (e.g. policy aimed at fostering enrolment of Roma adolescents in upper-secondary education can only be deemed *acceptable* by Roma adolescents). It further requires that rights holders are invited to have their voices heard on the design of services made available in the five PAs.



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