European Commission

Feasibility Study for a Child Guarantee

Intermediate Report

Social Europe

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FEASIBILITY STUDY FOR A CHILD GUARANTEE

Intermediate Report

(January 2020)

(coordinated by H. Frazer, A.-C. Guio and E. Marlier)

in partnership with

Directorate-General for Employment, Social Affairs and Inclusion
2020

In 2015, the European Parliament called on the European Commission and the European Union Member States "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 commissioned a study to analyse the feasibility of such a scheme.

The *Feasibility Study for a Child Guarantee (FSCG)* 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 country 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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List of official countries' abbreviations and other acronyms

Official countries' abbreviations

BE	Belgium	**LT**	Lithuania
BG	Bulgaria	**LU**	Luxembourg
CZ	Czechia	**HU**	Hungary
DK	Denmark	**MT**	Malta
DE	Germany	**NL**	The Netherlands
EE	Estonia	**AT**	Austria
IE	Ireland	**PL**	Poland
EL	Greece	**PT**	Portugal
ES	Spain	**RO**	Romania
FR	France	**SI**	Slovenia
HR	Croatia	**SK**	Slovakia
IT	Italy	**FI**	Finland
CY	Cyprus	**SE**	Sweden
LV	Latvia	**UK**	United Kingdom

Other acronyms

AMF	Asylum and Migration Fund
AMIF	Asylum Migration and Integration Fund
AGS	Annual Growth Survey
CERD	UN Convention for the Elimination of Racial Discrimination
CF	Cohesion Funds
CFR	Charter of Fundamental Rights
CG	Child Guarantee
CoE	Council of Europe
CPR	Common Provisions Regulation
CPS	Child Protection System
CSO	Civil society organisation
CSR	Country Specific Recommendation
DPO	Disabled Persons Organisations
EAPN	European Anti-Poverty Network
EAFRD	European Agricultural Fund for Rural Development
EASO	European Asylum Support Office
EEA	European Economic Area
EC	European Commission
ECCP	European Code of Conduct on Partnership
ECEC	Early Childhood Education and Care
ECHR	European Convention on Human Rights (i.e. "Convention for the Protection of Human Rights and Fundamental Freedoms")
ECtHR	European Court of Human Rights
ECSR	European Committee of Social Rights

EI/EI	Early Identification and Early Intervention
ENOC	European Network of Ombudspersons for Children
EP	European Parliament
EPSR	European Pillar of Social Rights
ERDF	European Regional Development Fund
ESC	European Social Charter
ESF	European Social Fund
ESIF	European Structural and Investment Fund
ESN	European Social Network
ESPN	European Social Policy Network
ETHOS	European Typology of Homelessness and Housing Exclusion
EU	European Union
EU-SILC	European Union Statistics on Income and Living Conditions
FAO	UN Food and Agriculture Organisation
FEAD	Fund for European Aid to the Most Deprived
FEANTSA	European Federation of National Organisations Working with the Homeless
FRA	Fundamental Rights Agency
FSCG	Feasibility Study for a Child Guarantee
GMI	Guaranteed Minimum Income
ICCPR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of all forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDA	International Disability Alliance
ILO	International Labour Organisation
ISCED	International Standard Classification of Education
LFS	Labour Force Survey
LISER	Luxembourg Institute of Socio-Economic Research
MFF	Multi-Annual Financial Framework
MS	Member State
NGO	Non-Governmental Organisation
PA	Policy Area
PISA	Programme for International Student Assessment
SDG	Sustainable Development Goal
SEN	Special Education Needs
SES	Socio-economic status
SNE	Special Needs Education
TCN	Third-Country National
TEU	Treaty on European Union
TFEU	Treaty on the Functioning of the European Union

TG	Target Group
TO	Thematic objective
UAM	Unaccompanied minors
UASC	Unaccompanied Asylum Seeking Children
UHC	Universal Health Coverage
UN	United Nations
UNCEDAW	UN Convention on the Elimination of all forms of Discrimination Against Women
UNCERD	UN Convention for the Elimination of Racial Discrimination
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNDHR	Universal Declaration of Human Rights
UNICEF	United Nations Children's Fund
USP	Universal Social Protection
YEI	Youth Employment Initiative
WHO	World Health Organisation

Authorship and acknowledgements

The *Feasibility Study for a Child Guarantee (FSCG)* is a combination of 28 Country Reports, five Policy Papers[1] and four Target Group Discussion Papers[2]. It is complemented by four fact-finding workshops (one on each target group), eight case studies highlighting lessons from international funding programmes, an online consultation with key stakeholders, and four consultations with children (focus groups). This Intermediate Report draws heavily on these various FSCG outputs. Details of the FSCG's coordination team and the experts involved in the project can be found in Annex 1.1. The different outputs on which this Intermediate Report has drawn are listed in Annex 1.2.

This Intermediate Report was coordinated by members of the FSCG's coordination team: Hugh Frazer, Anne-Catherine Guio and Eric Marlier. Chapter 4 was prepared by Nicole Fondeville together with Terry Ward, Chapter 5 by Christian Morabito, Chapter 6 by Nazia Yaqub together with Helen Stalford and Chapter 8 by José-Manuel Fresno together with Stefan Meyer and Skye Bain. The other chapters were prepared by the editors of the report: Chapter 2 by A.-C. Guio together with E. Marlier, Chapter 3 by A.-C. Guio, Chapter 7 by H. Frazer and Chapter 9 by H. Frazer together with A.-C. Guio and E. Marlier. The editors would like to thank Jana Hainsworth and Réka Tunyogi (Eurochild) and Katerina Nanou (Save the Children) as well as the European Commission and the participants in the four FSCG fact-finding workshops for their helpful comments.

The European Commission bears no responsibility for the analyses and recommendations presented in this report, which are solely those of the editors of and contributors to this report.

[1] One Policy Paper on each of the five following key children's social rights that were identified by the European Parliament: free healthcare, free education, free childcare, decent housing and adequate nutrition.

[2] One Discussion Paper on each of the four following target groups singled out by the European Commission: children living in precarious family situations, children in alternative care, children with a migrant background (including refugee children) and children with disabilities.

1. Introduction

1.1 Origins and context for the Feasibility Study for a Child Guarantee (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 entry into force of the Lisbon Treaty on 1 December 2009, which has made the EU Charter of Fundamental Rights legally binding. The inclusion of a specific target on the reduction of the number of people at risk of poverty or social exclusion in the Europe 2020 Strategy has further helped to increase the focus on those at risk including children[3]. The EU Recommendation on *Investing in children: Breaking the cycle of disadvantage* proposed by the European 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 situations[4]. 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 European Commission on 17 November 2017, and in particular Principle 11, reinforces the importance of promoting children's rights[5]. It is also important to note that all Member States have ratified the United Nations Convention on the Rights of the Child (UNCRC)[6] and this Convention should thus guide national and (sub-)national policies and actions that have an impact on the rights of the child. Also, while the EU has not ratified the UNCRC, the EU Recommendation on Investing in Children specifically states that "The standards and principles of the UNCRC must continue to guide EU 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, while there has been some recent reductions in the countries with the highest at-risk-of-poverty-or-social-exclusion levels, 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 Commission[7] and the European Social Policy Network (ESPN)[8] 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 Eurochild[9], the European Anti-Poverty Network (EAPN), the

[3] 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.

[4] 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.

[5] For more information on the European Pillar of Social Rights (EPSR), 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 children: "Children have the right to affordable early childhood education and care of good quality. Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities."

[6] 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.

[7] 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.

[8] 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.

[9] See for instance Eurochild's annual reports monitoring the European Semester. The 2018 report *Making social rights work for children* is available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/09_Eurochild_SemRep2018UPATED_31.10.2018.pdf.

European Social Network (ESN) 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 EU Recommendation on *Investing in Children* with a Child Guarantee (CG). 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"[10]. This Preparatory Action 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)[11]. 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 de-segregation in education and housing.[12]

According to the budgetary remarks of the European Parliament attached to the aforementioned 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".[13]

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", "Children with a migrant background (including refugee children)" and "Children living in a precarious family situation" (see Chapter 2 for working definitions of these target groups [TGs]).

The work of the *Feasibility Study for a Child Guarantee (FSCG)* has taken on increased importance and urgency in recent months with the announcement by the President of the Commission, Ursula von der Leyen: "To support every child in need, I will create the European Child Guarantee, picking up on the idea proposed by the European Parliament". Furthermore, she has allocated responsibility for its development to the Commissioner for

[10] 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.

[11] More details on the SDGs can be found at https://www.un.org/sustainabledevelopment/development-agenda/.

[12] The 2013 EU Recommendation on *Investing in Children* also stresses the importance of a rights-based 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 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".

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

Jobs and Social Rights, Nicolas Schmit, and an overall coordinating role to Commission's Vice-President for Democracy and Demography, Dubravka Šuica.

1.2 The FSCG and the Intermediate report

The FSCG is managed by a consortium led by Applica and the Luxembourg Institute of Socio-Economic Research (LISER) in collaboration with Eurochild and Save the Children, and with the support of nine thematic experts, 28 national experts and an independent study editor (see Annex 1.1 for details of the composition of the FSCG coordination team). 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 also attempts 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 Intermediate Report brings together all the work that has been undertaken by the FSCG since it was launched in September 2018 and outlines the provisional conclusions of the study. It is intended to feed into and inform discussions at the FSCG's closing conference on 17 February 2020 where the main findings will be presented to and discussed with key stakeholders. The final outcomes of the study, including the discussion at this conference, will feed into the Final FSCG Report.

This Intermediate Report synthesises the findings from various FSCG outputs:

- 28 Country Reports;
- 1 report on each of the 5 key children's social rights identified by the European Parliament (free healthcare, free education, free early childhood education and care [ECEC], decent housing and adequate nutrition);
- 1 report on each of the 4 TGs singled out by the European Commission (children residing in institutions, children with disabilities, children with a migrant background [including refugee children] and children living in a precarious family situation);
- an on-line consultation with key stakeholders;
- 8 case studies highlighting lessons from international funding programmes;
- 4 consultations with children (focus groups); and
- 4 fact-finding workshops that took place in September and October 2019 (one on each TG).

Drawing on all this material, the Intermediate Report synthesises the evidence collected during the FSCG. Chapter 2 presents the definition of the four TGs as agreed between the Commission and the FSCG coordination team and assesses the size of each group. Chapter 3 provides an overview of the situation of each of the four TGs in relation to their access to the five key social rights under scrutiny on the basis of the (limited) data available and documents variations across Member States. Chapter 4 gives a brief overview of the main findings from the on-line consultation. Chapter 5 summarises the learning and conclusions from the four consultations with children. Chapter 6 provides an overview and assessment of the strengths and weaknesses of existing EU and other international legal frameworks in relation to the four TGs and their access to the five key social rights under scrutiny. Chapter 7 documents the main gaps and challenges which children in vulnerable situations are facing in trying to access these rights and, drawing on the learning from Member States, identifies the main policies and programmes that could enhance this access. Chapter 8 assesses the strengths and weaknesses of the way EU Funds have been used in the past to support children in vulnerable situations, highlights the main lessons that can

be drawn about effective funding arrangements from the 8 FSCG case studies and makes concrete suggestions as to how EU Funding could be better used in future to support the access of children in vulnerable situations to the five social rights under scrutiny. Finally, Chapter 9 draws some overall conclusions in the light of the evidence collected during this Feasibility Study and summarised in the earlier chapters. It then explores some of the possible options for establishing a CG for discussion at the FSCG's final conference.

2. Definition of the Target Groups (TGs) and estimation of their size at country level[14]

This section presents the definitions of the four TGs, i.e. children in institutions, children with disabilities, children of recent migrants and refugees, and children living in precarious family situations. These definitions are those that have been 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 in institutions

2.1.1 Definition of the TG

In line with the United Nations (UN) Guidelines for the Alternative Care of Children, "children in institutions" are children who, for various reasons, are *deprived of parental care* and for whom an alternative care placement in *residential care institutions* has been found. In various Member States (MS), alternative care placements for children without parental care can be provided in different environments, such as informal or formal kinship care (with relatives or friends), foster care, independent living arrangements (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[15], in shelters for homeless children, or in hospital settings, in the absence of alternatives (this is most often the case for very young children, such as new-borns who are relinquished/abandoned directly after birth and for whom more permanent care is being sought).

The definition of the TG does not include:

- children deprived of liberty as a result of being in conflict with the law;
- infant children living in prisons with their mothers; and
- children hospitalised for long periods of time.

However, these excluded group of children must be recognised as being as vulnerable as the included groups. On leaving these institutions they are likely to experience difficulty in accessing the five social rights under scrutiny and thus they will also need to be covered by the types of action proposed in the FSCG.

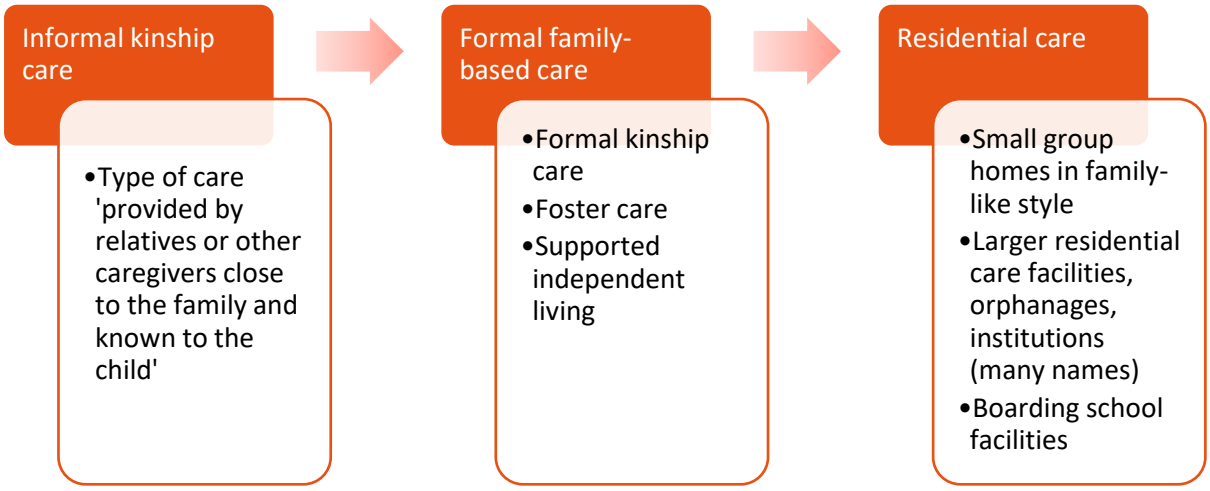
Figure 2.1 provides details on the different types of alternative care that are often available in Member States, and which need to be further diversified in order for children deprived of parental care not to be placed in institutional care. Social workers need to have a range of options to choose from, in order to refer a child to the form of care best suited for him/her. For this reason, the FSCG took a wider perspective and looked at children in alternative care. It is important to ensure that an effective decrease in the number of children in institutional care can only be sustained through measures which include the development of family support services, the strengthening of other alternative care options

[14] This chapter draws heavily on the 5 FSCG Policy Papers, the 4 FSCG Target Group Discussion Papers and the discussions at the FSCG's four Fact-Finding Workshops. These papers in turn draw on the 28 FSCG Country Reports. The list of experts who prepared these various FSCG reports is provided in Annex 1.1.

[15] Care in a boarding school would be considered institutional care if the child is placed on a permanent basis and has lost contact with their family and community.

such as foster care or kinship care, and the adoption of high-quality alternative care standards.

Figure 2.1: Different types of alternative care



Note: This figure only indicates some types of care and is not comprehensive. Many forms of alternative care can be developed to care for the individual needs of children.

Large-scale institutional care with an institutional culture should never be used. International child rights standards, such as the aforementioned UN Guidelines and the Common European Guidelines for the Transition from Institutional Care to Community-based Care, call for the progressive elimination of institutional care for children and the development of a range of alternative care options (European Expert Group on the Transition from Institutional to Community-based Care (2012)). Good-quality small-scale residential care can be included in this range of alternative care options, as it might be an option for some children and in certain circumstances. Efforts have been made to define institutional care, with the UN Guidelines defining this by the size of the residential care facility. The Common European Guidelines for the Transition from Institutional Care to Community-based Care have gone further and defined institutions or institutional care by reference to the institutional "culture" of the care environment rather than the size of the care facility: this culture 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 organisation 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 personalised living arrangements are more likely to ensure opportunities for choice and self-determination of service users and to provide a needs-led service". In Member States, residential care can be provided by public authorities directly or by private service providers such as non-governmental organisations (NGOs), faith-based organisations or private sector businesses.

The FSCG reports take a wide perspective. They do not focus solely on deinstitutionalisation policies but cover policies and strategies related to children in alternative care in general or at risk of losing parental care, including preventive measures.

2.1.2 Size of the TG in the various EU countries

Availability and reliability of data

The lack of reliable national data makes it extremely difficult to estimate the number of children in alternative care, and more specifically of children in institutional care, in the EU, and therefore to fully capture and monitor their situation. The estimation of the number

of children in residential care provided in this report should be looked at with caution for reasons mentioned hereafter.

Most countries do not collect reliable data and lack monitoring systems. Other countries have some partial administrative information. In some cases, some children are double-counted or not counted at all. Some statistics focus on flows (number of children entering the alternative care system) but not the number of children in the care system (stock figure). Different reporting periods and criteria for recording data are used in different countries and sometimes in different parts of a country. Different age categories are used and make cross-country comparisons difficult. Some statistics present an incomplete picture because they only include the statistics for children in public residential care facilities, and not in facilities run by the private, faith-based or voluntary sector. Some statistics include children and young people in conflict with the law.

Most countries lack disaggregated data (according to gender, age, disability, migration background) and cover imperfectly some categories of children. For example, unaccompanied minors or children with disabilities who are placed in residential care might not be included in statistics related to children in alternative care, but included in other statistics collected by different public authorities. In some countries, children with disabilities are cared for in boarding schools, creating a sort of "hidden" institutionalisation of children, as they do not appear in the official statistics of children in residential care.

Some statistics include the over-18s still supported by child protection services in the transition period. It is essential to collect data on young people in the transition period and later on, in order to assess and monitor the impact of the child protection system on the outcomes of young adults who went through the alternative care system.

In conclusion, the lack of reliable and disaggregated data makes it difficult for Member States to develop adequate and efficient policies to protect and care for the TG or to compare outcomes across Member States. Qualitative studies should complement quantitative information to enhance the understanding of policy-makers regarding the quality of care provided.

Current situation – children in residential care in the EU

Table 2.1 provides a rough estimate of the number of children in residential care in the EU. The total number does not distinguish the number of children living in institutional care from the number of children living in more suitable forms of residential care. In some cases, those numbers might even include some forms of family-based care. Table 2.1 presents the information collected by Eurochild (Opening doors Campaign)[16], TransMonEE[17], and the FSCG country experts. The number differs sometimes quite significantly and makes the comparison between countries difficult. This highlights the urgent need to push for better collection and analysis of data across the EU.

[16] Opening Doors for Europe's Children country fact sheets: https://www.openingdoors.eu/category/resources/country-factsheets.

[17] https://www.unicef-irc.org/databases/transmonee.

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

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	ODEC[18] – country fact sheets (2016 data)	TransMonEE (2014 data)	2010 Eurochild National Surveys (2007-08 data)	FSCG Country Reports (2019)	Source of statistics for FSCG Country Reports (year)	Source: Eurostat 2018
Austria	**8,423**		6,076	8,411	Statistics Austria: Child and Youth Welfare Statistics (*Kinder- und Jugendhilfestatistik*) (2017)	1,533,569
Belgium	**13,599**			Flanders: 2,068; 2,830 in boarding schools; 1,194 in community institutions[19] Federation Wallonia-Brussels: 10,439	Flanders: Annual Report Youth Care (2017) and Annual Report Youth Care (2018). Federation Wallonia-Brussels: No official statistics available; see Swaluë (2013)[20]	2,309,214
Bulgaria		**3,713**	7,602	661[21]	Agency for Social Support (2019)	1,192,746
Croatia	**1,459**			1,045	Ministry of Demography, Family, Youth and Social Policy (2018)	716,825
Cyprus				100	Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance (2014)	168,574
Czech Republic		**22,810**		9,052[22]	Ministry of Education, Youth and Sport (2017/2018)Ministry of Labour and Social Affairs (MPSV/MLSA) (2018); Ministry of Health (2018)	1,948,890

[18] Eurochild's campaign "Opening Doors for Europe's Children".

[19] Community institutions in Flanders seem to be institutions with mixed objectives (for children in need of a care placement and children in conflict with the law). The source of the information for those institutions is: https://www.kennisplein.be/sites/Jeugdrecht/?action=artikel_detail&artikel=256.

[20] Swaluë, A. (2013), Du placement d'enfants : Définir et quantifier pour réaliser les droits des enfants placés, Enjeux, No. 1, July 2013, OEJAJ, Bruxelles.

[21] This includes only the number of children in large institutions and not the number of children in other forms of residential care such as small-group homes.

[22] This number includes children and young people in the juvenile justice system. To obtain the total number of children in residential care, it is necessary to combine the data from three different ministries. The difficulty in getting a clear number of children in residential care is increased by the fact that this number includes inflow information provided by the Ministry of Health (1,490 children admitted in institutions for children aged 0-3), whereas the other ministries provide stock numbers at the end of the year.

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	ODEC[18] – country fact sheets (2016 data)	TransMonEE (2014 data)	2010 Eurochild National Surveys (2007-08 data)	FSCG Country Reports (2019)	Source of statistics for FSCG Country Reports (year)	Source: Eurostat 2018
Denmark			**6,340**	3,940	Statistics Denmark (2017)	1,165,500
Estonia	1,068	**1,056**	1,398	1,068	FSCG Inception Report and Opening Doors for Europe's Children (2016)	252,117
Finland			**8,095**	9,104	THL, *terveyden ja hyvinvoinnin laitos* [the National Institute for Health and Welfare] (2018)	1,066,261
France			**154,819**	57,368[23] (+ 12,575[24])	Drees, Enquête Aide Sociale (2016)	14,648,928
Germany			**68,788**	95,582	Statistisches Bundesamt (Federal Statistics Office) (2016)	13,538,146
Greece	**2,825**		2,500	3,000	Estimate from the Greek Ombudsperson (2015)[25]	1,872,031
Hungary	6,183	**6,940**	9,582	6,183	Yearbook of Welfare Statistics (2017)	1,715,113
Ireland			**401**	369	Tusla (November 2018)	1.195,856
Italy			**15,600**	21,000	Italian National Institute of Statistics (2015)	9,806,377
Latvia	1,200	**2,710**	2,655	1,037 (1,170[26])	Orphan's court Latvia (2017); Ministry of Social Welfare (2017)	358,762
Lithuania	3,186	**4,086**	9,483	3,871	Department of Statistics (Statistics Lithuania) (2017)	503,015
Luxembourg			**1,033**	803[27]	Ombudsman for the Rights of the Child (ORK) (2018)	116,805
Malta			**220**	155	(March 2019)	79,163

[23] According to a survey from DREES (Direction de la Recherche, des Études, de l'Évaluation et des Statistiques) from July 2018 (based on data from 2014), there are 107,200 children with mental and physical disabilities in residential or semi-residential care but who are not without parental care.

[24] 12,575 corresponds to the number of children in "other types of placement", which covers family-based alternative care options (e.g. kinship care, placement with the prospective adoptive family) and residential care options (e.g. SOS Children's Villages, boarding schools).

[25] Greek Children's Ombudsman (2015), Special Report on the rights of children living in institutions.

[26] The data from the Ministry of Social Welfare differ from the data from the Orphan's Court as they also include children placed voluntarily by their parents.

[27] 724 of these children were placed in institutional care in Luxembourg and 83 in institutions outside Luxembourg.

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	ODEC[18] – country fact sheets (2016 data)	TransMonEE (2014 data)	2010 Eurochild National Surveys (2007-08 data)	FSCG Country Reports (2019)	Source of statistics for FSCG Country Reports (year)	Source: Eurostat 2018
Netherlands (no of beds)			**14,516**	23,700[28]	CBS Youth Monitor (Jaarrapport Landelijke Jeugdmonitor) (2017)	3,386,096
Poland	52,916	**49,108**		16,856	Statistical Yearbooks (2017)	6,874,006
Portugal			**15,837**	6,119	Instituto da Segurança Social (2017)	1,755,409
Romania		**21,540**	25,530	18,200	National Authority for the Protection of Children's Rights and Adoptions (ANPDCA) (2017)	3,680,850
Slovakia		**5,307**	4,709	5,266	Central Office of Labour, Social Affairs and Family (2016)	1,006,982
Slovenia		**1,137**	1,334	No data available	Statistics not collected	366,526
Spain	**13,596**		14,605	17,527	Statistical Data Bulletin on Child Protection Measures. Bulletin number 20 (2017)	8,351,971
Sweden			**4,000**	11,000	Statistics from the Swedish Board of Health and Welfare (SoS) (1 November 2016)	2,121,598
United Kingdom			**7,437**	England: 6,500 Scotland: 1,121 Wales: 331 Northern Ireland: 166 (All those statistics – except for Northern Ireland – include children in residential schools) Total: 8,655	Department for Education, England (March 2018); Scottish Government, Children's Social Work Statistics Scotland (2018); Welsh Government, Experimental Statistics on children looked after by local authorities (2018); Department of Health, Northern Ireland, Children's Social Care Statistics for Northern Ireland (2017-2018)	14,016,366
Total	455,385 **(sum of all the number in bold in those columns)**			343,057		95,747,676

Source: Lerch, Véronique and Nordenmark Severinsson, Anna (2019). "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

[28] Children with multiple forms of youth care appear several times in the statistics; the statistics might include children in conflict with the law.

In all countries where disaggregated data are available, it becomes clear that some groups of children are still over-represented in the alternative care system, and especially in residential care. Those groups are as follows.

- Children with disabilities
  Some data from the Country Reports illustrate the over-representation of children with disabilities in alternative care. For example, in Germany, at the end of 2014, at least 13,281 children and adolescents with disabilities were living in residential facilities, out of 95,582 children in residential care. In Romania, 30% of children in residential care were children with disabilities in 2017.

- Children with minority, ethnic or recent migrant background
  There are disproportionate numbers of Roma children in institutions across Europe compared with their share of the total population. In Hungary, Bulgaria, and Romania, for example, 60% of children in institutions are of Roma origin, while Roma people represent 10% of the total population (Opening Doors for Europe's Children). In many countries, children with a migrant background are over-represented in residential care. For example, in Germany, out of the 95,582 children living in residential care, 46,088 are children with at least one parent of foreign origin. This accounts for almost half of the children in residential care.
  Unaccompanied minors are largely cared for in residential care. In some countries, the huge increase in the number of unaccompanied minors entering the child protection system creates unprecedented pressure.

- Children from poor families
  Poverty and other social stress factors remain a major reason for alternative care placements. Many Country Reports indicate that poverty is the main factor that separates children from their families and that children and young people from socially disadvantaged families are seriously over-represented among those in residential care.

- Boys/teenagers/older children
  In most Member States, there are more boys than girls in residential care and sometimes generally in alternative care. The age distribution also shows an over-representation of older children being placed in care, and often in residential care, across the EU.

The available data also show that some **children under 3** are still placed in institutional or residential care in some countries, despite the considerable amount of evidence of the harmful effects of institutional care on a young child.

The data collected by the country experts show **an increase in the number of children in alternative care and in residential care in most EU countries in recent years**. The increasing number of unaccompanied foreign minors in residential care is a major factor in this increase of children in residential care. Changes in strategies, policies or practices can also explain this trend. An increase in the number of children in alternative care might mean an increase in the number of children in residential care (in absolute numbers), but not automatically an increased use of residential care. In the UK, there was an increase in the number of children placed in alternative care (except in Scotland), but the proportion of children in residential care does not appear to have changed: 5% in Wales and Northern Ireland, and 8% in Scotland and England. On the contrary, in Portugal, even though there was a clear decrease in the number of children in alternative care (by around 8% in 2017), the number of children placed in foster care fell in favour of residential care. The relative weight of family-based care in total care decreased from 28.3% in 2006 to 3.1% in 2017.

There is also a **decrease in the use of foster care, or in the number of foster carers, in many EU countries.** For example, in Spain, although family-based care continues to be more prevalent than other forms, it has continued to decrease since 2013. In Croatia, the number of children readmitted to institutions after having been in foster care increased in 2017, which indicates a problem with foster care. In Lithuania, the number of foster carers diminished by 23% in the last decade, mainly due to the low childcare allowance, the negative image associated with being a foster carer, and deeply-rooted stereotypes that institutions are an appropriate place for a child to grow up.

2.2 Children with disabilities

2.2.1 Definition of the TG[29]

According to the European Disability Strategy 2010-2020 and the UN Convention on the Rights of Persons with Disabilities[30] (UNCRPD) 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 UNCRPD 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 Members States and the EU as a whole having signed and ratified the UNCRPD, 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

[29] For a discussion of the definition of the TG and data availability, see Hunt, Paula (2019). "Target Group Discussion Paper on Children with Disabilities", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

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

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.

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 the various 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 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 physiological or intellectual condition (potential 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[31].

[31] UNICEF and the Washington Group on Disability Statistics developed a survey module on child functioning for use in surveys and censuses, in line with the UNCRPD and the International Classification of Functioning for Children and Youth, see https://mics.unicef.org/methodological_work/4/CHILD-DISABILITY.

These complex data are not collected at EU level.

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 to health problems of children aged less than 16. However, as explained above, although the data gathered shed some light on issues related to health and limitations it cannot be understood as equivalent 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[32].

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.

At the country level, administrative data on children with disabilities are also gathered. Despite signature and/or ratification of the UNCRPD, 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

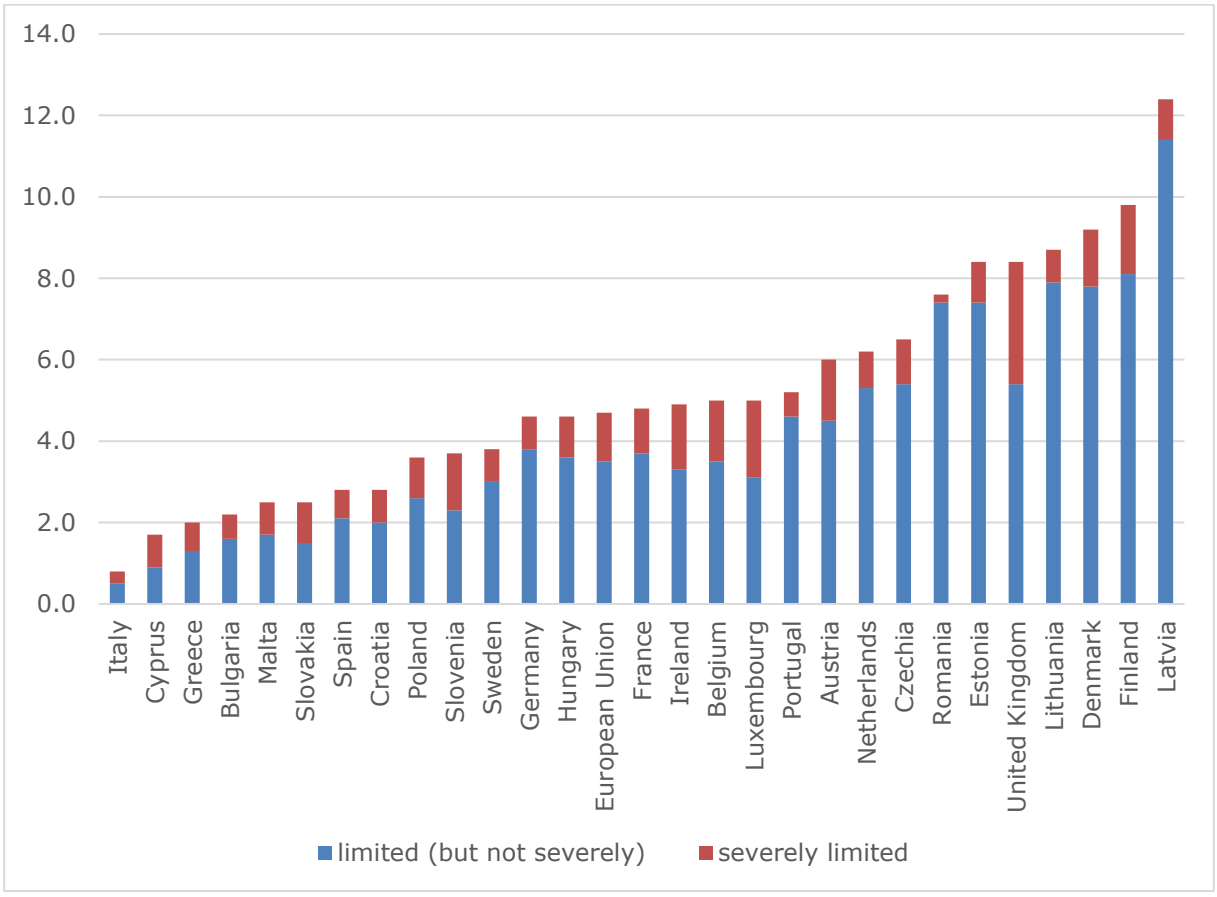
[32] For a tentative quantification of the size of this sub-group at the country level, see Lerch, Véronique and Nordenmark Severinsson, Anna (2019). "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

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).
- "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 or for traumatic injury). 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: Proportion 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 March 2019, own calculations.

Figure 2.2 shows that the proportion of children severely limited or limited but not severely in daily activities varies a lot across countries[33], ranging from less than 2% (Cyprus, Greece and Italy) to more than 8% (Denmark, Estonia, Finland, Latvia [highest of the EU league with 12%], Lithuania and United Kingdom). In most countries, the proportion of children experiencing severe limitations is around 1% of the population aged 0-15 years. This share is however higher in Luxembourg, Slovenia and United Kingdom.

At the EU level, the proportion of children severely limited or limited but not severely in daily activities attains 4.7%. An extrapolation of this EU-SILC figure leads to an estimation of around 3,700,000 children below 15 years suffering from limitations in daily activities during the past 6 months.

2.3 Children with a migrant background (including refugee children)

2.3.1 Definition of the TG

In line with the agreement between the European Commission and the FSCG team, 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). 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, information about the country of birth of the child is not collected - only the country of birth of the parents is provided.

Compared to the first- and second-generation concepts which are widely used in the migration literature, in the FSCG definition, the country of birth of the child is not taken into account. What matters is the migration background of at least one parent. On the contrary, country of birth of the child is taken into account in the first and second generation definition. Indeed, first-generation migrant children are foreign-born children whose (both) parents are also foreign-born. Second-generation migrant children are children born in the country of residence whose (both) parents are foreign born.

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 be considered as "unaccompanied minors", i.e. children under 18 years who arrive on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such a person[34] . They may be **refugee applicants** seeking international protection or reunification with family members. They may be **dependents of labour migrants, victims of trafficking and/or undocumented migrant children**.[35]

[33] It is difficult to assess whether these differences may partially be due to variations in data collection methods between countries, i.e. slight differences in wording or in the way the information is collected (one-step, two-steps, three-step questions).

[34] Directive 2011/95/eu of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.

[35] 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

Where meaningful and possible, it may be useful to look at the particular situation of the following (non-mutually exclusive) 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 the various 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[36]. Data are 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. Migrants are defined by two criteria: citizenship and country of birth. There is no information about the country of birth of parents. These figures therefore 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; they exclude second-generation migrant children - i.e. children born in the country from parents born in a non-EU country (which are included in the FSCG definition). Moreover, they include foreign-born people whose parents are not foreign-born, 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.[37]

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).

[36] The European Commission's Knowledge Centre on Migration and Demography provides an interactive online map consolidating Eurostat data by age.

[37] 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. This source is very valuable but cannot be used to estimate the size of the TG.

Furthermore, estimating the number of children with a migrant background is quite complex[38]. As very well explained on the "Migration data portal"[39], "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 schooling[40]. There may also be cases of children who register for asylum in more than one country, who do not register for asylum at all. For instance, Germany reported that more than 42,000 unaccompanied and separated children entered the country in 2015, but only 14,439 claimed asylum[41].
- **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 EU Member States record those who claim to be unaccompanied minors in the statistics, whereas others only count those recognised as such following an age assessment by an authority[42].
- **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 journey[43].

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.

To look at the living conditions of children with a migrant background and providing a very rough estimation of their number by country, we now turn to EU Statistics on Income and Living Conditions (EU-SILC) or the European Labour Force Survey (LFS).

To start with, it is important to highlight that, as (most) other surveys, these two 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:

[38] See also Schumacher, G., Loeschner, J. and Sermi, F., 2019, Data on Children in Migration, EUR 29610 EN, Publications Office of the European Union, Luxembourg or FRA, 2016, *Thematic focus: Children, European Union Agency for Fundamental Rights*, https://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-children

[39] https://migrationdataportal.org/themes/child-migrants.

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

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

[42] 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.

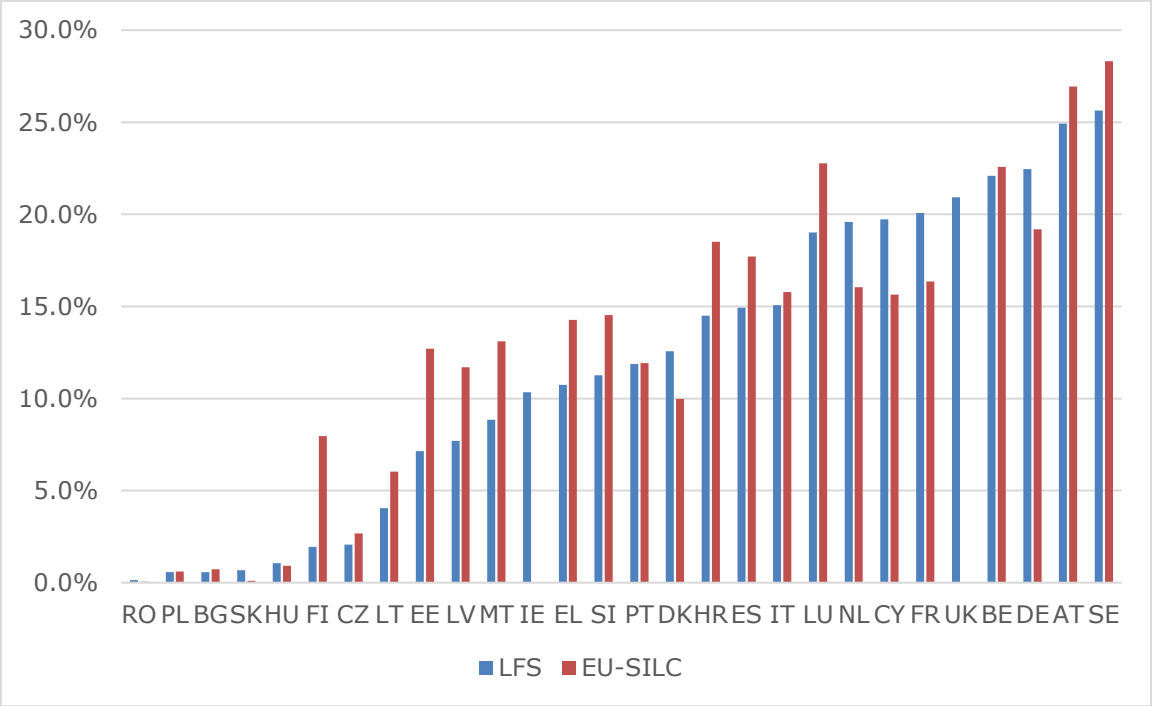
[43] Humphries, R. and Sigona, S. (2016), Op.Cit.

- 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, camps etc.) are excluded from the target population. This may have an impact on the coverage of the migrant population.

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[44]. As shown by Figure 2.3, 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 the key social rights by children.

Figure 2.3: 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.

[44] 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.

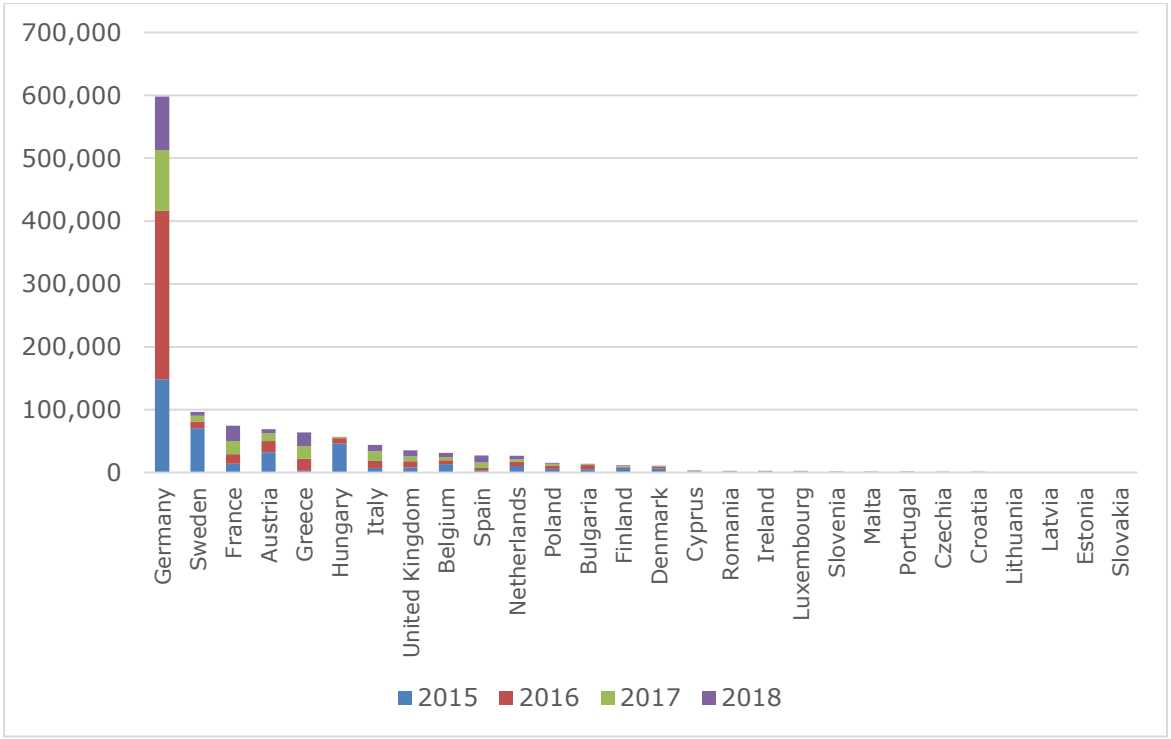
Based on LFS figures, Table 2.2 provides an estimation of the absolute number of children with a migrant background in the Member States. This number is the largest in Germany, France and UK (more than 3 millions), followed by Italy and Spain. At the EU level, more than 16 millions of children have at least one parent not born in the EU.

Table 2.2: Number of dependent children with at least one parent born outside the EU, 2017

RO	5,733		**HR**	126,499
BG	7,849		**IE**	138,407
MT	8,182		**DK**	161,106
SK	8,298		**EL**	238,862
EE	19,781		**PT**	254,058
HU	21,414		**AT**	416,963
FI	23,029		**BE**	574,766
LT	24,239		**SE**	596,660
LU	27,779		**NL**	773,250
LV	30,292		**ES**	1,465,731
CY	38,556		**IT**	1,818,926
PL	44,144		**UK**	3,051,741
CZ	47,210		**FR**	3,241,053
SI	50,507		**DE**	3,352,196
EU: 16,567,233				

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: LFS (2017).

Figure 2.4: Total number of asylum applicant children (younger than 18), between 2015 and 2018



Source: Eurostat (2015, 2016, 2017, 2018), migr_asyappctza.

Figure 2.4 shows the distribution (in absolute figures) of asylum applicant children. Germany is the leader, hosting 566,170 asylum- applicant children, with the largest inflow in 2016. Germany is followed by Sweden (96,640), France (74,475), Austria (68,845), Greece (63,775), Hungary (56,400), Italy (44,160), the UK (35,215), Belgium (31,460), Spain (27,190), Netherlands (26,590), Poland (15,695), Bulgaria (14,115), Finland (11,830) and Denmark (11,015). The number of asylum-seeking children in other countries is marginal.

The Eurostat website also makes available data on the flow of unaccompanied minors among asylum seekers in Europe, at the EU level, their total number increased from 10,610 in 2010 to 95,208 in 2015, and then decreased to 63,280 in 2016, 31,400 in 2017 and 19,845 in 2018.

2.4 Children living in precarious family situations

2.4.1 Definition of the TG

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 and their children, 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, ethnic or cultural minorities, 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 has not been possible to cover them all in the FSCG. For the purpose of this study, a pragmatic choice was made which took account of the risk of poverty and exclusion of these groups and of the availability of data.

Hence, within the framework of this feasibility study, the TG "children in precarious family situations" has been defined pragmatically and has primarily consisted of **four sub-groups**. However, though this is a simplification for reasons of feasibility, it is also likely that the effects of other forms of fragility will be covered by resultant consequences which bring many of them into the overall economic fragility category.

Economic fragility	1. Children who experience child-specific deprivation or live in an income-poor household.
Household composition	2. Children living in single-adult households. 3. "Left-behind" children of EU-mobile citizens.
Social risk factors	4. Roma children.

2.4.2 Size of the TG in the various EU countries

2.4.2.1 Data availability

Table 2.3: 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	Definition: The exact definition of this group varies according to the EU/ national source of evidence for each key social right. For instance: • 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-poverty[45]) has been used; • in PISA, the index of economic, social and cultural status (ESCS); • etc. Discussion: It is important to try to measure the social gradient when assessing the access to the five key social rights.	EU-SILC
Household composition		
Children living in single-adult households	Definition: households consisting of one adult with one or more children 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.	EU-SILC
"Left-behind" children of EU-mobile citizens	Definition: one or both EU-mobile parents 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.	No hard data but empirical evidence exists: www.childrenleftbehind.eu
Social risk factors		
Roma children	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. 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.	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 on access to the five PAs: see FRA EU-wide survey on minorities' and migrants' experiences (EU-MIDIS)[46]

[45] 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.

[46] 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.

2.4.2.2 Size of each of the 4 retained sub-groups in the various 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 rate[47], the second an indicator of child deprivation intensity[48].

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".

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** (i.e. lack due to affordability reasons, not by choice) 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

This detailed information was collected in 2014 in an ad-hoc module of EU-SILC on child deprivation, and will be collected in future each three/four years, from 2021. In this 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) to quantify the proportion of children suffering from economic vulnerability.

[47] 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.

[48] 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.

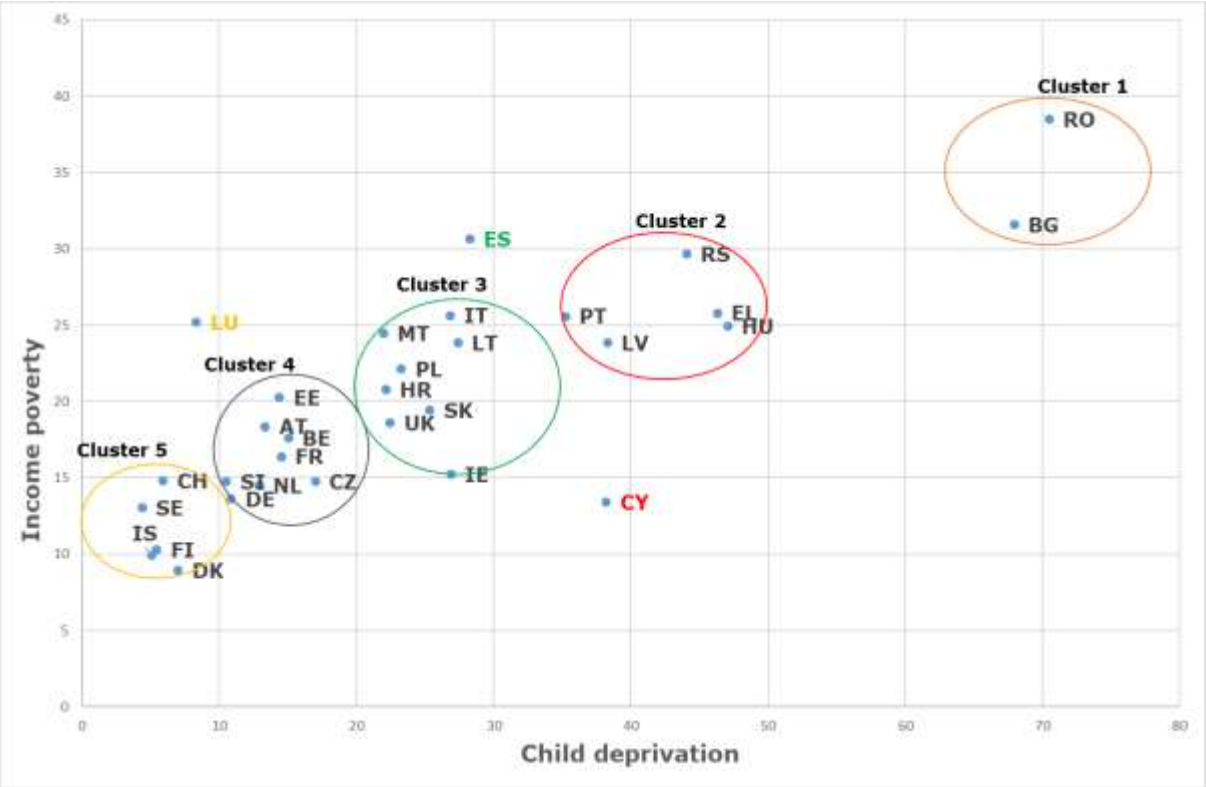
Figure 2.5 presents, for each Member State, the share of children suffering from child-specific deprivation and the share of income poor children. In this figure, Guio et al. (2018)[49] use a hierarchical cluster analysis to identify five main clusters of countries:

- **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.
- 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 or single parenthood do not have the same impact on child deprivation across countries.

[49] 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.

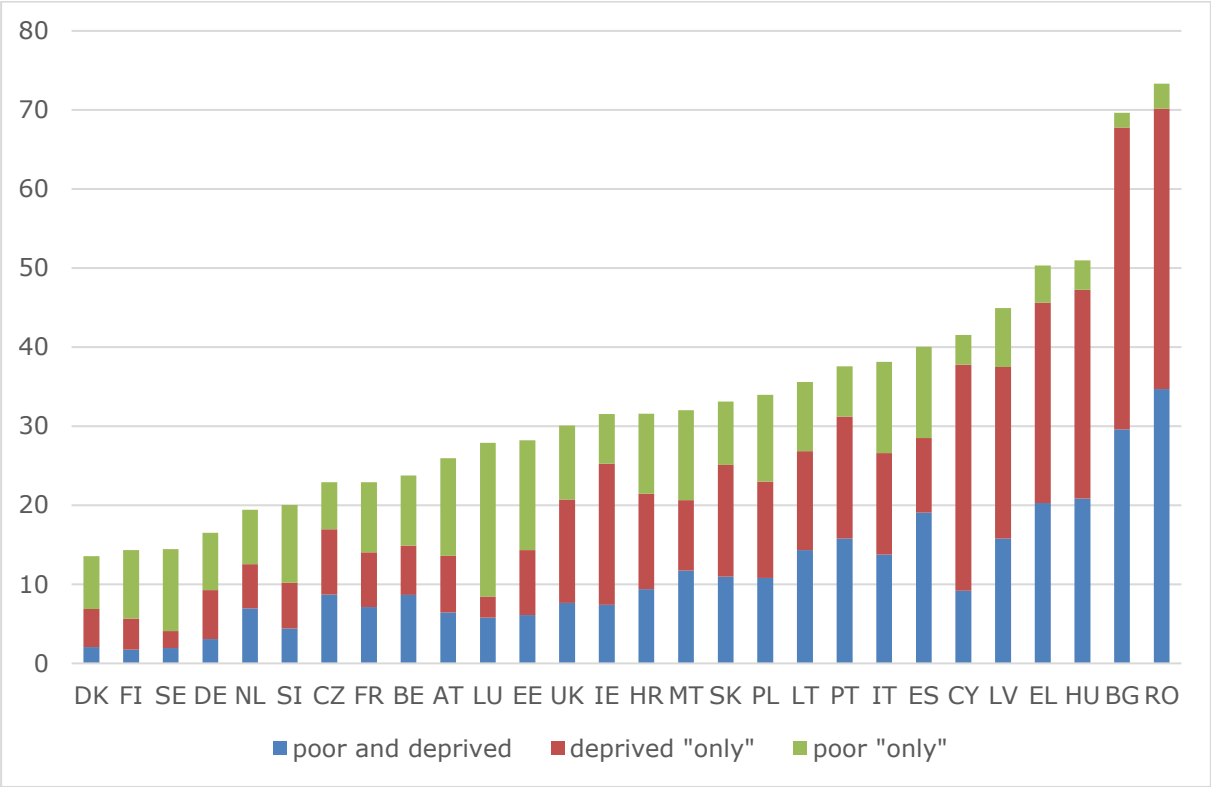
Figure 2.5: Proportion of children (aged between 1 and 15 years) who lack at least three items (out of 17) and proportion of children who suffer from income poverty, EU-28 Member States, 2014, %



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

Figure 2.6 provides an estimation of the total 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/lack 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 income poverty among those confronted with economic fragility is high, whereas in Eastern countries the prevalence of child deprivation is proportionally larger, e.g. in Romania, 35% of children are deprived but not poor - 18% are even severely deprived (i.e. lack more than 5 items) despite the fact that they are not income-poor. 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. Similarly, children escaping deprivation in the richest countries may suffer from income poverty. It is therefore important to combine both indicators to adequately capture the diversity of economic fragility in the EU countries. One additional reason is that provision of in-kind services which decrease household costs are not captured by the standard income poverty approach – whereas they are indirectly captured by the deprivation indicator.

Figure 2.6: Share of children (aged between 1 and 15 years) confronted with economic fragility, i.e. who lack at least three items (out of 17) and/or 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 life 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.

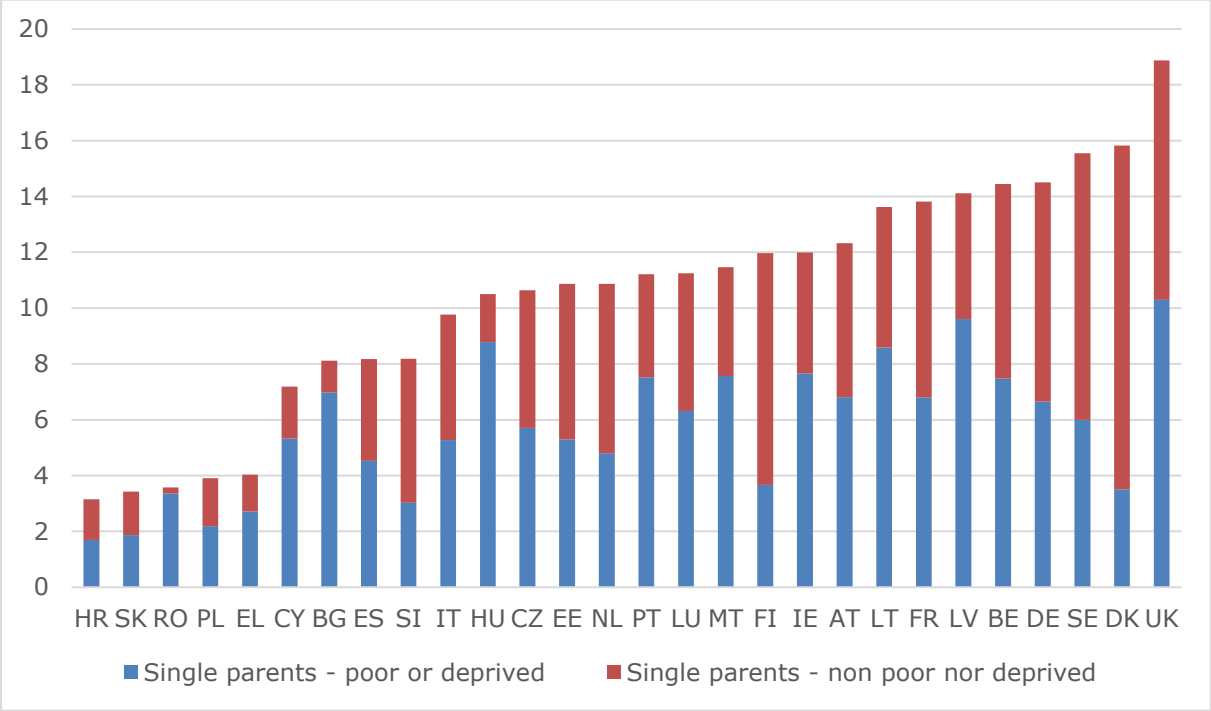
Figure 2.7 presents the proportion of children living in single-adult households in EU countries and the relative proportion of them who suffer from poverty or child-specific deprivation.

This figure first shows the large diversity of family arrangements in the EU, with the 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, at least

50% of these children suffer from one or both problems. This risk is 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 (total bar) and, among them, proportion of children confronted with economic fragility (i.e. who lack at least three child-specific items (out of 17) and/or who suffer from income poverty), 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"[50][51]

In the FSCG, the notion of "left-behind children" refers to children of EU-mobile citizens who are living outside their home countries (either one parent or both) and who leave the children in their respective countries of origin. Sometimes, left-behind children are also referred to colloquially in European institutions as "Euro-orphans". There is a whole range of patterns that is to be considered. Some mobility flows are circular and seasonal. In some cases, one of the parents does not leave. If both parents leave, the factual situation and the legal condition of the children are varied. Although in some cases children are integrated into the wider family, including grandparents, in other cases there are situations of abandonment. Furthermore, it needs to be stressed that this situation only affects some EU countries.[52]

In the international literature the syndrome of "left-behind children" has been treated primarily in the Asian context, particularly children in (western) China, and south/south-

[50] While in the FSCG we have focussed on "left-behind" children, in the fact-finding workshops it was suggested that it would also be important to study the group of "returned" children who have been initially brought up abroad but when their parents return to their home country these children can face particular problems in integrating into what seems like a foreign country with different culture, language and school system.

[51] This section draws on Fresno, J-M, Meyer S. and Bain, S. (2019). "Target Group Discussion Paper on Children living in Precarious Family Situations", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

[52] A major research project on east European migration patterns, both abroad and rural-urban, was undertaken in 2012, compiling the situations in 25 countries – covering new member states, accession countries, and the wider eastern neighbourhood. See Bélorgey et al. 2012, Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe (VT/2010/001), Synthesis report.

east Asia. Similarly, analyses are available for central Asia and Africa as well as global comparative perspectives. Research on Europe, whether EU or non-EU countries, is scarce and rather focused on measuring the impact on children's health and psychological well-being, rather than on policy advice[53]. In general, the above-mentioned research enquires into the impact of parents' migration on the child's health, education, economic activity, and psycho-social variables, including mental health, school performance, and deviant behaviour. The notion of "transnational families" has been coined, acknowledging that migration does not end with settlement and that migrants maintain regular contacts across borders.[54] Most of the studies reveal mixed positive and negative impacts of migration on children. While the findings confirm that access by migrant households to increased income through remittances has a positive impact on children's perceived health and nutritional status, the absence of parental care has a major bearing on the children's well-being, and can have an impact in the wider context through family disintegration, including child abandonment. Critical approaches question conventional analyses that focus solely on economic factors, namely remittances, and underestimate the social costs that emigration imposes on the overall well-being of families left behind, and on sending communities in general.[55] In European migration there is a strong gender dimension. In terms of the target for labour migration, a clear "crystal wall" is apparent, with women undertaking care work and men working in construction. Similarly, the impact on the gender roles of left-behind children is different according to whether the father or the mother migrates. The impact on left-behind girls seems to be higher.

There are no (hard) data at EU level, and very little data at national level, on the number of left-behind children of EU-mobile citizens. EU-funded projects have focused on providing applied tools to facilitate transnational parenting, rather than to establish hard data on EU labour mobility that generates left-behind children.[56] Similarly, larger EU-funded research consortia have not yet taken on the specific question of left-behind children.[57] Two recent political initiatives, in the wake of the Parliamentary Assembly of the CoE[58] and the Bulgarian Council Presidency,[59] have highlighted the issue. However, no action, either in generating evidence or in terms of policy formulation, has yet followed.

Sparse evidence indicates that the Member States with the greatest numbers of left-behind children are Bulgaria and Romania, as well as, to a lesser extent, the Baltic States and some areas of Poland and Greece.[60] However, even in these countries the exact number of left-behind children and their situation of poverty and social exclusion is unknown, due to either: non-registration of the status of parents working abroad (e.g. EE, LT, RO); or the non-use of services by family members taking care of the children (e.g. BG, LT).

[53] See, for the complete list of references, Fresno, J-M, Meyer S. and Bain, S. (2019). "Target Group Discussion Paper on Children living in Precarious Family Situations", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

[54] Bélorgey et al. 2012, Op.Cit; COFACE (2012). Transnational families and the impact of economic migration on families. Brussels.

[55] Garza, R. (2010). Migration, development and children left behind: A multidimensional perspective. Social and Economic Policy Working Paper. New York: UNICEF. New York.

[56] See the outcomes of childrenleftbehind.eu, a European network of non-governmental organisations, centres for social studies, universities, and individuals who cooperate at national, regional, and European level for the protection of the rights of children involved in migratory events and the support of transnational and migrant families.

[57] See for example reminder-project.eu.

[58] A recent motion of 24 April 2018 for a resolution on the "Impact of labour migration on left-behind children" in the Parliamentary Assembly of the CoE called generally to take note of the phenomenon, to monitor its prevalence, and to adopt measures, without specifying further action or commitments. See: assembly.coe.int/nw/xml/XRef/Xref-DocDetails-EN.asp?FileID=24659.

[59] During the Bulgarian Presidency of the Council of the EU (https://eu2018bg.bg), a request was made that a partnership be sought with other European countries to create a unified tracking system for travelling children and their families, in order to ensure that they receive education and adequate care, no matter in which EU country they are (BG Country Report).

[60] See Bélorgey et al. 2012, Op.Cit.

Table 2.4: Country evidence on numbers of left-behind children

	Data on left-behind children	Data source
Bulgaria	Every 4th child in Bulgaria belongs to a family in which at least 1 parent is working abroad. The worst situation is in north-western Bulgaria – the poorest and most rapidly depopulating region in the EU, where children from such families comprise 43.8% of the total.	Bulgarian School of Politics 2018 survey
	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.	Bélorgey et al. 2012, Op.Cit.
Estonia	The exact number of left-behind children is unknown, because parents do not need to inform any authority that they are working abroad.	Estonia Country Report
Latvia	Increasing concern regarding left-behind children but no precise numbers, "suggesting, however, that the number runs to thousands". In 2006, "The Plan for the improvement of the situation of those children whose parents have gone abroad" was approved by government.	Bélorgey et al. 2012, Op.Cit. Krišjāne and Lāce 2012[61]
Lithuania	Estimates of the number of children with 1 – or both – parents living in the UK, Ireland, Norway or some other western European country have varied between 10,000 and 20,000. Nobody knows the exact number. There are data available from the 2007 survey by the Lithuanian ombudsmen on children's rights (below) but no one knows whether this figure is different today.	Lithuania Country Report
	A 2007 survey by the Lithuanian ombudsmen on children's rights found that 5% of Lithuanian children have at least 1 parent living abroad. The survey of 651 educational institutions found 4,039 children had been left without any parental care, living with grandparents, relatives, older brothers and sisters, friends or, in a small number of cases, even living alone. Among the 195,000 children surveyed with 1 or both parents in migration, more than one-half were cared for by a parent (64%) and about one-third (28%) by a grandparent(s). The results of the survey show that approximately 36% of children who stayed behind experience noticeable changes in behaviour.	Children's Rights Ombudswoman and the Ministry of Education and Science survey, 2007
	In 2017 there were 2,331 children in Lithuania who had been assigned temporary guardianship at the request of parents when 1 or both of them left the country.	European Migration Network and OECD[62]
	Approximately 9,500 children are left behind in Lithuania.	
Poland	In 2008, the number of left-behind children was estimated at 1.1–1.6 million, based on the share of children (26-29%) who reported experiencing parental migration, defined as a separation from at least 1 parent in the previous 3 years. However, about 40% of cases could not have been treated as the result of "true" migration (because the separation lasted less than 2 months), bringing the estimate down to 660-960,000. Only 3% of children experienced parental migration that was longer than a year. In 2014, the share of children experiencing parental migration was 7 percentage points lower than in 2008. This indicates that the population size of children left behind by migrating parents shrank. The decrease might have resulted both from the declining overall level of out-	Poland Country Report Nationwide representative surveys commissioned by the Ombudsperson for Children and conducted in 2008 and in 2014 (Walczak 2008, Walczak 2009, Walczak 2014)[63]

[61] Krišjāne, Z. and Lāce, T. (2012). The Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe. Brussels.

[62] European Migration Network and OECD (2013). Coping with Emigration in Baltic and East European Countries. OECD Publishing. Paris.

[63] Walczak, B. (2014), Dziecko, rodzina i szkoła wobec migracji rodzicielskich: 10 lat po akcesji do Unii Europejskiej (Child, family and school and parental migration), Pedagogium Wyższa Szkoła Nauk Społecznych, Warsaw

	Data on left-behind children	Data source
	migration and from increasing migration of whole families (parents with children). The majority of children with a parent working abroad have fathers working abroad (68% in 2014), with 15% with mothers working abroad, and only 17% with both parents working abroad.	(Interviews carried out with school teachers and children/students in primary and secondary schools)
Romania	During 2010-2018 the number of families in which parents left abroad for work increased by 21%, and the number of left-behind children increased by 12%. In 2018, around 95,000 children were left behind. In 19% of cases both parents had left, and in 14% of cases a sole parent had left – meaning that, overall, one-third of the children were left without any parent, and two-thirds were left behind with 1 parent. The proportion of children left behind without any parent decreased from 43% in 2010 to 33% in 2018. The overall proportion of these children who end up in the special child protection system is about 4% over the entire period, with 2-3% for those coming from families with 2 parents in which only 1 parent left, 4-6% for children from families with 2 parents who both left, and 10-11% for the children coming from single-parent families. These children make up between 5.3% (in 2010) and 7.4% (2015) of the total children in alternative care, and between 3.4% (2010) and 4.8% (2017) of the children in residential care.	Statistical data from the National Agency for the Protection of Children's Rights and Adoptions (ANPDCA) on the number of families in which 1 or both parents left for work abroad
	The proportion of children who have been left behind by parents leaving for work in other EU countries is significant and has become an important problem with far-reaching consequences for the social protection of these children. These data (above) are incomplete, and only partially reflect the phenomenon of economic migration.	Romania Country Report
	There are around 159,000 children with parents who left to work abroad and this number does not include children who dropped out of school or are not enrolled at all; it also does not include pre-school-age children.	Data obtained by the Ministry of Education at County School Inspectorates[64]
	Studies cited by Save the Children estimate a number of 170,000 children in middle school (5th to 8th grade) with parents who left to work abroad; another estimation hits 350,000 in 2008, of which about 126,000 were without any parental presence.	Save The Children citing previous studies65
	There were 350,000 left-behind children in 2007, representing 7% of the total population aged 0-18: a) 126,000 with both parents abroad; b) one-half of the children under the age of 10.	Zilei, 2008 (A study done in 2007 by Gallup Romania, at the request of UNICEF and the organisation Alternative from Iasi).

Source: Various FSCG Country Reports.

Walczak, B. (2009): Dziecko w sytuacji rozłąki migracyjnej [Children separated from migrating parents], in: Duszczyk, M. and Lesińska, M., eds., (2009), Współczesne migracje: dylematy Europy i Polski, Centre for Migration Research, University of Warsaw, Warsaw, pp. 149-173

Walczak, B. (2008): Społeczne, edukacyjne, wychowawcze konsekwencje migracji rodziców i opiekunów prawnych uczniów szkół podstawowych, gimnazjalnych i ponadgimnazjalnych [Social and educational consequences of migration of parents and legal guardians of students in primary.

[64] https://www.salvaticopiii.ro/ce-facem/protectie/copii-cu-parinti-plecati-la-munca-in-strainatate.

[65] https://www.salvaticopiii.ro/ce-facem/protectie/copii-cu-parinti-plecati-la-munca-in-strainatate.

Grouping of countries according to the extent of the challenges they face in relation to poverty and social exclusion is complex. While few data are available on their rates of poverty and social exclusion, it has been reported in Bulgaria, Romania and Estonia that this group of children face greater challenges of poverty and social exclusion. However, in Poland, survey evidence on this group of children in 2014 found their material status to be "good"[66].

Only the Bulgarian and Romanian Country Reports tackled challenges in relation to the assessment of the different policy areas, with the Bulgarian report concluding that these children "have serious difficulties in completing school, gaining adequate healthcare, and social and emotional support". Similarly, it was also recognised in countries such as Lithuania, Poland, and Romania that left-behind children are more likely to develop adverse behaviour patterns (LT and PL) and suffer from higher incidences of mental health issues (RO).[67]

In both Hungary and the Czech Republic, the Country Reports document that, while children being left behind is not a widespread problem, there is a need for future data collection in order to monitor this trend, which could increase in future.

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 CoE,[68] referring 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.*[69] 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."[70]

There is no official census or statistical data on Roma and Roma children in most EU countries.[71] Even when official data are disaggregated by ethnic group 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 difficulties.[72]

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[66] PL Country Report citing nationwide representative surveys commissioned by the Ombudsperson for Children and conducted in 2008 and in 2014. It might be noteworthy that the PL Country Report describes a rather distinct pattern of rather short-term circular migration, as opposed to BG and RO. Similarly, the peak of parental migration seems to be before 2008 in PL, decreasing since then, while it remains steady in RO and BG.

[67] The incidence of mental health issues, among which the most important are anxiety, oppositionism, learning dysfunctions, and depression, is 2.6 times higher than in the overall population in Romania. See: https://www.senat.ro/Legis/Lista.aspx?cod=21414&pos=0&NR=b247&AN=2018.

[68] Descriptive glossary of terms relating to Roma issues, version dated 16 November 2011.

[69] The CoE also notes that the French administrative term "gens du voyage" is used to refer to both Roma, Sinti/Manush, 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 Roma immigrants from Eastern Europe.

[70] 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 See Ivanov, A. and Kagin, J. (2014). Roma Poverty from a Human Development Perspective. Bratislava: UNDP Regional Support Centre for Europe and CIS, 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.

[71] See Annex for a CoE estimation of population sizes per country and some references to the methodological difficulties. See: https://www.coe.int/en/web/portal/roma and https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combatting-discrimination/roma-and-eu_en.

[72] See Ivanov, A. and Kagin, J. (2014). Roma Poverty from a Human Development Perspective. Bratislava: UNDP Regional Support Centre for Europe and CIS, and Till-Tentschert, U., Ivanov, A., Elena, M., Kling, G.J.,

Within the EU Member States, a distinction should be made according the status of mobility of Roma. In general, there are three types of situation (see below) which determine their legal status, as well as policy responses. As argued above, none of these categories can be quantified.

- Domestic Roma with long-term residence or citizenship in the Member State.
- "Roma EU nationals moving between EU countries": Roma from the EU making use of their right to freedom of movement within the EU.
- "Migrant Roma" from third countries outside the EU, such as the western Balkan countries and Turkey.

In terms of Roma children, there are three principal clusters of countries, as follows.

- Some countries, specifically Romania and Bulgaria, face serious challenges of exclusion of larger groups of domestic Roma and their [sometimes left-behind] children (also CZ, SK, HR, HU, LT, PL).
- Other countries – namely western (e.g. DE, BE, FR, NL), southern (e.g. IT, ES) and northern European (e.g. SE, DK, FI) countries – are confronted with, often very poor and destitute Roma EU nationals moving between EU countries as well as non-EU Roma migrants, some of whom migrate with their children.
- There are other countries where issues of exclusion of domestic Roma are of lesser scale or depth, and which do not receive either Roma EU nationals moving between EU countries or Roma migrants from third countries.

It is difficult to determine the exact size of the Roma population in each Member State.

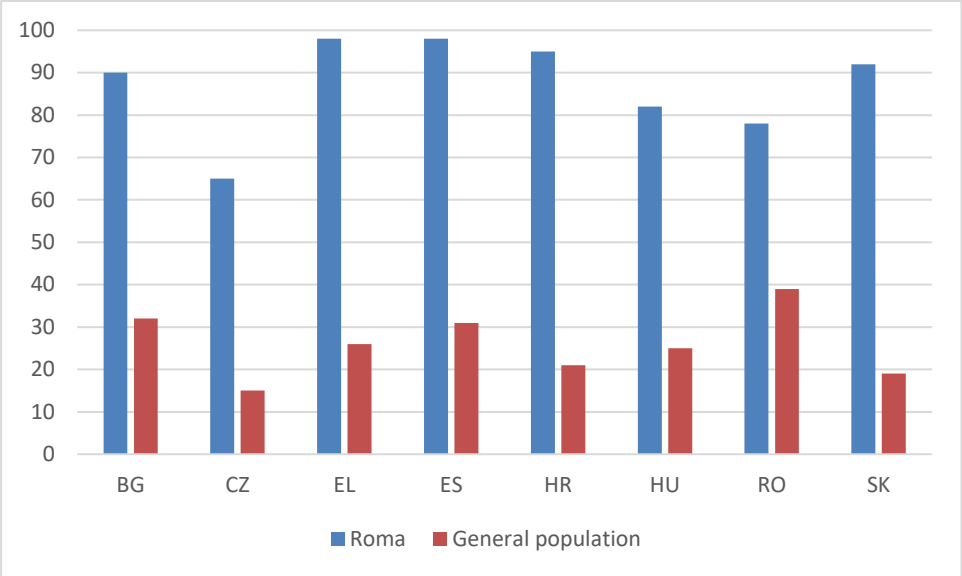
But even if the information on the exact size of the group is missing, specific surveys on minorities, reports from international organisations (CoE, EU, and EU Agency for Fundamental Rights [FRA]) and national reports make it possible to identify problems of access by the Roma population under a number of policy areas.[73] The EC's *Roma integration indicators scoreboard (2011-2016)*[74] presents the situation of the Roma population in 9 EU countries, based on 18 indicators in 4 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 the FRA in 2011 and 2015-16. Nevertheless, it needs to be taken into account that these surveys, in some countries, may be mainly focused on the most visible Roma, frequently those at most risk of exclusion. 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 among Roma children.

and Latcheva, R. (2016). Measuring Roma Inclusion Strategies – a Fundamental Rights Based Approach to Indicators. Vienna/Geneva.

[73] See Annex for a CoE estimation of population sizes per country and some references to the methodological difficulties. See: https://www.coe.int/en/web/portal/roma and https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combatting-discrimination/roma-and-eu_en.

[74] European Commission (2017). Commission Staff Working Document, Roma integration indicators scoreboard (2011-2016), COM (2017) 458 final.

Figure 2.8: Income poverty rate of Roma children; selected EU countries, 2014, %



Note: The income poverty rate refers to the proportion of people with an income below the national at-risk-of poverty threshold. Source: FRA Second European Union Minorities and Discrimination Survey, 2016 and EU-SILC 2014, Eurostat, Table [TESSI012].[75]

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 and makes difficult the precise evaluation of the total cost of a possible action for each TG.

[75] https://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf

3. Overview of situation of the four TGs in relation to access to key social rights[76]

This chapter presents the challenges facing the four TGs in relation to access to the five key social rights under scrutiny (decent housing, free healthcare, adequate nutrition, free ECEC and free education), on the basis of available data and analyses (see Annex 3.1 for additional information on data quality and availability).

3.1 Housing

Housing inadequacies have been proven to have negative impacts, particularly on children, 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 may contribute to undermining positive development and perpetuates disadvantage from one generation to the other[77].

This section provides an overview of children's access to decent housing in Europe. It covers different aspects of access to decent housing: housing deprivation, overcrowding, energy poverty and housing costs, for the total population of children and for the TGs available in the EU Statistics on Income and Living Conditions (EU-SILC). It also provides partial evidence on some of the TGs who are poorly covered or not covered in the survey (homeless children, Roma children, children in institutions and undocumented children).

3.1.1 Severe housing deprivation

Severe housing deprivation is defined at the EU level as:

- living in an overcrowded household (see definition in Section 3.1.2); 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).

The proportion of children suffering from severe housing deprivation is presented in Figure 3.1, it 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, Ireland, 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 3.1 also presents the proportion of children suffering from severe housing deprivation for each TG available in the survey[78] and compares it with the total population of children. Information on children's limitations in daily activities is used as proxy of children's disability.

[76] This chapter draws heavily on the 5 FSCG Policy Papers, the 4 FSCG Target Group Discussion Papers and the discussions at the FSCG's four Fact-Finding Workshops. These papers in turn draw on the 28 FSCG Country Reports. The list of experts who prepared these various FSCG reports is provided in Annex 1.1.

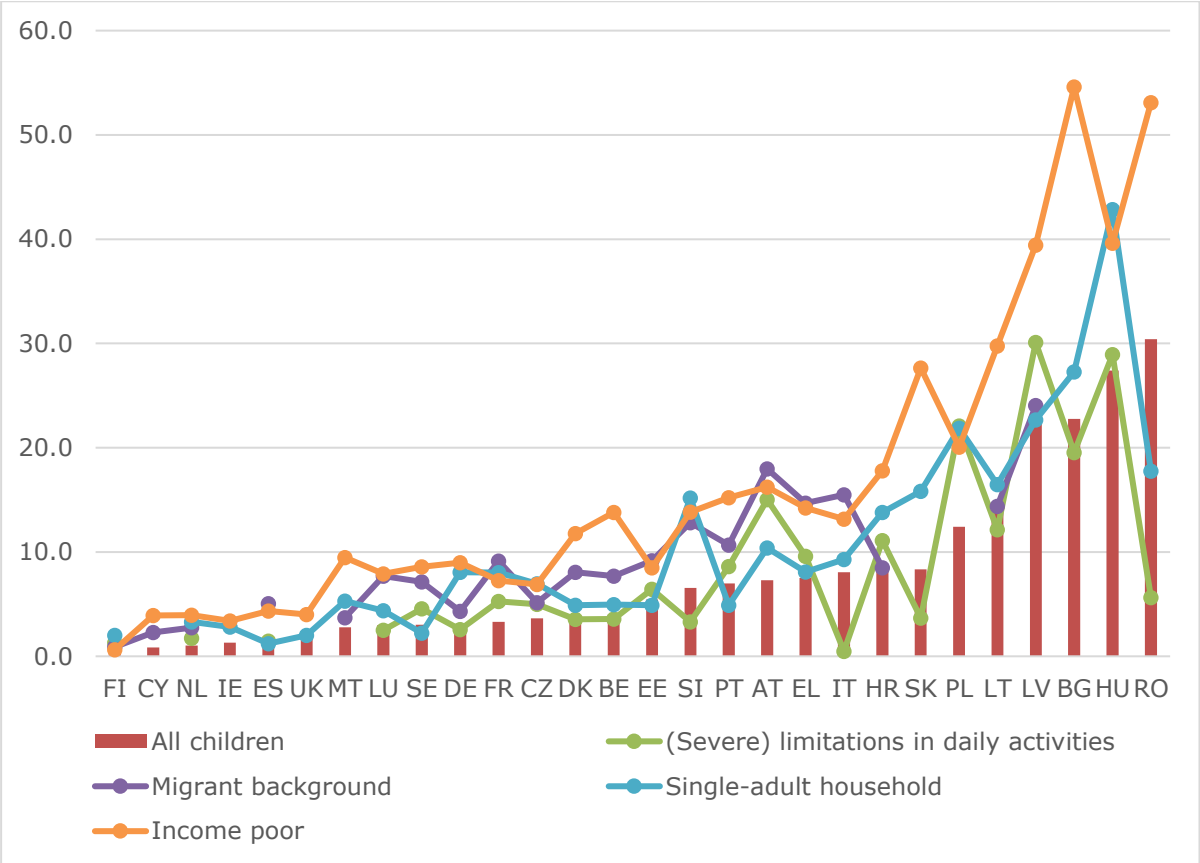
[77] Bartlett S. (1998), "Does inadequate housing perpetuate children's poverty?", *Childhood*, 5:4, pp. 403-420.

[78] See Annex to Section 3 on the limit of EU-SILC and Section 3.1.5 on TGs poorly or not covered in EU-SILC.

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 report "Migrant Integration Information and good practices"[79] 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".*

Figure 3.1: Proportion of children who suffer from severe housing deprivation, EU-28 Member States, all children and available TGs, 2017, %



Note 1: 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.
Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

[79] 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.

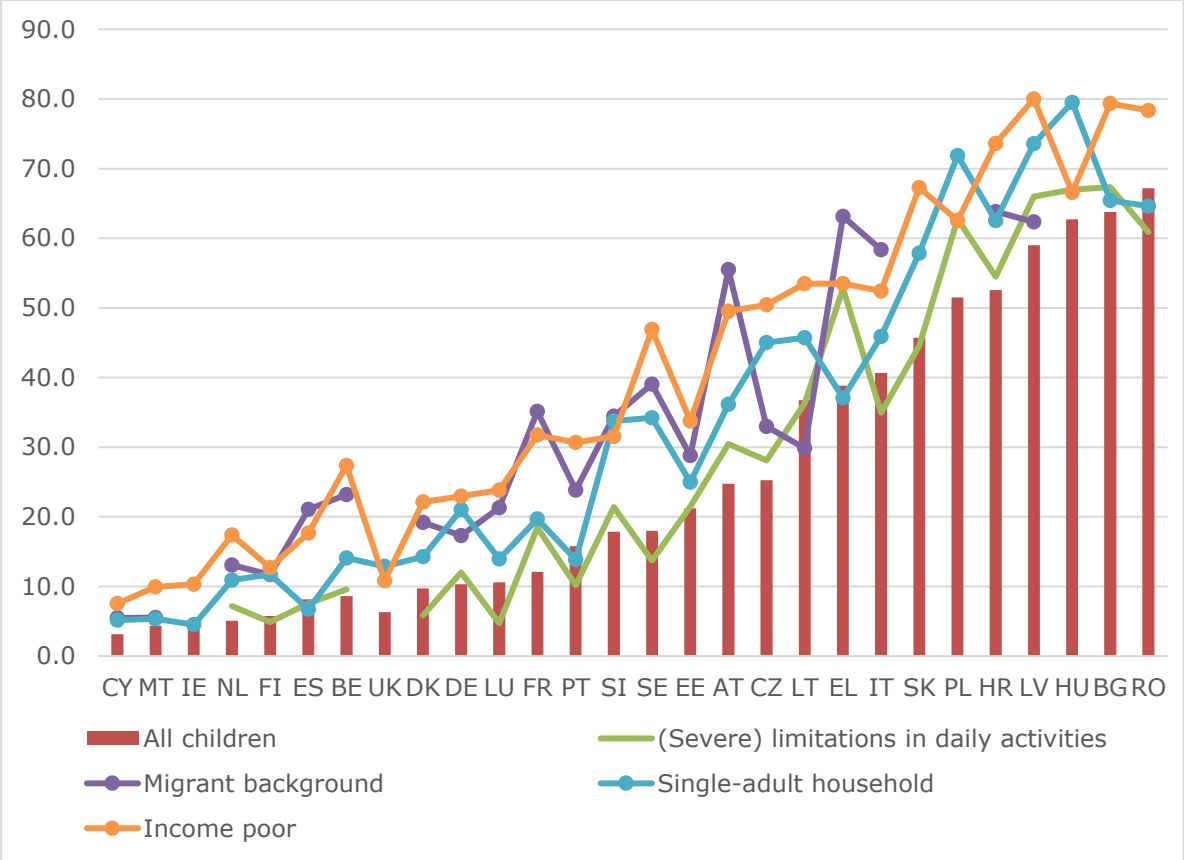
3.1.2 Overcrowding

At the EU level, 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 Shelter[80] shows for instance how overcrowding can harm family relationships, negatively affecting children's education and causing depression, stress and anxiety.

Figure 3.2: Proportion of children who live in overcrowding households, EU-28 Member States, all children and available TGs, 2017, %



Note 1: 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.
Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

[80] Shelter (2005), *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 3.2, the proportion of children living in an overcrowded household in 2017 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.

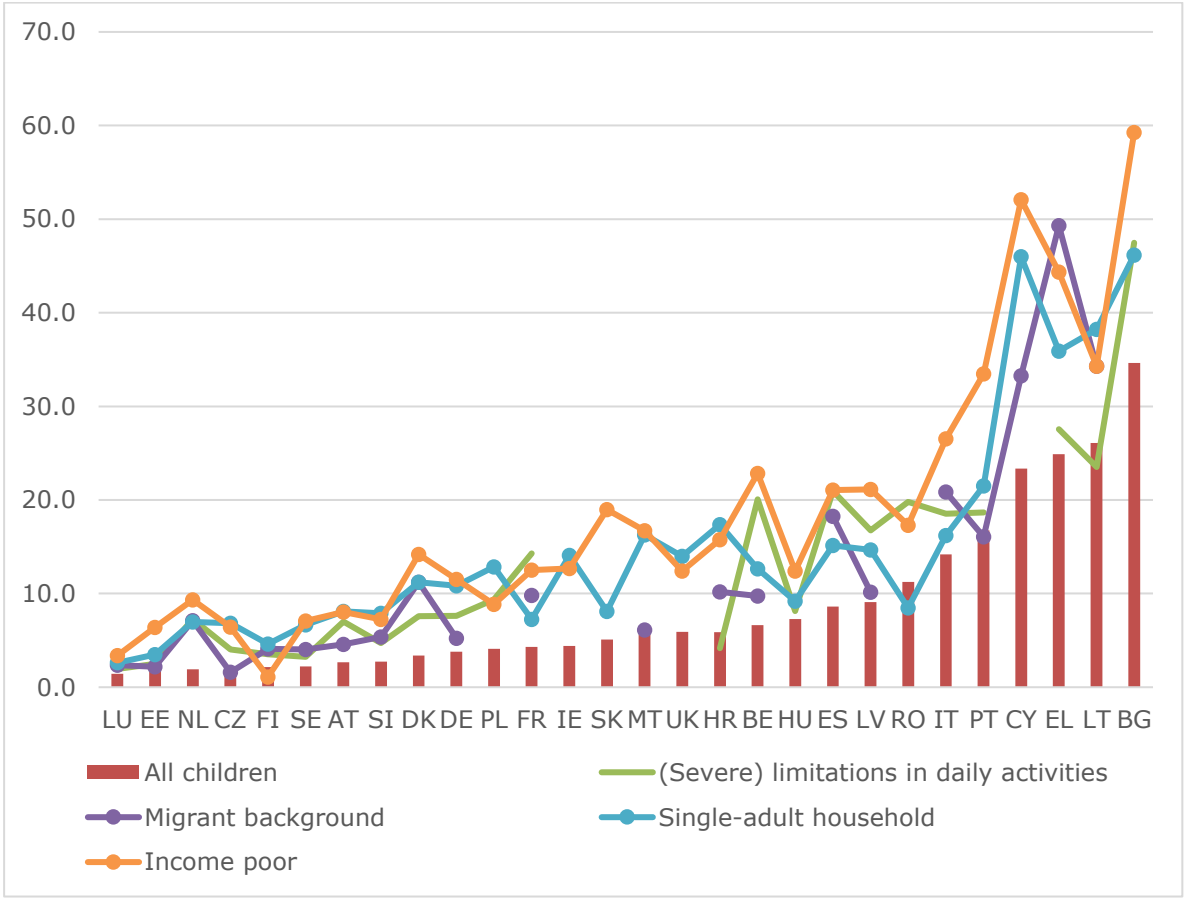
Figure 3.2 also shows that suffering from income poverty, living in single-adult households or having a migrant background increase the risk of overcrowding in most countries. So, for instance, in Bulgaria, Latvia and Romania around 8 poor children out of 10 combine income poverty with overcrowding.

3.1.3 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.

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), see Figure 3.3.

Figure 3.3: Proportion of children who suffer from an inadequately warm home, EU-28 Member States, all children and available TGs, 2017, %



Note 1: 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.
Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

3.1.4 Housing cost overburden

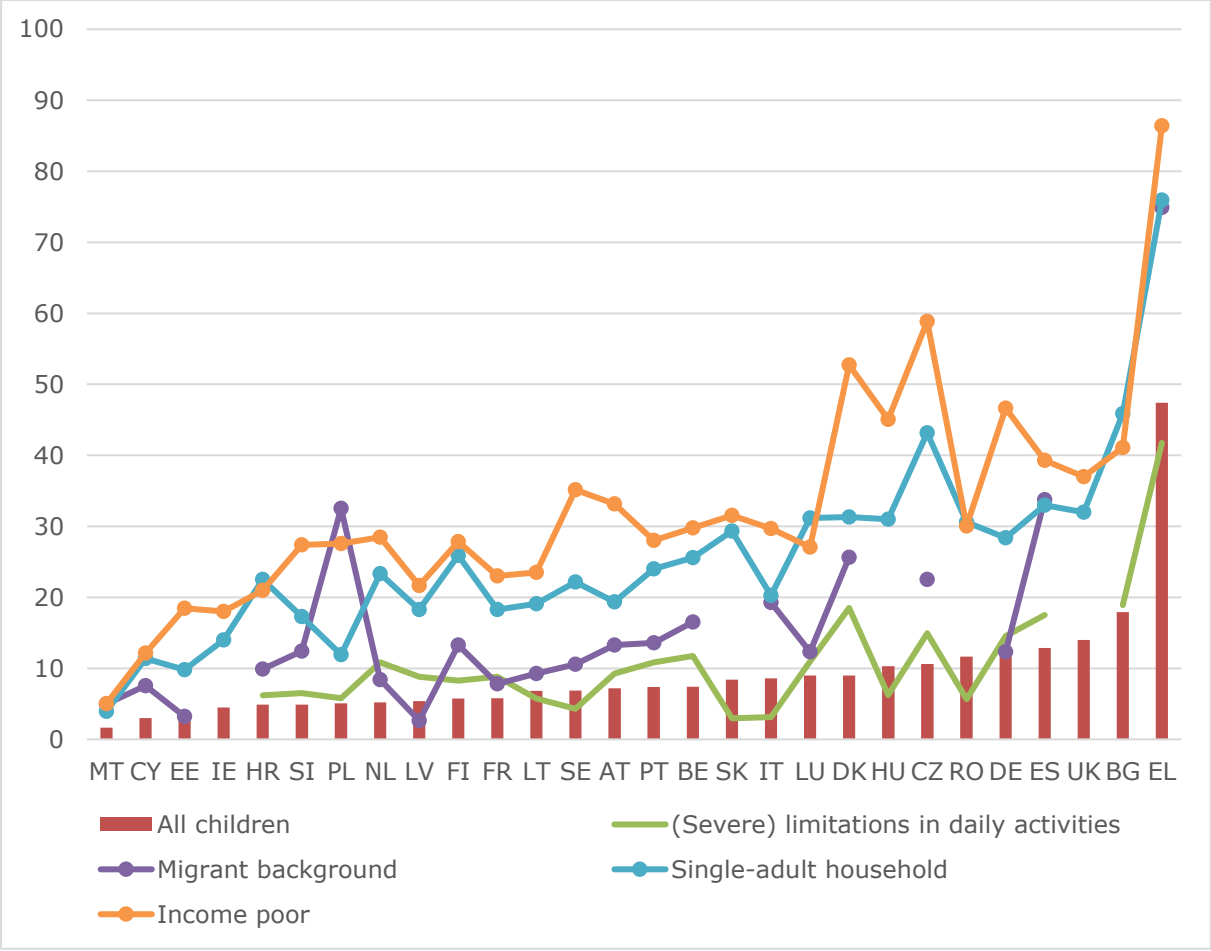
The EU indicator of housing cost overburden is defined as the percentage of the population living in a household where the total housing costs (net of housing allowances) represents more than 40% of the total disposable household income (net of housing allowances).

As shown in Figure 3.4, in 2017 Greece is by far the EU country with the highest rate: 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).

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

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.

Figure 3.4: Proportion of children in households confronted with housing cost overburden, EU-28 Member States, all children and available TGs, 2017, %



Note 1: 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.
Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

Unsurprisingly, income poor households are more heavily impacted (Figure 3.3). 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%).

3.1.5 TGs poorly or not covered in EU-SILC[81]

A major difficulty is that EU-SILC does not include people living in institutions or homeless children, and imperfectly covers migrant or Roma children (see Annex 3.1). Qualitative studies or specific data sources are used to partly fill in this gap in this section.

Children in institutions

It is extremely difficult to measure the housing conditions of children in alternative care, due to the lack of data and the diversity of settings. For some of the children, housing conditions are sometimes not of high quality and may not offer a safe and caring environment. The housing situation of unaccompanied minors is especially dire in many European countries. In some of them, these minors are accommodated with adults in shared rooms or in dormitories.

Regarding young people ageing out of the care system, housing is one of the major issues. Studies have shown a relation between living in an institution when a child/teenager and housing instability or homelessness later in life[82]. It is important to know whether homelessness results from transition itself or from the way the transition has been carried out (e.g. lack of housing and rehabilitation planning after institutionalisation[83]). A recent report from Foundation Abbé Pierre, an NGO working with vulnerable populations, estimated that 36% of homeless people in France in the age range 18-25 had been in alternative care[84]. Similar studies in other European countries have highlighted similar trends, for instance in Ireland "Focus Ireland" is calling for an extension of the ring-fenced funding for accommodation for care-leavers and an increase in the number of after-care workers[85].

Undocumented children

Most countries 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 safeguards[86]. 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.

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[81] This section draws on Clark-Foulquier, C. and Spinnewijn, F. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Housing. Internal Document. See also FEANTSA and Fondation Abbé Pierre, 2019, The Fourth Overview of Housing Exclusion in Europe 2019.

[82] E.g. Russell M. Viner, Brent Taylor (2005), Adult Health and Social Outcomes of Children Who Have Been in Public Care: Population-Based Study, American Academy of Paediatrics, Apr 115(4):894-9; Paul Montgomery Charles Donkoh Kristen Underhill, 2006, Independent living programs for young people leaving the care system: The state of the evidence, Children and Youth Services Review.

[83] Lamb HR. (1984), Deinstitutionalisation and the homeless mentally ill, Hosp Community Psychiatry. 1984 Sep; 35(9):899-907 and Leslie J. Scallet, 1989, Mental Health and Homelessness: Evidence of Failed Policy?, Health Affairs Vol. 8, No. 4.

[84] Fondation Abbé Pierre (2019), L'état du mal-logement – Rapport 2019.

[85] https://www.irishtimes.com/news/social-affairs/young-people-leaving-state-care-face-real-risk-of-homelessness-1.3861335.

[86] Housing and Homelessness of Undocumented Migrants in Europe: Developing Strategies and Good Practices to Ensure Access to Housing and Shelter, March 2014, PICUM.

There is also evidence from FEANTSA's European Observatory on homelessness's report on Family homelessness in Europe[87] 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 solutions other 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.

Roma children

Roma face both similar challenges to other groups in terms of access to decent housing, as well as specific ones such as discrimination and sub-standard, slum-like housing conditions. The Bulgarian and Slovakian FSCG Country Reports point to the health consequences of inadequate housing (e.g. lack of sewerage and clean drinking water, in combination to other factors) as leading to higher infant and children mortality rate among Roma.

The Fundamental Rights Agency EU-MIDIS II (2016) survey on Roma confirm that Roma neighbourhoods are frequently overcrowded, affected by lack of water, gas, electricity, and public services. A specific question also particularly faced by Roma households is the legality of property ownership and the consequent risk of eviction and housing instability. Last but not least, Roma communities are facing discrimination in access to housing and segregation Therefore, even if the precise situation remains difficult to fully apprehend due to a lack of official statistical data at European level, Roma communities still appear to be particularly at risk of severe housing deprivation in most Member States.

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. FEANTSA's European observatory on homelessness issued an overview of twelve EU countries in 2017[88]. 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[89].

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. Provision of emergency accommodation to homeless families – such as placement in a single hotel room – may mask the figure as there is a roof over the head but no home function. Not least, children cannot socialise with friends, have personal space, nor undertake school homework. Nutrition is compromised by lack of cooking facility. Mental health may suffer. If the placement is away from the previous neighbourhood and school, additional stresses and travel are involved on a daily basis and accessing healthcare is made more difficult.

[87] European Observatory on Homelessness, 2017, Family Homelessness in Europe, EOH Comparative Studies on Homelessness, Brussels.

[88] European Observatory on homelessness, December 2017, Family homelessness in Europe.

[89] See also FEANTSA and Fondation Abbé Pierre, 2019, Fourth Overview of Housing Exclusion in Europe, https://www.feantsa.org/download/oheeu_2019_eng_web5120646087993915253.pdf

3.2 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 disability, and for over-the-counter medication and advice.

Measurement of each of the TGs, particularly from a healthcare delivery point of view, is difficult. Comparability is exceedingly difficult, as definitions and means of data compilation vary. With regard to healthcare delivery, there is also a potential mismatch between policy promise and delivery on the ground. This is known to be the case in particular with regard to delivering healthcare to migrant children, especially in those countries receiving large numbers. With a set of target populations which are themselves difficult to count, there is an inherent bias that "delivery achieved" is easier to record, and more motivating to publish, than "delivery failed" or "individual children not identified". Advocacy and civil society groups with a special interest may be in a much better position to identify individuals, or locations and population sub-groups, which are not being served, but they may not be fluent in reporting these findings in a comparable public health or demographic format.

3.2.1 Healthcare systems and children's access

Eurostat has published the results of the 2017 EU-SILC ad hoc module analysing for the first time children's unmet health needs. For the first time, they have published two indicators: one related to children's unmet medical needs and one related to unmet dental needs.

The information was gathered by interviewing one member of a household that included at least one child aged 15 or below. Children's medical (or dental needs) can be unmet due to various reasons, such as inability to afford the treatment, long waiting lists, long travel times or no means of transport, or lack of time because of work or caring for family members or others. The information 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[90] (or dental) 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 (dental) examination or treatment each time it was really needed.

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 child indicator that we present below. These

[90] 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: i) healthcare provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care); ii) medical mental healthcare; and iii) 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 jeopardising the child's health.

Are excluded: i) taking prescribed or non-prescribed medicines; and ii) dental care (covered in a separate question).

drawbacks concern the validity, coverage, and meaning of the unmet need indicator (see EXPH 2016, pp. 21-24[91]):

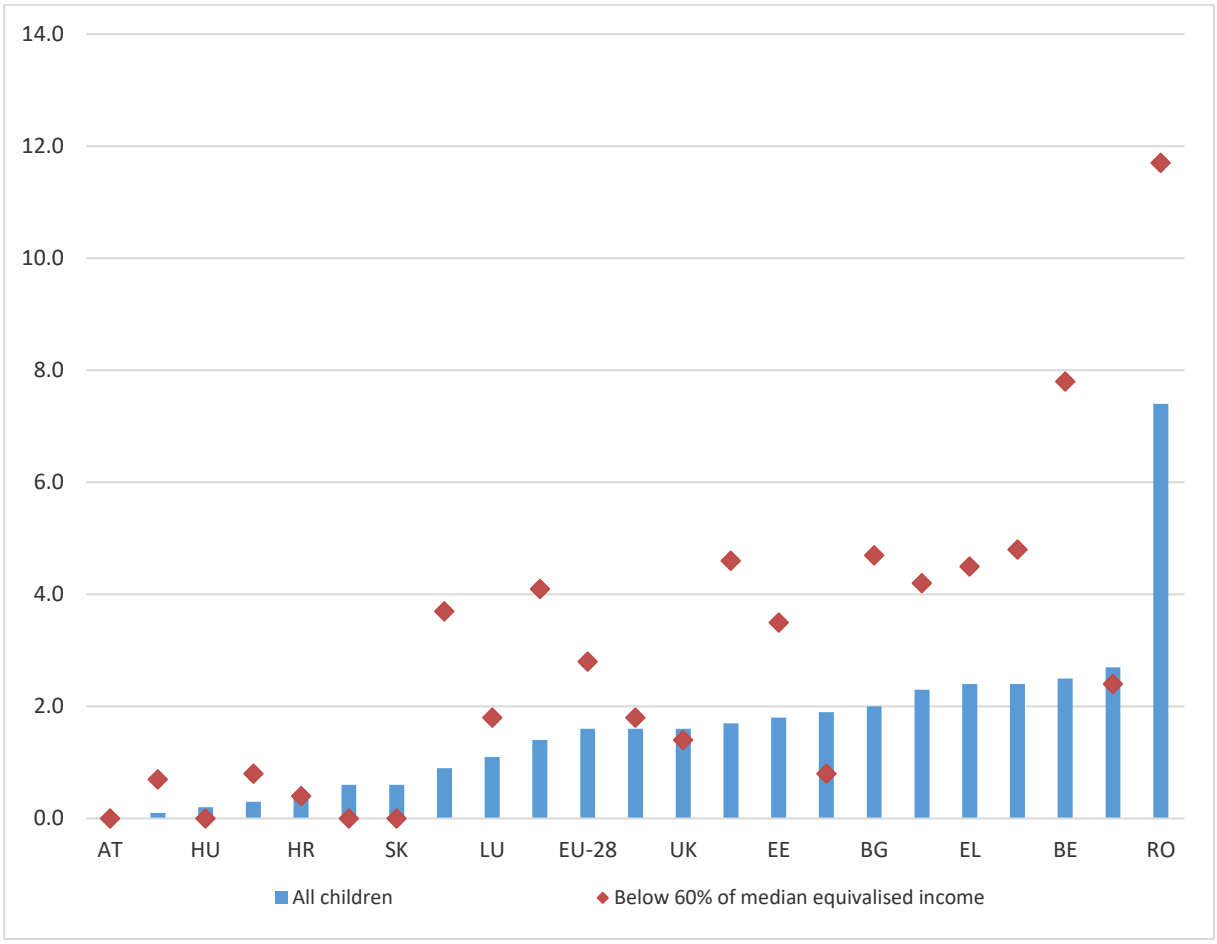
- First, the sample is limited to those who report need for healthcare. The sample size is therefore relatively small, limiting scope for sub-group analysis.
- Second, the fact that EU-SILC data exclude the institutionalised population, such as those living in health and social care institutions, or those not included in the sampling frame, such as homeless people or those in temporary accommodation may underestimate the unmet need for medical care as these people generally have higher needs that 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.
- Fifth, the design of the survey questionnaire impacts the results and the comparability between countries (differences in wording of the questions. one-step or two-steps, questions to collect information on unmet needs, etc.)[92].

Figure 3.5 shows the percentage of children living in households with at least one child suffering from unmet medical needs, broken down by poverty status. 1.6% of all children in Europe suffer from unmet medical needs, adding up to a lot of children. Romania has the greatest problems. When focussing on low income households, a number of countries' situations get worse: Belgium, Bulgaria, Cyprus, Estonia, Greece, Italy, Latvia, Lithuania, Luxembourg, Portugal and Romania. The very small sample size does not allow additional analysis by household type, migration context or children's limitation in daily activities.

[91] https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/docsdir/opinion_benchmarking_healthcareaccess_en.pdf.

[92] See Charafeddine R. and Demarest S. (forthcoming/2020), Health: Analysis And Indicator Development, Net-SILC3 paper to be presented at the Net-SILC3 Rome Conference (May 2020).

Figure 3.5: Percentage of children living in households declaring unmet medical needs for at least one child, all children and children at-risk-of poverty, 2017



Note: the sample size is too small to provide reliable information in DK, IE, FI, NL, SE and SI.
Source: Eurostat, EU-SILC 2017, Table ilc_hch14.

Table 3.1 seeks to identify whether cost or other factors are the root cause. Data are only available for a subset of countries due to the very small sample size.

Affordability is the prime problem in many countries (Belgium, Bulgaria, Greece, Italy, Cyprus, Portugal and Romania). Estonia, Poland and the United Kingdom face capacity problems and waiting lists. It should be noted that all the countries listed apart from Belgium and Cyprus provide a free child health service or with some co-payments (France).

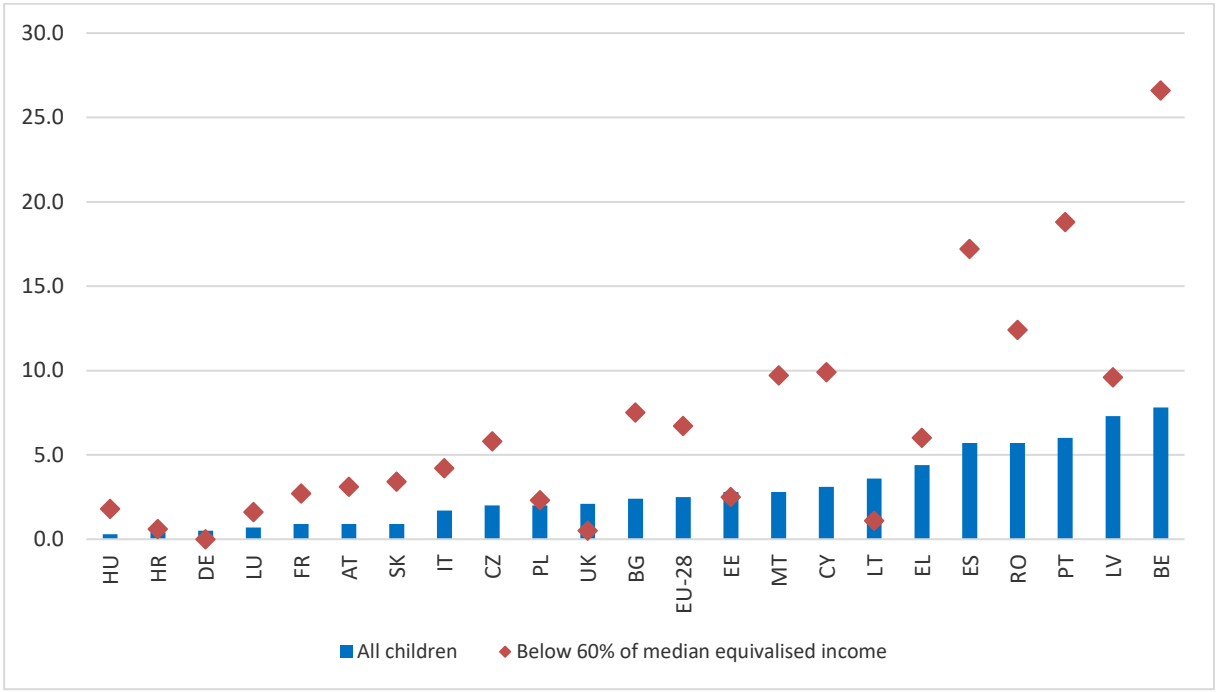
Table 3.1: Reasons for unmet medical needs for children, % per country 2017

	Too expensive	Too far to travel	No time	Waiting list	Other
Belgium	92.1	2.2	0.0	0.0	5.7
Bulgaria	94.3	5.7	0.0	0.0	0.0
Czechia	8.2	5.4	24.3	9.7	52.4
Estonia	9.7	0.0	0.0	65.9	24.4
Greece	77.7	7.2	1.0	5.2	8.9
France	18.9	1.4	2.8	17.5	59.3
Italy	86.7	0.0	2.5	10.8	0.0
Cyprus	100.0	0.0	0.0	0.0	0.0
Latvia	34.1	0.0	15.5	46.3	4.1
Poland	7.4	4.5	2.2	73.2	12.8
Portugal	81.2	0.0	0.0	13.8	5.0
Romania	62.9	10.6	4.5	11.0	11.1
United Kingdom	0.0	0.0	0.0	82.8	17.2

Source: Eurostat, EU-SILC 2017, Table ilc_hch15.

Finally, dental care is considered in Figure 3.6. At the EU level, 2.5% of children live in a household where there is at least one child with unmet dental care. This proportion attains 6.7% for those living in low income household. There clearly is a major increase in risk for low income household children in most countries.

Figure 3.6: Percentage of children living in households declaring unmet dental needs for at least one child, all children and children at-risk-of poverty, 2017



Note: the sample size is too small to provide reliable information in DK, IE, FI, NL, SE and SI.
Source: Eurostat, EU-SILC 2017, Table ilc_hc14.

Overall, these figures must be treated with great caution for the reasons stated, and they extend far beyond the TGs while indeed excluding many of them, but they do indicate a failure to support many of Europe's children in their health needs.

The WHO Regional Committee for Europe published recently a report on financial burden of healthcare[93], presenting indicators of catastrophic out-of-pocket payments which complement the indicators related to unmet medical need. Indeed, financial burden may increase when unmet need decreases if reforms that improve access increase financial hardship among those using services. Although these figures do not allow identifying specifically the financial burden of children's health costs and rely on data which may suffer from coverage and comparability issues, they confirm the wide differences between countries in terms of health spending problems and highlight the importance of three policy drivers which may also impact children: increases in public spending, reductions in out-of-pocket payments and adequate coverage policy. This report also shows that out-of-pocket payments for medicines are a major driver of financial hardship in Europe, particularly among poor people (WHO, 2018, p.31).

The FSCG Country Report analyses[94] seek to give an overview of legal entitlements and policies in place for each country, and though this can only be at a high level they generally indicate a free service objective for children but a less than perfect delivery to the most challenging or difficult to categorise or identify TG cases, and it must be emphasised that even one child badly served is potentially a person damaged for life, while even just 1% of an at-risk population is a lot of individual young people.

From the 28 FSCG Country Reports, 22 countries have in principle a free health service for all children, while three more countries have a free core service but some charges - Estonia (prescription charge), France, Slovakia (co-payments); while Belgium, Cyprus, and Ireland do not have a universal free service. However, only in nine of the 22 countries with a universal free service the FSCG country expert assess that this is delivered equitably to all children (Austria, Czech Republic, Denmark, Lithuania, Luxembourg, Malta, Slovenia, Sweden, UK); the balance - Bulgaria, Croatia, Finland, Germany, Greece, Hungary, Italy, Latvia, the Netherlands, Poland, Portugal, Romania and Spain - report some gaps in the service for some children.

The high-level analysis is thus worrying:

- in 6 countries, the overall free health service is not free for children;
- in 13 countries, there are gaps in universality of service; and
- 9 country experts do not report problems in delivering a universal free service.

However, this is a very simplified picture, and does not consider local hidden failures; nor other out-of-pocket cost barriers (including travel, and lost parental income) from attending appointments. Two recent publications with regard to vaccination for children in Europe have highlighted this[9596] and it is likely to apply to all healthcare access, particularly for vital early consultation for initially minor health problems which will escalate if not addressed early. In particular there is the likelihood that children in the TGs will be most affected.

[93] World Health Organisation, 2018, Can people afford to pay for health care? New evidence on financial protection in Europe, Regional report summary.

[94] This analysis and the rest of the section on healthcare draws heavily on Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy Area Report on Healthcare. Internal Document.

[95] Expert Panel on Effective Ways of Investing in Health. Programmes and Health Systems in The European Union; Brussels, 2018 (available at https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/020_vaccinationpgms_en.pdf).

[96] Michael J Rigby, Catherine E Chronaki, Shalmali S Deshpande, Peter Altorjai, Maria Brenner, Mitch E Blair. European Union initiatives in child immunization—the need for child centricity, e-health and holistic delivery; European Journal of Public Health, October 2019.

Furthermore, several of the Country Reports indicated that there was a problem in providing an adequate level of primary care for all children. Several identified weaknesses in the systems and their equity, ranging from lower income Member States such as Bulgaria, Croatia and Latvia, to countries such as France, Finland, the Netherlands and Portugal. Particularly concerning is that Bulgaria, Croatia, Hungary and France are countries where country experts felt that service coverage is declining. And in the first three of these this is due particularly to loss of healthcare personnel under Freedom of Movement to European countries offering higher remuneration. In any country with a stretched service, marginalised children are likely to be particularly disadvantaged as they may have more complex needs, whilst living in deprived or rural areas where it will be most difficult to maintain a full service.

A further source of data for some key EU countries comes from the organisation *Médecins du Monde / Doctors of the World (DOTW)*, who provide healthcare consultations for persons not able to avail of healthcare in the countries concerned in which they reside. DOTW have reported that in 2017-2108 they provided clinics in the six EU countries of Belgium, France, Germany, Luxembourg, Sweden, and the United Kingdom. In these two years they saw in medical or social consultation 28,975 individuals who had no access to local services (Belgium 6,586, France 13,740, Germany 2, 697, Luxembourg 1,531, Sweden 670, United Kingdom 3,751)[97]. Some 7% of these were children, of whom a fifth were unaccompanied minors.

In conclusion, it is extremely difficult to produce reliable, detailed and adequate data on detailed healthcare delivery for children. The Models of Child Health Appraised (MOCHA) Horizon 2020 research project[98] has already reported in detail on the inadequacy of child healthcare delivery data and of needs analysis[99]. There are no data on primary care, or for children in hospital, or on health need. Until there is further attention paid to strengthening data sets and analysis (and much data are available in source systems) then children, particularly the vulnerable children, will continue not to have their needs analysed and reported, and thus there will be no hard evidence on which to base targeted health service provision.

One way to identify failure to meet need is by identification of a tracer sample of services which can be expected to be available to all children in all countries[100]. Following a process of validation, such a list could be used across Europe to better identify reasonable expectations for all children, and thus also to identify unmet need for healthcare.

[97] Médecins du Monde / Doctors of the World (DOTW). Left Behind: The State of Universal Healthcare Coverage in Europe; available from https://www.doctorsoftheworld.org.uk/wp-content/uploads/2018/11/DOTW_2019_lowress_alt.pdf

[98] https://www.childhealthservicemodels.eu/

[99] Michael Rigby, Shalmali Deshpande, Nadia Minicuci, Harshana Liyanage, Ekelechi MacPepple, Heather Gage. The Invisibility of Children in Data Systems; in Mitch Blair, Michael Rigby, Denise Alexander. Issues and Opportunities in Primary Health Care for Children in Europe The Final Summarised Results of the Models of Child Health Appraised (MOCHA) Project; Emerald Publishing (in Press), available at https://www.emerald.com/insight/content/doi/10.1108/978-1-78973-351-820191011/full/html

[100] As proposed in M. Rigby 2019 (Op.Cit.), the following set of benchmark or tracer services could be used: a) Professional post-natal examination at birth; b) Receipt of infant immunisation protection as given in the country of residence; c) 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?; d) Will a child receive a health check, including vision and hearing screening, on admission to school at 5 years (plus or minus 1 year)?; e) 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?; f) Can a 14-year old adolescent receive confidential access to a mental health professional within 1 month?; g) Can a 15-year old adolescent receive confidential access to a reproductive health clinic within 1 month, and if appropriate receive free supplies?.

3.2.2 The specific issue of healthcare for children with a migrant background

Healthcare delivery to migrant children is a specific challenge. The European Observatory on Health Systems and Policies published in 2017 a status report on *Implementation of the right to health care under the UN Convention on the Rights of the Child*[101]. The report assesses their view of compliance with UNCRC Article 24(2) (b) "*To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care*" for four residence-based categories of child:

- children with the nationality of the country where they reside (nationals) – this also includes children who benefit from international protection either as refugee under the Geneva Convention or as stateless person, or who are granted subsidiary protection;
- children with either EU/EEA nationality or non-EU/EEA nationality (third country nationals) who have regular residence status in the country where they reside;
- children who are registered as asylum-seekers; and
- children living in the country with irregular residence status.

The conclusion is that only eleven countries are fully compliant with this obligation for all groups of children – Croatia, Cyprus, France, Greece, Italy, Malta, Poland, Portugal, Romania, Spain, and Sweden.

There is good concordance between the FSCG country expert views and the policy view of the Observatory, the main difference being greater acknowledgement of practical problems on the ground by the FSCG national experts. Regarding the provision of healthcare to migrant children, most country experts report that this is a challenge and a problem, though most countries have individual initiatives and policies. A study in 2016 in conjunction with the MOCHA project produced the analysis of policies by category of migrant child presented in Table 3.2.

[101] Willy Palm, Cristina Hernandez-Quevedo, Katarzyna Klasa, Ewout van Ginneken (2017). Implementation of the right to health care under the UN Convention on the Rights of the Child; European Observatory on Health Systems and Policies at the request of the European Commission's Directorate General for Health and Food Safety; European Commission, Brussels.

Table 3.2: Levels of equality regarding entitlements to healthcare for three groups of migrant children compared to national children

Key to shading:
Entitlements equal to nationals regarding coverage and cost and included in same healthcare system
Entitlements equal to nationals regarding coverage and cost but enrolled in parallel healthcare system
Entitlements restricted compared to nationals/No legal entitlements
Unclear legal provision

	Equality dimension		
	Child asylum seekers	**Children of irregular third-country migrants**	**Children of irregular migrants from other EU countries**
Austria			
Belgium			
Bulgaria			
Croatia			no data
Cyprus			no data
Czech Republic			no data
Denmark			
Estonia			no data
Finland			
France			
Germany			
Greece			
Hungary			
Iceland			
Ireland			
Italy			
Latvia			no data
Lithuania			
Luxembourg			
Malta			no data
Netherlands			
Norway			
Poland			
Portugal			
Romania			
Slovakia			
Slovenia			
Spain			
Sweden			
UK			no data

Source: Hjern and Østergaard[102]

[102] Anders Hjern, Liv Stubbe Østergaard (2015). Migrant children in Europe: Entitlements to health care; Deliverable D3 of the MOCHA Project; http://www.childhealthservicemodels.eu/wp-content/uploads/2015/09/20160831_Deliverable-D3-D7.1_Migrant-children-in-Europe.pdf

However, it must be emphasised that this is an analysis of legal entitlements and policies. It is known that some countries, particularly those receiving large/unexpected numbers of migrants, are unable to meet their obligations or desires due to the lack of financial or physical resources. On the other hand, at local level some healthcare providers may well be delivering at a level higher than the local policy.

There is deeper recognition of problems of healthcare access and delivery for migrant children, not least due to lack of facilities and of translation. Undocumented children, homeless children, and European children overstaying their eligible period in a second Member State are still largely invisible – and thus disadvantaged and at significant risk of ill-health.

3.3 Nutrition

Adequate child nutrition is critical to healthy development, particularly at birth and during infancy. If school-age children are hungry they will not learn successfully. Inadequate nutrition and obesity will impact on the health and well-being of children and throughout their lives.[103]

Adequate nutrition aims at contributing 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[104].

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).

This section provides an overview of different aspects of the nutritional status of children in the EU.

An indicator relevant to nutrition and child health outcomes is low birthweight. Infants with low birth weight include those born preterm, as well as children with foetal growth restriction, regardless of their gestational age at delivery. As with preterm births, low birth weight is more common among multiple births than singletons. Growth restriction is associated with many adverse perinatal health outcomes and short- and long-term impairments, including risk of high blood pressure, ischaemic heart diseases, other cardiovascular diseases, diabetes, and metabolic syndromes in adulthood. The data from WHO Regional Office for Europe[105] shows that in 2015 babies with a low birth weight (< 2500 grams)[106] accounted for less than 4.5% of all births in Sweden, Finland, and Estonia and more than 8.0% in Bulgaria, Cyprus, Hungary, Portugal, Greece, Romania and Spain. When comparing 2015 to 2010, these data show significant decreases in some countries

[103] Bradshaw, J., and Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition. Internal Document.

[104] See also FAO and WHO. 2019. Sustainable healthy diets – Guiding principles. Rome.

[105] PERISTAT (2018), European perinatal health report. Core indicators of the health and care of pregnant women and babies in Europe in 2015.

[106] See European Health Information Gateway, Health for All explorer, WHO Regional Office for Europe.

(Greece and Austria) and increases in others (France, Ireland, Northern Ireland, and Portugal).

Breastfeeding provides vital nutrients that babies would not otherwise get. Here again, data show that the proportion of breastfed babies varies considerably in the EU from 98% in Denmark to 44% in Ireland[107]. The duration of breastfeeding also varies between countries. Hungary has the highest rate at three months and six months. The UK has the lowest rates at 3 and 4 months. One of the challenges is that recent data on breastfeeding rates are not readily available for all EU countries. For some countries, the data in the above figures are quite old. Recent articles have also provided estimates for selected EU countries[108] [109]. Even if there are inconsistencies across these different estimates that might reflect change and improvements in recent years; the general picture is still that there is substantial room for increases in breastfeeding rates in EU countries. These data are however not available by socio-economic characteristics, which is important in order to design policies targeted at children in the most vulnerable situation.

The Health Behaviour in School-aged Children (HBSC, 2013/14) study[110] provides information on the prevalence of obesity and overweight among eleven-year-old girls and boys in 48 countries and regions across Europe and North America. The average proportion of overweight is 22%, with national figures higher for boys than for girls in all countries except Ireland. Malta, Greece and Italy have the highest rates of obesity and Denmark and the Netherlands the lowest. There is an increased prevalence associated with low family affluence for boys in around half of countries covered and about two thirds for girls[111].

The Programme for International Student Assessment (PISA) study, includes questions asking children aged 15 years old about whether they ate breakfast before school and whether they ate dinner after leaving school. Across 26 EU countries[112], on average around 22% of children said they did not eat breakfast before going to school, ranging from around 7% in Portugal to around 36% in Austria. There may be several explanations for this besides lack of availability of food – for example, lifestyle choices and the possibility that food is available at school. However, children who did not eat breakfast were significantly more likely to come from families with lower occupational status in 20 out of the 26 countries.

Wave 3 of the Children's Worlds survey[113] provides information for seven EU countries for at least one age group between 8 and 12 years old on whether they have enough food each day. Across the seven EU countries, for children aged 10 years old there was a significant statistical association between not having enough food and children's material deprivation. Children were asked about ownership or access to eight items (e.g. clothes in good condition to go to school in) which can be used as a measure of material deprivation. Among children who lacked three or more of these items, 35% said they did not always have enough food; compared to 6% of those who said they did not lack any of the items.

[107] OECD Family database http://www.oecd.org/els/family/database.htm (Table CO15A).

[108] Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., … Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475–490.

[109] Theurich, M.A., Davanzo, R., Busck-Rasmussen, M., Díaz-Gómez, N.M., Brennan, C., Kylberg, E., Bærug, A., McHugh, L., Weikert, C., Abraham, K., Koletzko, B. (2019). "Breastfeeding Rates and Programs in Europe: A Survey of 11 National Breastfeeding Committees and Representatives", Journal of Pediatric Gastroenterology and Nutrition, vol. 68, No. 3, pp. 400–407.

[110] 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.

[111] See also OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris, Section "Obesity among children".

[112] Data were not available for Malta and Romania.

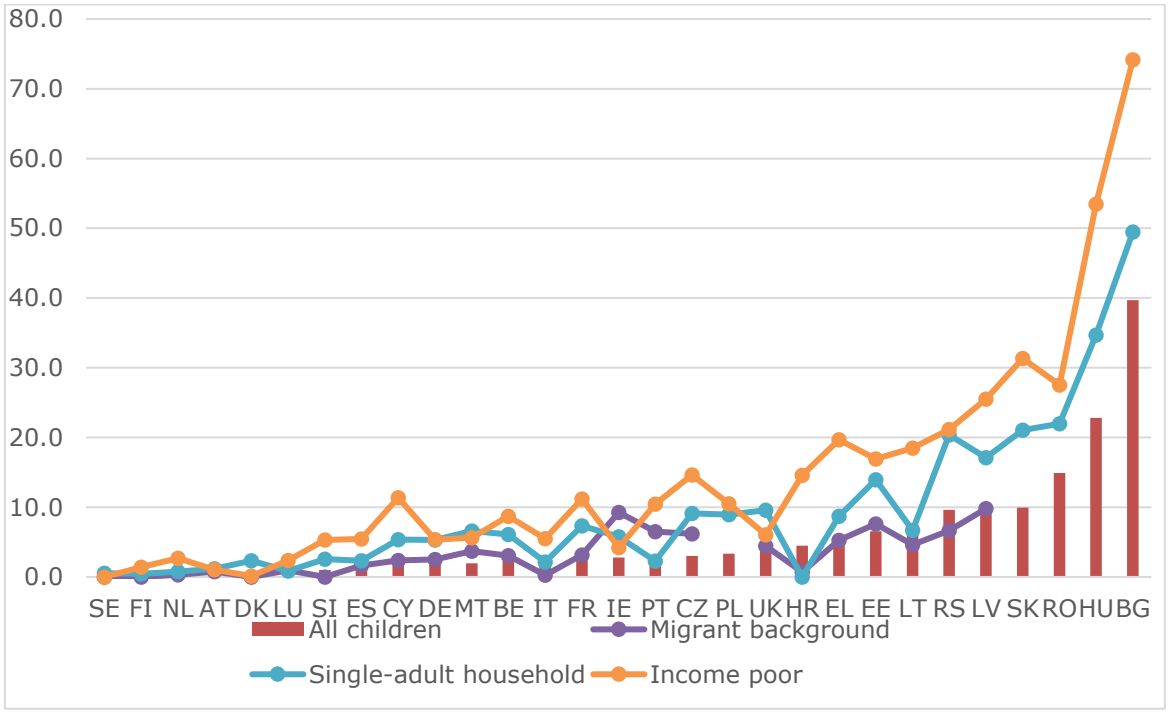
[113] This information comes from Bradshaw, J., and Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition. Internal Document.

The EU-SILC ad-hoc module on child deprivation collected in 2014 provides some information on children's (1-15 years) enforced lack of some nutrients (fruits/ vegetables and proteins). Figure 3.7 compares the proportion of children living in households lacking (for affordability reasons and not by choice) fruits and vegetables 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 3.8 presents similar information about the enforced lack of protein 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).

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.

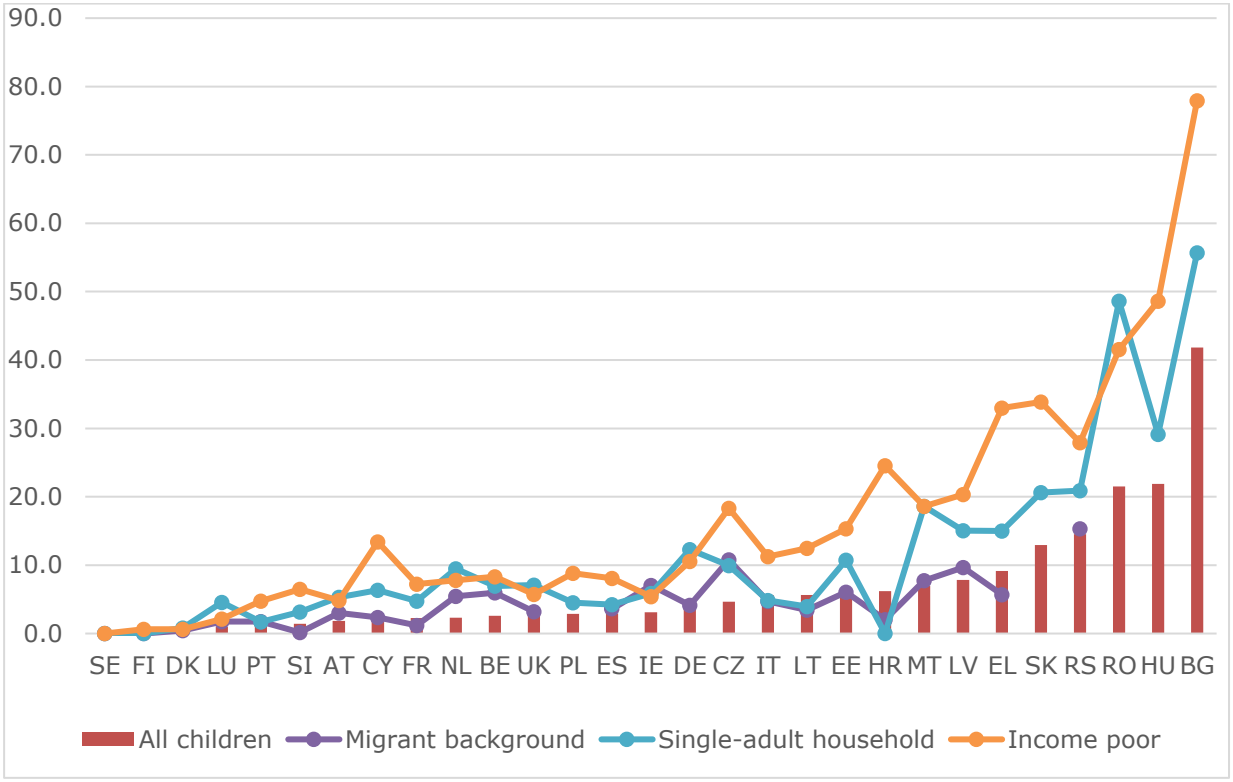
Figure 3.7: Proportion of children (1-15 years) who live in a household where there is at least one child lacking fruits and vegetables daily for affordability reasons, EU-28 Member States, all children and available TGs, 2014, %



Note 1: No data on children's 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.

Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2014, UDB version November 2016, own calculations.

Figure 3.8: 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 1: No data on children's 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.

Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2014, UDB version November 2016, own calculations.

3.4 Early Childhood Education and Care (ECEC)

The European Pillar of Social Rights states as its 11th principle that all children have the right to affordable and good quality Early Childhood Education and Care.

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.

ECEC refers 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".[114]

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 groups[115].

In the FSCG, we only cover the **formal childcare sector**. Regarding pre-primary education, we only consider **publicly funded or (partially) subsidised and accredited provision**. We do **not include home-schooling or private schools**, as in our view these fall beyond the scope of a Child Guarantee.

3.4.1 Level of enrolment

Only seven EU Member States (Denmark, Germany, Estonia, Latvia, Slovenia, Finland and Sweden) guarantee a place in publicly funded provision for each child from an early age (6 to 18 months).[116]

For children under 3 years, ECEC attendance attains 33% for the EU-28 in 2017 (Figure 3.9). 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, three Member States have attendance rate of less than 10% (BG, CZ and SK).

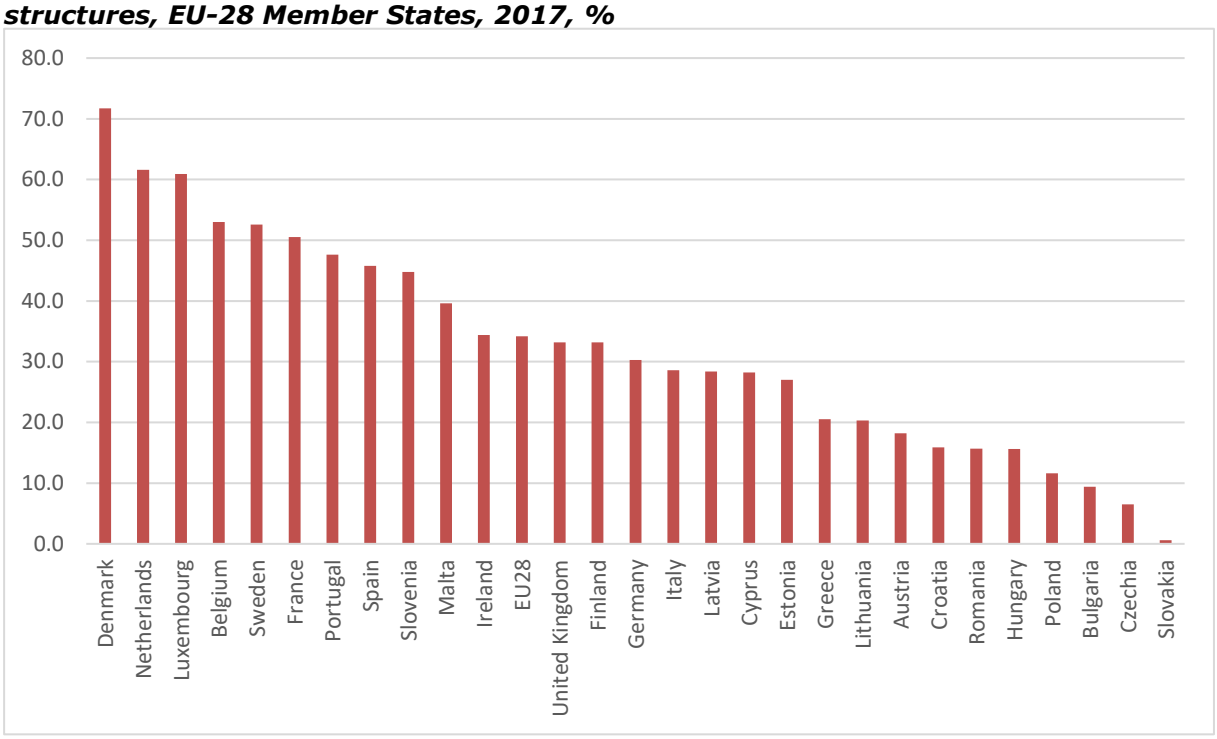
Across Member States, there are also differences in the number of hours the youngest children usually spend in childcare facilities (Figure 3.10): a non-negligible share of children from 0 to 3 years use childcare on a part-time basis (less than 30 hours a week). This is particularly the case in the 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).

[114] 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.

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

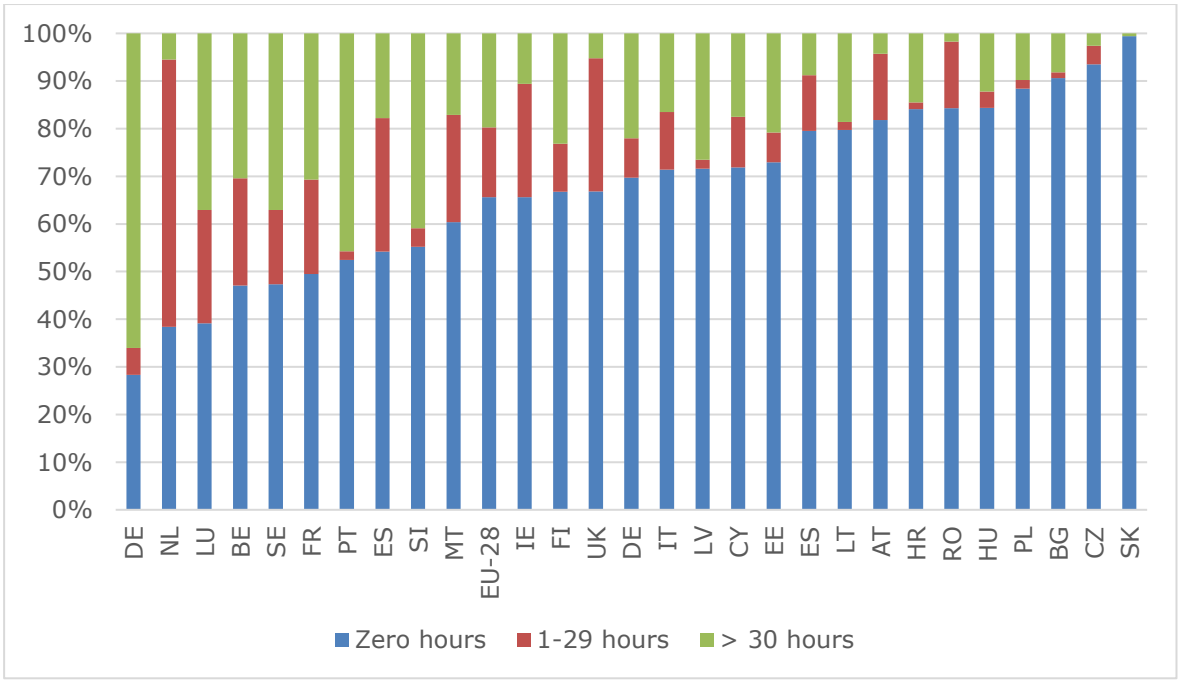
[116] For a detailed analysis see European Commission/EACEA/Eurydice, 2019. Eurydice Brief: Key Data on Early Childhood Education and Care in Europe. Luxembourg: Publications Office of the European Union.

Figure 3.9: 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. For Hungary, 2016 are used instead due to problems with 2017 data.

Figure 3.10: 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.

3.4.2 Inequalities in enrolment[117]

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. Vandenbroeck and Lazzarri (2014)[118] 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 background, in combination with length of time parents have been residing in the host country; and
- living in poor neighbourhoods/rural areas/marginalised settlements.

Generally, there is a lack of reliable data on availability and enrolment in different ECEC systems for the diverse TGs. However, when analysing the main barriers for access to high quality ECEC, many of these barriers apply to all four TGs.

All EU Member States face lower enrolment rates for children from ethnic minorities, refugee children, children with special needs and children from poor families, compared to the general population. This is also the case in countries with generous welfare systems and high overall enrolment rates such as Denmark (78% of children from ethnic minorities compared to 95% of the majority population). For children from single parent families, the picture is slightly different: several countries do not have specific data (e.g. Estonia); in many Member States, these families encounter difficulties to use ECEC (e.g. Belgium), while in some countries their enrolment rate exceeds that of dual parent families (e.g. Austria).

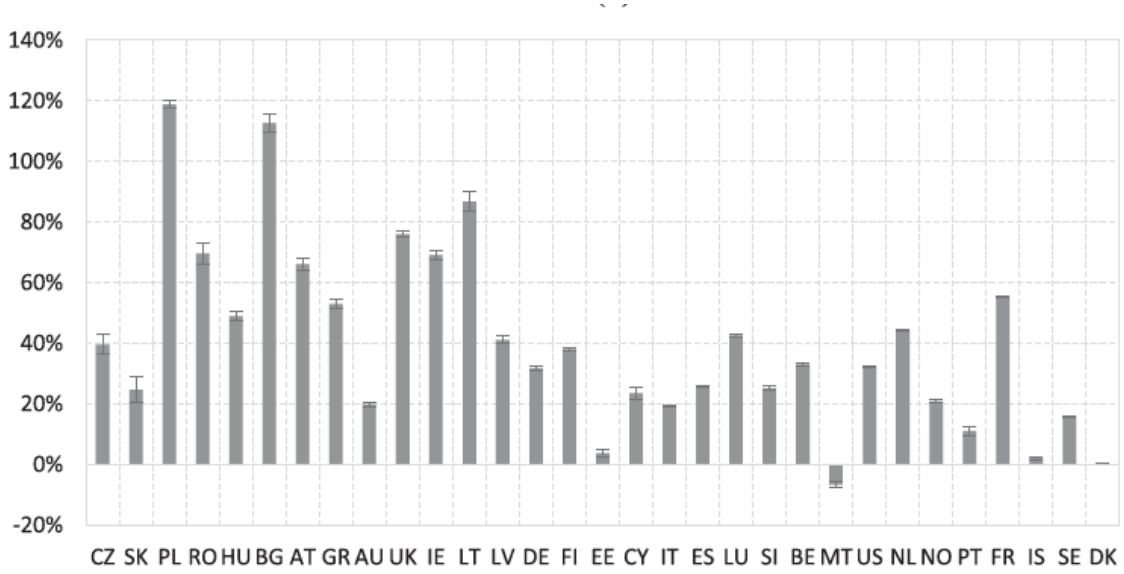
Inequalities in the use of ECEC are most outspoken for the youngest children and this is the case in most EU Member States, but particularly in split systems. While differential take-up between high- and low-income groups (or the so-called Matthew effect) is a general feature of ECEC, the degree to which the take-up differs, varies significantly across countries. This is clearly illustrated by a study on the differential use of formal childcare for 0 to 2 year old children with high and low educated mothers by Van Lancker and Ghysels (2016) [119], based on their own calculations (see Figure 3.11). In most countries with high enrolment rates (Denmark, Estonia, Iceland, Malta), inequality is low. Exceptions are some high enrolment countries (such as France, or The Netherlands). In contrast, countries that lack available spaces and have low overall enrolment rates are also marked by higher inequality (e.g. Poland, Romania, Bulgaria, UK, Ireland, Austria and Lithuania).

[117] This section draws heavily on Vandenbroeck, M. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Early Childhood Education and Care. Internal Document.

[118] Vandenbroeck, M. and Lazzarri, A. (2014), "Accessibility of ECEC: a state of affairs", *European Early Childhood Education Research Journal*, 22/3, 327-335.

[119] Van Lancker, W., & Ghysels, J. (2016). Explaining patterns of inequality in childcare service use across 31 developed economies: A welfare state perspective. International Journal of Comparative Sociology, 1(28), DOI: 10.1177/0020715216674252.

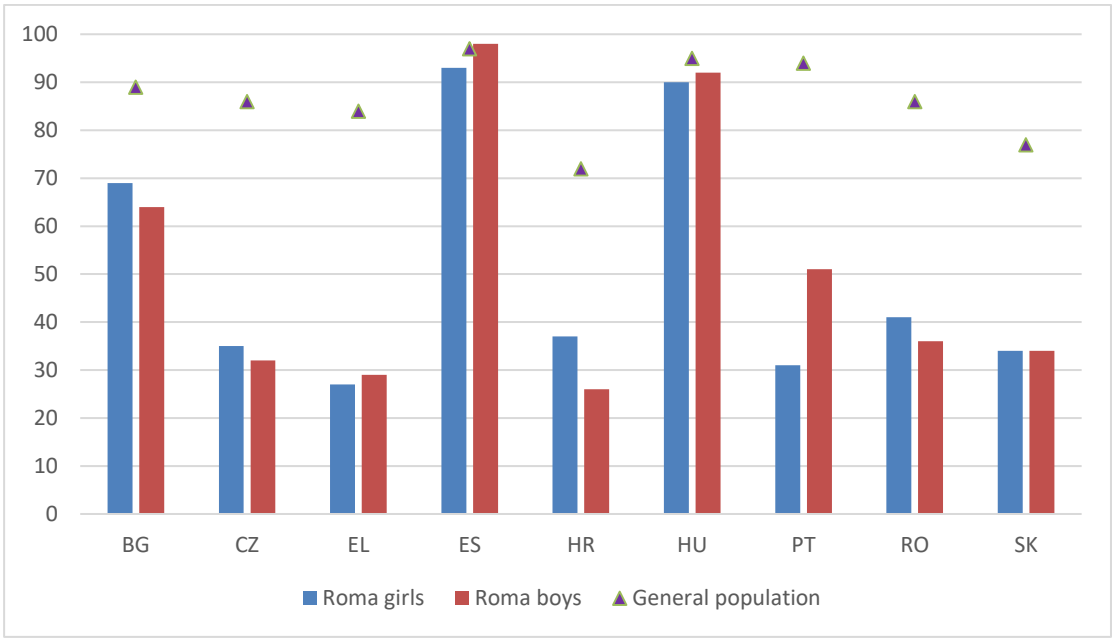
Figure 3.11: Relative inequality in take-up of formal childcare for 0-2 year old children by maternal educational level



Note: The relative index of inequality presented is a regression-based inequality index, which should be interpreted as the proportionate increase in childcare use when moving from a lower to a higher level of maternal education. It takes a value of 0 if childcare use is equal over maternal educational levels and a positive value if inequality is biased against lower educational levels.
Source: Van Lancker & Ghysels, 2016. Data for EU countries: EU-SILC 2009; for Australia (AU): HILDA survey (2010) and for United States (US): NHES ECPP 2012.

Additional evidence shows that Roma children are particularly fragile in terms of attendance to childcare. Using the 2016 FRA EU-MIDIS II survey, Figure 3.12 illustrates the low attendance of Roma children in BG, CZ, EL, HR, PT, RO and SK.

Figure 3.12: Participation in early childhood education, Roma (boys and girls) vs. Non-Roma, %



Notes: Participation in early childhood education (public or private) between 4 years and the country-specific starting age of compulsory primary education.

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

3.5 Education

Principle 1 of the European Pillar of Social Rights mentions that "Everybody has the right to quality and inclusive education, training and life-long learning".

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

The right of the child to education is, in the EU, enshrined in the UNCRC, the UNCRPD, and the EU Charter. Thus, Member States have an obligation to provide free compulsory education in an inclusive education system to all school-age children, without exception.

3.5.1 Access to free education

Primary education should be free of charge for all children, and lower secondary education should be "as free as possible" for low-income children.[120] However, although in most EU countries compulsory schooling is free of charge in terms of tuition fees, families still have expenses related to education including books, school trips, cost of canteen, transport to school, etc. Whereas empirical evidence about school-related costs is available for some countries (e.g. BE), comparative research on this issue is lacking at EU level. 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). (See Figure 3.13.)

Figure 3.13: Children (0-18 years) living in households that find it very or moderately difficult to cover the costs of formal education, 2016

Note 1: 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.
Note 2: It should be noted that lines are used here because these make the graph clearer than having individual points or bars. However, the reader should keep in mind that these are not continuous variables.
Source: EU-SILC 2016, Eurostat, Table ilc_ats07.

[120] Admittedly, there is some inconsistency in international conventions as regards lower secondary education. Whereas for primary education, Article 28 UNCRC unambiguously refers to "free" provision, at secondary level it mentions "*appropriate measures such as* the introduction of free education and offering financial assistance in case of need". Most countries link free provision to compulsory education in constitutional or educational law. From a normative point of view, we use the term "affordability" (borrowed from the international human rights literature) to denote free primary education for all and "quasi-free" secondary education for vulnerable children. In reality, however, education is far from free and even far from affordable for many vulnerable households.

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. Note that, in all EU countries without exception, single-parents household and household at risk of poverty reported higher difficulty compared to the general population of children.

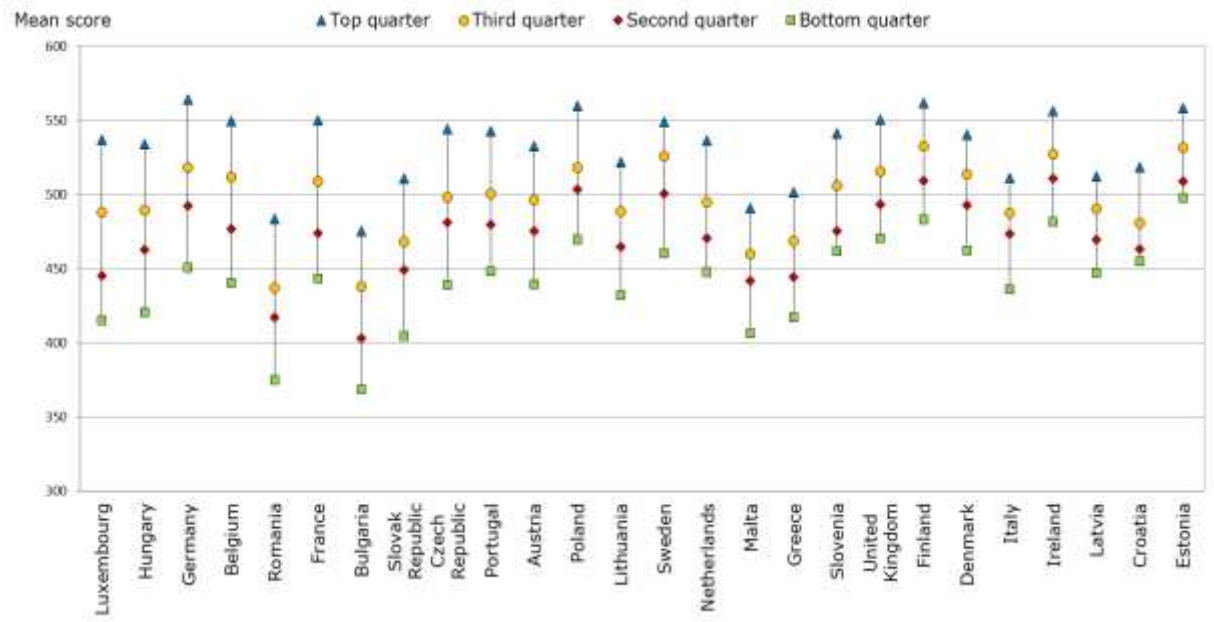
3.5.2 Student performance differences by socio-economic status[121]

If the access to education also provides equal opportunities for effective learning, this should ideally be reflected in a distribution of educational outcomes that is independent of children's social background. In practice, it is generally known that education partly reproduces existing social inequalities.

The PISA tests 2018[122], which are taken every 3 years, indicate that 15-year-old pupils of less privileged social backgrounds perform less well at school than their better-off peers.[123] The main dimensions of inequality examined in PISA are socio-economic and cultural status (ESCS) and migration background.

The difference in the performance in reading by national quarter of socio-economic status[124] is striking (Figure 3.14). The performance gap related between the most-advantaged students and the least-advantaged students is larger than 100 score points in 9 countries: Luxembourg, Hungary, Germany, Belgium, Romania, France, Bulgaria, Slovakia and Czechia.

Figure 3.14: Mean performance in reading, by national quarter of socio-economic status (ESCS), 2018



Note: The ESCS index takes into consideration multiple variables related to pupils' family background (parents' education, parents' occupation, home possessions, number of books and educational resources available at home). Population is divided into four groups depending on their ESCS position. Countries are ranked in descending order of the gap in reading performance between the top and bottom ESCS quarters.

Source: OECD, PISA 2018 Database, Figure II.2.3 for selected countries, based on Table II.B1.2.3, Last updated: 02-Dec-2019

[121] Section 3.5.2 and 3.5.3 draw on Nicaise, I., Vandevoort, L., and Ünver, Ö. (2019). Feasibility Report for a Child Guarantee: Policy Area Report on Education. Internal Document.

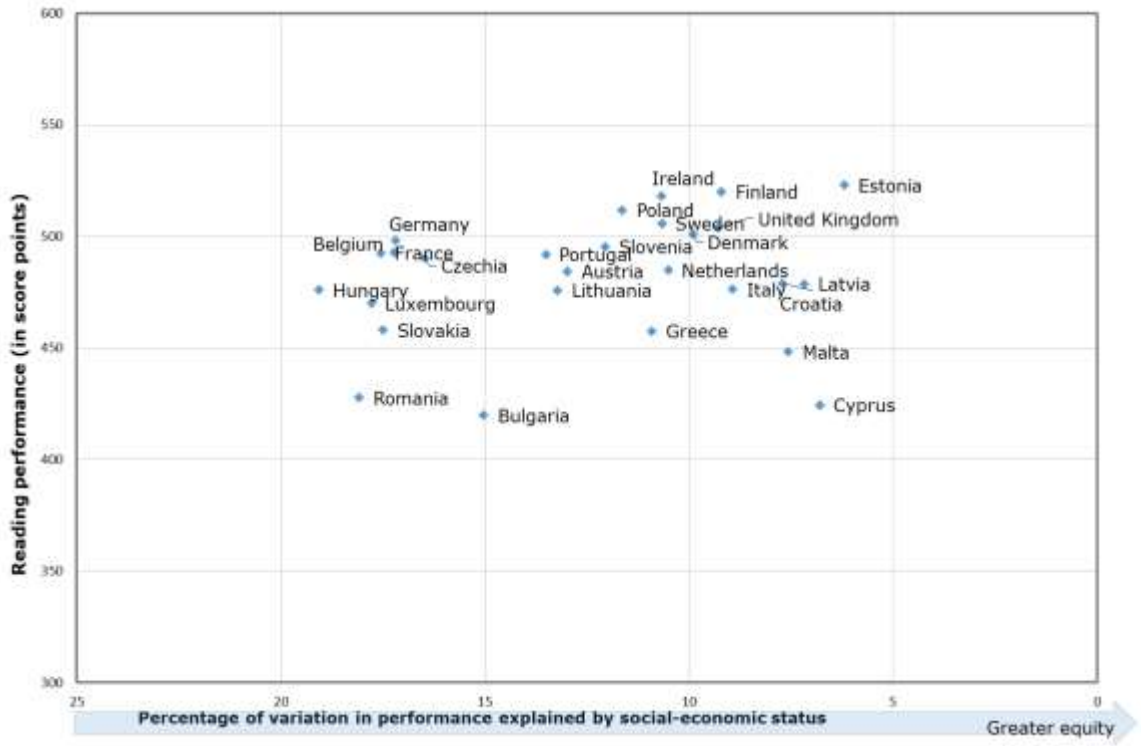
[122] PISA is the OECD Programme for International Student Assessment.

[123] See also European Commission, 2019, PISA 2018 Results and the EU. Striving for social fairness through education, Directorate General for Education, Youth, Sport and Culture.

[124]

Some EU countries manage to combine high average performance in reading with smaller socio-economic gaps in performance between advantaged and disadvantaged students: Denmark, Estonia, Finland, Ireland, Slovenia and the United Kingdom (see Figure 3.15).

Figure 3.15: Strength of the socio-economic gradient and reading performance, 2018



Note: Countries are ranked in descending order of the gap in reading performance between the top and bottom ESCS quartiles.
Source: OECD, PISA 2018 Database, Figure II.2.5 for selected countries, last updated: 02-Dec-2019

Roma children are undoubtedly among the most marginalised groups in education across the EU, due to a cumulation of extreme deprivation, cultural and language barriers, and discrimination. Several FSCG Country Reports mention issues of non-enrolment or early dropout, even during primary school; segregation into "special schools"; discrimination; etc. According to the pilot survey carried out by the Fundamental Rights Agency among Roma people in 11 countries in 2011, "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%." (FRA, 2014: 12)[125].

3.5.3 Student performance differences by migrant background

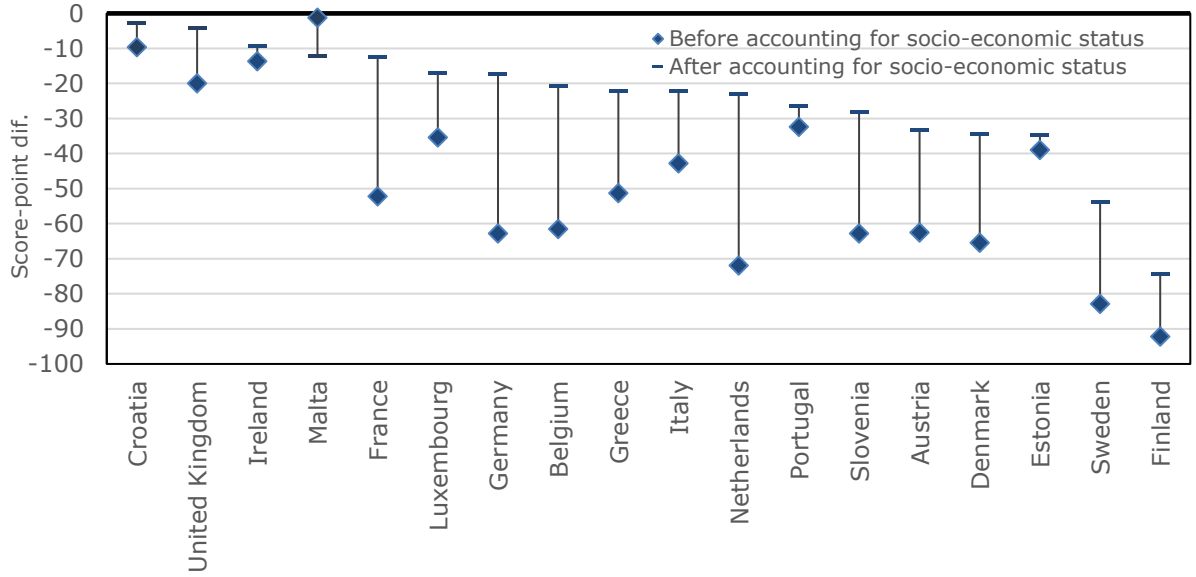
Another group that lags behind in terms of test scores are students with a migrant background. The performance of students with a migrant background is strongly correlated with their economic, social and cultural status (the PISA ESCS index[126]). Since many migrant students come from a low-ESCS family, when adjusted for socio-economic status,

[125] Fundamental Rights Agency (2014), Education: the situation of Roma in 11 EU Member States, Luxembourg: Publications Office of the EU.

[126] The ESCS index takes into consideration multiple variables related to pupils' family background (parents' education, parents' occupation, home possessions, number of books and educational resources available at home).

the disadvantage for students with a migrant background drops in almost every Member State (see Figure 3.16). Yet, even after correcting for differences in socio-economic status, migrant students still have a substantial disadvantage in reading skills outcomes. As shown in Figure 3.16, the "corrected" score point difference is the largest in Finland and Sweden. Other sources show that the odds ratio is even higher when intra-EU migrants are excluded from the picture.

Figure 3.16: Score-point difference in reading performance between immigrant and non-immigrant students, before and after accounting for socio-economic status, 2018



Note: Countries where less than 5% of students had an immigrant background are not represented in the figure. Countries are ranked in descending order of the gap in reading performance related to immigrant background, after accounting for students' socio-economic status.

Source: Source: OECD, PISA 2018 Database, Table II.B1.9.3.

3.6 Conclusions

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, the 2017 EU-SILC ad-hoc module on children's health, the HBSC or PISA surveys) 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 that these children have in accessing the five PAs. More analyses may also be possible from existing survey data, and from statistics routinely derived from service delivery, not least in health, if these data would be made available and better exploited.

Despite these imperfections in terms of data quality and availability, the evidence presented shows that there are large variations within the EU in children's access to the five PAs and that children in the four TGs face more difficulties of access than the total population of children. This confirms 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.

4. Online consultation of key stakeholders[127]

4.1 Methodology

The FSCG organised an online consultation of key stakeholders to gather their views on the feasibility, efficiency and overall benefits of a CG scheme.

The consultation lasted 6 weeks (from 14 January 2019 to 22 February 2019) and the link to the online questionnaire was sent to more than 1,150 selected people. These consisted of managers in civil society organisations working with children or concerned with child well-being, officials in public authorities at national and sub-national levels, researchers and academics. The link was, in some cases, forwarded by the contact person to associated organisations. In all, 301 valid replies were received.

The questionnaire began with questions to identify the profile of respondents in order to put the replies into context. It then set out a set of multiple-choice questions and, where relevant, the respondents were invited to clarify their replies and to add any further comment they wished to make in a limited number of words. The questionnaire ended with an open question, asking respondents to describe the kind of instrument that they think should be put in place at EU level.

Once the consultation was closed, the validity of the information provided was checked by identifying and coding missing replies, removing duplicates, checking for possible inconsistencies in the answers given to different questions, and trying to detect any "campaigns" by identifying identical replies to the open questions. Following this, the replies to the multiple choice questions were analysed and the replies to the open questions were divided according to the main themes and issues covered.

The responses to the questionnaire came mainly from people expressing views on behalf of organisations and, in particular, of NGOs and national public authorities. When interpreting the replies, it is important to keep in mind the geographical imbalance, in the sense that those responding were not evenly distributed across the EU.

4.2 Main findings

4.2.1 Need for an increased focus on child poverty and social exclusion

The large majority of respondents indicated that their country should combat child poverty and social exclusion better and that the EU should help in this by doing more than it has up to now. This was particularly true for countries where the level of child deprivation is relatively high. The greater involvement of the EU was supported in particular by respondents from NGOs.

4.2.2 Main barriers to accessing key social services

The main barriers to children's access to key social services, in the view of respondents, differ according to the type of disadvantage experienced by the children.

- Independently of the type of service provided, the main barriers identified for children living in precarious family situations are the non-availability of services, lack of awareness of those available and problems of affordability. Discrimination and problems relating to cultural access were also relevant for access to education, while the non-eligibility for support was identified as one of the main barriers to access decent housing.

[127] A full report of the online consultation, Feasibility Study for a Child Guarantee: Report on the Online Consultation 2019, is available at https://ec.europa.eu/social/main.jsp?catId=1428&langId=en

- For children of migrants or refugees, the major barriers identified stem from discrimination and problems of cultural access, as well as insufficient information and the lack of affordability (specifically for ECEC and housing). Being a migrant and the residence status involved is also seen as a problem since it affects access to many services.
- For children with disabilities, the main barriers are seen as problems of physical access, services not being adapted to children's needs and the non-availability of services. In addition, a number of respondents pointed to problems of discrimination, specifically as regards education and problems of affordability as regards housing.

4.2.3 Need for more EU political commitment

The large majority of respondents was strongly in favour of more EU political commitment to improving the access of vulnerable children to key social rights, preferably on the basis of the 2013 EU Recommendation on *Investing in children* and the European Pillar of Social Rights (EPSR). Most also agreed on the importance of monitoring, assessing and reporting on child poverty and children's access to key social rights[128].

The vast majority of respondents agreed that EU targets relating to child poverty and children's social rights should be established as part of any successor to the Europe 2020 Strategy. Similarly a large majority of respondents supported the idea that the Commission should do more to promote exchange of best practice between Member States

Equally, respondents expressed support too for:

- the development and the promotion by the Commission of good standards for the social integration of the children with a migrant background;
- giving particular attention to parents at risk when implementing the EU Recommendation on the integration of the long-term unemployed; and
- the well-being of children, especially those in vulnerable situations, being a key element in proposals on work-life balance for working parents and carers.

4.2.4 Increase and better target EU funding

In addition, most respondents believe that their country does not spend a sufficient amount of EU funding on relieving child poverty and that the amount should be increased and/or better targeted. They also consider that EU funding is not used effectively in their countries. The main barriers to ensuring a more effective use of EU funds were identified as the lack of: a strategic and coordinated approach to combating child poverty and of national or regional funding explicitly dedicated to child poverty; targeting of EU funds at vulnerable groups of children; public and political awareness of the issue and of national and/or sub-national long-term projects. Other barriers identified include the complexity and lack of transparency in the project selection procedures and in the management of funds.

4.2.5 Specific EU instrument needed

Finally, almost half of all respondents to the questionnaire believe that a specific EU instrument would be more effective in ensuring children's social rights than existing measures. For most of these, this instrument should be comprehensive, properly targeted and coordinated at EU level and should involve the participation of children and parents. It

[128] More specifically, the large majority of respondents therefore expressed support for the annual reporting by the Member States on child poverty and children's access to social rights in their country; for establishing an obligation to assess of the impact of policies on child poverty; for creating an indicator for the situation of children in the "Social Scoreboard"; for more EU involvement to improve the quality and availability of data on vulnerable children, and for encouraging transparency and reporting by Member States on the amounts spent on policies to combat child poverty and promote children's social rights.

should have a budget, which could come from existing EU funds, but it should not reduce resources available for the social inclusion of other target groups. Respondents also consider that particular attention should be given to the reporting, monitoring and evaluation of the new instrument and that a set of indicators should be developed for the purpose.

5. "Children's Voices": learning and conclusions from four consultations with children

5.1 The "Children's Voices" study

The 2013 EU Recommendation on *Investing in children: breaking the cycle of disadvantage* recognises the right of the child to participate as its third pillar. In the light of this, consultations were organised within the FSCG initiative, in the form of focus groups, in order to give children the opportunity to voice their opinion and influence the final recommendations.

Consultations were carried out in four different countries, each one focusing on children from one of the identified TGs: Italy for children living in a precarious family situation; Sweden for children with a migrant background (including refugee children); Belgium for children with disabilities, and Romania for children residing in institutions. The organisations responsible for leading the focus group consultations were selected from among Save the Children and Eurochild members.

The focus groups provided an opportunity for children to undertake a sort of "reality-check" and to test whether the findings of the empirical reports about the five key social rights under scrutiny (free ECEC, adequate nutrition, free healthcare and decent housing) and the four TGs considered (children with disabilities, children living in a precarious family situation, children in institutions and children with a migrant background [including refugee children]) align or differ from the lived experiences of children themselves. The exercise also intended to demonstrate how child participation can be built into the emerging concept of a future CG.

5.1.1 Selection of participants

A total of 35 children aged between 9 and 17 years participated in the focus groups. The composition of the focus groups was kept to minimum 8 and maximum 10 children in order to favour the participation of all children. Children participating in the focus groups were selected through snowball sampling[129] in each of the four countries selected, starting with those participating in existing projects led by Save the Children and Eurochild partners:

- **Belgium:** the focus group discussion was conducted by the Department of Special Needs Education at Ghent University. Children were selected from among those participating in an inclusive programme in regular secondary schools in the region of Flanders. The focus group discussion was conducted in the presence of three staff from Ghent University, along with parents and/or personal assistants of the children.
- **Italy:** the focus group discussion was conducted by Save the Children Italy's experts in Torre Maura, an urban segregated area with high levels of economic deprivation, low education levels, crime and violence. Its population is composed mostly by households identified by the study as "precarious families" in terms of economic fragility, and household composition. The concentration of Roma families is higher than in other areas of the city.
- **Romania:** the focus groups discussion was carried out by Save the Children Romania's experts in a residential centre in Bucharest that accommodates around 40 children that ended up in state care (abandoned children, orphans etc.), and it is located in a residential area of the city with access to public transport, schools, leisure.
- **Sweden:** the focus group discussion was conducted by Save the Children Sweden's expert in a premise of the organisation in RestadGård, which hosts the largest asylum

[129] Morgan, D. L. (1996). "Focus Groups". Annual Review of Sociology, 22, 129–152.

accommodation in Sweden. An asylum accommodation is a temporary accommodation provided by the Swedish Migration Agency to individuals waiting for decision on their asylum status.

Participation of children in the discussions was subject to the authorisation of parents (or institutions, in the case of children residing there), who signed an informed consent form.

5.1.2 Description of participants

The focus group in **Belgium** consisted of 7 children enrolled in an inclusive educational programme in regular secondary education. One child was following a regular curriculum (vocational). The other children had an individual educational plan and will not receive a diploma at the end of their school trajectory. They all were supported by a special educator and/or direct budget and/or volunteers-students. The children were mostly from high socio-economic households.

The focus group in **Italy** consisted of 9 children living in low socio-economic households. One child lived in a large family with 2 adults, 3 children and a relative, and 3 children lived in single adult households. 5 had foreign-born parents.

The focus group in **Romania** consisted of 10 children living in the same residential centre. Most of the children were in regular school; some of them were attending special schools for children with learning difficulties or special needs; although none of them have disability.

The focus group in **Sweden** consisted of 9 children asylum seekers. Some of the children were living in numerous families with 2 adults and more than 2 siblings, and their parents were not working and the main source of their income was Swedish Migration Agency daily allowance. They were enrolled in regular Swedish schools.

The decision was taken to conduct focus group discussions with specific selected sub-groups in order to guarantee the homogeneity of participants. This was an essential aspect, considering the small number of children involved (8-10) in a single discussion slot and was necessary to ensure feasibility, in terms of logistics and methodological adequacy. However, children were invited to also discuss conditions which refer to other sub-groups.

5.1.3 Focus group organisation and conduct

Each focus group discussion had a duration of approximately 2 hours depending on the children's participation, and it was led by one-two professional facilitators/researchers. The focus group discussion with children with disabilities was carried out in the presence of parents and/or personal assistants.

A methodology was developed along with the guidelines to be followed across each of the four TGs and countries. This methodology was approved by the Ethical Committee of Save the Children. It covers the selection of participants, the preparation, the conduct, the recording, the analysis and the reporting.

The discussion went through open-ended questions pertaining to the five key social rights under scrutiny and was structured in accordance with findings of the empirical analysis. This was in order to allow children to touch base on key arguments that had emerged from the empirical analyses, while also stimulating emergence of new topics. For children with disabilities, visual means (mind maps and photographs) were used to facilitate the communication.

5.1.4 Limitations of the research

The research framework generated outcomes that were inevitably country specific. Yet, specificities have been carefully considered during the analysis of the discussions' themes and accurately reported.

Moreover, although the literature outlines that three to six focus groups are sufficient to capture most of the prevalent themes within a given dataset (i.e. between 80 and 90%)[130], the limited number of focus group discussions in this study reduced the possibility of having a highly-stratified ensemble of participants, thus narrowing the analysis to only part of the sub-groups identified in the definition of TGs. Nevertheless, attempts were made to extend discussion and reflection of children participating in the focus groups towards children experiencing other conditions of disadvantage (e.g. Roma children).

Finally, limited questions on ECEC were formulated due to the difficulty for adolescents to discuss about their remote past. Yet, children did express views about ECEC and provided significant arguments for the analysis.

5.2 Findings of the focus group discussions

5.2.1 The validity of the "Children's Voices" exercise

The children generally confirmed findings of the FSCG analyses in the areas/themes which were familiar for them or that they had knowledge of. As an example, children were particularly talkative (and accurate) about education (school), which is the milieu where they spend most of their time, and where their capabilities, in learning, socio-emotional and physical/mental development are either strengthened or undermined. It is also the place that they know best along with their homes. The findings of the focus group discussions aligned with those illustrated in the quantitative analyses; they also revealed and enriched some themes which were less explored in the latter, such as the quality (and the meaning) and inclusiveness of the school environment.

Conversely, discussions about nutrition and health were limited, and on ECEC almost non-existent. About the first, children seemed not to perceive health or nutrition as issues. This was also determined by the feeling of having little expertise on these subjects; apart from children with disabilities for whom health is a prominent concern. However, they brought to attention the matter of mental distress and the lack of responsiveness of the healthcare system in this respect. With reference to ECEC, it is hard for children to remember experiences which happened in the past and particularly in early years. Nevertheless, the few themes discussed outline similarities with the empirical analyses (e.g. the importance of childcare for both the families and the child, and the need to work on the inclusiveness of pedagogical approaches).

The findings of the focus groups also highlighted the capacity of children to assess human conditions with rigour, and therefore the possibility to mainstream participation in the process of designing, operationalising and monitoring the CG initiative. The exercise was warmly welcomed by children. They felt that their voice was heard, which is unusual especially for those living in severely disadvantaged conditions.

[130] Guest, G., E Namey, E., Mckenna, K. (2016) "How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes", Field Methods, 29(1), 1-20.

5.2.2 Findings: common themes across TGs

5.2.2.1 Education[131]

Education is viewed positively when analysed as an instrument to promote children's inclusion and well-being in the present and future community and society. Inclusion is understood by children as the capacity of a service (in this case schools) to address specific needs of each child. On the other hand, education is seen rather negatively when analysed as undermining their emotional well-being. All children across focus groups have experienced during their education trajectories moments of rejection and exclusion: "*The school is not inclusive, it is exclusionary" (…) "It (the school) puts us in a difficult situation, is very stressful*" (Child living in a precarious family situation).

The relationship with teachers is considered as a crucial factor in children's educational experience. Individual differences emerge in what teachers are willing to do, or not do, in order to favour inclusion. In some cases, teachers are seen as open to dialogue and to enhance children's participation and capabilities: *"Teachers help a lot, both in lessons and on breaks and outside. Yes. Like when you have problems you can just go to them and talk to them"* (Child with a migrant background). In other cases, teachers are seen as distant, not understanding but rather augmenting their insecurity and stress, and the sense of being excluded:*" Some teachers are detached (…) only think about the (teaching) programme and leave no room for dialogue (...) The teachers lost their trust in the school and the students, and the students lost their trust in the school"* (Child living in a precarious family situation).

Equally, classmates and friends are, as outlined by a child with disability, the *"most important medicine"* (for inclusion). However, relations with peers are often degraded, and issues such as bullying, discrimination against ethnical minorities or LGTB are widespread: *"I went to a special school, and children beat me, spit and annoyed me, and I punched them" (…) "I have no friends at school, they are behaving badly with me, they swear, they offend me"* (Child residing in an institution)[132].

The school environment, in terms of physical infrastructures or learning material, also plays a major part in the positive or negative attitude of children towards education. This was mainly observed in the focus groups in Italy and Romania, where physical infrastructures are very often neglected and learning materials (e.g. ICTs) are scarce or underused: *"We do not have tablets (…) Teachers do not explain to us the reason why it is important to be able to use technology. It is important, it is 2019, and they do not tell us how to use it. We understand it by ourselves"* (Child living in a precarious family situation).

Policies to increase inclusiveness of schools are considered, by children across TGs, as pivotal to build trust in the education system. Particularly salient in this respect is the attitude of teachers. Attention-understanding-relationship, teaching methods based on social pedagogical approaches, and project-based learning favouring participation, are viewed by children as essential to ensure inclusiveness: "*Teachers should not care only for us to study, but also understand us (understand needs and problems), establish a relationship with us. I would reduce subjects, adopt innovative models in order to learn*

[131] Qualitative researches conducted in a number of European countries has underlined similar patterns of inclusion/exclusion with specific reference to education. Ref. study promoted by the Office of the Ombudsman for Children of Croatia in 2017-18 a project involving a total 70 children and 41 adults from primary and secondary schools investigating the participation of children in school activities; in Belgium in 2012, the project promoted by UNICEF Belgium "What do you think?" involving more than 300 children across the country; and in 2016 a study conducted by Save the Children "Ending Educational and Child Poverty in Europe: A child rights-based approach" with the participation of 300 children from diverse socioeconomic backgrounds in Germany, Iceland, Italy, the Netherlands, Norway, Romania, Spain and Sweden.

[132] Further children voices about bullying across European countries could be found in the 2015 ENOC Project "Let's talk young, let's talk about violence!": http://enoc.eu/?page_id=479.

more with projects rather than subjects (and tests on subjects). The school should be more inclusive, and it could be more inclusive changing the type of teaching (innovations)" (Child living in a precarious family situation).

5.2.2.2 Early Childhood Education and Care (ECEC)

Children identified early years of life as a sensitive period for child development, notably to acquire socio-emotional skills, and also to prevent future negative behaviours, e.g. discrimination: *"Even if I will not work, I would send my son or daughter to the nursery school because it is important to relate with other children at that age and learn. Young children learn very quickly. Then they grow up and get worse (…). This is also true about discrimination: for example, if you are very young and you make fun of another child because (s)he is black, it is more likely that you will learn that it is wrong. You are more 'malleable'"* (Child living in a precarious family situation).

For those children participating in the focus groups who were able to remember their experience in childcare and preschool, ECEC is viewed positively, mainly because of the character of learning, based on playing and project work. In addition, children consider ECEC as a key service allowing parents to work, when free and public.

5.2.2.3 Nutrition

Children across TGs show awareness about the importance of healthy food (and what healthy food means): "*Healthy food is very important: in the past we had to follow the food triangle. I like energy drinks, but I need to pay attention: there are a lot of sugars!*" (Child with disability). They are being familiarised at school about principles of healthy food, but occasionally and not integrated into school's pedagogical/learning programme. They also appreciate healthy food: "*I like vegetables (…) I like fruits, green apples and bananas very much*" (Child residing in an institution). However, this does not prevent them from pursuing unhealthy food habits (e.g. consuming junk food, high fat, or sugar): "*I like healthy food and that from KFC, McDonalds (…) I prefer healthy food. We know we should not eat that unhealthy thing, but we eat them anyway*" (Child residing in an institution).

In Italy and Romania schools frequented by the children in the focus group do not have free meal programmes but these children may have simple snacks offered by the school. As a result, children either bring food from home, come back home to eat or purchase food through private providers. In all cases, they tend (or are forced) to consume unhealthy food (e.g. high fat, carbonated drinks) or food which is insufficient to ensure appropriate and balanced diets: "*We pay for food at school that should be free of charge (…) We should have a cafeteria with healthy food, in the right amount, adjusted to different needs, with more choice (…) Many children do not eat meat for example*" (Child living in a precarious family situation).

Children across TGs see policies aiming at increasing accessibility of healthy food in the market, at school (also integrating food education into pedagogy), through free school feeding programmes adapted to children needs as positive. They also favour government's interventions aiming at reducing the market price of healthy food, rather than augmenting those of unhealthy food: "*The problem is that unhealthy food is cheap. You see, at McDonald, you can have a big menu for €6. Fruit centrifugal juice has the same price, why not to try to lower the prices of healthier food?*" (Child living in a precarious family situation).

5.2.2.4 Healthcare

Children consider free access to healthcare as a right. They are particularly concerned about the quality of public healthcare. Quality refers, for instance, to long waiting list, lack of organisation: "*The quality of the service should improve (…). The waiting list needs to*

be reduced. Some wards are not even open. They are very bad organised. There is a lack of beds. In the emergency room, people stay in the hallway" (Child living in a precarious family situation).

Children feel mentally distressed. The feeling of children is that the healthcare system should primarily respond to their mental distress: *"Being healthy is not only a physical matter but also a mental matter (…). Some doctors do not know what they are doing. They do not pay very much attention to our needs and problems (mental). They are abrupt"* (Child living in a precarious family situation). Degraded mental health takes different forms but all children point out, as the main cause, the difficulties of their life journeys, increasing their sense of exclusion. In the case of asylum seekers, this is determined by insecurity of their residence status: *"(We are in a mental distress) because we do not know if we will stay in Sweden or not. We are very worried"* (Child with a migrant background).

5.2.2.5 Housing

From discussions across TGs similar theme patterns emerged to that observed when talking about school. The house is perceived positively when it is pleasant and supports children's inclusion, notably through socialising and well-being. In contrast, children pictured negatively crowded houses that do not support socialising or learning: *"(In my home) dad is here, siblings are here in the kitchen. And so you sit there, and everyone makes a lot of noise, so you cannot concentrate. Maybe you have a test that day, so you have to sit and study. And the only time you can do it is this early in the morning or this late at night (when everyone sleep)"* (Child with a migrant background). Or houses which have no green areas/gardens: *"Children would like to live in a place where there is a lot of nature"* (Child with disability).

5.2.3 Findings: specific themes for TGs

5.2.3.1 Children with disabilities

For children with disabilities "inclusion" is related to the concept of "having an autonomous life"[133]. As an example, children stressed the importance of having the support of teachers and teaching assistants to pursue the regular curriculum, obtain a diploma or sub-certificates, and prepare them for the transition between school and work life. Support is not often ensured, negatively impacting on their education trajectory and future working opportunities, preventing them from having an autonomous life: *"When you are going for a diploma, you do not even realise how important it is, until I hear you talking about what it means to not receive one (…) What will later employers think about young people who come to apply without a 'real diploma'?."*

Concerns about health also referred to issues that might undermine their autonomy and stressed the importance of regular medical checks. The factor of "independence" is also important in talking about nutrition. In order to build an adult life, you need to "prove" and show that you can take care of yourself and provide your own food: *"It is important to be able to prepare food yourself".*

Similarly, when discussing about housing, children underline the needs for independence and support. Children want to live in close relationship with their personal network and family, sometimes they stay at home. As a result, it is essential for them to find housing solutions which will enhance their possibility of freely moving and doing, also by getting

[133] Findings align with similar experiences of children in other countries, in particular recent focus group discussions conducted in England, with 34 children with disabilities. In this case, the theme of independence and support was also connected to possible limitations in financial support (i.e.) provided by the Government. Office of the Children's Commissioner (2014). "They still need to listen more": A report about disabled children and young people's rights in England. London: Office of the Children's Commissioner.

enough personal and appropriate support: *"Accessibility of building, especially bathrooms and stairs can be a problem (…) I am afraid that later on I will have to live in an institution, where you will be watched 24 hours a day, 7 days a week (...) I do not want that."*

5.2.3.2 Children living in a precarious family situation[134]

The lack of financial resources is the prominent barrier for inclusion of children living in precarious families. This is also due to the specific context of the study, Italy, where welfare assistance, in particular support to householders' income towards the most vulnerable, is scarce. Children do not necessarily point to the lack of services such as education or health, but very often to indirect costs reducing accessibility.

In the case of education for instance, transportation, learning materials, food, along with private tuition, represent major barriers for present trajectories and undermine chances for continuing studying: *"University is very expensive. There is the rent, transportation and there are the books (…). In high school, you spend €400 every year to buy books, at university will be more (…). Most students do not go (to university) because they cannot afford it."*

Excessive cost of medications is a matter of concern for healthcare. Children estimate that government priority should be to reduce costs of medicines, for instance by augmenting the number of those covered by prescription/insurance, including those for their parents because such costs reduce the disposable income of the family: *"Some medicines are expensive (…) Some pills for serious diseases can cost €50. My mother is anaemic. Medicines have changed over time. She takes a lot of medicines and spends a lot of money because the healthcare system does not provide those medicines. She spends almost half of her salary on medicines. They (healthcare system) should augment medicines prescribed and free of charge."*

In relation to housing, costs of rent and indirect costs (electricity, other commodities), increase their sense of insecurity, negatively impacting on their well-being: *"We all live in rented apartments. We pay €750 per month for a cubbyhole, and most of my mother's salary goes for the rent, water, electricity, condominium fees (…). We use little electricity in order to save money."* In addition, eviction laws and practices make their living unstable, having direct consequences on their mental distress and learning patterns. *"A friend of mine was evicted. He had to move to his aunt's house, who was too far from the school, therefore he did not come to school again*."

In this respect, it is essential for them that governments intervene to guarantee the right of housing, notably by reducing costs also through fair rent schemes (e.g. independent evaluation of a house's value by municipalities to set cap for rent) or ensuring access to credit for house ownership for vulnerable groups. In addition, eviction laws and practice should be accompanied by temporary housing schemes to reduce families' distress, but which also seek to rehouse a family in the same area to facilitate continuity of schooling, healthcare and social networks without excessive travelling.

5.2.3.3 Children residing in an institution

Most of the children residing in an institution attending the focus group are enrolled in mainstream education. Some of them are enrolled in special schools (for children with learning difficulties or other special needs), although none of them have any apparent special education needs. These schools may have lower quality and learning requirements and thus they undermine opportunities for children to make the transition to upper

[134] See also Save the Children Finland (2019). "Children Voices 2019". Save the Children Publication. For other sub-groups not involved in the discussion, for example children with parents in prisons, proceedings of the Children of Prisoners Europe Youth Forum 2019 include children voices.

secondary and tertiary education (there are few special vocation schools or high schools at national level). Only one of the consulted children mentioned aspirations for a tertiary education (although in Romania tertiary education is free) while the vocational path seems to be favoured by most of them: *"I want to become a cook". "I did a hairdressing class and I want to do hairdressing, and also to dance". "I want to become a dance teacher". "I want to (be a) painter".*

Many positive aspects emerged about their life in the institution and the leisure opportunities offered (summer camps, events on special occasions, extracurricular activities and hobbies facilitated by volunteers). It is essential to underline that the centre in which children participating in the focus group are hosted has higher standards of services compared to other centres in Romania. Nevertheless, some concerns were raised, especially during the informal discussions. For instance, the staff seem not to be well trained in inclusive practices as some unfriendly practices are in use, such as surveillance cameras: *"We would like to remove the surveillance cameras (...) no more"*. [135]

5.2.3.4 Children with a migrant background

The major concern for child asylum seekers in the focus groups is the condition of having their residence permit under scrutiny. This condition raises barriers, in particular in accessing healthcare (in adulthood) and quality housing, increasing their feeling of being excluded: *"It (healthcare system) should assist someone even if he does not have a resident permit. For instance, if needs a surgery."*[136]

As an example, some children with a migrant background live in families which co-share spaces with other households, very often single men. Overcrowding negatively affects their well-being, notably for girls, who feel uncomfortable, due to the lack of intimacy: *"You cannot hang out with your friends. Because we only have one room (…) (There is a) shower room, but it is mixed. Sometimes there were bad people taking photos (…) I feel uncomfortable to go to the youth house (There are a lot of men) and girls and women cannot go in there."* The school, instead, is perceived in positive terms as a mean towards integration. In particular teachers are seen as positive actors against discrimination: *"I do not feel accepted. It is a critical matter (…). My teachers support me, and this makes me feel better. Some kids (who are discriminated) manage to deal with it anyway."* In addition, children expressed the intention of pursuing studying. This view is also influenced by the Swedish welfare system, which ensures free education up to tertiary.

5.3 Actions/programmes that could be supported by the CG

According to the findings of the focus groups discussions, the children suggested a number of actions/programmes that could be potentially supported by the CG in order to ensure, for children in the TGs, access to as well as quality standards and functioning of the five key social rights under scrutiny. These suggestions are a combination of what the children specifically recommended and the facilitators/organisers of the workshops' interpretation/ understanding of the implications of the children's views for policy. They are a valid

[135] Findings complement similar research carried out across the EU involving children in institutional care. Notably a recent scoping research led by SOS Villages International in 10 European countries with the participation of 105 children residing in institutions argued for more "individualism", meaning tailored assistance by the staff accompanying the child within and outside the institution, and flexibility in planning of stay and leaving institutions, so as to make children feel capable and that their aspirations and needs are take in into consideration. Assistance can also take the shape of continuous financial support to fulfil educational choices and employment opportunities. SOS Villages International (2017). "Preparing for Leaving Care. Scoping Findings" and (2018). "Leaving Care: An Integrated Approach to Capacity Building of Professionals and Young People. Scoping Findings". SOS Villages International Publication.

[136] Concern about restrictions in access to medical services also emerged from the analysis of children's voices collected through the UNICEF U-Report on the Move in 2017, a digital platform enabled around 2.600 young migrants and refugees in Italy to freely communicate about their living conditions and issues of interest.

reflection on the implications for policy of the children's views which have been developed to help to inform the FSCG's recommendations.

5.3.1 Education

- Ensure free and public education, by expanding availability of schools (at all levels and diverse types, not only vocational), in disadvantaged areas/for disadvantaged children.
- Give additional support to children most in need: alleviate indirect costs, in particular: transportation, meals, learning equipment (books, other material) for children in economic deprivation; ensure teaching assistance and support for children with disabilities; avoid enrolment of children in particular conditions (e.g. children residing in institutions, but also children with disabilities) into special schools; and provide language support for children with a migrant background.
- Ameliorate/increase space and its safety and accessibility for children with disabilities; provide playgrounds, gardens, equipped libraries, ICTs and ensure the availability of extra-curricular activities.
- Adopt inclusive pedagogical practices, to ensure the "relational" access of most disadvantaged children with teachers and other children, to stimulate the participation of children and to better tackle issues such as discrimination and bullying.

5.3.2 Early Childhood Education and Care (ECEC)

- Increase access to public services also for children with parents in severe economic disadvantage (e.g. not employed);
- Ensure that ECEC promotes in particular the socio-emotional development of children.

5.3.3 Nutrition

- Reduce costs of healthy food and increase its availability also in deprived areas.
- Make provision of school meals free and of good quality (also adapted to children's needs and habits).
- Integrate food into the inclusive pedagogy (including cooking sessions), also including parents.

5.3.4 Healthcare

- Ensure free healthcare including medication and secondary referrals for all children (also for asylum seekers).
- Improve the responsiveness of healthcare systems towards children in mental distress.
- Reduce the costs of medicines by expanding coverage of those under prescription/insurance.

5.3.5 Housing

- Increase housing safety, stability and reduce financial burdens of families by expanding public housing schemes, as well as by providing financial support to rent and indirect costs (e.g. electricity and water) or by controlling rental prices by setting caps against independent evaluation of house's values by municipalities.
- Improve access to credit for house ownership also for disadvantaged families;
- Set up schemes to provide temporary accommodation for children (families) evicted from their homes which facilitate normal family living (own door, cooking facilities, and

children's bedrooms), and are as close as possible to previous location to avoid disruption to schooling, healthcare and social links.

- Set up schemes to provide housing solutions for young people ageing out of care.
- Ameliorate the quality of housing. Quality is set by the perception of the house as a pleasant and safe environment which responds to children's different needs (e.g. intimacy in particular for teenagers or children in institutions, green spaces, leisure opportunities, safety).
- Promote programmes to improve autonomy of people in houses by supporting living schemes for children with disabilities, including by providing personal assistants.
- Improve quality of neighbourhoods by reducing crime and violence, augmenting green areas (parks, garden), cleanliness, as well as spaces for leisure, sport and cultural activities and socialisation.
- Increase participation of children with special needs and conditions (notably children residing in institutions) in decision making concerning housing.

6. Legal analysis of the existing EU and other international frameworks on children's rights[137]

6.1 Introduction

This chapter aims to set out children's rights principles and provisions which can and should inform a European Child Guarantee (CG). Its focus is on **international and European law**, which contains provisions that are more or less universally applicable across the Member States that would benefit from the CG. The analysis does not cover the extensive, variable and distinctive provisions available for the protection of children's rights at (sub)national level.

Section 6.2 begins with an analysis of relevant children's rights instruments upon which a European CG could rest. The analysis in Section 6.3 is directed towards the five key social rights considered in this *Feasibility Study for a Child Guarantee (FSCG)*: access to free healthcare, access to free education, access to free childcare, access to decent housing and access to adequate nutrition. The European and international law relevant to these specified rights are discussed and, where applicable, reference is made to instruments that relate specifically to the four target groups (TGs) under scrutiny in the FSCG.

6.2 International and European children's rights law

There exists a broad landscape of children's rights upon which a European CG could rest, and it is therefore important here to illustrate the relation between the bodies and organisations relevant to advancing children's rights across Europe. The EU's regulating treaty, the Treaty on European Union (TEU) draws on both the European Convention on Human Rights and Fundamental Freedoms 1950 (ECHR) and United Nations Convention on the Rights of the Child 1989 (UNCRC). Specifically, Article 3(3) states that "*The Union…shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and* ***protection of the rights of the child***." (emphasis added). Article 6(1) TEU further states that "*The Union recognises the rights, freedoms and principles set out in the Charter of Fundamental Rights of the European Union"* and the Charter itself contains specific reference to the rights of the child.[138] Such provisions reinforce the fact that EU action in relation to children – including the proposed CG - should be entirely consistent with international children's rights guidance. The analysis in this section, therefore, sets out the legal provision underpinning children's rights through key pieces of International and EU legal frameworks promoting and protecting children's rights. Reference is made to relevant provisions of the UNCRC and its associated General Comments, EU treaties, legislation and soft law, and the Council of Europe (CoE) Conventions.

Moreover, in analysing the law relating to the five key social rights considered here, there is an abundance of guidance found within the treaties of the EU, the CoE and the UN that set minimum standards concerning children's social and economic rights. The treaties form

[137] We would like to warmly thank Grigorios Tsioukas (EU Agency for Fundamental Rights [FRA]) for very useful comments and suggestions on a previous draft as well as Niamh Grahame and Nuala Mole (*AIRE* Centre) and Karolina Babicka (International Commission of Jurists [ICJ]) for references to relevant case-law which are mentioned in the text, and to Steven Allen (Co-Executive Director at *Validity*) for the examples described in Annex 6.2. *AIRE* (Advice on Individual Rights in Europe) Centre is an NGO which works to ensure that all people enjoy their rights under European Law. ICJ is an NGO defending human rights and the rule of law worldwide. *Validity* is an international NGO which uses the law to secure equality, inclusion and justice for people with mental disabilities worldwide.

[138] See in particular Article 24 discussed further below.

part of the general accountability measures, and their analysis is also necessary to illustrate how they can jointly underpin a European CG.

6.2.1 Children's rights and EU competence

Children's rights have evolved at EU level over the last two decades, from piecemeal provision in just a few substantive areas (primarily free movement, cross-border family law and consumer rights) to a more comprehensive, explicit and ambitious plan of action. Prior to that, EU activity was largely confined to modest measures regarded as instrumental to the achievement of broader EU objectives, due to limited competence and to the political sensitivity associated with engaging in issues that have historically fallen within the exclusive domain of domestic legal and policy actors. Indeed, up until 2009, the TEU imposed only a general obligation on the EU to "respect fundamental rights in whatever action it takes in accordance with its competences."[139] The only explicit reference to children was found in the context of the EU's commitment to combating crime, particularly "trafficking in persons and offences against children".[140] This all changed with the introduction of the Treaty of Lisbon, which was signed on 17 December 2007 and came into force on 1 December 2009.[141] This instrument amended both the TEU and the EC Treaty, renaming the latter the Treaty on the Functioning of the European Union (TFEU).[142]

The Treaty of Lisbon invokes a number of structural, procedural, institutional and constitutional amendments to the EU, which significantly enhance the capacity of the EU institutions, the Member States and children's rights advocates to protect and promote children's rights at this level. As part of this overhaul, the "protection of the rights of the child" was introduced as a general stated objective of the EU and as a feature of the EU's external relations.[143] The expansion of the EU's social and rights-based agenda has led to the development of laws policies and jurisprudence that impact directly on children's lives.

But the nature and scope of EU action in the field of children's rights can only be fully appreciated in light of a clear understanding of the division of competences between the EU and its Member States. This is determined by the principles of subsidiarity and proportionality.[144] Article 5(3) TEU sets out three preconditions that determine the division of competence between the EU and the Member States in accordance with the principle of subsidiarity: a) the area concerned does not fall within the Union's exclusive competence; b) the objectives of the proposed action cannot be sufficiently achieved by the Member States; and c) the action can, therefore, by reason of its scale or effects, be implemented more successfully by the Union.

The principle of subsidiarity applies only to areas in which competence is shared between the Union and the Member States, which are set out in Article 4 TFEU.[145] Specifically, the EU shares competence with the Member States in relation to aspects of, *inter alia*, the internal market, social policy, economic, social and territorial cohesion, environment, consumer protection, transport freedom, security and justice, and common safety in public health matters.

When applied to children's lives, the principle of subsidiarity dictates that the EU can only act in relation to a particular children's issue if it will be more effective than action at the

[139] Ex-Article 6(1) TEU.

[140] Through the former intergovernmental forum of Pillar 3 (ex. Article 29 TEU).

[141] OJ C 306 of 17 December 2007.

[142] TFEU, OJ C 115 of 9 May 2008. The Treaty on European Union retains its title.

[143] Articles 3(3) and 3(5) of the TEU.

[144] Article 5(3) of the TEU and Protocol (No 2) on the application of the principles of subsidiarity and proportionality.

[145] Part One, Title I TFEU divides the competences of the Union into three categories: exclusive, shared and supporting.

purely domestic level. This interrogates, in the first instance, the adequacy of domestic action. This is why so much EU-level children's rights provision responds to cross-national phenomena affecting children (ex. Trafficking and migration) since Member States are unable to tackle such cross-jurisdictional issues at a purely national level. Furthermore, the principle of proportionality states that even if EU action in relation to a particular children's rights issue is more appropriate and effective than Member State action alone, the EU must not go beyond what is necessary to achieve its objectives. Implicit in this is the requirement that EU action must add value to what is being achieved at the national level or, indeed, at the international level. For example, child-related matters that cross national boundaries such as immigration, trafficking or free movement, clearly demand a level of supra-national coordination to achieve an effective, consistent response from the various domestic authorities with which these children interact. Other issues, such as child poverty, juvenile justice, violence or exploitation are more sensitive to the domestic context and are generally limited to "softer" interventions that seek to support and encourage rather than supplant Member States activities.[146]

Such action is bolstered by several articles of the TFEU, which require the EU to "support, coordinate and supplement the actions of Member States" (Article 6 TFEU) in the areas of education (Article 165 TFEU) and healthcare (Article 168 TFEU). Moreover, Article 156 TFEU enables the EU to support Member States through undertaking "studies, delivering opinions and arranging consultations both on problems arising at national level and on those of concern to international organisations, in particular, initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation." The EU also has competence to establish funding programmes to address matters that relate to a range of child-related issues, and certainly those that fall within the scope of the CG.[147] Such support, which stimulates intelligence gathering and capacity building at the national level, can often be just as effective, if not more effective, than binding EU-level legislative provision.

Of course, EU action in relation to children can also be achieved as a result of EU action targeting other groups. For instance, the EU's broader competence to enact measures aimed at addressing economic and social policy, employment rights[148] and gender equality[149] indirectly benefit their children.

6.2.1.1 The EU's development of children's rights through the Charter of Fundamental Rights of the EU

Insofar as human rights at EU level were historically expressed and protected in a piecemeal fashion, they were a less visible aspect of EU law and policy. This changed with the introduction of the Charter of Fundamental Rights of the European Union (2000) (CFR). The CFR brings together all the personal, civic, political, economic and social rights enjoyed by people within the EU in a single text, encompassing rights arising from the case law of the Court of Justice of the EU (CJEU), the European Convention on Human Rights, the constitutional traditions of the EU Member States, the CoE's Social Charter, the Community Charter of Fundamental Social Rights of Workers, and other international conventions to

[146] Stalford, H. (2012). Children and the European Union: Rights, Welfare and Accountability Oxford: Hart, Chapter 1.

[147] See further the discussion on the establishment of a European Social Fund (Articles 162–164 TFEU) with the aim of raising the standard of living in the EU, and a European Regional Development Fund (Articles 174–178 TFEU) to strengthen economic, social and territorial cohesion; EU Agency for Fundamental Rights, "Combating child poverty: an issue of fundamental rights". Luxembourg: Publications Office of the European Union, 2018, p. 9.

[148] For example. Articles 5, 9, 45, 107, 145-150; and 150-161 TFEU.

[149] For example, Articles 8, 153 and 157 TFEU.

which the EU or its Member States are parties. The CFR became legally binding on the EU Member States when the Treaty of Lisbon entered into force in December 2009.[150] This has transformed the way that children's rights are upheld and advanced in EU law and policy-making not least because the CFR contains the first detailed references to children's rights at EU constitutional level. It endorses children's rights to receive free compulsory education (Article 14(2)), prohibits discrimination on grounds of age (Article 21), and exploitative child labour (Article 32). Significantly, Article 24 of the Charter further embeds with EU law three key children's rights principles found within the UNCRC 1989: the right of children to express their views freely in accordance with their age and maturity (Article 24(1)); the right to have their best interests taken as a primary consideration in all actions relating to them (Article 24(2)); and the right to maintain on a regular basis a personal relationship and direct contact with both parents (Article 24(3)). Article 24 further establishes the child's right to protection and care as is necessary for the child's well-being.

By enshrining the rights of the child, the CFR:

- ensures that the fundamental rights of all persons, including children, are not undermined by the operation of EU law at domestic level;
- recognises that EU policies which directly or indirectly affect children must be designed, implemented and monitored taking into account the principle of the best interests of the child;
- guarantees the right to such protection and care as is necessary for the well-being of children; and
- recognises the need to protect children from abuse, neglect and violations of their rights, and situations which endanger their well-being.

In 2010, the European Commission adopted a strategy to monitor and ensure the effective implementation of the rights and freedoms contained in the CFR.[151]

The force of the CFR is further illustrated in recent case-law of the CJEU which may also strengthen the legal case for guaranteeing children's access to the five key social rights covered by the CG. The Grand Chamber of the CJEU in the case of *Tjebbe*[152] took the view that Article 20 of the TFEU (and hence potentially other key TFEU provisions, concerning healthcare and education) must be interpreted in the light of Articles 7 and 24(1) of the CFR read together, to protect the right to a family life and the child's best interests. Similarly, in *M. and X. X.* the Grand Chamber of the CJEU took the view that the application of Directive 2011/95 concerning the rights and obligations of Member States to grant or revoke refugee status, is without prejudice to the obligation of the Member States to comply with the relevant provisions of the CFR, such as those set out in Article 7 relating to respect for private and family life, Article 34 pertaining to social security and social

[150] Note 13093/18 from the Presidency of the Council of the EU to Delegations of the Member States of 12 October 2018 on the application of the Charter of Fundamental Rights of the EU in 2017 available online: http://data.consilium.europa.eu/doc/document/ST-13093-2018-INIT/en/pdf; The text on the implementation of the CFR of the EU in 2017, originally intended to become Council conclusions (a classical soft law act of the Council) has not been formally adopted due to a failure to reach the required consensus of votes. Consequently, the text was circulated in a Note from the Presidency of the Council to the Delegations in the form of an Annex, accompanied by the note "the Presidency concluded that the text annexed was supported or not objected to by 27 delegations". Therefore, the annexed text has the legitimacy of a soft law document, arising from the fact that the Council Presidency has circulated it, and neither one of 27 Member States have objected to the text. Therefore, the Note from the Presidency is soft-law evidence of a strong political and policy action commitment from a number of EU Member States.

[151] Communication from the Commission, Strategy for the effective implementation of the Charter of Fundamental Rights by the European Union, Com (2010) 573 final, Brussels 19.10.2010.

[152] Judgment of 12 March 2019, Case C-221/17, ECLI:EU:C:2019:189, see paras. 45 and 48.

assistance, and Article 35 relating to health protection.[153] In the case of *Haqbin*[154], a child seeking asylum was excluded for 15 days from the accommodation centre where he was residing for becoming involved in a violent altercation with other residents. During this time he was not offered any alternative accommodation and spent some time sleeping in a park. The CJEU held that any sanctions imposed under Article 20 of the Reception Conditions Directive 2013/33/EU, responding to a breach of the centre's rules, must be objective and proportionate, and must ensure that the fundamental rights of the child to healthcare and an adequate standard of living are respected. In this case, the Court stated that the child could be accommodated during the 15-day period in another part of the centre, or an alternative centre altogether.

6.2.1.2 The value of non-binding ("soft") EU Law in advancing children's rights

Where the EU has no mandate to develop legally binding measures in the areas relevant to a CG, it has sought to encourage and engage Member States through the development of "soft law" initiatives. These non-binding measures are politically nuanced and sensitive, encouraging and incentivising (through peer pressure rather than obliging) state parties to develop children's rights in these areas. Such measures provide the basis for multiple EU funding, data collection, capacity building and research programmes with a view to enabling Member States to share experience and develop their capacities at domestic level to advance children's rights:[155]

The EU has developed several non-binding measures over the past decade in particular that have been instrumental in realising the rights of children and combating child poverty and social exclusion, including:

- The 2010 "Europe 2020" Strategy[156] is a 10-year strategy proposed by the European Commission for the advancement of the EU economy, for "smart, sustainable and inclusive growth." Part of the target was to reduce the share of early school leavers and increase the percentage of the population having completed tertiary education and to reduce the number of Europeans living below national poverty lines by 25%, lifting 20 million people out of poverty. The Horizon 2020 framework (2014-2020) programme is one of the tools to implement the strategy through focused calls for specific research; it is to be succeeded by the Horizon Europe programme (2021-2027) approved by the European Commission.[157]

[153] Judgment of 14 May 2019, Joined Cases C-391/16, C-77/17 and C-78/17, ECLI:EU:C:2019:403, para. 109.

[154] Judgment of 12 November 2019, Case (C-233/18), ECLI:EU:C:2019:956.

[155] Though note Commission Communication, Progress report on the Implementation of the European Agenda on Migration, 6.3.2019, COM(2019) 126 final. contains important statements on future legislative action for ensuring a harmonised EU-wide system of refugee flow management, protection and asylum (Union Resettlement Framework), as well as the EU's determination to continue to ensure funding in relation to refugees or migrant people (including children) and uses the present tense: "*Healthcare, schooling, and basic social infrastructure* ***are all being supported*** *by EU programmes*." [emphasis added]. This statement was made concerning funding in Libya but appears to reflect, and *a fortiori* implies the general EU commitment towards ensuring the well-being of refugees and migrants and their families through EU funding. Commission Communications are classical soft law acts of the Commission. In such documents, the Commission sets out its vision and intentions for further legislative initiative and policy action. EU case law has taken a consistent view that Commission Communications have binding effects, albeit limited, towards the institution, which has issued them.

[156] COM(2010) 2020, Europe 2020: A strategy for smart, sustainable and inclusive growth.

[157] A Recommendation adopted in the context of the CoE Strategy for the Rights of the Child (2016-2021) which is of relevance to the European CG on the importance of the digital environment for safeguarding the well-being of children and its impact on education and inclusion; CM/Rec(2018)7 of the Committee of Ministers to Member States on Guidelines to respect, protect and fulfil the rights of the child in the digital environment (Adopted by the Committee of Ministers on 4 July 2018 at the 1321st meeting of the Ministers' Deputies) [https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016808b79f7].

- The 2011 Agenda for the rights of the child[158] set out a number of measures in areas where the EU can bring added value, such as making children's rights as expressed in the CFR and the UNCRC (including children's right to be heard) an integral part of EU fundamental rights policies. It placed particular emphasis on measures designed to make justice systems and processes (civil, criminal and administrative) more child friendly and to protecting the most vulnerable (including those at risk of poverty, sexual exploitation, those seeking asylum, Roma and disabled children).
- The 2013 EC Recommendation on "Investing in children: breaking the cycle of disadvantage"[159] provides a clear framework for the EU and the Member States to develop policies and programmes to promote the social inclusion and well-being of children, especially those in vulnerable situations. The Recommendation emphasises that it is essential to invest in all children and their access to services. It suggests integrated strategies based on three pillars: 1) access to adequate resources; 2) access to affordable, good-quality services; and 3) children's right to participate. The second pillar calls for particular attention to be given to enhancing family support and the quality of alternative care settings.[160]
- The 2017 European Pillar of Social Rights (EPSR; see Chapter 1) contains 20 principles and aims to create new rights for EU citizens. Principle 11 of the Pillar affirms: "*Children have the right to affordable early childhood education and care of good quality. Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities*." Other principles, even though not specifically focused on children, are relevant in that they can contribute significantly to improving their lives. This is the case, in particular, of: Principle 1 (right to inclusive education); Principle 14 (right to adequate minimum income for everyone lacking resources in order to live a life in dignity); and Principle 19 (right to social housing and housing assistance).
- The 2018 Council Conclusions identified early childhood development policies as a tool for reducing poverty and promoting social inclusion[161] and invited the Commission to promote the implementation of child-related principles of the Pillar[162] aimed at reducing poverty and social exclusion and promoting children's well-being. The Council Conclusions strongly support the case for a legislative proposal for a European CG. In particular, the Conclusions call upon the Commission, "[i]*n line with the division of competences laid down in the Treaties, [to] promote the implementation of child-related principles of the European Pillar of Social Rights and in particular on the right to protection from poverty, the right of children from disadvantaged backgrounds to specific measures to enhance equal opportunities and the right to affordable early childhood education and care of good quality*".[163]

[158] COM(2011)60.

[159] 2013/112/EU: Commission Recommendation of 20 February 2013, *Investing in children: breaking the cycle of disadvantage*. Available at: http://data.europa.eu/eli/reco/2013/112/oj.

[160] Also complimentary to the proposed CG is the European Youth Guarantee. The Resolution of the Council of the EU and the Representatives of the Governments of the Member States meeting within the Council on a framework for European cooperation in the youth field: The European Union Youth Strategy (2019-2027 OJ C 456, 18.12.2018) was adopted on 26 November 2018 following the Commission's Communication "Engaging, Connecting and Empowering young people: a new EU Youth Strategy" (22 May 2018, COM(2018) 269 final). The Resolution, invites the Commission and the Member States to take numerous actions including the strengthening of policies on education, health and social inclusion that have an impact on youth, as well as efforts to limit youth poverty and all forms of discrimination and promote social inclusion of young people.

[161] Council of the EU, General Secretariat, Note 10306/18, Brussels, 21 June 2018.

[162] In line with Article 241 TFEU.

[163] *Ibid*. page 7, point 21.

Such measures, which have had supported multiple positive initiatives at Member State level, highlight the potential effectiveness of EU soft policy guidance to support a Child Guarantee, such as a possible Council Recommendation (see Chapter 9).

Note also the Commission's expressed intention to launch a new comprehensive strategy on the rights of the child. This will include a range of priorities and strategies that will support the CG.[164]

6.2.2 Children's rights and the Council of Europe

While the EU's interest in children's rights has developed incrementally and relatively recently, the CoE's principal aim has been to promote human rights since its inception. The role of the CoE is relevant to this analysis for a number of reasons: first, the CoE is increasingly working in partnership with the EU to uphold children's rights;[165] second, EU Member States are a party to the treaties of the CoE and so are obliged as Member States to advance the rights of children in a manner which is compatible with those obligations in the context of an EU CG; third, and most importantly, the provisions of the Charter of Fundamental Rights draw on the CoE's binding documents.[166]

The CoE has developed two treaties in particular which are of relevance to a CG: the European Convention on Human Rights and Fundamental Freedoms 1950 (ECHR) (which protects civil and political rights); and the European Social Charter 1961 (revised in 1996 – protecting economic and social rights). The ECHR has been ratified by all the CoE Member States, which includes all of the EU Member States. Though all the provisions of the ECHR apply equally to children and adults, such as Article 8 on the right to respect for private and family life and Article 14 on the prohibition of discrimination, some of its articles are of particular relevance to children: Article 5(1) (d) provides for the lawful detention of a child for the purposes of educational supervision; Article 6(1) restricts the right to a fair and public hearing where this is in the interest of juveniles; Article 2 of Protocol No. 1 provides for the right to education and requires states to respect parents' religious and philosophical convictions in the education of their children. The high relevance of the ECHR for children's rights is also observable in the jurisprudence of the European Court of Human Rights (ECtHR).[167]

Similarly, two provisions of the European Social Charter 1961 (revised 1996)[168] in particular, advance the rights of children: Article 7 sets out the obligation to protect children from economic exploitation. Article 17 requires states to take all appropriate and necessary measures designed to ensure that children receive the care, assistance, education and training they need to protect children and young persons from negligence, violence or exploitation and to provide protection for children deprived of their family's support.

Other articles of the European Social Charter more generally uphold rights for all persons to healthcare (Article 11), education (Article. 17(2)) and adequate housing (Article 31). Of

[164] See the mission letter of EU Commissioner Dubravka Šuica: https://ec.europa.eu/commission/sites/beta-political/files/mission-letter-dubravka-suica_en.pdf.

[165] The EU for example has endorsed the CoE's child-friendly justice guidelines by funding research aimed at embedding the guidelines in domestic practice, and by enacting legislation that supports children's access to justice (for instance, the EU victims directive and the EU directive on children accused of criminal offences).

[166] See, for example, the preamble of the CFR. Moreover, the CFR explanations (discussed below) refer to CoE's provisions as source of inspiration for the interpretation of the provisions of the Charter. This is seen, for example, in explanations on Article 34(3) of the Charter on Social Exclusion which provide that the provision is based on Article 13 of the ESC and Articles 30 and 31 of the revised ESC.

[167] See judgment in the case of *Enver Şahin v. Turkey* (No. 23065/12), Judgment of 30 January 2018 in Annex 6.1.

[168] Council of Europe, European Social Charter, CETS No. 35, 18 October 1961; Council of Europe, European Social Charter (revised), CETS No. 163, 3 May 1996.

particular relevance to a CG, is Article 30, which provides a right to protection against poverty and social exclusion. It requires State Parties to: "promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance." The five key social rights under scrutiny are reflective of the issues highlighted in Article 30. It is important to note that only 20 EU Member States have ratified the 1996 revised European Social Charter and only 13 have agreed to be bound by Article 30[169].

Children's rights are further developed by other CoE policy initiatives, including its Agenda, "Building a Europe for and with Children", established in 2006.[170] The CoE affirms it aims to "support the implementation of international standards in the field of children's rights by all CoE Member States and promote the applications of the UNCRC and its guiding principles".[171] Several practical guides have been developed as part of this initiative, including Guidelines on both child-friendly justice and child-friendly healthcare.[172] Such initiatives are complemented by Recommendations on the participation of children and young people under the age of 18, integrated national strategies for the protection of children from violence and on children's rights and social services friendly to children and families.[173] In more recent years, the EU and the CoE have worked more collaboratively on children's rights issues to ensure that their programmes of action cohere. This is seen, for instance, in relation to child-friendly justice, where the EU has endorsed the CoE's child-friendly justice guidelines by funding research aimed at embedding the guidelines in domestic practice, and by enacting legislation that supports children's access to justice (such as the EU victims directive[174] and the EU directive on children accused of criminal offences[175]).

Importantly, the children's rights initiatives developed by both the CoE and the EU share a commitment to reflecting and reinforcing implementation of the UNCRC, at least in principle.[176]

[169] Those 13 are: Belgium, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Netherlands, Portugal, Slovak Republic, Slovenia and Sweden. Moreover, only 12 EU Member States have ratified the protocol establishing a system of collective complaints. This Collective Complaints Procedure Protocol allows entitled social partners and non-governmental organisations (NGOs) to bring complaints before the European Committee on Social Rights (ECSR) concerning the non-compliance of a Member State's law or practice with one of the provisions of the ESC. The selective adoption of legal obligations by EU Member States concerning the treaty system of the ESC therefore creates a "fragmented and complex legal landscape" as regards the respect of social and economic rights. See further Fundamental Rights Agency, *Combating child poverty: an issue of fundamental rights,* October 2018, p. 27

[170] For details of the current strategy, see https://rm.coe.int/168066cff8.

[171] Council of Europe, Committee of Ministers (2011), Council of Europe Strategy for the Rights of the Child (2012–2015), CM (2011)171 final, 15 February 2012.

[172] Council of Europe, Committee of Ministers (2010), Guidelines on child-friendly justice, 17 November 2010; Council of Europe, Committee of Ministers (2011), Guidelines on child-friendly healthcare, 21 September 2011.

[173] Council of Europe, Committee of Ministers (2012), Recommendation Rec(2012)2 on the participation of children and young people under the age of 18, 28 March 2012; Council of Europe, Committee of Ministers (2009), Recommendation CM/Rec(2009)10 of the Committee of Ministers to Member States on integrated national strategies for the protection of children from violence, 18 November 2009; Council of Europe, Committee of Ministers (2011), Recommendation Rec (2011)12 on children's rights and social services friendly to children and families, 16 November 2011.

[174] Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, *OJ L 315, 14.11.2012, pp. 57–73*.

[175] Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings

OJ L 132, 21.5.2016, pp. 1–20.

[176] Research by Häusler on the economic and social rights of children in Europe, for instance, concludes that "…the UNCRC's standards have been absorbed well by the European human rights system". However, Häusler reveals some weaknesses in the actual implementation and interpretation of those rights in practice,

6.2.3 Children's rights in international Law

The discussion above illustrates that the rights provisions embedded within EU hard and soft law are firmly grounded in other international law treaties. Children across Europe are afforded the protections enshrined in several international human rights instruments, including additional protections for children in some of the TGs, such as children with disabilities[177] and migrant children. The key *international* treaties of relevance include: the International Convention on the Elimination of All Forms of Racial Discrimination 1965; the International Covenant on Economic, Social and Cultural Rights 1966 (which includes the right to education, adequate standard of living, and the highest attainable standard of health); the International Covenant on Civil and Political Rights 1966 (includes the right to a fair trial, private and family life and protection from discrimination). The most relevant to the CG and already referred to in the introduction to this chapter is the UN Convention on the Rights of the Child 1989 (UNCRC), which shall be examined in further detail below. Post-dating the UNCRC are the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 1990; and the UN Convention on the Rights of Persons with Disabilities 2006.

Human rights treaties are legally binding instruments of international law. When states become a party to a human rights treaty, they agree to take all appropriate legislative, administrative, and other measures that are necessary to implement that treaty, and to ensure the rights therein are realised for all people (including children) within their jurisdictions. With regard to economic, social and cultural rights, States Parties are required to undertake such measures progressively and "to the maximum extent of their available resources".[178] The Vienna Convention on the Law of Treaties, which was adopted 23 May 1969 and entered into force on 27 January 1980, obliges states to operate in a manner consistent with the international treaty to which they are a party. Article 26 affirms that: *"Every treaty in force is binding upon the parties to it and must be performed by them in good faith."* Article 31(1)-(2) further provides that a treaty must be interpreted in good faith, and in the light of its object and purpose and within the context of the treaty (i.e. all provisions and accompanying guidance) as a whole.

Notwithstanding the abundance of international guidance on the rights of children in different contexts, the most comprehensive, authoritative reference point for determining the scope, nature and application of children's rights at international, European and domestic level is the UN Convention on the Rights of the Child 1989.

6.2.3.1 The UN Convention on the Rights of the Child 1989 (UNCRC)

The UNCRC contains 54 articles addressing civil, political, social and economic rights. It also has three optional protocols (OPs):

- OP to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography 2000 (entered into force in January 2002);
- OP to the Convention on the Rights of the Child on the involvement of children in armed conflict 2000 (entered into force February 2002); and
- OP to the Convention on the Rights of the Child on a Communications Procedure (entered into force in April 2014).

This instrument and its protocols provide the cornerstone for children's rights protection across the world.

particularly in the context of custody and care proceedings. (Häusler, K. (2019), Social Rights of Children in Europe: A Case Law Study on Selected Rights, Brill/Nijhoff, Leiden, The Netherlands.)

[177] See further Annex 6.2 for a summary of relevant international case law relating to children with disabilities.

[178] 4 Article 2(1), ICESCR; Article 4, UNCRC.

The UNCRC provisions are fleshed out in a series of 24 General Comments, drafted by the UN Committee on the Rights of the child to aid their interpretation and application in practice. A number of General Comments apply to the key policy areas and TGs considered in the present study. These include but are not limited to:

- General Comment No. 7 on early childhood;[179]
- General Comment No. 9 on the rights of children with disabilities;[180]
- General Comment No. 12 on the right of the child to be heard;[181]
- General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration;[182]
- General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health;[183]
- General comment No. 19 on public budgeting for the realization of children's rights;[184]
- General Comment No. 20 on the implementation of the rights of the child during adolescence;[185]
- General Comment No. 22 and 23 (join comments with "Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families" [CMW]) on children in migration.[186]

Other relevant General Comments are examined under the headings of the five policy areas to which they specifically relate (see Section 3.1-5). These General Comments have been used to guide judges and lawmakers on how to embed the provisions of the UNCRC in European and domestic law and policy.

Children's rights are further developed through the periodic reporting process. Article 44 UNCRC provides: States Parties accept the duty to submit regular reports to the Committee on the steps they have taken to put the Convention into effect and on progress in the enjoyment of children's rights in their territories. State Parties submit implementation reports to the UN Committee on the Rights of the Child every five years, which are scrutinised. The Committee then issues a response to the State party in question, raising any concerns and recommendations in the form of Concluding Observations.[187]

6.2.3.2 The relationship between the UNCRC and European Law

Whilst the EU itself is not a signatory of the UNCRC,[188] there are different levels of interaction between the UNCRC and its states parties which impact on the development of

[179] UNCRC/C/GC/7/Rev.1 20 September 2006.
[180] UNCRC/C/GC/9 27 February 2007.
[181] UNCRC/C/GC/12. 20 July 2009.
[182] UNCRC/C/GC/14. 29 May 2013.
[183] UNCRC/C/GC/15. 17 April 2013.
[184] UNCRC/C/GC/19. 20 July 2016.
[185] UNCRC/C/GC/20.6 December 2016.
[186] Joint General Comment No. 3 (2017) of the CMW and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration. CMW/C/GC/3-CRC/C/GC/22. 16 November 2017; Joint General Comment No. 4 (2017) of the CMW and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return. CMW/C/GC/4-CRC/C/GC/23. 16 November 2017.
[187] See further, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&TreatyID=10&TreatyID=11&DocTypeID=5.
[188] The UNCRC is open for signature and accession to States only, although the EU could bind itself to its provisions through unilateral declaration or the conclusion of an accession Protocol. See further p. 9.

children's rights provision at EU level, and on the operation of EU law and policy at domestic level:

- All EU and CoE Member States are parties to the UNCRC, including most of its optional protocols.[189]
- Through the ECtHR drawing on provisions of the UNCRC to achieve children's-rights-based interpretations of the provisions of the ECHR in its jurisprudence.
- Through explicit integration of the rights enshrined in the UNCRC within the text of European law and policy. See, for example, Explanations relating to the Charter of Fundamental Rights,[190] which explicitly states that Article 24 of the Charter is based on the CRC and, therefore, arguably should be interpreted and implemented accordingly.
- Through explicit reference to the UNCRC in the jurisprudence of the CJEU.[191]
- Through the periodic monitoring system of the UN Committee which holds domestic authorities to account for the extent to which they have complied with their UNCRC obligations in their application of international, European and domestic law.

In 2011, the European Commission's Agenda for the Rights of the Child specified that "the standards and principles of the UNCRC must continue to guide EU policies and actions that have an impact on the rights of the child".[192] The EU subsequently made particular efforts to enact binding legislation based explicitly on the UNCRC creating opportunities for sturdier enforcement of children's rights at both EU and domestic level. The integration of the UNCRC's provisions into actionable EU provision is seen for example in relation to migrant children, particularly in the context of asylum, with many EU legislative instruments grounded explicitly in Article 3 UNCRC with a view to promoting the best interests of the child.[193] A similar commitment to the UNCRC is found in EU child protection legislation relating, for example, to sexual abuse, exploitation and pornography (referring specifically to Article 34 UNCRC and its Optional Protocol on the sale of children, child prostitution and child pornography).[194]

Moreover, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which was ratified by all 28 Member States and the EU, recognises children's need for special protection in Article 7 (equal rights for children). The UNCRPD is the first binding international human rights instrument specifically aimed at addressing disability and it is the first human rights convention to which the EU has become a party. The main elements of the UNCRPD are reflected in the European disability strategy 2010-2020 (IP/10/1505). For the EU, the convention entered into force on 22 January 2011 and all EU Member States have signed and ratified it. 22 EU countries have also signed and ratified its optional

[189] The UNCRC has been ratified by all EU Member States. Its three Optional Protocols have been ratified by most of them: on the involvement of children in armed conflict (no exception); on the sale of children, child prostitution, and child pornography (all except IE); and on a communications procedure (all except AT, BG, EE, EL, HU, LV, LT,MT, NL, PL, RO, SE, UK).

[190] Explanations relating to the Charter of Fundamental Rights (2007/C 303/02) Official Journal of the European Union C 303/17, 14.12.2007.

[191]For instance, in Case C-540/03, European Parliament v Council of the European Union [2006] ECR 5769, 37 the CJEU expressly recognised the need to take due account of the UNCRC in interpreting EU law. For an analysis of how this has been achieved, see Stalford, H (2014). "CRC in litigation under EU law" in T. Liefaard & J. Doek (eds.), *Litigating the Rights of the Child*, London: Springer, Chapter 12.

[192] European Commission (2011), *An EU Agenda for the Rights of the Child*, COM (2011) 0060 final, Brussels.

[193] See for instance Directive 2011/95 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast), OJ L 337/9; and the "Dublin III" Regulation 604/2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person (recast), OJ L 180/32.

[194] Directive 2011/92/EU on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA, OJ L 335/1.

protocol on a communications procedure (effectively a complaints procedure similar to that of OP 3 of the UNCRC) in January 2019.

As a party to the UNCRPD, the EU is held to account in the same way as all other state parties for the way in which it implements the obligations set out in the Convention (Article 33(2) UNCRPD). To achieve this, in 2013 the EU established a Framework to promote, protect and monitor implementation of the CRPD in relation to EU law, policy and public administration. This Framework is composed of the European Parliament, the European Ombudsman, the EU Agency for Fundamental Rights and the European Disability Forum. The European Commission withdrew from the Framework in 2015 and so no longer directly participates in its promotion and monitoring activities, but that does not exempt the Commission from complying with the UNCRPD in its legislative and policy activities.[195]

In its Concluding Observations on the initial report of the EU, the UN Committee on the Rights of Persons with Disabilities recommended that:

> "*The European Union take the necessary measures, including through the use of the European Structural and Investment Funds and other relevant European Union funds, to develop support services for boys and girls with disabilities and their families in local communities, foster deinstitutionalisation, prevent any new institutionalisation and promote social inclusion and access to mainstream, inclusive, quality education for boys and girls with disabilities*".

It also recommended that "*the renewed Agenda for the Rights of the Child include a comprehensive rights-based strategy for boys and girls with disabilities and safeguards to protect their rights*" (UNCRPD, 2015).

This brief overview highlights the EU's unequivocal commitment to protecting the rights of the child, as expressed in international human rights treaties, across all of the policy areas and TGs within the scope of the CG.

6.2.4 International policy developments supporting the objectives of an EU Child Guarantee

In addition to the EU legal and policy provisions set out above, the objectives of an EU Child Guarantee are supported by numerous other CoE and UN measures.

6.2.4.1 CoE measures

- Article 30 of the CoE's European Social Charter (ESC) introduces the right to protection against poverty and social exclusion. Articles 16 and 17 add the right to the social, legal, and economic protection of the family, as well as of children.
- The CoE Strategy for the Rights of the Child identifies poverty, inequality, and exclusion as being among the main challenges for children's rights.[196] The CoE promotes another set of conventions of specific relevance to child protection, including: the European Convention on the Exercise of Children's Rights (1996); the "Lanzarote Convention" on the protection of children against sexual exploitation and sexual abuse (2007); and the "Istanbul Convention" on preventing and combating violence against women and domestic violence (2011).[197]

[195] Revised EU-level Framework Required by Article 33.2 of the UN Convention on the Rights of Persons with Disabilities, Brussels, 9 February 2017, 6170/17 COHOM 16 CONUN 54 SOC 81 FREMP 11.

[196] Council of Europe Strategy for the Rights of the Child (2016-2021). Available at: https://rm.coe.int/168066cff8.

[197] https://www.coe.int/en/web/conventions/full-List.

- The CoE Recommendation CM/Rec (2011)12 on children's rights and social services friendly to children and families addresses children's rights in social services planning, delivery, and evaluation. Its aim is "*to ensure that social services are delivered upon individual assessment of the child's needs and circumstances and take into account the child's own views, considering his or her age, level of maturity and capacity.*" (I(3)). The Recommendation defines "*child-friendly social services" as "social services that respect, protect and fulfil the rights of every child, including the right to provision, participation and protection and the principles of the best interest of the child*" (II(5)).

6.2.4.2 UN measures

- Whilst the UNCRC does not contain an explicit right to freedom from poverty a number of its provisions seek to address the needs of children living in poverty (such as Articles 24-29). Each of these is explored in detail under the relevant policy area(s) in Section 6.3.
- The UN's 2030 Agenda for Sustainable Development, and the related Sustainable Development Goals (SDGs) have, since their approval in 2015, provided a common yet localised set of objectives, which "envisage a world of universal respect for human rights and human dignity" (para. 8), and "seek to respect, protect and fulfil all human rights."[198] While the SDG framework does not constitute a set of legally binding commitments and standards, the Goals have had significant effect in focusing States' attention on particular policy priorities and mobilised action through monitoring and evaluation based on a series of indicators.[199] A number of the SDGs are relevant to the priorities and TGs under scrutiny in the FSCG, such as poverty (SDG1), hunger (SDG2), good health and well-being (SDG3), good-quality education (SDG4), gender equality (SDG5) decent work and economic growth (SDG 8) and reduced inequality (SDG 10).[200]
- A Resolution was adopted by the UN General Assembly on 20 June 2019, 73/301 in commemoration of the thirtieth anniversary of the adoption of the UNCRC[201] and convened a high-level meeting to discuss the rights of the child on 20 November 2019. This may result in further action at the UN and the Member States level. In particular, point 7 of the UN Resolution encourages "*Member States to incorporate the views and perspectives of children in their commemorative activities on the thirtieth anniversary of the Convention on the Rights of the Child at the regional, national and subnational levels, **with a view to continuing to take action and to strengthen efforts for the advancement of the rights of the child***" [emphasis added].

More specific developments concerning each of the TGs under the five policy areas are considered further in Section 6.3.

6.3 The five key social rights to be considered in the context of a Child Guarantee

The focus of this section is to examine in more depth children's rights in European and International law in the context of the five key social rights under scrutiny. As highlighted above, where the EU has limited or no competence to enact legislation on a particular social

[198] At para. 8.

[199] UNICEF 2016; Office of the High Commissioner of Human Rights 2017; Child Rights International Network 2017.

[200] For a discussion on the inter-relation between human rights and SDGs at the EU level, see focus chapter of: European Union Agency for Fundamental Rights, "Implementing the Sustainable Development Goals in the EU: a matter of human and fundamental rights", Luxembourg: Publications Office of the European Union, 2019.

[201] Accessible at: https://undocs.org/en/A/RES/73/301.

right, it can encourage and incentivise Member States to act through a range of "soft law" measures, in compliance with their obligations under CoE or other international law.

6.3.1 Access to free healthcare

The right to healthcare is a fundamental human right. The United Nations Universal Declaration of Human Rights states in Article 25(1) "*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services*", and importantly this clearly recognises the social determinants of health[202]. However, it does not prescribe how healthcare should be provided or accessed. In similar terms, Article 24 of the UNCRC requires "*States Parties recognise 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. States Parties shall strive to ensure that no child is deprived of his or her right of access to such healthcare services.*" Again, while it does specify the means of healthcare provision it does not go as far as prescribing that this should be free of charge. Rather, it obliges States Parties to ensure that no child is deprived of his or her right of access to such healthcare services which could include the imposition of prohibitive charges. This right is also reflected in Article 35 CFR which guides the application of EU law and states that "*everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities*." Similar obligations are set out in Article 25 of the UN Convention on the Rights of Persons with Disabilities[203].

Health-related rights are also emphasised in the UNCRC General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24).[204] This provides that:

> "*The present general comment is based on the importance of approaching children's health from a child-rights perspective that all children have the right to opportunities to survive, grow and develop, within the context of physical, emotional and social well-being, to each child's full potential... The Committee on the Rights of the Child recognises that most mortality, morbidity and disabilities among children could be prevented if there were political commitment and sufficient allocation of resources directed towards the application of available knowledge and technologies for prevention, treatment and care. The present general comment was prepared with the aim of providing guidance and support to States Parties and other duty bearers to support them in respecting, protecting and fulfilling children's right to the enjoyment of the highest attainable standard of health*."[205]

The UNCRC offers guidance under General Comment 15 to ensure States ratify, implement and monitor compliance with international and regional human rights instruments relevant to children's health.[206] The UNCRC further guides that when applying children's right to health, "*particular attention must be given to identifying and prioritising marginalised and*

[202] United Nations Universal Declaration of Human Rights, Paris, 1948; available at: http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf.

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

[204] UN Committee on the Rights of the Child (CRC), General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24), 17 April 2013, UNCRC/C/GC/15, available at: https://www.refworld.org/docid/51ef9e134.html [accessed 18 November 2019].

[205] *Ibid*, General Comment No. 15, para. 1.

[206] *Ibid*, General Comment No. 15, para. 96.

disadvantaged groups of children"[207] including those falling within the TGs covered in this study. Health-related rights are also linked to other key social rights examined in the FSCG, including the right to adequate nutritious food[208] and adequate housing.[209]

The relationship between health, healthcare, housing and nutrition is also identified in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). General Comment 14 of the ICESCR[210] on the right to the highest attainable standard of health articulates: "The reference in Article 12.1 of the Covenant to "the highest attainable standard of physical and mental health" is not confined to the right to healthcare. On the contrary, the drafting history and the express wording of Article 12.2 acknowledge that the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment."[211]

More specifically, paragraphs 22–24 of General Comment 14 ICESCR relate directly to *children's* rights to adequate healthcare, to promote the healthy development of infants and children, children and adolescents' right to the enjoyment of the highest standard of health and access to facilities for the treatment of illness. The Convention links these goals to ensuring access to child-friendly information about preventive and health-promoting behaviour and support to families and communities in implementing these practices. General Comment 14 ICESCR further establishes "minimum core obligations" to ensure: the right of access to health facilities, goods and services for *vulnerable or marginalised groups*; access to the minimum essential food which is nutritionally adequate and safe; freedom from hunger to everyone; access to basic shelter, housing and sanitation, and an adequate supply of safe and potable water; to provide essential drugs; equitable distribution of all health facilities, goods and services; and to provide immunisation against the major infectious diseases occurring in the community.[212]

The right to healthcare should be applied without discrimination. General Comment 14 ICESCR affirms States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and healthcare facilities and to prevent any discrimination on internationally prohibited grounds in the provision of healthcare and health services.[213] Moreover, States are under the obligation to respect the right to health by refraining from denying or limiting equal access for all persons, including ... minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services.[214] The decision of the European Committee of Social Rights in *International Federation of Human Rights Leagues (FIDH) v. France*,[215] affirms that limiting the right of migrant children to medical assistance is in breach of Article 17 of the European Charter on Social and Economic Rights. Notably, however, the ECtHR held in the case of *N. v the United Kingdom*[216] that the lack of effective medical treatment, in general, does not create a right of residence (or prevent forced return).

[207] *Ibid*, General Comment No. 15, para. 98.
[208] *Ibid*, General Comment No. 15, para. 43.
[209] *Ibid*, General Comment No. 15, para. 49.
[210] UN Committee on Economic, Social and Cultural Rights (ICESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12 of the Covenant), 11 August 2000, E/C.12/2000/4.
[211] *Ibid*, General Comment No. 14, paras. 4 and 11.
[212] *Ibid*, General Comment No. 14, paras. 43-4.
[213] *Ibid*, General Comment No. 14, paras. 18-9.
[214] *Ibid*, General Comment No. 14, para. 34.
[215] Complaint No. 14/2003, Decision of 8 September 2004 at paras. 29-36.
[216] *N. v the United Kingdom* ECtHR Application No. 26565/05, Judgment of 27 May 2008.

The right to healthcare applies to all children, and by definition to all children in the TGs, including children residing in institutions, children living in precarious family situations, children with disabilities and children with a migrant background (including refugee children). The right of migrant children in the context of healthcare, nutrition and education is further strengthened by a number of UN General Comments,[217] including from the Committee on Economic, Social and Cultural Rights on the duties of States towards refugees and migrants under the ICESCR.[218] This declares that "protection from discrimination cannot be made conditional upon an individual having a regular status in the host country... all children within a State, including those with undocumented status, had a right to receive education and access to adequate food and affordable healthcare."

Specifically, as far as migrant children are concerned, the EU has incorporated numerous provisions to protect and advance children's rights into binding legislation which, insofar as they are directly applicable across the Member States, are potentially more forceful than the other international law obligations identified.[219] Specifically, in the context of asylum, Member States have an obligation to ensure the provision of adequate healthcare under the same conditions as nationals, particularly to "*minors who have been victims of any form of abuse, neglect, exploitation, torture, cruel, inhuman and degrading treatment or who have suffered from armed conflict.*" [220]

EU law elaborates more comprehensively on the health-related assistance that should be available to children identified as Trafficked who may fit into one or more of the TGs under scrutiny. Member States are required to:

> "*…assist and support child victims of trafficking in human beings, in the short and long term, in their physical and psycho-social recovery… following an individual assessment of the special circumstances of each particular child victim, taking due account of the child's views, needs and concerns with a view to finding a durable solution for the child.*"[221]

This is supported by entitlement for separated children who are victims of criminal offences (including those related to trafficking) to access victim support services free of charge.[222]

Separated stateless children may encounter particular difficulties in accessing healthcare and other forms of social assistance, as The Institute on Stateless and Inclusion explains:

> "*…many States require documentation to provide medical treatment and some do not even provide vaccination to stateless children. Irregular status or non-national status also often means exclusion from social welfare and child benefits. Stateless migrant children generally have a lower standard of living and most live in poverty on the margins of society. The denial of property rights may further contribute to living in precarious conditions and to intergenerational poverty*".[223]

[217] General Comments from the UNCRC Committee: Joint General Comment No. 3 of CMW and No. 22 of the UNCRC in the context of International Migration: General principles; Joint General Comment No. 4 of the CMW and No. 23 of the UNCRC in the context of International Migration: States parties' obligations in particular concerning countries of transit and destination; General comment No. 21 (2017) on children in street situations

[218] (E/C.12/2017/1).

[219] For a comprehensive overview see http://www.connectproject.eu/PDF/CONNECT-EU_Reference.pdf; [Article 2(h), Reception Conditions Directive (2003/9/EC); Article 2(h) Procedures Directive (2005/85/EC); Article 2(i) Qualification Directive (2004/83/EC)**]**.

[220] Qualification Directive (Directive 2004/83/EC), Article 29(3); See also Article 13(4) Temporary Protection Directive (Directive 2001/55/EC)).

[221] EU Trafficking Directive (2011/36/EU), Article 14(1).

[222] Article 8 Victims Directive (2012/29/EU).

[223] Institute on Stateless and Inclusion, "The World's Stateless Children" Jan 2017, pp. 220-221, citing the UN Human Rights Council (HRC), "Impact of the arbitrary deprivation of nationality on the enjoyment of the rights of children concerned, and existing laws and practices on accessibility for children to acquire nationality, inter

These hard law measures, although not applicable to all children in the TGs, provide firm and enforceable measures to uphold children's rights when they apply. For all other children not protected by the EU provisions, there is a gap in the guarantee of healthcare which needs to be taken into account in the context of the CG.[224]

6.3.2 Access to free education

A child's right to education appears in both civil and political rights treaties, as well as in treaties concerning economic, social, and cultural rights. Although treaties differ in the way in which the right to education is described, the requirement to guarantee free access to compulsory education is present in all. The legal obligations with regards to the right to education are found within Article 14 CFR which provides: 1) Everyone has the right to education and to have access to vocational and continuing training; 2) This right includes the possibility to receive free compulsory education.

The right is also enshrined in Article 28 UNCRC, Article 26 Universal Declaration of Human Rights, Article 24 UNCRPD and Article 13 ICESCR. Article 28 UNCRC provides that States Parties recognise the right of the child to education and, with a view to achieving this right progressively and on the basis of equal opportunity, that they shall make educational provision available to every child (and free of charge at primary level at least).

Article 29 UNCRC frames the right to education as a universal right to access compulsory education in schools and through other intercultural education programmes. General Comment No.1 on "Article 29(1) UNCRC: The Aims of Education"[225] highlights that while Article 28 focuses upon the obligations of State parties in relation to the establishment of educational systems and in ensuring access thereto, Article 29(1) underlines the individual and subjective right to a specific quality of education, emphasising child-centred education. This acknowledges the critical goal of education as the development of the individual child's personality, talents and abilities, in recognition of the fact that every child has unique characteristics, interests, abilities and learning needs.

This right to education enshrined in Article 13 ICESCR affirms that the right to education is crucial to children's development and essential to the understanding and protection of human rights generally. General Comment No. 13, on the right to education[226] emphasises the empowering potential of the right to free education as the primary vehicle by which economically and socially marginalised adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities: *Education has a vital role in […] safeguarding children from exploitative and hazardous labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and controlling population growth*.[227] Indeed, it is affirmed in General Comment No. 11 ICESCR (Plans of action for primary education, Article 14) that the education offered must be

alia, of the country in which they are born, if they otherwise would be stateless" (2015) A/HRC/31/29, paras. 35-37.

[224] Note that EU competence in the field of health is explicitly limited under the terms of Article 168 TEU relating to "*public health*", paragraph 7 of which reinforces the responsibilities of the Member States for determining their own health policy, for the organisation of health services and for the allocation of the related resources. This does not preclude the EU from adopting policy and administering funds, however, aimed at complementing Member State activity to provide children with sufficient healthcare.

[225] UN Committee on the Rights of the Child (CRC), *General comment No. 1 (2001), Article 29(1), The aims of education*, 17 April 2001, UNCRC/GC/2001/1, para. 9.

[226] UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 13: The Right to Education (Article 13 of the Covenant)*, 8 December 1999, E/C.12/1999/10.

[227] General Comment No. 13: The Right to Education, *ibid*, para. 1.

adequate in quality, relevant to the child and must promote the realisation of the child's other rights.[228]

This is particularly relevant to children in the TGs, whose access to education is tentative due to the lack of equal provision made available to children residing in institutions, children in precarious family situations, and children with disabilities. This right is also of particular relevance to migrant children, who are in some cases unable to access education while awaiting the outcome of the decisions of judicial and administrative bodies. The UNCRC Committee and other experts have asserted that the enjoyment of rights stipulated in the UNCRC is not limited to children who are nationals of a state. These rights must be available to all children, including asylum-seekers, refugees and children with a migrant background – irrespective of their nationality, immigration status or statelessness.[229] The right to access free education for all children (irrespective of their migrant status) is stipulated in several provisions, including General Comment No. 1 (Article 29(1): The Aims of Education), "Discrimination on the basis of any of the grounds listed in Article 2 of the Convention, whether it is overt or hidden, offends the human dignity of the child and is capable of undermining or even destroying the capacity of the child to benefit from educational opportunities."[230]

General Comment No. 13, on the rights to education (Article 13 of the ICESCR)[231] affirms that the right to education for all children, including those in the TGs is "guaranteed" without discrimination and the efforts of state parties to realise this right must be "deliberate, concrete and targeted",[232] and the principle of non-discrimination extends to all persons of school age residing in the territory of a State party, including non-nationals, and irrespective of their legal status."[233]

As far as the ECHR is concerned, Article 2 Protocol 1 affirms that "no person" shall be denied the right to education. The requirement that primary school education must be free of charge, and secondary education should be made progressively free of charge is affirmed by the ECtHR in the case of *Ponomaryovi v. Bulgaria,*[234] where the ECtHR links the right of access to education free of charge to the increased importance of secondary education in modern society. There is, therefore, a responsibility to ensure all children have access to education, irrespective of who is caring for them and in which State they reside. Indeed the ECtHR further affirmed in the case of *Timishev v. Russia*[235] that exclusion of children from education due to their parents' irregular migration status violates their right to education.[236] Moreover, in *D.H. and others v. the Czech Republic*,[237] the Grand Chamber of the ECtHR concluded that systematically excluding members of a group from the regular

[228] UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 11: Plans of Action for Primary Education (Article 14 of the Covenant)*, 10 May 1999, E/1992/23, para. 6.

[229] UNCRC, General Comment No. 6 (2005), § 12; Touzenis-IOM (2008, § 17). See also joint comments 3 and 4 of the CMW and the UNCRC on the general principles regarding the human rights of children in the context of international migration (https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/343/59/PDF/G1734359.pdf?OpenElement) and on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return (https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/343/65/PDF/G1734365.pdf?OpenElement).

[230] UN Committee on the Rights of the Child (CRC), *General comment No. 1 (2001), Article 29(1), The aims of education*, 17 April 2001, UNCRC/GC/2001/1, para. 10.

[231] UN Committee on Economic, Social and Cultural Rights (ICESCR), *General Comment No. 13: The Right to Education (Article 13 of the Covenant)*, 8 December 1999, E/C.12/1999/10, paras. 43-4 and 49.

[232] *Ibid*, para. 43.

[233] *Ibid*, para. 34.

[234] ECtHR, Application No. 5335/05, Judgment of 21 June 2011 para. 57. See Annex 6.1.

[235] Applications No. 55762/00 and 55974/00, Judgment of 13 December 2005) at paras. 64-5.

[236] See Annex 6.1.

[237] ECtHR Application No. 57325/00, Judgment of 13 November 2007 at paras. 198, 203-4 and 207.

schooling system (Roma children) amounted to indirect discrimination.[238] This decision is relevant to migrant children or children from marginalised communities insofar as it obliges Member States to provide equal access to compulsory education of an equal quality to that available to other national children.

As far as the EU is concerned, its competence to impose binding laws on Member States in the field of education is limited by Article 165 TFEU. This restricts the role of the Union to merely contributing to the development of quality education by encouraging cooperation between Member States, while leaving the responsibility to the Member States for the organisation of education systems. Because of its limited role in this field, the Union can only undertake incentive measures, excluding any harmonisation measures, or adopt recommendations. The EU has, however, developed more concrete legal provision concerning migrant children, including unaccompanied minors and children who move under the free movement provisions. In relation to the latter, such children are guaranteed equal access to general educational, apprenticeship and vocational training courses under the same conditions as nationals.[239] In relation to asylum seeking children, Member States are required to grant full access to the state education system to all minors granted refugee or subsidiary protection status, under the same conditions as nationals.[240] Moreover, Directive 2011/98 provides for equal treatment of third-country nationals legally residing in Member States, as regards access to education.[241] For trafficked children, Member states are required "*within a reasonable time*" (not defined by EU law) and "*in accordance with their national law"* to provide access to education.[242]

6.3.3 Access to decent housing

The legal obligations with regards to the right to housing are detailed in: the Charter of Fundamental Rights of the EU (CFR) (Articles 24 and 34(3); the International Covenant on Economic, Social and Cultural Rights (ICESCR) (Article 11 and General Comment No. 4 on the Right to Adequate Housing); the UNCRC (Article 27); the European Convention on Human Rights (ECHR) (Articles 3 and 8); and the European Social Charter (ESC) (Article 16).

Article 27 UNCRC pronounces "the right of every child to a standard of living adequate for the child's physical, mental spiritual, moral and social development". Article 24 of the EU Charter of Fundamental Rights states that all "children shall have the right to such protection and care as is necessary for their well-being" and Article 34(3) CFR provides: "In order to combat social exclusion and poverty, the Union recognises and respects the right to social and housing assistance so as to ensure a decent existence for all those who lack sufficient resources, in accordance with the rules laid down by Community law and national laws and practices."

The legal provision establishes that the right is not limited to the availability of housing, but the quality, or as is described by the European Parliament in the proposal for a CG, as "decent" housing. The concept of "decent housing" could be assessed against the framework proposed by the ICESCR, General Comment No. 4 on the Right to Adequate

[238] See Annex 6.1.

[239] By virtue of Article 10 of Regulation (EU) No 492/2011 of the European Parliament and of the Council of 5 April 2011 on freedom of movement for workers within the Union Text with EEA relevance, *OJ L 141, 27.5.2011, pp. 1–12*; and Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States, OJ L 158, 30.4.2004, pp. 77–123.

[240] Article 27(1) Qualification Directive (Directive 2004/83/EC); Article 14 Temporary Protection Directive (Directive 2001/55/EC.

[241] "Third-country workers as referred to in points (b) and (c) of Article 3(1) shall enjoy equal treatment with nationals of the Member State where they reside with regard to (c) education and vocational training".

[242] Article 14(1), EU Trafficking Directive (2011/36/EU).

Housing, Article 11 of the ICESCR is composed of distinctive rights, including the rights to water, to clothing, to food and to housing. The particular rights enumerated in Article 11 are non-exhaustive: "*The States Parties to the present Covenant recognise the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions*." These rights are easily associated with what the ICESCR refers to as minimum core obligations. This implies that the core elements of these rights are so basic that it will result in a *prima facie* violation if they are not fulfilled. Every element of the right to an adequate standard of living closely relates to the basic notion of human dignity that underpins human rights. It also relates to other human rights such as the right to private and family life, the prohibition of inhuman and degrading treatment and, potentially, the right to life.[243]

The right to adequate housing can also fall under the scope of rights under the ECHR, based on for instance Article 8 ECHR (private and family life) Article. 1 Protocol 1 ECHR (right to property), and Article 3 ECHR (prohibition of inhuman and degrading treatment). The ECtHR stated in *Yordanoava and Others v Bulgaria*[244] that the applicants' specificity as a social group and their needs must be one of the relevant factors in the proportionality assessment that the national authorities are under a duty to undertake. This does not mean, however, that the authorities have an obligation under the Convention to provide housing to the applicants; Article 8 does not entail a right to be provided with a home and any positive obligation to house the homeless must be limited (see *O'Rourke v. the United Kingdom*).[245] Nevertheless an obligation to secure shelter to particularly vulnerable individuals may flow from Article 8 in exceptional cases.

The ECtHR further affirms in *Marzari v Italy*[246] that although Article 8 does not guarantee the right to have one's housing problem solved by the authorities, a refusal of the authorities to provide assistance in this respect to an individual suffering from a severe disease might in certain circumstances raise an issue under Article 8 ECHR because of the impact of such refusal on the private life of the individual. The Court recalls in this respect that, while the essential object of Article 8 is to protect the individual against arbitrary interference by public authorities, this provision does not merely compel the State to abstain from such interference: in addition to this negative undertaking, there may be positive obligations inherent in effective respect for private life. A State has obligations of this type where there is a direct and immediate link between the measures sought by an applicant and the latter's private life.

The right to adequate housing will no doubt affect children across the four TGs, as it encompasses a broad spectrum of protection including the need for accessible housing for some children with disabilities. It includes the core obligation of protection from the environment through basic shelter, extensive standards regarding the quality of housing and security of tenure, and protection from forced evictions. In addition to the right to adequate housing protected as part of the right to an adequate standard of living in Article 11 ICESCR, the ESC[247] provides a distinct description of what the right to housing entails in its Article 31:

> *"With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures designed: 1. to promote access to housing of an adequate standard; 2. to prevent and reduce homelessness with a view to its*

[243] The right to adequate food and water is discussed below under the right to adequate nutrition.
[244] ECtHR, Application No. 25446/06, Judgment of 24 April 2012 at paras. 129-130.
[245] (dec.), No. 39022/97, ECHR 26 June 2001.
[246] ECtHR, Application No. 36448/97, Decision of 4 May 1999.
[247] European Treaty Series - No. 163. Strasbourg, 3.V.1996.

gradual elimination; and 3. to make the price of housing accessible to those without adequate resources."

Note, however, that the EU does not have competence to dictate Member States' approach to housing policy. The only context in which it has been able to impose concrete legal obligations relates to migrants and migrant children, specifically concerning a right to be accommodated and the right to social assistance. [248] On the issue of housing, Article 18 of the EU Reception Directive, (Modalities for material reception conditions)[249]:

> *"1. Where housing is provided in kind, it should take one or a combination of the following forms: a) premises used for the purpose of housing applicants during the examination of an application for international protection made at the border or in transit zones; b) accommodation centres which guarantee an adequate standard of living; c) private houses, flats, hotels or other premises adapted for housing applicants. […]*
>
> *3. Member States shall take into consideration gender, and age-specific concerns and the situation of vulnerable persons in relation to applicants within the premises and accommodation centres referred to in paras. 1(a) and (b)."*

6.3.3.1 Minimum core obligation: Shelter

Under the ESC, the right to housing is protected in a separate article and includes the obligation on the State to prevent homelessness. In its case law,[250] the ECSR has determined that especially children, irrespective of their residence status, are entitled to shelter on the basis of Article 31 ESC. In the case of *DCI v The Netherlands,*[251] the Committee highlighted that Article 31(2) on the prevention and reduction of homelessness is specifically aimed at categories of vulnerable people and that children, whatever their residence status, come within the personal scope of the Article. The Committee considers that the right to shelter is closely connected to the right to life and is crucial for the respect of every person's human dignity. Thus, eviction from shelter should be prohibited as it would place the persons concerned, particularly children, in a situation of extreme helplessness. States Parties are further required, under Article 31(2) of the Revised ESC, to provide adequate shelter to children unlawfully present in their territory for as long as they are in their jurisdiction. Any other solution would run counter to respect for their human dignity and would not take due account of the particularly vulnerable situation of children.

In a later case, the ECSR came to the same conclusion on the basis of Article 17 ESC, which provides children with economic, social, and legal protection. Reference to this Article was necessary, as Belgium had not accepted the obligations under Article 31 ESC. In *DCI v Belgium*[252] the European Committee of Social Rights reiterated that whilst not all the provisions of the Charter cover accompanied or unaccompanied minors not lawfully present

[248] Qualification Directive (Directive 2004/83/EC): Article 28(1); Article 13(2) Temporary Protection Directive (Directive 2001/55/EC)).

[249] Directive 2013/33/EU of the European Parliament and the Council of 26 June 2013: Laying down standards for the reception of applicants for international protection (recast) [Online] https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013L0033&from=EN.

[250] Although it should be noted that the Committee on Economic Social and Cultural rights, insofar as it is not a court, cannot force State compliance with its decisions. It can merely receive and consider communications from individuals, undertake inquiries and engage in periodic monitoring of the States parties implementation of their treaty obligations under the European Social Charter.

[251] European Committee of Social Rights, Complaint No. 47/2008, Decision of 20 October 2009 at paras. 46-8 and 63-4.

[252] European Committee of Social Rights, Complaint No. 69/2011, Decision of 23 October 2012 at paras. 36-38 and 81-82.

in a country, those provisions whose fundamental purpose is closely linked to the requirement to secure the most fundamental human rights and to safeguard the persons concerned from serious threats to the enjoyment of those rights do apply regardless of their immigration status. The risk of undermining fundamental rights is all the more likely where children – a fortiori migrant children unlawfully present in a country – are at stake:

> *"This is due to their condition as "children" and to their specific situation as 'unlawful' migrants, combining vulnerability and limited autonomy. As a result, in particular, of their lack of autonomy children cannot be held genuinely responsible for their place of residence. Children are not able to decide themselves whether to stay or to leave. Furthermore, if they are unaccompanied, their situation becomes even more vulnerable, and the situation should be managed entirely by the State, which has a duty to care for children living within its territory and not to deprive them of the most basic protection on account of their 'unlawful' migration status."*[253]

The Committee stipulated that Article 17(1) requires States Parties to fulfil positive obligations relating to the accommodation, basic care and protection of children and young persons.

As far as the TGs under scrutiny are concerned, the Committee highlighted at para. 81 that:

> *"Immediate assistance is essential and allows assessing the material needs of young people, the need for medical or psychological care in order to set up a child support plan. […] Poverty renders children, in particular girls, vulnerable to exploitation, neglect and abuse. States must respect and promote the rights of children living in poverty, including by strengthening and allocating the necessary resources to child protection strategies and programmes, with a particular focus on marginalised children, such as street children, child soldiers, children with disabilities, victims of trafficking, child heads of households and children living in care institutions, all of whom are at a heightened risk of exploitation and abuse."*

The Committee determined that the fact that the Belgian Government has, since 2009, no longer guaranteed accompanied foreign minors unlawfully present in the country any form of accommodation in reception centres constituted a breach of Article 17(1) of the Charter.

The Committee has also found the Netherlands to be in breach of Article 31(2) of the Charter due to the lack of a national legal requirement to provide shelter to irregular migrant children for as long as they were in the jurisdiction of the Netherlands.[254]

The right to adequate housing encompasses protection from unlawful forced evictions. This is affirmed in General Comment No. 4 of the CESCR on the right to adequate housing (Article 11(1) of the Covenant)[255] in para. 18: "*the Committee considers that instances of forced eviction are prima facie incompatible with the requirements of the Covenant and can only be justified in the most exceptional circumstances, and in accordance with the relevant principles of international law*." A further dedicated set of guidance is issued in General Comment No. 7 CESCR, on the right to adequate housing (Article 11(1) of the Covenant): Forced evictions.[256] The General Comment sets out guidance on the rights of children in this context and highlights at para. 4 that: "*the practice of forced evictions may*

[253] *Ibid*, para. 37.
[254] Conclusions 2011, the Netherlands.
[255] UN Doc. E/1992/23.
[256] UN Doc. E/1998/22.

also result in violations of civil and political rights, such as the right to life, the right to security of the person, the right to non-interference with privacy, family and home and the right to the peaceful enjoyment of possessions…". The right has been examined at the UN level by the CESCR in a case of forced eviction in Spain. The Committee affirmed Spain violated a family's right to housing by failing to weigh their vulnerability in an eviction. In this case, a mother and her six children were removed from a property. As a result of being placed in temporary accommodation, the two youngest children, aged seven, were separated from their mother.[257] See also the case of the *Centre on Housing Rights and Evictions (COHRE) v. Italy* Complaint No. 58/2009. In this case, the European Committee of Social Rights determined that Italy's law permitting expulsion of Roma and Sinti constitutes a violation of Article E taken in conjunction with Article 19(8) of the Revised Charter.[258]

6.3.3.2 Adequacy of housing

The right to adequate housing is expanded upon in the guidance issued by the UN Committee of Social Rights in General Comment No.4, The right to adequate housing (Article 11(1) ICESCR)[259] which sets out the adequacy and quality of the housing that should be considered the minimal expectation. In the Committee's view, the right to housing should not be interpreted in a narrow or restrictive sense which equates it with, for example, the shelter provided by merely having a roof over one's head or views shelter exclusively as a commodity. Rather, it should be seen as the right to live somewhere in security, peace and dignity:

> *"Adequate shelter means ... adequate privacy, adequate space, adequate security, adequate lighting and ventilation, adequate basic infrastructure and adequate location with regard to work and basic facilities all at a reasonable cost".*
>
> *8. […] "[A]dequate housing" for the purposes of the Covenant. […] include[s] the following:*
>
> *a) Legal security of tenure. […]*
>
> *b) Availability of services, materials, facilities and infrastructure. An adequate house must contain certain facilities essential for health, security, comfort and nutrition. All beneficiaries of the right to adequate housing should have sustainable 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;*
>
> *c) Affordability. […]*
>
> *d) Habitability. Adequate housing must be habitable, in terms of providing the inhabitants with adequate space 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. […]*

The right to adequate housing cannot be viewed in isolation from other human rights. The Committee on the Rights of the Child links the qualitative elements of the right to housing

[257] The Committee found that refusing the mother social housing, based on the fact that she was occupying property without a legal title, constituted a violation of the Covenant. See the decision at the UN Treaty database: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/66/D/37/2018&Lang=en

[258] See report at https://hudoc.esc.coe.int/eng#{%22ESCDcIdentifier%22:[%22cc-58-2009-dmerits-en%22]}.

[259] UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 4: The Right to Adequate Housing (Article 11(1) of the Covenant)*, 13 December 1991, E/1992/23 at paras. 7-9.

specifically to the right to health in the UNCRC General Comment No. 15, the right of the child to the enjoyment of the highest attainable standard of health (Article 24):[260]

> *"States should take measures to address the dangers and risks that local environmental pollution poses to children's health in all settings. Adequate housing that includes non-dangerous cooking facilities, a smoke-free environment, appropriate ventilation, effective management of waste and the disposal of litter from living quarters and the immediate surroundings, the absence of mould and other toxic substances, and family hygiene are core requirements to a healthy upbringing and development."*

The ECtHR has taken this further and considered the effect of pollution on an individual's enjoyment of their Article 8 ECHR right to respect for their home and private and family life and set out the key principle that a fair balance must be struck between the interests of the community and the interests of the individual applicant.[261]

6.3.3.3 Equality and non-discrimination

General Comment No. 4 on the right to adequate housing (Article 11(1) ICESCR)[262] stipulates adequate housing must be accessible to those entitled to it. Disadvantaged groups, such as those identified as the TGs in this study "must be accorded full and sustainable access to adequate housing resources. Thus, such disadvantaged groups as […] children […] 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 these groups." The ECtHR has affirmed in *Bah v The United Kingdom*[263] however that Article 8 ECHR does not guarantee a right to be provided with housing.[264]

Children with disabilities have an additional layer of rights to adequate housing, found under the UNCRPD. The right to adequate housing in relation to children with disabilities are detailed in the UNCRPD that oblige the Member States to identify and eliminate barriers to accessibility-related to housing (among others) (Article 9) and oblige the Member States to "*ensure access by persons with disabilities to public housing programmes*" (Article 28, 2d). In addition, the UN Special Rapporteur has alerted for violations of the right to housing for persons with disabilities and for the lack of attention "*to hold Governments accountable for failures to address widespread homelessness and inadequate housing among persons with disabilities*."[265]

The additional protection is available also to migrant children, as the treaty provisions require States to treat migrants no less favourably than nationals in respect of housing. Similarly, while the ESC excludes undocumented migrants from its scope, the European Committee on Social Rights grants the right to accommodation through the lens of protecting human dignity. In essence, the non-discrimination clause in these cases has been connected to the substantive rights as protected by the treaty if there is a link to the treaty goal and a situation of lawful residence. In *Vrountou v Cyprus* [266] the ECtHR found a violation of Article 14 in conjunction with Article 1 Protocol 1 when the applicant was

[260] UNCRC General Comment 15, The right of the child to the enjoyment of the highest attainable standard of health (Article 24), UN Doc. UNCRC/C/GC/15 at para. 49.

[261] See Annexes 6.1 and 6.2 for case law.

[262] UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 4: The Right to Adequate Housing (Article 11(1) of the Covenant)*, 13 December 1991, E/1992/23 at paras. 7-9.

[263] ECtHR, Application No. 56328/07, Judgment of 27 September 2011 at para. 40.

[264] See Annex 6.1.

[265] UN Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context. See further Annex 6.2 for a summary of relevant case law.

[266] ECtHR, Application No. 33631/06, Judgment of 13 October 2015 at paras. 75-6.

refused a refugee card, which would have entitled her to housing assistance, on the grounds that she was the child of a displaced woman and not a displaced man. The right to protection against discrimination in the entitlement to accommodation is established in other instruments also, including Article 31 the EU Qualification Directive on access to accommodation for refugees[267] and for economic migrants under Article 6 of the ILO Convention No. 97 of the Migration for Employment Convention.[268]

6.3.3.4 The relationship between the right to life and the right to adequate housing

A number of extreme cases dealing with adequate housing have been dealt with by the international courts and tribunals in the context of the right to life. These primarily concern migrant adults and their children facing life-threatening conditions. In *M.S.S. v. Belgium and Greece*,[269] the ECtHR assessed whether Article 3 ECHR permitted the Belgian authorities to return migrants to Greece even though they were aware of the inhumane conditions in Greek migration shelters. The Court found that by transferring the applicant to Greece, the Belgian authorities knowingly exposed him to conditions of detention and living conditions that amounted to degrading treatment.[270]

Other cases have dealt with the question of whether failed asylum seekers could be excluded from (government-funded) social care, including the right to food. Although the Annex to the Revised ESC explicitly excludes the protection of unlawfully residing migrants, the European Committee on Social Rights reached a different conclusion in *CEC v The Netherlands*[271] where the Committee affirmed that the complainant was at risk of serious harm to their life and human dignity when being excluded from access to shelter, food and clothing. It refers to its established case-law and holds that access to food, water, as well as to such basic amenities as a safe place to sleep and clothes fulfilling the minimum requirements for survival in the prevailing weather conditions are necessary for the basic subsistence of any human being. A similar outcome was reached by the CJEU in *H.T v Land Baden-Wurttemberg*[272] which decided that despite the fact that a migrant may have lost lawful residency, this should not lead to a loss of means of subsistence, including education, social welfare, healthcare and accommodation pursuant to Article 24(1) of Directive 2004/83 on minimum standards for the qualification and status of third-country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted, until the status of refugee is actually ended. Member States have no discretion as to whether to continue to grant or to refuse to that refugee the substantive benefits guaranteed by the directive. Similarly, the CJEU determined in the case *Centre public d'action sociale d'Ottignies-Louvain-la-Neuve v Moussa Abdida*[273] that to have one's most basic needs catered for is an essential right which cannot depend on the legal status of the person concerned.[274] The right is

[267] Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.

[268] C097 - Migration for Employment Convention (Revised), 1949 (No. 97). It is worth noting that the proposed Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation (COM/2008/0426 final - CNS 2008/0140, not yet adopted) could potentially provide more comprehensive protection against discrimination for children in the context of social security, healthcare, education and housing if there was a discernible difference in treatment of children (e.g. migrant children as compared to national children) based on the protected characteristics.

[269] ECtHR, Application No. 30696/09, Judgment of 21 January 2011 at paras. 252-254, 358-9 and 367.

[270] See Annex 6.1.

[271] European Committee of Social Rights, Complaint No. 90/2013, Decision of 1 July 2014 at paras. 121-2.

[272] CJEU, Case C 373/13, Judgment of 24 June 2015 at paras. 95-97.

[273] CJEU, Case C 562/13, Opinion of Advocate General BOT at paras. 156-7.

[274] See case facts in Annex 6.1.

established again in the case of *Haqbin*[275] discussed above, where the CJEU affirmed that as a child seeking asylum, irrespective of breaking rules of accommodation centres, cannot be denied fundamental rights to an adequate standard of living, sustenance and protection of his or her physical and mental health.

6.3.4 Access to adequate nutrition

The right of the child to adequate nutrition overlaps with a number of other children's rights, as is seen in both Articles 24 and 27 UNCRC. The right to nutrition is also established in the Treaty on European Union (TEU) (Article 2); the Treaty on the Functioning of the European Union (TFEU) (Articles 4, 151 and 153); the Fund for European Aid to the Most Deprived (FEAD); the EPSR and a series of other European-level soft documents.[276]

The right of the child to adequate nutrition can also be argued under Article 24 CFR which provides that "children shall have the right to such protection and care as is necessary for their well-being". Similarly, Article 1 CFR provides for the right to dignity, which is "inviolable. It must be respected and protected." Notably, these charter provisions are drawn upon in the EU hard law, such as under the reception conditions for refugees provided under EU asylum legislation, and as underlined by the CJEU decisions discussed in the context of other social rights in Section 6.3.

As discussed above, Article 24 UNCRC enshrines 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. Access to adequate nutrition is encompassed within the Article 24(2) right:

> *"States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures...To combat disease ..., through the provision of adequate nutritious foods and clean drinking-water... And to ensure parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition."*

Similarly, Article 27 UNCRC provides for the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Article 27(3) UNCRC stipulates "*States Parties.... shall in case of need provide material assistance and support programmes, particularly concerning nutrition, clothing and housing*."

Article 11 ICESCR also enshrines the right to adequate food. General Comment 12[277] highlights that the right to adequate food is indivisibly linked to the inherent dignity of the human person and is indispensable for the fulfilment of other human rights, and that violations of the Covenant occur when a State fails to ensure the satisfaction of, at the very least, the minimum essential level required to be free from hunger. Food needs to be available and accessible. The Committee considers that the core content of the right to adequate food implies both economic and physical availability and accessibility and that socially vulnerable groups, particularly impoverished segments of the population may need attention through special programmes.[278] In relation to the TGs under scrutiny in the FSCG, the ICESR Committee asserts that adequate food must be accessible to everyone, including physically vulnerable individuals, such as infants and young children. It also recognises

[275] Judgment of 12 November 2019, Case (C-233/18), ECLI:EU:C:2019:956.

[276] In which the treaties echo that the EU is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights.

[277] UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 12: The Right to Adequate Food (Article 11 of the Covenant)*, 12 May 1999 at para. 4.

[278] *Ibid*, paras. 13 and 21.

that the physically disabled and other specially disadvantaged groups may need special attention and sometimes priority consideration with respect to accessing food.

On the need for "adequate nutrition" as specified in relation to the proposal for a European CG, the food available must meet certain quality standards and dietary needs, implying that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance, and physical activity that is in compliance with human physiological needs at all stages throughout the life cycle. [279] Food needs to be available to everyone without discrimination[280] and when the right to food is violated a remedy and reparation should be available to the victim.[281]

Correspondingly, the right to water is linked to both the right to the highest attainable standard of health, as well as the right to an adequate standard of living. ICESCR General Comment No. 15 (Articles 11 and 12)[282] stipulate: "water is necessary to produce food (right to adequate food) and ensure environmental hygiene (right to health). Water is essential for securing livelihoods (right to gain a living by work) and enjoying certain cultural practices (right to take part in cultural life). Nevertheless, priority in the allocation of water must be given to the right to water for personal and domestic uses. Priority should also be given to the water resources required to prevent starvation and disease, as well as water required to meet the core obligations of each of the Covenant rights."[283]

6.3.5 Access to free childcare

The legal obligations regarding the right to early childhood, education and care (ECEC) are outlined in Article 14 of the EU Charter on the right to receive free compulsory education and is further encompassed under the Article 24(1) EU Charter right to "such protection and care as is necessary for their well-being". The right to education is enshrined also in the UNCRC (Article 28) and the ESC (Article 17). While there is no legal entitlement to access *free* pre-school childcare specifically, there is a right to free elementary and fundamental education (in particular, General Comment No. 7 that specifically addresses ECEC; and Sustainable Development Goal 4.2).[284]

As there are differences in the ECEC systems in the different Member States the FSCG has opted to use the definition of the European Quality Framework for ECEC (EQF). The EQF was drafted on the basis of consensus among the Member States and contains the five most relevant quality elements for ECEC, each with two quality principles. ECEC, therefore, refers 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*"[285].

Unlike some of the policy areas in which hard laws have been developed, childcare is addressed through soft law guidance. As mentioned above, Principle 11 of the European Pillar of Social Rights specifically refers to childcare and support to children. Moreover, the European Commission's Recommendation, "Investing in children: Breaking the cycle of

[279] *Ibid*, para. 9.

[280] *Ibid*, para. 18.

[281] *Ibid*, para. 32.

[282] General Comment No. 15 (2002), The right to water (Articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights) 20 January 2003, E/C.12/2002/11.

[283] *Ibid*, para. 6.

[284] SDG 4.2 states that by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

[285] 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.

disadvantage"[286] calls for particular attention to be given to how to: *reduce inequality at a young age by investing in ECEC, to improve education systems' impact on equal opportunities*; improve the responsiveness of health systems to address the needs of disadvantaged children; provide children with a safe, adequate housing and living environment; and enhance family support and the quality of alternative care settings.

The Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems[287] is based on Article 165 TFEU (Education, Youth and Sport). It also builds upon the Council Conclusions of 21 June 2018 examined above, the 11th principle of the EPSR and SDG 4.2. Developed as a result of the Commission Report on the Barcelona objectives[288], the Council Recommendation is considered as a Union act having made a serious step towards children rights' protection in terms of recommending minimum standards at the EU level for early education and care (from birth until the compulsory primary school entry age).

Those minimum standards are entitled "Quality framework for early childhood education and care" and are set out in the Annex to the Recommendation. The Recommendation emphasises the needs of children in disadvantaged situations (i.e. with disabilities, socially excluded, migrant) and encourages the Commission to use EU funding (point 11 of the Recommendation) to advance this endeavour.

Essential elements in the minimum standards for access to early education and care set out in the Annex are universal legal entitlements ("all families and their children"), social inclusion and diversity, seeking to embrace minorities and disadvantaged groups, including refugees and migrant families. The minimum standards also include "Legislation, regulation and/or Funding" (point 10 of the Annex to the Recommendation).

A Recommendation such as the one examined here is a legal act of the EU, adopted in the exercise of the Union's shared competence in the area of education and youth, but one that has no legally binding force.[289] Therefore, in terms of its legal effects, this Recommendation can be placed in the middle ground between EU legislative acts and EU "soft law". As such, it is a source of EU law and of supra-national competence, which the EU institutions can rely upon, and can be subject to interpretation by the CJEU.

The 2019 Recommendation, which resonates with the proposed aims of a European CG, builds upon earlier efforts of the EU to ensure the availability and affordability of childcare, particularly for disadvantaged children identified as the TG in this project. Key developments include the following:

- ***Presidency Conclusions, Barcelona European Council, 15-16 March 2002 (SN 100/1/02/REV1)***

The 2002 Conclusions invite Member States to "remove disincentives to female labour force participation and strive, taking into account the demand for childcare facilities and in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between three years old and the mandatory school age and at least 33% of children under three years of age)."[290] The Conclusions urge action to improve the supply of adequate,

[286] European Commission, 2013: 5-7.

[287] OJ C 189, 5.6.2019, p. 4.

[288] Report from the 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 with a view to increase female labour participation, strike a work-life balance for working parents and bring about sustainable and inclusive growth in Europe (the "Barcelona objectives"), Brussels, 8 May.2018, COM(2018) 273 final.

[289] See Article 288 TFEU, first and fifth paragraphs.

[290] (2011-2010) (2011/C155/02).

affordable, high-quality childcare services for children under the mandatory school age with a view to achieving the objectives set at the European Council in Barcelona in March 2002, taking into account the demand for childcare services and in line with national patterns of childcare provision.

- ***Council Conclusions of 20 June 2011 on reconciliation of work and family life in the context of demographic change (11841/11)***

These Conclusions invite the Member States and the Commission to promote and set up several measures to tackle barriers to reconciling professional and private life. These measures include: a) the promotion of flexible working arrangements and various forms of leave for both women and men (parental leave, possibility to work part-time); b) the sufficient supply of affordable, high-quality childcare services and care facilities for other dependents; c) encouraging employers to offer their employees childcare and other forms of family support; and d) taking into consideration the needs of families, and in particular those which are most vulnerable, including large or single-parent families, which form the TG identified in this study as "children living in a precarious situation."

- ***Report of 3 June 2013 from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the Barcelona objectives – the development of childcare facilities for young children in Europe with a view to sustainable and inclusive growth***

The report discusses the availability of high quality, affordable childcare facilities for young children from birth to compulsory school age is a priority for the EU, discussing the objectives set in this area in 2002 (above - the Barcelona European Council).

- ***Commission Staff Working Document Report on Progress on equality between women and men in 2013, accompanying the document Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2013 Report on the Application of the EU Charter of Fundamental Rights***

The report addresses, among other things, funding allocated to childcare services and women's participation in the labour market, the provision of affordable and quality childcare, early childhood education, and leave entitlements after childbirth.

- ***Commission Delegated Regulation (EU) No. 480/2014 of 3 March 2014 supplementing Regulation (EU) No. 1303/2013 of the European Parliament and of the Council***

The Regulation advocates support for childcare facilities to reinforce women's participation in the labour market. Early childhood education and care facilities (crèche, kindergarten, primary school) should be available, in particular, for marginalised groups in deprived areas.

6.4 Conclusion

This chapter has provided a brief overview of what is an extensive canvas of legal and policy provision at international and European level supporting the five key social rights under scrutiny in the FSCG. On paper, for those areas that fall within the competence of the EU at least, the EU has developed clear and in some cases far-reaching obligations on Member States. But their implementation remains patchy largely because not all of these instruments are incorporated into binding law (Directives and Regulations) that can be directly relied upon by individuals and invoked before the courts. They also relate to social and economic rights that are contingent on appropriate resources being available to

domestic authorities to enable them to "progressively realise" such rights on the ground.[291] For laws to be effective in practice they require remedies (robust accountability processes, including access to the courts and sanctions for non-compliance). They also require sustained investment in services, in trained staff, and in awareness raising. This is particularly important in relation to children who otherwise have limited legal redress, no right to vote, and who rely entirely on adults to facilitate enforcement of their rights. Even when individuals are enabled to pursue their rights through the courts, these are generally lengthy and costly processes, such that the individual child or children at the heart of the proceedings may experience no direct benefit from their outcome by the time they are resolved. Resources to pursue this legal redress are by definition not normally available to children in the precarious situations of the four TGs, reinforcing their disadvantage. A further problem with European law in particular is that it leaves significant discretion to Member States as to how they choose to realise their obligations. Wider public policy considerations (such as austerity, the desire to curb illegal immigration or to promote economic growth) also leave children's rights vulnerable to dilution or regression.

For these reasons, soft law measures can be just as effective as, if not more effective than, binding law in mobilising Member States to act in specific priority areas; they enable Member States to strive for specific targets in a less heavy-handed and more practical way, but they need to be supported by sufficient political will and resourcing to be sustainable.[292] The EU has a particularly important role to play in this regard; it is uniquely positioned to incentivise Member States, and to forge close political and economic alliances between countries when it comes to resolving shared problems such as migration and poverty.

[291] "...The concept of progressive realisation constitutes a recognition of the fact that full realisation of all economic, social and cultural rights will generally not be able to be achieved in a short period of time. ... reflecting the realities of the real world and the difficulties involved for any country in ensuring full realisation of economic, social and cultural rights"; CESCR General Comment No. 3: The Nature of States Parties' Obligations (Article 2, para. 1 of the Covenant) Adopted at the Fifth Session of the Committee on Economic, Social and Cultural Rights, on 14 December 1990 (Contained in Document E/1991/23), para 9.

[292] See discussion above in Section 6.2.1.2 on the European Pillar of Social Rights. Discussion elsewhere in this report on resourcing the CG considers how EU funds allocated to uphold the principles set out in the Pillar could support the implementation of a CG.

7. Gaps and challenges and key policies and programmes needed[293]

As has been shown in Chapter 3, the extent to which the four target groups (TGs) have access to the five social rights under scrutiny varies widely across Member States. Thus it is not surprising to find that the scale and range of challenges facing Member States to ensure access also varies widely. In this chapter we summarise the evidence that has emerged during the FSCG on the main gaps and challenges in Member States which face children from the four TGs to access the five areas identified by the European Parliament. We draw on the experience of policies and programmes in Member States that are successful in enabling access in order to identify the policies and programmes that can help to address the gaps and challenges where they exist. Of course the starting point and context for each country is different and thus each Member State will need to decide which areas they need to prioritise so that they can progressively realise the rights of children in vulnerable situations to access each of the five areas. To help them in this regard in Annexes 7.1-7.6 we summarise some suggestions from FSCG national experts for priority actions.

As far as possible we group the challenges and solutions that are common to all or most children in vulnerable situations and those that are specific to a particular TG. We begin by looking at some issues that cut across the different TGs and policy areas and then look at each of the five policy areas in turn.

7.1 Cross cutting gaps and challenges and implications for policies and programmes

7.1.1 Gaps and challenges

While there are gaps and challenges that are particular to each policy area and to each of the four TGs the FSCG research has identified key recurring barriers to developing effective policies and programmes that cut across the five policy areas and can hinder the access of children from all four TGs to the five key social rights under scrutiny:

- Lack of societal and political awareness: A lack of general social and political awareness of the extent of child poverty and social exclusion and the extent to which children in vulnerable situations do not have access to the five policy areas is often a barrier to the development of effective policies. The lack of awareness leads to a lack of political will and insufficient political priority being given to addressing the issue. This in turn is reflected in a lack of vision about what is needed. This can also be combined with a lack of public support or demand for better policies and sometimes by actual public resistance to doing more for particular TGs. There can also be vested interests that support the continuation of unsuitable policies and programmes such as institutional provision for children in care.
- Lack of strategic approach: A key consequence of the lack of awareness and political will is often the failure to develop a strategic approach to ensuring that all children, especially those in vulnerable situations have access to the five policy areas. This leads to inadequate and under-resourced provision and to piecemeal programmes and projects.
- Gap between legislation and practice: In some instances there can be a significant gap between the recognition in national legislation of the rights of all children to access

[293] This chapter draws heavily on the five FSCG Policy Papers, the 4 FSCG Target Group Discussion Papers and the discussions at the FSCG's four Fact-Finding Workshops. These papers in turn draw on the 28 FSCG Country Reports. The list of experts who prepared these various FSCG reports is provided in Annex 1.1.

inclusive services and the actual practice on the ground. In many cases this is linked to underfinancing of core services so that their effective delivery is limited and of poor quality. It can also reflect a failure of service providers to understand the full implications of children's rights enshrined in legislation.

- Negative impact of income poverty: An important issue that can hinder the ability of children and their families to access their key social rights is living in poverty. Two factors come into play here. First, the fear or sometimes the reality of the costs associated with accessing services can be a barrier. Secondly the day to day struggle to survive on a low income and the fear of stigmatisation can undermine self-confidence and initiative and this can reduce parents' energy and capacity to find the necessary information on their rights and to access services.
- Fragmented systems and lack of coordination: The needs of children in vulnerable situations and their families are often complex and multiple and cut across different policy areas. Responding to this can require effective child centred cooperation across policy areas and programmes. However, too often the delivery of policies is in policy silos and there is a lack of coordination and cooperation between policy providers to ensure that their policies are mutually reinforcing and delivered in an integrated way at local level.
- Lack of child and parental involvement: When parents and children in vulnerable situations are not consulted and do not have their views and experiences taken into account in the development and implementation of policies then there is a risk that those policies are implemented in ways that do not reflect their needs and experiences and this can lead to unintended barriers to their accessing the key social rights.
- Lack of understanding of what constitutes inclusive and accessible services: While the rights of all children to access services may exist in legislation sometimes there is insufficient awareness amongst policy makers and professionals as to what is necessary to make those services truly inclusive for children coming from vulnerable situations. Sometimes the culture and ways of working of services can be too inflexible and not sufficiently attuned to the needs of all children. Outdated views on the merits of separate development and segregated services can also persist if not challenged.

7.1.2 Actions to address the cross-cutting gaps and challenges

Drawing on positive examples in Member States the FSCG research has identified fifteen actions that can help Member States to avoid or address the seven cross-cutting barriers and challenges outlined above.

- Invest in raising public and political awareness of the five key social rights under scrutiny: Creating political will and a positive societal environment for ensuring children in vulnerable situations have access to essential services can be fostered by active efforts to promote understanding and awareness of children's rights and of the consequences and costs of failing to do so. One key way of doing this in many Member States is through resourcing and encouraging Ombudspersons for children to promote a broad awareness of the rights of all children to such services as set out in international legal frameworks such as the UNCRC and UNCRPD. Another important way to enhance access to key social rights is to educate children and parents about their rights to access essential services and provide them with information about how to access these services.
- Increase the political visibility of children's rights by defining child-specific targets in each policy area: This should be associated with a strong monitoring framework, based on a portfolio of indicators covering all dimensions (and possibly TGs) that would allow

for a systematic screening of all Member States' performances. This should be done in connection with the exercise already undertaken for the UNCRC.

- Proof all services for children for their consistency with children's rights: Test all policies for compliance with international children's rights instruments and ensure there are clear equal opportunities, effective inclusiveness, non-discrimination and anti-racism frameworks that apply to all policy areas and programmes.
- Facilitate the use of strategic litigation to enforce children's access to their rights: Enforcing children's access to their social rights through the courts can be an important way of addressing gaps between legislation and practice on the ground. This can be facilitated by resourcing independent bodies such as children's ombudspersons and social rights NGOs to take cases to courts in cases when children's rights are not being respected (see also Annex 9.1).
- End policies and programmes which segregate, separate and isolate: Closely related to the emphasis on ensuring all policies and programmes are in line with international children's rights instruments is the importance of making it a principle of policy that there should be an end to separate provisions developed for children in vulnerable situations. Every effort should be made to ensure their access to and full inclusion in mainline public services. In particular there should be an end to institutional provision for children separated from their families. Indeed ending institutional care and investing in comprehensive strategies, which envisage a full range of good-quality alternative care options for children who need an alternative care placement and a range of services to support families to prevent the separation from their families is a prerequisite for these children to access the five social rights under scrutiny. Similarly, separate arrangements for schooling for some children such as children with disabilities, children with a migrant background or children in precarious family situations should be ended. The same applies to unnecessary hospitalisation or institutionalisation of children with long-term disability or health problems which do not need continuous formal professional care. Support for living at home or in a foster placement is far preferable and likely to be less expensive on an ongoing basis. Efforts to end segregation in public services should be accompanied by an end to segregated housing solutions and neighbourhoods. All developments private and public should incentivised to have both private and social elements and all schools.
- Combine universal and specific policies: At a policy level it is essential to recognise that ensuring children in vulnerable situations have access to essential services needs to combine two approaches. First, every effort needs to be made to ensure that universal services for all children are developed in as inclusive a way as possible. This is essential to address inequalities between children, to ensure that all children have a decent standard of living and to ensure that children in vulnerable situations have access to the same quality of services and same opportunities as other children. Quality universal public services play a key role in ensuring all children have access to safety, opportunity and participation.[294] Secondly, to enable some children to access universal services specific additional or complementary policies can be needed to meet their specific needs. Such specific policies should be seen not as an alternative to accessing mainstream provision but as complementary and enabling.
- Develop integrated, comprehensive and strategic actions plans/frameworks: Ensuring that children in vulnerable situations have effective access to essential services requires a systematic and carefully planned approach to tackling the issue of child poverty and

[294] For more on the role of universal public services in addressing inequalities, see Coote A., "Are Universal Public Services the answer to Europe's widening inequalities?" at https://braveneweurope.com/anna-coote-are-universal-public-services-the-answer-to-europes-widening-inequalities.

social exclusion. This means developing national (and where appropriate regional and local) strategies which emphasise a multi-dimensional, holistic approach with a strong focus on coordination and cooperation between services and effective outreach to those children in particularly vulnerable situations. Such plans should be coordinated at the highest level (e.g. prime minister of national/regional government) to order to give a high visibility and make possible effective coordination. This can then provide the basis for cross-sector collaboration in the delivery of services and their tailoring to meet the best interests of the child and the needs of their parents/family.

- Enhance inter-agency coordination: Improve synergies and integration between different policy areas and services for children; improve coordination at all levels of governance, between national, regional and local child policies. Child-centred approaches and mutual flexibility between agencies as to budgets can facilitate this.
- Develop inclusive policies across the five key social rights under scrutiny: The development of universal services that are in theory available to all children is not sufficient to ensure the access of children in vulnerable situations if those services are not developed in ways which are truly inclusive and child-centred and recognise the particular needs that some children have if they are to be included. A range of actions can help to ensure that mainline services are truly inclusive. These include:
  - raising awareness amongst staff of the rights and needs of children in vulnerable situations through training and regular reviews;
  - focusing on improving quality through methods such as providing guidance to service providers on how to ensure inclusive services; setting EU standards on quality and then translating these to national/sub-national levels;
  - ensuring services are adequately resourced and staffed to develop truly inclusive services;
  - when gaps in universal service arise for unavoidable resource reasons, ensuring that these are in localities or services that do not hit the most vulnerable children hardest (recognising that the most vocal families may not be the most needy); and
  - promoting an individual, child-centred approach based on a multi-dimensional needs-assessment.
- Set policies for the five social rights under scrutiny in a broader context: Ensuring the access of children in vulnerable situations to the five policy areas is most likely to be successful if policies and programmes in these areas are developed in the broader context of a comprehensive range of policies aimed at combating child poverty or social exclusion (as set out in the three pillar approach of the EU Recommendation on *Investing in children*). In particular ensuring that children and their families have access to adequate income can often be a prerequisite to enabling their access to the five policy areas. Thus, policies which support parents' access to a decent income through the labour market and effective child and family income support systems can play a critical role.
- Emphasise early intervention and prevention: Support to children and families at risk of poverty or social exclusion and in vulnerable situations at a very early age is one of the keys to preventing barriers developing which hinder their development. It can help to ensure a positive trajectory which reduces problems of poor health and increases the ability to participate in education and access other services.
- Develop effective and well-resourced social / child protection services: Countries with well-developed social services and child protection services tend to be better placed to identify early on children and families at risk and in need of additional support to help them access the services they need. Such services thus play a key role in both

preventing problems arising and helping those children already in vulnerable situations to access the supports they need so that they are then able to overcome barriers to accessing the five policy areas. In particular it is evident that local public social services are often the agency best-placed to ensure coordination and cooperation between different services so that individualised and tailored packages of support can be developed. A key role can also be played by social street workers in reaching and supporting some of the children in the most vulnerable situations. They are an essential link in the chain of social and health support who can reach those children excluded from a classic care system.

- Put in place effective monitoring and accountability systems: When policies/ services are in place they need to be monitored regularly to ensure that they are efficiently and effectively delivered and to ensure that they are of a high quality and are effective in ensuring the access of children in vulnerable situations. In this regard it is important to put in place transparent systems for regularly inspecting services and also to develop effective complaints procedures when parents and children have problems with access or the quality of services. To enhance monitoring Member States, supported by the EU, should: a) make full use of existing statistics and administrative data and reinforce statistical capacity (including by disaggregating data by different vulnerable groups) where needed and feasible, to monitor the impact of policies on children and their families; b) organise systematic ex ante assessments of the potential impact of future policies on children – particularly those belonging to vulnerable groups; c) build on the added value of comparability and the exchange of good practices and lessons learned; and, d) include those who are most impacted by the system in monitoring mechanisms (i.e. children, DPOs, civil society).
- Listen to children and parents: Closely linked to putting in place effective monitoring is putting in place mechanisms and procedures to ensure that children and their parents, particularly those experiencing poverty and social exclusion are consulted in the development, delivery and monitoring of policies/services. Their views are important in identifying blocks to access and participation and suggesting improvements.
- Resource civil society: Civil society and children's rights organisations working with children in vulnerable situations play a key role in many countries. They raise awareness of children's rights, highlight the needs of children, develop initiatives and services on the ground, contribute to monitoring the delivery of policies and highlight gaps and weaknesses in existing services. However, to play these roles to the full their role needs to be recognised, encouraged and resourced.

7.2 Free healthcare[295]

7.2.1 General gaps and challenges and policies needed

7.2.1.1 Gaps and challenges

Although most EU Member States have policies that envision free healthcare for children, the definition and reality of "free healthcare" differs greatly between Member States, with some countries reporting that all healthcare-related services for children are free and others indicating that only some services are free. In countries where there are two-class systems in which better-off families can afford to buy into parallel insurance schemes, while still benefiting from public healthcare systems, the public system can have long waiting times which constitute access barriers. This can be compounded by a lack of personnel in some areas, in particular shortage of specialist child health staff, infant nurses

[295] Annex 7.5 summarises recommendations made by FSCG national experts for improving policies in relation to free healthcare.

and para-medical staff– and this is reported as worsening in some countries. The limited availability of dental care and of mental health services and associated costs is also a problem in a number of countries, including some wealthy Member States who lack capacity in relation to mental health and rehabilitation services.

Another barrier is the excessive cost of and co-payment of medicines. Furthermore out-of-pocket payments for over-the-counter products such as remedies for mild infant fever and pain relief, dental care products, and teenage girl's personal hygiene products can represent a severe challenge for the budgets of families at risk of poverty or social exclusion, as can additional food, clothing, or consumables costs for families of children suffering from chronic diseases. Low income families can also be particularly affected by the barrier of loss of income from taking time off work and the cost of travel to take children to health services, and there can be a double jeopardy for homeless families in temporary or refuge accommodation as they may have to travel to reach their regular healthcare provider.

Access to disease prevention and health promotion programmes can be a problem for children in vulnerable situations where there is not sufficient outreach to these children. Where particular services such as rehabilitation services for children or child mental health services are underdeveloped access can be more problematic for children from less affluent families. Frequent changes of address can compromise continuity of preventive programmes. Also poor coverage of medical services, specifically secondary-level diagnostics, in some rural areas can be a significant barrier to access, as can cost of accessing urban-based secondary services. The lack of effective record systems in areas such as immunisation and health screening can also hinder outreach to and follow up of children in vulnerable situations.

In several Eastern Countries services overall are under increasing pressure. In particular, the right to travel and mutual recognition of qualifications within the EU have led to an outflow of doctors, and other professionals, to other Member States with higher remuneration and better working conditions – leading to further deterioration for those who remain. Community-based services, children's services, and rural services are amongst those to suffer this professional depopulation most.

A major barrier to improving the situation in many Member States is that statistics are very poorly provided – as to number of children, provision of healthcare services in primary care overall or to children, or in estimates of need or of risk. Many sources of data are potentially available in current national statistical systems, and could be re-analysed to considerable effect, but currently this is not happening.

More generally a lack of information and/or consciousness about health issues, and provision of early identification among vulnerable families can be a barrier to access and to early intervention services.

7.2.1.2 Actions to address gaps and challenges

All Member States should ensure universality of healthcare and affordability of healthcare costs, by following the World Health Organisation's key principle of Universal Health Coverage: "Universal health coverage is the goal that all people obtain the health services they need without risking financial hardship from unaffordable out-of-pocket payments. It involves coverage with good health services – from health promotion to prevention, treatment, rehabilitation and palliation – as well as coverage with a form of financial risk protection. A third feature is universality – coverage should be for everyone."

The very wide diversity and complexity of healthcare systems across Member States – i.e. a varied socio-political structure, varied funding mechanisms, and varied professional

practice patterns – mean that solutions that work in one country cannot be simply transferred and replicated in another. There is no "one fix for all solution" but solutions need to be adapted and developed to fit in with existing systems, to be locally specific. Recent guidance is available on this[296], developed in a European child health setting However, drawing on lessons from successful initiatives in some Member States and suggestions at the fact-finding workshops it is possible to identify some of the elements that can be helpful in improving the access of children in vulnerable situations to free healthcare. These include:

- Improving the collection of statistics on children's access to healthcare and especially making much better use of existing data sources to analyse the situation of children in general and children in vulnerable situations in particular to different aspects of health services. This can provide the basis for better planning of health services for children in vulnerable situations.
- Increasing investment in order to strengthen health services for children in case of weaknesses.
- Putting in place universal and regular health check-ups for children especially during the first years of life and regularly at school. Ensuring access to routine examinations at the successive growth stages of the child will guarantee early detection of developmental problems and diseases, as well as help to ensure full vaccine coverage.
- Introducing exemption or reimbursement schemes for children in vulnerable situations to cover co-payments for healthcare and medication in order to ensure that the catalogue of treatments fully free/reimbursed include a full range of interventions for children.
- Investing in and improving (mental) health and rehabilitation services for children.
- Investing in health literacy for all children (and their parents), including the most vulnerable, to foster healthy practices.
- Developing multiservice or extended schools which aim to offer integrated services (including healthcare and dental care).
- Putting more emphasis on prevention and outreach, especially to mothers and babies.
- Enhancing professional training in relation to health services for children and fostering the exchange of learning and good practice between professionals.
- Exploring the potential role of nurses in strengthening the care delivery team, and their proactive roles, as nursing education in primary care and public health.
- Developing unique record identification and thus the tracking of a child's history and needs across service providers. This is crucial for a well-coordinated healthcare delivery.
- Enhancing child-based public health electronic record systems covering areas such as immunisation information, health screening and other key data and report to clinicians details of children overdue for procedures. The European Centre for Disease Control (ECDC), a Commission Agency, strongly advocates case-based Immunisation Information Systems (IISs)[297]. The MOCHA project identified that 12 EU countries had

[296] Schloemer T, Schröder-Bäck P. Criteria for evaluating transferability of health interventions: a systematic review and thematic synthesis. Implement Sci. 2018 Jun 26;13(1):88

[297] European Centre for Disease Control. (2017). Technical report – Immunisation information systems in the EU and EEA results of a survey on implementation and system characteristics ECDC Stockholm. Available from https://ecdc.europa.eu/sites/portal/files/documents/immunisation-systems.pdf

a case-based child public health electronic record system[298]. Further development and adoption of such systems would disproportionately benefit TG children if the records were kept updated, and they identify children whose continuity of preventive health care has lapsed.

- Encouraging Home Based Records (parent held records). These are advocated by WHO as good policy – they enable parents to keep a record of vaccination and other key events, including the child's development, and provide an informal means of entitlement when a parent can present this record to a health provider showing what services are due or overdue for their child. A study has shown that 21 Member States have such a system[299].

While many of these actions fall on countries as the competent bodies for health services, the European Commission can provide important support by facilitating digital health standards development and functional innovation, targeted research, and networks for innovation sharing.

7.2.2 Children with disabilities

7.2.2.1 Specific gaps and challenges

Children with disabilities often find that their needs are not being sufficiently recognised in mainline health provision for children and also that their particular needs are not being addressed. They require both disability inclusive health policies (i.e. available to all citizens, including those with disabilities) and they need disability-specific policies to respond to the specific, impairment-related, health needs of persons with disabilities. A lack of impairment-specific healthcare and rehabilitation may lead to difficulties in overcoming obstacles (such as those that can be overcome by means of rehabilitation or assistive technology) or accelerate the deterioration of conditions that could otherwise be prevented. Early detection and early identification of disabilities is not well established in most countries. Currently in many Member States healthcare services specific to children with disabilities are not sufficient in terms of quantity and, in some cases, not adequate in terms of quality. In many countries, there are wide local variations in the types of care that are available. Key barriers that arise in relation to mainline health services include their failure to adapt to the needs of children with disabilities and problems of accessibility. Affordability is also seen in many countries as a major barrier. Furthermore, in some countries, parents of children with disabilities resort to private healthcare services to close the gap between the limited services offered by the public system.

7.2.2.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.2.1, can enhance the access to healthcare of children with disabilities:

- Member States with no specific legislation guaranteeing the rights of children with disabilities to free healthcare, or countries where policies are conditional or not clearly outlined, should develop laws, norms, and regulations in line with the UNCRC, UNCRPD, UHC, and European Disability Strategy.

[298] Michael Rigby, Grit Kühne, Shalmali Deshpande. e-Health as the Enabler of Primary Care for Children; in Mitch Blair, Michael Rigby, Denise Alexander. Issues and Opportunities in Primary Health Care for Children in Europe: The Final Summarised Results of the Models of Child Health Appraised (MOCHA) Project; Emerald Publishing, Bingley, 2019; Open Access at https://www.emerald.com/insight/content/doi/10.1108/978-1-78973-351-820191017/full/html

[299] https://www.childhealthservicemodels.eu/wp-content/uploads/R15-Home-Based-Records-Report.pdf

- Member States where specific policies protecting the rights of children with disabilities to free healthcare exist should conduct regular impact studies to ensure that this right is been realised in practice. Where necessary they should invest in raising awareness of children with disabilities' rights to core health services.
- Member States with weak provision should be encouraged to increase earmarked healthcare spending for children with disabilities, including for the provision of rehabilitation and assistive technology devices, as well as strengthening the dual focus of the health system on both mainstream and disability-specific provision, to ensure a holistic, integrated, and multidisciplinary approach to the work.
- All Member States should ensure that they have in place Early Identification and Early Intervention (EI/EI) services which include components of screening, prevention, and intervention in the areas of developmental delay or disability. For this, increased human/resource capacity is needed, along with the assurance that professional education provides sufficient core values, knowledge, and skills related to delays and disability. EU funds could be used to expand EI/EI services across the EU and facilitate cross-border model exchanges and professional capacitation.

7.2.3 Children in institutions

7.2.3.1 Specific gaps and challenges

Children who have been removed from their families of origin and placed in alternative care are at a higher risk of poor developmental outcomes. Their vulnerability can be the result of adverse biological and psychosocial influences: prenatal exposure to alcohol and other drugs; premature birth; abuse and neglect leading to placement; and failure to form adequate attachments to their primary caregivers. This vulnerability might also be linked to the institutional environment. Children leaving institutional care may need psychological support services to help them make the adjustment to living independently in the community.

7.2.3.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Sections 7.2.1 and 7.7, can enhance the access to healthcare of children in institutions:

- Ensure that health check-ups are in place for all children removed from or at risk of being removed from their families.
- Ensure that all children removed from their families have access to mental health services.
- Put in place systems to ensure that children leaving care are supported in accessing health services and have the necessary mental health services available to help them to make the adjustment to independent living.

7.2.4 Children with a migrant background (including refugee children)

7.2.4.1 Specific gaps and challenges

While in theory nearly all Member States are committed to delivering universal free healthcare to all children, in practice there are often differential treatment between four residence-based categories (i.e. children with citizenship of the country where they reside – including children of recognised refugees or stateless person, or benefiting from subsidiary protection; children of third-country (EU/EEA) legal residents; children

registered as asylum-seekers; and children with irregular residence status). There is thus a great likelihood that migrant children are deprived with some only having access to emergency healthcare, some having partial access while others have equal access. As well as legal barriers there are often resource problems for those countries receiving large numbers of migrants and demand can exceed supply.

Language and cultural barriers can also play a significant role in limiting access. The shortage of mental health services in many countries is a particularly acute issue for some children with a migrant background given the severe mental stress they may have endured before/ during migration.

7.2.4.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.2.1, can enhance the access to healthcare of children with a migrant background:[300]

- In Member States where access is limited for some children due to migration status legal initiatives are needed to meet the commitments made under the UNCRC regarding health (care) for all children and to avoid discrimination by residence status.
- Put in place active outreach and systematic monitoring of the health situation of children with a migrant or refugee background. This should include specific efforts to overcome language and cultural barriers and be sensitive to different belief systems, through (free) intercultural mediation.
- Create firewalls between child protection and health services on the one hand and migrant management services on the other to ensure that children with a migrant background are not denied their rights to access these services at the behest of migrant of management services.
- Ensure that the most vulnerable children with a migrant background (particularly unaccompanied adolescents) have access to specialised care such as mental healthcare and dental care.
- Generalise, professionalise interpretation and cultural mediation where needed, to overcome cultural and language barriers at all levels of the health system (mother and child health, reproductive health, mental health).
- Strengthen health workforce's understanding of cultural sensitivities and health issues affecting refugee and children with a migrant background.
- Invest in health literacy among migrant families to foster healthy practices and demand.

7.2.5 Children in precarious family situations

7.2.5.1 Specific gaps and challenges

In general children in precarious family situations face the same barriers of cost and inadequate availability of services that other children experiencing disadvantage face (see Section 7.2.1). This is very much the case for two of the four sub-groups of precarious families, low-income/ socio-economic status children and children living in single-adult

[300] These suggested actions would help Member States to "ensure that all children have timely access to healthcare (including preventive care) and psychosocial support, as well as to inclusive formal education, regardless of the status of the child and/or of his/her parents" as Member States are encouraged to do with the support of the Commission and the EU agencies in the Commission Communication on "The protection of children in migration", COM(2017) 211 final.

households. While it is also true for the other two sub-groups, left-behind children and Roma children, they also face some additional specific barriers. Left-behind children of EU-mobile citizens can have particular problems because their parents are labour migrants and the system can be poor at identifying children at risk and this can be further exaggerated due to the displacement of these children from their homes, either by moving in with relatives or being temporarily placed with relatives. In some other cases children remain at home in the care of older siblings. Children without a legal guardian can be particularly at risk, since they have no access to emergency healthcare and social benefits.

Roma children, in addition to economic barriers, can face cultural barriers. These are rooted in the organisation of health systems, discrimination, culture and language, health literacy, service-user attributes, and economic factors. Roma children involved in circular migration also face issues of consistency in their medical care.

Precarious families are often highly represented amongst homeless families (including those living in temporary accommodation, with relatives, depending on short-term leasing) and this creates significant issues of continuity of access and care - generally disrupted healthcare is less good care.

7.2.5.2 Actions to address gaps and challenges

The actions needed for low-income/socio-economic status children and children living in single-adult households are well covered in Section 7.2.1. However, in order to address the additional specific gaps and challenges faced by Roma children and left-behind children and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.2.1, can enhance the access to healthcare for these children:

- enhance the focus on the health of Roma children in National Roma Integration Strategies (NRIS);
- sensitise and adapt mainstream healthcare provision to be more responsive to the health needs of Roma children and make more use of health mediators;
- ensure better health insurance coverage for the Roma population as better coverage for parents would ensure better coverage for children as well;
- ensure that health education, health promotion and preventive services reach out to Roma populations, particularly in segregated areas, through specifically designed outreach programmes designed with a high level of Roma involvement; and
- ensure that all left-behind children have a legal guardian who can ensure their right to access health services.

7.3 Free education[301]

7.3.1 General gaps and challenges and policies needed

7.3.1.1 Gaps and challenges

The right of the child to education is, in the EU, enshrined in the UNCRC, the UNCRPD, and the EU Charter. Thus, Member States have an obligation to provide free compulsory education in an inclusive education system to all school-age children, without exception. While in theory all Member States provide access to free and inclusive education in reality this can sometimes be limited in practice. In relation to "free" education this may

[301] Annex 7.1 summarises the main priorities to ensure access to free education identified by FSCG national experts.

sometimes only cover tuition but no other "hidden" costs such as textbooks, school trips, cost of canteen or transportation costs and these additional costs can be a significant barrier for some children in vulnerable situations to school access. School-related costs remain an important issue, especially (but not only) in secondary school. In all EU countries, without exception, income-poor people are more likely than the average to find it difficult to afford additional education costs.

In relation to availability, gaps in provision do sometimes occur in remote rural areas in some countries, partly as a consequence of budget cutbacks or "decentralisation" during the crisis. Such shortages translate into absenteeism, overcrowded classes, or lower quality of education. In some countries lack of accommodation and/or staff appears to prevent schools from offering "single-shift" (full-day) education, particularly in rural and less developed areas; moreover, due to lack of transportation, some children have to walk long distances along dangerous roads. The problem is even more acute at secondary level, with students being unable to choose the option that fits them.

In spite of legal regulations concerning compulsory education in practice there are sometimes gaps in accessibility for some groups of children. For instance there is also evidence of Roma children, children of asylum seekers, or indeed homeless children living in hostels who are not officially registered in the (local) population register and therefore cannot enrol in school in practice. Also undocumented children can face access issues either because they cannot be forced to go to school even though they are entitled to free education or because they have to pay tuition fees.

In relation to inclusive education while most Member States promote inclusive education many systems are in fact partial and often there are also segregated education provisions for some children (especially those with disabilities and some of those considered to have special educational needs) and efforts to progress towards inclusive education are taking place in parallel with segregated education provisions. In many countries, there is a strong segregation in the education systems that affects all TGs under scrutiny in the FSCG, i.e. children from precarious environments as well as children with a migrant background, children in institutions and children with disabilities. The segregation is also linked to early tracking in (secondary) education, to separate schools or classes. Also in some cases, schools themselves discriminate against specific groups of children, either because they are seen as an excessive burden, or because parents from the "majority" threaten to withdraw their children from school when "undesired" children are enrolled. The risk of discrimination is larger in countries with free school choice, as in the absence of free choice schools are obliged to accept all children from their catchment area and parents to accept that placement.

A problem that can particularly affect children from vulnerable backgrounds is uneven quality of schools with children from these backgrounds being disproportionately confined to disadvantaged schools. Indeed, one of the main problems surrounding the accessibility to good-quality education is school segregation as disadvantaged groups cluster together in less selective schools, while "majority parents" withdraw their children from these schools to enrol them in more selective schools elsewhere. Segregation by school is a factor that negatively affects the academic performance of the most vulnerable groups. Segregation occurs when students from the lowest income quartile are enrolled in schools that have a high concentration of vulnerable students. The concentration of students with a low socio-economic profile thus creates "ghetto" centres. These schools can suffer from insufficient resources, shortage of teachers, difficulties in retaining high quality teachers, bad infrastructure and poor equipment. All of this leads to high levels of early school leaving and academic failure.

7.3.1.2 Actions to address gaps and challenges

In order to address the key gaps and challenges identified above and taking account of successful policies in place in some Member States the following suggestions are made for improving access of all children in vulnerable situations to free education:

- In order to guarantee compulsory education free of charge establish a clear legal definition of school-related costs and determine who is responsible for what cost.
- Reduce financial barriers to accessing education. This means going beyond the concept of free tuition. Free education should extend to the most basic elements of access and participation: tuition, transportation, textbooks, all school activities and meals. This can involve either universal type provisions or else schemes which subsidise school-related costs, such as books, uniforms, school canteens or transport on a targeted or means-tested basis.
- Develop equity funding strategies for disadvantaged students in order to equalise educational outcomes. This necessitates priority treatment (e.g. in admission processes), compensatory action and additional resources for disadvantaged children who lag behind or are at greater risk than others. It can involve investing in increasing the quality of education in schools in disadvantaged areas or with a higher population of disadvantaged groups. For example this could involve:
  - ensuring smaller class sizes in primary schools in disadvantaged neighbourhoods;
  - channelling additional funds to disadvantaged schools to improve material conditions, provide accessibility measures or to pay for teacher's assistants or other pedagogical staff;
  - transforming disadvantaged/ghetto schools into "magnet schools" that attract more privileged students, by investing in arts, technology and sports and higher quality teachers trained specifically for going beyond teaching but understanding and supporting children in a wholesome way in their learning development and that are paid more, thus boosting cognitive outcomes as well as the schools' reputation; and
  - developing multiservice or extended schools which aim to offer integrated services (covering healthcare, social care, language stimulation, cultural enrichment, psychological support…) to respond to the multidimensional needs of children in vulnerable situations.
- Invest in teacher training and staff incentives for more inclusive schooling. For instance put in place targeted subsidies or retention strategies for experienced and well trained teachers in disadvantaged schools. Invest in specific in-service training and professional learning communities specifically devoted to strategies to promote equity in education.
- Foster the desegregation of schools and classes through promoting inclusive education which ensures that children from disadvantaged backgrounds are not put in special schools or special classes or unduly pushed into the less valued technical and vocational tracks.
- Ensure a truly intercultural education system through: avoidance of assimilationist pressures; the valuing of minority languages and making use of language diversity to promote language learning; the development of active anti-discrimination policies including sensitisation of all stakeholders, proactive monitoring, complaint and appeal procedures, and sanctions; pre- and in-service training in intercultural competences for teachers; active parental involvement (especially of minorities) in school matters; and culture-sensitive learning contents in all subjects.

- Develop partnership programmes between schools, parents, local communities and social services. This can be assisted by measures such as employing educational welfare officers or home-school liaison officers to systematically activate the dialogue between schools, parents and local communities and to work with young people and their families experiencing difficulty with school attendance.
- Develop all day schools where children, especially those from economically disadvantaged families, receive free education services that otherwise they would have to purchase in the private sector (i.e. private lessons after school).

7.3.2 Children with disabilities

7.3.2.1 Specific gaps and challenges

While various interpretations of the right to inclusive education are in use in EU Member States, the UNCRPD in its Article 24 and General Comment #4 (GC4) sets out a framework that must be implemented by EU countries that have ratified the Convention, as well as the EU as a whole. Of particular relevance to this analysis are the provisions and distinctions in terminology the GC4 obliges EU countries to take into consideration, namely the following:

- Integration is a process of placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardised requirements of such institutions.
- Inclusion involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures, and strategies in education to overcome barriers, with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences. Placing students with disabilities within mainstream classes without accompanying structural changes to, for example, organisation, curriculum and teaching, and learning strategies, does not constitute inclusion.
- The right to inclusive education is assured without discrimination and on the basis of equality of opportunity. Discrimination includes the right not to be segregated and must be understood in the context of the duty to provide accessible learning environments and reasonable accommodation.
- The exclusion of persons with disabilities from the general education system should be prohibited, including any legislative or regulatory provisions that limit their inclusion on the basis of their impairment or the degree of that impairment.
- States Parties have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realisation of Article 24. This is not compatible with sustaining two systems of education.

The conceptual and terminological clarifications outlined above provide the basis for assessing the extent to which policies in Member States are inclusive for children with disabilities. On this basis it is clear from the FSCG Country Reports that while there is a strong trend in many Member States to include children with disabilities in mainstream schools there is often still a long way to go to really make education inclusive. Sometimes they are segregated in special units or special classes within mainstream schools and thus not fully included and in some countries significant numbers are still educated in separate schools or institutions and there may be resistance to inclusive education. Referrals to special education can lead to stigmatisation and reduced opportunities. Even where most

children with disabilities are educated in mainstream schools barriers can exist to their real inclusion. These can include:

- negative attitudes perception and awareness;
- failure to follow rights guaranteed in legislation;
- failure of mainstream schools to adapt their provision to meet the particular needs of children with disabilities;
- poor coordination between educational, social and health services;
- relatively poor school infrastructure for addressing the needs of children with physical and sensory impairments and limited physical access;
- prejudice and discrimination against disabled children and bullying in schools;
- shortage of necessary specialised support services and specialists in mainstream schools;
- the lack of budget funding for inclusive education; and

In other words the best interests of the individual child may not always be sufficiently taken into account for children with disabilities - this may also be the case for other TG children. Overcoming these gaps and challenges in inclusive education will require deepening awareness that (a) children with disabilities are better integrated and make more learning gains in inclusive education than in segregated schools and (b) that other children's social skills in dealing with diversity develop better in inclusive schools.

7.3.2.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.3.1, can enhance the access to free education of children with disabilities:

- Where inclusive education policy does not exist or children with disabilities are still educated in segregated settings ensure thorough investigation and swift intervention and the development of a strategy to move to fully inclusive provision.
- Extend technical, human, and financial support where segregated settings still exist for children with disabilities despite inclusive education efforts.
- Develop inclusive systems by ensuring that inclusive education is understood as high quality education for all and not as another term for special education. Particularly important is to put in place teacher education that promotes the inclusion of all children (including those with disabilities) at all levels (i.e. initial teacher education, induction of beginning teachers, continuing professional development). Also essential is to invest in educating parents on their children's rights and on their role as advocates within an inclusive education system.
- Give a priority to children with disabilities in the enrolment in public pre-school, primary and secondary education and foster cross-sectoral collaboration to support their participation in inclusive education.
- Ensure that where children with disabilities are faced by extra costs to attend school such as additional transport costs or dietary needs these costs are supported.
- Put in place regular monitoring and reporting on the situation of children with disabilities in countries where inclusive educational policies exist to ensure that practice on the ground adequately reflects policy.

7.3.3 Children in institutions

7.3.3.1 Specific gaps and challenges

A specific issue that can sometimes face children in institutions is educational segregation. While not very common this can follow from the fact that some institutions (either for disabled children or those in special youth care) are typically linked to (boarding) schools. Another issue particularly affecting these children is that there is often poor coordination between education and other institutions and services.

7.3.3.2 Action to address gaps and challenges[302]

- Ensure that children living in institutions are integrated into mainstream schools.

7.3.4 Children with a migrant back background

7.3.4.1 Specific gaps and challenges

While availability and accessibility to education are guaranteed for the vast majority of the population problems persist in relation to asylum-seeking and refugee children. Among the reasons for this can be their arrival during the course of the school year, their resettlement within the host country and language diversity. Also problems in financing educational expenses can be a particular problem for recent migrants and refugees. Responding flexibly to unpredictable needs remains a big challenge for Member States particularly where they receive disproportionate numbers of refugees. This can lead to an insufficient quantity and quality of education for children in refugee centres.

In some countries enrolment procedures can lead in effect to the segregation of children with a migrant background in particular and they are often limited to less popular and successful schools. Too often early tracking of children can lead to children with a migrant background being further classified and segregated based on (often biased) perceptions of their academic abilities, and they are too often encouraged to follow a vocational or technical track. Lack of cultural awareness and an ideology of monolingualism can create barriers to participation in schools. However, in many cities there is now very big diversity with many different nationalities in a class room all speaking their own language and this can make it logistically inevitable that priority is given to the host language. Prejudice and discrimination within schools and bullying can also be significant barriers. The lack of specific policies to integrate children of refugees and migrants within schools and a reluctance of schools to adapt and innovate to the needs of these children can be a barrier. This can be compounded by a shortage of qualified teachers to work with these children and insufficient knowledge and competence of the teaching and support staff for work with children of recent migrants and refugees.

7.3.4.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.3.1, can enhance the access to free education of children with a migrant background:

- Where necessary to achieve a better socio-economic and ethnic mix in schools put in place affirmative action (i.e. use quotas or priority access for minorities).
- Introduce more flexibility in the language of instruction, so that children's learning outcomes are supported. This ideally includes bilingual education, but also language

[302] See also Section 7.7 on deinstitutionalisation.

support within mainstream classes, while keeping segregation in reception classes as short as possible.

- Recalibrate early tracking of children to better take into account the abilities of children with a migrant background.
- Give more attention to the intercultural dimensions of education through measures such as:
  - inter-cultural education for teachers and students promoting respect between cultures and supporting teachers in how to work with several different cultures in one class room;
  - valuing minority languages;
  - active anti-discrimination policies;
  - enhanced pre- and in-service training for teachers in intercultural competences;
  - enhanced parental involvement and culture-sensitive learning content in all subjects; and
  - children's rights education.

Actions such as these by Member States will help to ensure that all children have access "to inclusive formal education, regardless of the status of the child and/or of his/her parents" as is encouraged in the Commission Communication on the Protection of children in migration (COM(2017) 211 final).

7.3.5 Children in precarious family situations

7.3.5.1 Specific gaps and challenges

Children in situations of economic fragility and children living in single-adult households tend to face all of the gaps and challenges outlined in Section 7.3.1. A particularly significant barrier is the inability to cover the cost of formal education and education-related expenses often weigh more heavily on the household budget of poor single-adult households.

Access to educational services for left-behind children is reportedly an issue in a few countries (e.g. BG, RO), with a special risk for those who are displaced from their homes and are living with relatives and those who remain alone at home or in the care of older siblings. Access to education for children with no appointed legal guardian in Romania is considered particularly worrying, as this status means that in some villages some Roma children have no access to educational services. As well as left-behind children, in some countries children returning from migration can also face enormous challenges: they can feel "uprooted" and they do not know parental culture and language and feel socially isolated.

A particular barrier facing Roma children is school segregation, either separate schools or separate classes in the same schools. Also Roma are more likely than non-Roma not to attend school (see above) and leave early. Roma children involved in circular migration are faced with issues of consistency in their education, as they spend limited and uncoordinated periods of schooling in several countries. Discrimination against Roma children in schools and also sometimes in enrolment processes can be a barrier to access.

7.3.5.2 Actions to address gaps and challenges

The actions needed for low-income/socio-economic status children and children living in single-adult households are well covered in Section 7.3.1. However, in order to address the additional specific gaps and challenges faced by Roma children and left-behind children and drawing on the positive policies in some Member States the following specific actions

have been identified that, combined with the other actions identified in Section 7.3.1, can enhance their access to free education:

- In countries where this is a significant issue recognise left-behind children as a specific risk group and target specific support measures in the community and school to counter dropping out and social exclusion. These need to be comprehensive and cover legal, social and psychological aspects and target both children and their family members.
- End the segregation of Roma children through measures such as:
  - combating discriminatory practices in school admissions;
  - paying schools additional hours to work with their Roma pupils and providing extra allowances for each Roma student they have;
  - providing additional education staff for mainstream primary schools depending on the number of Roma pupils enrolled;
  - developing awareness-raising/training for teachers and other professionals in the education sector, as well as for the Roma population itself, ideally within the scope of wider community-based interventions; and
  - providing access to education for children with no appointed legal guardian.
- Work with parents to increase awareness of importance of education for instance by employing school mediators in Roma and poor communities to work to increase awareness regarding the importance of education, incentivising families to send their children to school and providing education and training for parents to help them in supporting their children when studying.
- Integrate Roma children into the education system and compensate for disadvantages they face through measures such as:
  - introducing Roma teaching assistants/mediators in the school systems to support Roma students in learning the local language, provide educational support in school subjects, mediate in conflict situations, motivate Roma children and help with homework;
  - establishing "reception classes" to provide learning support (as well as support in learning the local language) to children from areas with low educational and socio-economic indicators, including Roma children and other excluded groups; and
  - developing an Integrated Pedagogical System (IPR) to promote good-quality education among disadvantaged and Roma children in elementary schools, within an integrated environment through focussing on modern, competence-oriented and student-centred educational methods, effective classroom management, and effective organisation of schools.

7.4 Free Early Childhood Education and Care (ECEC)[303]

7.4.1 General gaps and challenges and policies needed

ECEC may have different meanings in different Member States, but generally it covers all services for children from birth to compulsory school age (around age 6 in most Member States). In most countries, this includes two separated systems of provision (split systems): childcare for the youngest children and pre-school settings for children from approximately age 3 to age 6. A small number of countries have a unified system of ECEC (unitary systems) that covers the entire age range from age 0 or 1 to compulsory school age (e.g. DK, SE, SI).

[303] Annex 7.4 summarises recommendations made by FSCG national experts for improving policies in relation to ECEC.

7.4.1.1 Gaps and challenges

The most important barrier for access to high quality ECEC is a lack of places, particularly (but not limited to) the youngest children. Yet, the shortage of provision is unequally distributed. Most Member States are marked by important geographical disparities in the distribution of places. Most often, poorer areas have less available ECEC places of high quality. The geographical divide may take different forms: in some countries it is a rural-urban divide, while in other countries it is precisely the urban metropolitan areas that suffer from shortages. Yet, in almost all cases, it is in the poorer areas with lower female labour participation that children suffer most from this inequality. In cases of shortage, there is a risk that private ECEC is taking over, demanding higher parental fees. Also, in those cases, often priority is given to women at work, resulting in barriers for children from unemployed or low-employed families.

Where places are available, they are not always accessible and affordable. Especially for the youngest children, long distances, inflexible hours and parental fees jeopardise access. In addition, when ECEC is free, there may be indirect costs that make ECEC unaffordable for some parents: clothes, transportation, meals, educational materials, etc. Bureaucratic and administrative complexities to enrol children affect vulnerable families to a larger extent than the average families. This is especially the case when the competence on child care is devolved to local municipalities or regions without a strict national reference frame being in place. In those cases, fees, favours and regulations may vary significantly from one area to another, making it hard for parents to exercise their rights. In addition, this may also entail variety in quality and that does not favour vulnerable families.

The poor quality of some ECEC provision can be a particular barrier[304]. Too often ECEC centres lack the expertise that is necessary to cater for the needs of children and families from vulnerable situations. This is especially the case for children with disabilities and for the outreach to Roma children.

In split systems, the ECEC for the youngest children is typically considered as "child care" for women at work. It is part of a labour and gender policy, rather than conceptualised as an educational environment in its own right. As a result, ECEC for the youngest children is scarcer than preschool places and priorities are set, favouring children with parents in employment.

A lack of expertise, combined with a lack of staff from ethnic minorities and staff acquainted with the care for children with special needs is often mentioned as a reason why some parents do not have confidence in the ECEC service and prefer not to enrol their child. Also the lack of intercultural awareness and expertise can lead to discriminating practices in relation to children from low-income households, Roma children and children with a migrant background.

Lack of flexibility in opening hours that do not match the needs of parents (i.e. their working hours) can particularly affect lone parents, parents with a migrant background and parents in precarious labour contexts as they often work atypical hours and may therefore encounter difficulties to use ECEC.

7.4.1.2 Actions to address gaps and challenges

In general policies that are most successful in reaching all TGs are structural policies that include legal entitlements for all children; policies with free or means-tested fees and alleviation of indirect costs; policies with local responsibilities, embedded in clear national

[304] For a detailed analysis of structural and process aspects of ECEC systems and their impact on quality, see OECD (2018), Engaging Young Children: Lessons from Research about Quality in Early Childhood Education and Care, Starting Strong, OECD Publishing, Paris.

quantitative and qualitative frameworks; and policies of proportionate universalism, that include additional means and facilities within structural and universal frameworks. In the light of this and taking account of successful policies in place in some Member States the following are suggestions on ways to improve access of all children in vulnerable situations to ECEC:

- Better monitor the numbers of children in vulnerable situations (e.g. Roma children, children from single parent families, children with disabilities, children with a migrant background and children from poor families) in ECEC as a starting point for improving access.
- Given the poorer access for younger children in split systems if additional funding becomes available and new comprehensive projects are set it will be important to increase investment in the youngest children under 3 and favour steps towards unification of split ECEC systems.
- Invest in increasing the availability of provision and in doing so address geographic disparities in the lack of places. Investment in quantity should go hand in hand with investment in quality: compromising on quality to increase the quantity would be detrimental for those children whose development is less fostered in their homes and therefore would widen the existing educational gaps. As a result, earmarked funds for improving the quantity of ECEC need to be accompanied by strict quality standards, to be effective.
- Put in place quality standards to ensure that children in vulnerable situations do not end up in lower quality provision. When municipalities or local levels of policy are responsible for ECEC, it is crucial that national regulations and guidelines offer a framework that binds the local levels in order to avoid important geographical disparities in quantity and quality of ECEC. Such guidelines can define staff qualifications, attendant-child ratios, group size, material equipment and facilities and oversight procedures.
- Develop a well-trained and paid workforce. Without an adequate workforce, increasing the enrolment of TGs in ECEC will have little impact, if any. Clear anti-discriminatory frameworks, need to be accompanied by investments in pre-service and in-service training in working with children with special needs, in multilingualism and cultural awareness and in anti-poverty measures. These investments in pre- and post-service training of staff, as well as diversifying the workforce are important to serve the needs of TGs and improve quality.
- Reduce fees and subsidise related costs or provide wholly funded ECEC for children in vulnerable situations especially those in low-income families. One way to increase affordability and address indirect costs can be by providing free transport, free lunches in school canteens etc.
- Legislate to make ECEC an entitlement for all parents and their children.
- Where there is a shortage of ECEC provision develop priority enrolment for children from disadvantaged backgrounds through developing rules such as setting specific quotas for the enrolment of children from disadvantaged backgrounds and adjusting those rules to the local composition of the population of young children.
- Introduce priority funding for ECEC provision in disadvantaged areas which can compensate for the lower fees (if means-tested) paid by low-income parents; and allow for more generous staffing and operational expenses in services to disadvantaged families.

- Promote inclusion and counter special segregation by prioritising more resources to day-care centres in deprived areas where there are concentrations of children from disadvantaged backgrounds.
- Increase flexibility of provision to facilitate the reconciliation of work and family life.
- Foster cultural change through communication programmes which reach out to parents from disadvantaged groups who are suspicious of leaving their youngest children in the care of "strangers". High quality provision will also help to build trust.
- To address non take-up of rights by TGs, often due to administrative and bureaucratic burden and lack of clarity in regulations, ensure legal entitlements are clear and transparent and are accompanied by outreach and information to parents from vulnerable backgrounds who may be less familiar with ECEC institutions, rules, and regulations. Simplifying administrative barriers arising from online application procedures or the need to navigate diverse funding schemes can also be helpful.
- Welcome and encourage parental participation in ECEC and combine ECEC with home visits and other types of family/parenting support.

7.4.2 Children with disabilities

7.4.2.1 Specific gaps and challenges

Access to ECEC for children with disabilities varies widely across the EU. Too often mainstream instruments related to ECEC are not sufficiently adapted to take into consideration children with disabilities. ECEC is important for all children, but of critical importance to children with disabilities because: 1) it provides the necessary services and structures to identify and address developmental delays and disabilities (EI/EI, as reported in the healthcare sub-section above); and 2) it supports children who have been identified as being at risk or with a developmental delays and disability to access the services needed, in health, education, and social protection. In addition to barriers of cost and availability that affect other children in precarious situations children with disabilities often face barriers in relation to accessibility and a failure to adapt provision to take account of their particular developmental needs. Given that children with disabilities often have multiple needs it is particularly important that there is a coordinated and integrated approach to meeting these. However, a key barrier to achieving this can be the extent to which different agencies work in silos. Also, in many countries professionals lack sufficient sensitization, knowledge and skills to adequately identify and respond to the needs of children with disabilities and their families.

7.4.2.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policy examples in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.4.1, can enhance the access to ECEC of children with disabilities:

- Policies should prioritise early intervention and outreach to parents from the birth of children with disabilities with a view to developing a tailored and coordinated plan of support which focuses on best interest of the child. At European level this could be assisted by developing a multi-sector instrument to help evaluate a child's best interests which could also be used when assessing all children in precarious situations. As some disabilities may only become apparent at a later stage the ongoing monitoring of all children is also advisable.
- Where ECEC policies do not exist, or where policies envision services that are not free, these should be developed or revised to give priority access for children with disabilities

to ECEC services (including EI/EI), free of charge, and as close to home as possible to ensure that taking advantage of services does not imply family separation.

- Member States who have not already done so should develop coordinating mechanisms between sectors that can develop multi-sector policies and coordinating structures to promote the seamless transition of children with disabilities and their families between services and ensure their access to ECEC. This could be helped by consolidating under one legislative umbrella the provision of a variety of cross-sectoral services for children.

7.4.3 Children in institutions

7.4.3.1 Specific gaps and challenges

As international child rights standards call for children under the age of 3 not to be cared for in residential care under any circumstances – neither in family-like residential care facilities nor in institutional care environments – the issue of access to ECEC should not arise. However, as stated above, still many children under 3 are cared for in residential and institutional care in many MS.

7.4.3.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Sections 7.4.1 and 7.7, can enhance the access to ECEC of children in institutions:

- Where children under 3 are considered at risk of being taken into residential care specific steps should be taken to ensure early intervention and the development of a tailor-made package of measures to support the child and their family and their access to ECEC services should be prioritised, or the placement of the child in foster or kinship care.

7.4.4 Children with a migrant background

7.4.4.1 Specific gaps and challenges

Often ECEC services are not covered by the legal right to free education and thus the disproportionate poverty risk among families of migrants and refugees tends to make ECEC unaffordable for them. Even means-tested fees and tax credits appear to be insufficient to overcome financial barriers. For instance, asylum-seekers in particular may not even have access to income support, tax breaks or other types of financial assistance or to means tested fees. In countries where there is a severe lack of childcare provision the risk of exclusion is higher among children with a migrant background. Language barriers can limit communications with parents as well as with the children themselves. As most ECEC services are still monolingual, even in cosmopolitan cities where immigrants make up a large proportion of the population, it is not surprising that minority families do not use the services that could be so beneficial for them. Refugees can also be faced by the problem of inaccessible or far away services as ECEC provision is often not available near refugee camps and asylum locations. Another issue can be that some migrant families may have different cultures of motherhood that prefer maternal care for the younger children rather than institutional provision and do not understand the value of high quality ECEC provision for their children.

7.4.4.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the

other actions identified in Section 7.4.1, can enhance the access to ECEC of children with a migrant background:

- In order to address language barriers include intercultural mediation services, language training for ECEC staff, and bilingual language stimulation programmes for children.
- Take on board cultural and religious diversity needs through measures such as extending services to home-based ECEC and parenting support as alternatives to centre-based care, ensuring special dietary requirements required by religious norms are guaranteed, and ensuring the active involvement of ethnic minority parents in the daily operation of services.
- Develop in-service training of the regular staff so as to boost their social and intercultural skills.
- Limit segregation through government regulation by imposing norms relating to enrolment, equal treatment of minorities, and the ethnic composition of staff.
- Make special efforts to reach out to and encourage the enrolment of children with a migrant background whatever their status.
- Invest in time, expertise and outreach to dialogue with parents where there are cultural differences about motherhood and the value of ECEC provision and to build trust.

7.4.5 Children in precarious family situations

7.4.5.1 Specific gaps and challenges

The two most frequent barriers to accessing ECEC provision for children in precarious family situations are, as with other TGs, affordability and availability. For them the cost of ECEC schemes can be a significant issue even where they are subsidised. Insufficient number of formal childcare places is a challenge in many countries sometimes despite a legal entitlement. This leads to long waiting lists. Also sometimes wealthy neighbourhoods have access to more facilities than poorer neighbourhoods. Single parent families can face particular challenges in reconciling work and family life and their access to ECEC can be especially difficult in the absence of flexible provision that allows for flexible use. Other access barriers to use of childcare by disadvantaged groups include the influence of: lack of legal entitlements to childcare and knowledge of the financial support schemes available; accessibility (distance to the childcare facilities can be a particular problem for families living in Roma settlements and as a result providing ECEC to Roma families will more often mean providing segregated ECEC); and adaptability of the care services to the needs of parents (such as opening/closing hours and school holidays adapted to working patterns and needs). The varying quality of the available childcare and pre-school services as between centres, municipalities, and regions can also be a factor that can hamper the use of childcare, especially for children from families confronted with economic fragility. Roma families may have negative cultural attitudes towards ECEC provision that reduces their take-up of places.

7.4.5.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.4.1, can enhance the access to ECEC of children in precarious family situations:

- Give a high priority to children in vulnerable families when allocating places.
- Subsidise ECEC to make it really free of charge (including indirect costs) for low income families.

- Integrate services that combat child poverty and social exclusion within ECEC institutions that work with children from disadvantaged backgrounds.
- Increase outreach and information to parents from vulnerable backgrounds who may be less familiar with ECEC institutions, rules, and regulations.
- Recruit trained Roma assistants in ECEC provision to act as intercultural brokers and to facilitate the participation of Roma children through direct outreach activities as well as support to ECEC staff in welcoming Roma families.
- To address racist and discriminatory practices ensure that ECEC projects that aim to increase access for Roma families are accompanied by support and training for staff that increases intercultural awareness and competences.

7.5 Decent housing[305]

7.5.1 General gaps and challenges and policies needed

7.5.1.1 Main gaps and challenges

The FSCG research shows that key barriers to accessing decent housing are low income, lack of affordable privately rented housing, insufficient supply of social housing leading to long waiting lists and inadequate level of housing benefits for low income families. Children living in precarious family situations are particularly at risk of living in inadequate low quality housing, being in housing costs overburden, living in overcrowded households and experiencing energy poverty. Many more income poor children face bad housing conditions than other children. The TG on income poor children also often cuts across many of the other TGs or vulnerable groups such as children with disabilities, children with a migrant background, from single parents' households or large families.

7.5.1.2 Actions to address gaps and challenges

In order to address the key gaps and challenges identified above and taking account of successful policies in some Member States the following suggestions are made for improving access of all children in vulnerable situations to decent housing:

- If not already the case, ensure that the right to access adequate housing is established in law.
- If not already in place develop a comprehensive strategy on access to housing and a strategy for fighting homelessness that gives particular attention to the access of children in vulnerable situations and their families to decent quality affordable housing.
- Increase the supply of affordable and social housing through measures such as:
  - increasing investment in social housing and prioritising children in vulnerable situations in allocating social housing;
  - regulating the housing market to ensure adequate supply of affordable housing, and security of tenure for low income households including those with children;
  - rebalancing interventions in the housing market away from tax subsidies for home ownership towards addressing housing exclusion;
  - socialisation of private rental through rental mediation and incentivisation schemes;
  - developing and investing in innovative solutions for affordable housing e.g. community-based housing, activation of vacant stock, private/public collaboration, etc.;

[305] Annex 7.2 summarises the main priorities to ensure access to decent housing identified by FSCG national experts.

  - developing services that provide dwellings from the private residential housing stock at a lower-than-market price to low-income tenants. This is the case, for example, of the Belgian "agences immobilières sociales" (social rental agencies): there are tax incentives for owners to rent their dwelling at below-the-market rate; and the agencies provide secure conditions to owners, as there are guarantees in terms of rent payment and repairs of the dwelling in case of problems; and
  - providing subsidies for landlords to make premises suitable for habitation, funding for local authorities for new buildings and a possibility to use government buildings.
- Address issue of affordability through measures such as:
  - increasing the adequacy and availability of housing allowances and targeting them carefully in order to be effective, focusing inter alia on low income households with children. Housing allowances should consider the specific household needs e.g. number of children, children with disabilities, etc. Families should not be penalised for the composition of their household;
  - avoiding too strict eligibility criteria which reduces take-up of schemes; and
  - introducing stricter and more encompassing regulation of maximum rents.
- Increase the legal protection of children and their families in eviction processes through measures such as:
  - creating specific funds for vulnerable groups with children who have lost their home due to eviction;
  - allowing evicted persons with dependent children who have lost their dwelling because of unpaid mortgage bills to remain there on a rental basis or until the local authority grants the tenant other suitable accommodation; and
  - ending forced evictions (i.e. without due process) and on the basis of the housing first approach, when evictions occur, ensuring rapid rehousing, with intensive social support as needed.
- Provide support for utility (water, electricity) bills and mediation mechanisms for managing payment default as well as debt management through measures such as:
  - providing cash transfers such as targeted winter heating assistance and social benefits for vulnerable groups;
  - providing subsidies to improve long-term energy efficiency;
  - requiring households to apply for debt counselling in order to prevent the disconnection of utilities; and
  - reforming the regulatory framework and work with energy providers to ensure protection of vulnerable households with children against energy disconnection.
- Introduce targeted exemption from house-ownership taxes or council tax as a means for municipal government to decrease financial pressure on owners with children.

7.5.2 Children with disabilities

7.5.2.1 Specific gaps and challenges

Families with children with disabilities tend to face two particular challenges: inadequate housing (not corresponding to their needs) and housing cost overburden. For the most part, mainstream instruments related to housing are not sufficiently adapted to take into account the needs of children with disabilities, and are rather broad in nature. Financial support to adapt living quarters to the needs of children with disabilities is often not available and children with a disability from a low income or ethnic minority background often live in unsuitable accommodation or in residential institutions.

7.5.2.2 Actions to address gaps and challenges

In order to address these gaps and challenges and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.5.1, can enhance the access to decent housing of children with disabilities:

- Make families with children with disabilities one of the priority groups for receiving housing allowances.
- In addition to strengthening general policies to ensure the availability and affordability of housing for children and families in precarious situations Member States who have not done so should develop instruments related to housing that are specific to children with disabilities and ensure the adaptability of housing to meet their particular needs.
- Make children with disabilities, and especially those living in low-income families, a priority in social housing allocation and subsidised housing at the national level.
- Provide financial support to households with children with disabilities to carry-out the necessary adaptation or move and live in an adequate dwelling.

7.5.3 Children in institutions

7.5.3.1 Specific gaps and challenges

Poor housing conditions of the family can have an influence on the placement of children in care. For those children in institutions the housing conditions are sometimes not of high quality and do not offer a safe and caring environment. For those children who have left the care system access to housing can be a major challenge and a disproportionately high percentage of homeless people come from an alternative care background.

7.5.3.2 Actions to address gaps and challenges

In order to address these barriers and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Sections 7.6.1 and 7.7, can enhance the access to decent housing of children in institutions:

- Member States should ensure that poor housing conditions are never a reason for taking children into care through developing effective policies to ensure all families have access to decent housing.
- Where children are in alternative care regular monitoring should take place to ensure adequate standards of housing.
- Ring-fenced funding for accommodation should be put in place for care-leavers and there should be an increase in the number of after-care workers.

7.5.4 Children with a migrant background

7.5.4.1 Specific gaps and challenges

Children of recent migrants and refugees obviously face general risks relating to affordability and lack of adequate affordable housing stock. However, they are disproportionately impacted by specific risks pertaining to the private rental market where they often face discrimination in access to housing. Some groups face specific obstacles in accessing decent housing, such as children of undocumented migrants who often suffer from substandard conditions and exploitation. Indeed undocumented children and families rarely benefit from safeguards that are in place for other children and families such as housing allowances, tax break, priority access to social housing and rapid re-housing. Most

third country nationals have very low levels of home-ownership as shown in Section 3. Those born outside the EU experience much higher overcrowding rates, high housing cost overburden and housing deprivation. Newly arrived migrants also often face difficult living condition in narrow or overcrowded temporary accommodation. Recent arrivals also often face inadequate provision in shelters and reception centres.

7.5.4.2 Actions to address gaps and challenges

In order to address these barriers and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.5.1, can enhance the access to decent housing of children with a migrant background:

- Housing subsidies should be used to alleviate housing cost overburden in families with children with a migrant background.
- Asylum-seekers and other newcomers should be informed about their rights to housing support in order to overcome financial obstacles, exploitation and unnecessary expenses[306].
- Organisations and government agencies offering shelter to asylum-seekers should be properly funded to offer decent accommodation, especially to families with children. The duration of stay in reception centres (which are often stressful and unsafe environments) should be limited to the strict minimum if decent accommodation on the housing market can then be ensured. Every effort should be made to improve quality of newly arrived migrants' reception centres by providing appropriate space for families and playground for children.
- Public authorities should actively combat discrimination in the private rental market through enforcing anti-discrimination legislation, strengthening and raising awareness of and accessibility to tenants' rights, developing transparent complaint procedures and "practice tests" (mystery calls by the housing inspectorate) to detect discriminatory behaviour.
- Support should be provided to transition from short-term temporary accommodation in to medium to long-term solutions and quotas should be considered for children with a migrant background in the allocation of social housing.
- Long-term strategies and policies to ensure non-ghettoisation of children with a migrant background should be developed.

7.5.5 Children in precarious family situations

7.5.5.1 Specific gaps and challenges

Children in precarious family situations face the same barriers to decent housing as other children in vulnerable situations particularly the cost of housing and lack of affordable private rented accommodation and social housing. Single-adult households in particular have a high risk of housing costs overburden, as the burden of the cost of housing is to be born entirely by only one person.

In addition to the challenges faced by other children in vulnerable situations Roma children can face discrimination and prejudice and often live in excluded/marginalised rural or urban communities of settlements with very sub-standard housing conditions and poor or no utilities. In some countries security of tenure is not ensured. Some Roma live in excluded

[306] Standards for reception conditions, including housing, have been established by the Reception Conditions Directive (2013/33/EU), and the EASO Guidance on reception conditions and the EASO Guidance on reception conditions for unaccompanied children, both available at https://easo.europa.eu/.

neighbourhoods where their housing is either illegal or on land without established property rights and itinerant groups have difficulties in finding a legal place to stay. For Roma/Traveller who have a mobile lifestyle there is the additional barrier that safe and decent sites for mobile dwellings, including access to water and sanitary facilities, are lacking. Also, Roma who look for accommodation to buy or rent in the public or private housing sector often experience discrimination on grounds of their ethnic origin. Overcrowding and access to sanitation are two of the characteristics strongly affecting Roma. A 2016 report on Roma[307] confirms that Roma neighbourhoods are frequently overcrowded, affected by lack of water, gas, electricity, and public services. A specific question also particularly faced by Roma households is the legality of property ownership and the consequent risk of eviction and housing instability. Last but not least, Roma communities are facing discrimination in access to housing and segregation Therefore, even if the precise situation remains difficult to fully apprehend due to a lack of official statistical data at European level, Roma communities still appear to be particularly at risk of severe housing deprivation in most Member States.

7.5.5.2 Actions to address gaps and challenges

In order to address these barriers and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.5.1, can enhance the access to decent housing of children in precarious family situations:

- Given the particularly high risk of indebtedness for single adult households with children give them a high priority in accessing affordable or social housing and if necessary provide access to debt counselling and debt restructuring services.
- Develop intensive community-based social work in Roma suburbs providing support and promoting integration.
- Develop long term strategies aimed at ending ethnic segregation through measures such as encouraging local authorities to include Roma settlements in their spatial plans and involving the rehabilitation of such settlements; relocating Roma from rough/irregular accommodation on a voluntary basis and in close cooperation with local authorities.
- To combat discrimination and xenophobia against Roma people in relation to access to private housing, as well as public and political reluctance to support Roma integration programmes, develop specific programmes for housing mediation between house-owners and Roma as well as specific campaigns against discrimination in housing. This could include legislation prohibiting discrimination in the provision of housing on the basis of being part of the Roma and receipt of housing assistance.
- Prioritise measures to increase the availability of social housing and emergency housing support to Roma households with children including making Roma families with children a priority in allocation procedures.

[307] Fundamental Rights Agency, *Second European Union Minorities and Discrimination Survey: Roma - Selected findings, 2016*, http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf

7.6 Adequate nutrition[308]

7.6.1 General gaps and challenges and policies needed

7.6.1.1 Main gaps and challenges

The main gaps and challenges that contribute to inadequate nutrition for some children in precarious situations are: living on a low income; the high cost of healthy food; the lack of or inadequate meals in schools, ECEC centres and other public services and the lack of such provision during holidays; a lack of awareness of what constitutes a healthy diet and food supply of and marketing promoting unhealthy food leading to the incidence of overweight and obesity; and insufficient policies and programmes to promote mother and child health, in particular breastfeeding.

In relation to low income the key issue is that in many countries the benefits systems and minimum income standards are insufficient to ensure that children have a healthy diet. The Country Reports prepared as part of the FSCG research show that in most EU countries social transfers and income support will not be sufficient to ensure that all families have the means to feed their children adequately. This picture is consistent with the conclusions of recent EU-wide review of minimum income policies which concluded that "in most EU Member States, income support does not appear adequate to tackle the needs of individuals and families facing economic difficulties".[309]

As regards school meals FSCG Country Reports show that while most countries have some free or subsidised food in educational provision there is considerable diversity in the extent of coverage and the quality of meals. For instance, sometimes provision is restricted to particular age groups with school meals most likely to be available in primary school. Provision in ECEC is often more patchy. Free or concessionary meals are generally less common in secondary schools. Some free and subsidised schemes only target particular schools. Also only a few school meals' programmes cover holiday periods.

7.6.1.2 Policies to address gaps and challenges

In order to address the key gaps and challenges identified above and taking account of successful policies that FSCG research highlighted as being in place in some Member States the following actions have been identified which can improve the access of all children in vulnerable situations to adequate nutrition:

- Ensure that income support systems for families with children are adequate to provide sufficient means to ensure healthy nutrition for children.
- Develop policies to mitigate inadequate nutrition such as the provision of universal or targeted free nutritious healthy meals in ECEC provision and primary and secondary schools. Targeted support needs to be provided in ways that avoid a stigmatising effect that reduces take up. To ensure nutritional quality enhance the training of professionals on providing healthy food and regularly inspect catering services.
- Develop educational activities on healthy food such as school breakfasts that empower children to act as advocates for better nutrition in their families and communities.
- Complement healthy nutrition programmes with programmes encouraging exercise (with adequate facilities). Such programmes can have health benefits as well as potentially reducing obesity. Engage staff in such initiatives.

[308] Annex 7.3 summarises the main barriers and weaknesses in relation to adequate nutrition identified by FSCG national experts and the priorities for action they identified.

[309] Crepaldi, C., Da Roit, B., Castegnaro, C., Pasquinelli, S., Eydoux, A., Gonzales, E., Greve B., Mesini D. and Topinska, I. (2017), Minimum Income Policies in EU Member States. Brussels: European Union.

- Develop schemes that can reach children in their home environments such as food banks or meal at home programmes to support households lacking sufficient food. It is important that such initiatives are as far as possible integrated with other support services and are as non-stigmatising as possible.
- Monitor children's health and nutritional status on a regular basis so as to identify problems arising from inadequate nutrition (e.g. through social restaurants or food banks).
- Promote mother and child health through programmes to promote breastfeeding by providing access to information materials and raising awareness concerning the importance of breastfeeding. Discourage marketing of breastmilk substitutes, and facilitate workplace and public venue breastfeeding facilities.
- Promote healthy food and healthy eating habits through measures such as: supporting only healthy food in schools and ECEC centres; taxes on fatty food and lower taxes on healthy basic food, as well as regulation of the vending of unhealthy products on public premises and greater control of their advertising; public programmes for family counselling and nutritional health; and health-promoting interventions related to nutritious and healthy food, as well as physical activity.
- Encourage "no fry" zones round schools to limit availability of high-fat fast food.

7.6.2 Children with disabilities

7.6.2.1 Specific gaps and challenges

A key barrier to ensuring adequate nutrition that is often especially acute for children with disabilities is low income. Children with disabilities are disproportionately more likely to be in poor families and low income is often a key factor in poor nutrition. Moreover, when children with disabilities have special dietary needs the impact of low income on poor nutrition can be further compounded. A further issue is that where policies are in place to address problems of nutrition such as through school meals sometimes the special dietary needs of some children with disabilities are not taken into account.

7.6.2.2 Actions to address gaps and challenges

In order to address these barriers and drawing on the positive policy examples in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.6.1, can enhance the access to adequate nutrition of children with disabilities:

- A twin-track approach is required to ensure that nutrition policies (mainstream) adequately address the nutrition needs of children with disabilities, and that additional disability-specific policies exist to provide "nutrition-focused support".
- Child and family income support systems should take into account the additional costs of meeting specific dietary needs for some children with disabilities.
- Policies in schools and other public services to ensure adequate nutrition should take into account the need to provide special diets to students with particular dietary needs.
- Improve information and training on food and nutrition issues for professionals working with children, including children with disabilities.
- Give greater recognition of specific dietary requirements in national policies and guidance.

7.6.3 Children in institutions

7.6.3.1 Specific gaps and challenges

In some countries there is widespread disparity in the standards of nutrition in alternative care settings and in extreme cases the lack of nutrition, or of appropriate nutrition, has led to violations of the right to life of the children in institutions[310].

7.6.3.2 Action to address gaps and challenges

In order to address these barriers and drawing on the positive policies in some Member States the following specific action has been identified that, combined with the other actions identified in Section 7.6.1, can enhance the access to adequate nutrition of children in institutions:

- Establish minimum standards of nutrition for alternative care settings.

7.6.4 Children with a migrant background

7.6.4.1 Specific gaps and challenges

In addition to the general barriers identified in Section 7.6.1 three particular barriers face children with a migrant background. First, in practice migrants and asylum-seekers often have no or limited access to mainstream social security, social assistance or tax and face restrictions on being able to work, though asylum-seekers do have basic rights guaranteed in this area under the Reception Conditions Directive (2013/33/EU). This increases the likelihood that they will have inadequate income to meet basic needs including nutrition. Secondly, sometimes children with a migrant or refugee background do not have the same access to affordable meals in schools and other public services as other children or the meals that are provided do not take into account cultural traditions and religious prescriptions. Thirdly, poor conditions, including inadequate nutrition, in migrant camps and reception centres are an issue in some countries.

7.6.4.2 Action to address gaps and challenges

In order to address these barriers and drawing on the positive policies in some Member States the following specific actions have been identified that, combined with the other actions identified in Section 7.6.1, can enhance the access to adequate nutrition of children with a migrant background:

- Put in place improvements in the quality of food offered to migrant families and children in camps, reception centres and in the asylum system. Promote community kitchens where families can meet on a regular basis to plan, cook and share healthy, affordable meals.
- Make improvements, or cancel the proposed reductions, in benefits and other financial entitlements to families with a migrant background.
- Remove barriers to and provide effective supports for parents of children with a migrant background to gaining employment.
- Ensure that migrant and refugee children have access to free or affordable meals in ECEC centres, schools and other public services.
- Ensure that food provision in schools and other public services is appropriate to the needs and preferences of children with a migrant background and takes account of religious prescriptions.

[310] See Lerch V. and Nordenmark Severinsson A., Target Group Discussion Paper on Children Residing in Institutions.

7.6.5 Children in precarious family situations

7.6.5.1 Specific gaps and challenges

Children in precarious family situations, especially children in single adult households and low income/socio-economic status children are particularly at risk of inadequate nutrition due to low income. In a number of Member States, data show that children living in single-adult households face greater challenges in accessing adequate nutrition than in other households, usually due to the unaffordability. Similar risks are faced by Roma children. In some countries high percentages of Roma children are vulnerable to undernutrition, especially those living in marginalised communities, due to not always having enough food and insufficient intake of fruit and vegetables.

7.6.5.2 Action to address gaps and challenges

All the measures outlined in Section 7.6.1 for all children in vulnerable situations are relevant to children in precarious family situations. In addition for Roma children it would be helpful if the NRIS included nutrition and healthy eating for Roma children as priority issues to address.

7.7 Deinstitutionalisation

For one of the four TGs, children residing in institutions, it is not enough to just look at their access to the five PAs. The FSCG research highlighted that one of the prerequisites for ensuring the effective access of most of these children to the five PAs is to end or prevent their institutionalisation and to ensure that they are brought up in family type settings in the community. In this section we summarise some of the barriers that can still exist to making progress and then we document successful policies and programmes that provide a basis for making further progress.

7.7.1 Barriers to progress

- Lack of or insufficiently comprehensive strategy: While all those 12 Member States (except Greece) identified by the European Commission as in need of deinstitutionalisation reforms have developed a strategy for deinstitutionalisation, progress in some is very slow and sometimes not sufficiently comprehensive and holistic and lacking a clear implementation plan. Also some of the Member States not identified among these 12 Countries although having a high number of children in institutions still lack a deinstitutionalisation strategy (e.g. BE, ES, FR, PT).
- Lack of political priority/will: Some Member States seem reluctant to engage in deinstitutionalisation processes and more comprehensive alternative care reforms. This can often be reinforced by the myth of the low-cost/high-benefit of institutions and concern about the transitional costs of moving to community and family based alternatives. From this lack of political will comes a lack of funding and investment in the appropriate policies and practices to really lower the number of children in residential care.
- Public resistance and conflicts of interest: In some countries, public opinion still supports residential care institutions and institutions are still seen as an appropriate care and protection measure. Also there can be a conflict of interest for those involved in institutional care: the private sector as provider of institutions and profit maker and the staff concerned about losing their jobs. Funding models can incentivise recruitment and retention of residents.
- Lack of strategies and vision: Most national deinstitutionalisation policies have been criticised for their lack of a systemic or holistic approach. If the policy does not include

measures to support family-based care options and prevention measures, the deinstitutionalisation policy cannot be sustainable. Also there is often a lack of continuous support after 18 years of age.

- Lack of data: A lack of adequate and reliable data to analyse the needs of children in alternative care or at risk of being separated from their families limits the ability of countries to develop and deliver effective strategies.
- Poor management, underfinancing and a lack of social/community services: Some strategies lack the adequate funding, clear timeframes/benchmarks, and the involvement of children, required to make them effective. In particular, low investment in alternative services (i.e. to support families before they break down; to support families while the child is in care; to invest in social care services; and to support foster carers and specialised foster carers for children with more complex needs) explains the slow pace and sometimes stagnation of the deinstitutionalisation process. Low salaries explain, in some countries, the difficulty in recruiting foster carers.
- Lack of prevention measures: Institutionalisation is frequently caused by: a lack of adequate preventive measures offered by the state to families, such as counselling services for parents; the limited or unavailable provision of early intervention and financial, legal or psychological support; and a lack of adequate support and inclusive education for children with disabilities. This can lead to a gap between what is intended in legislation and what is actually happening on the ground.
- Fragmented and uncoordinated systems: Governance and coordination between the different levels and sectors of government involved in deinstitutionalisation present a major challenge in many MS. In particular, relatively few of them have set up efficient modes of cooperation between the different sectors involved in the process of deinstitutionalisation, or more generally cooperation between the different sectors working on child protection.
- Lack of monitoring and accountability: A failure to monitor and report on the development of a range of services in the community, including prevention, in order to eliminate the need for institutional care can slow progress towards effective deinstitutionalisation.
- Lack of child involvement: Too often, children who experience the care system are not consulted on the decisions concerning their care and are not involved in what supports and services they need.

7.7.2 Policies that can make a difference[311] [312]

In order to address these barriers and drawing on the positive policies in some Member States the following specific actions have been identified that can strengthen the deinstitutionalisation process:

- Develop comprehensive child-centred, relationship-based national plans and frameworks: Ensure that there is a comprehensive national framework in place to end institutional care and develop family-based care with a clear plan for its progressive implementation.
- Develop prevention policies: A focus on early intervention and strengthening preventive measures can be key in avoiding the unnecessary placement of children in care. A broad range of policies are relevant here: investing in family support services and home

[311] Annex 7.6 summarises recommendations made by FSCG national experts for improving policies in relation to children residing in institutions.

[312] See also OECD (2019), Changing the Odds for Vulnerable Children: Building Opportunities and Resilience, OECD Publishing, Paris

visiting programmes, training programmes on positive discipline and parenting skills, housing support or other measures to alleviate the material poverty of families. To achieve this focus invest in training aimed at changing the mentality and social norms among service providers. Also, emphasise to policy makers that spending money today on prevention saves money tomorrow

- Expand quality family-based care especially foster care and kinship care: This requires:
  - developing clear legal and policy frameworks;
  - setting clear national quality standards in order to ensure the best outcomes for the children in alternative care - all care settings must meet general minimum standards in terms of, for example, conditions and staffing, regime, financing, protection and access to basic services (notably education and health);
  - recruiting and training foster carers;
  - developing policies to promote kinship care by reinforcing the capacities of the extended family to care for children;
  - increasing resources for family-based care including transferring resources from institutional care; and
  - putting in place effective independent monitoring/inspection/complaints systems to ensure quality standards are achieved and maintained and to ensure there is an effective regulatory framework to close residential care or suspend a foster family or foster care provider that does not comply with national standards, with the possibility to prosecute through the criminal justice system.
- Develop professional support services in the community: In particular invest in the development of local public social services and pro-active child protection services. This requires an investment in human capacity: i.e. adequate numbers, enhanced training, adequate funding, good salaries and realistic workloads. Build trust in services through developing a pro-active approach and avoiding a repressive approach that creates a fear of child protection services.
- Put the best interests of the child at the centre of policy implementation: Develop tailored individual packages and ongoing support for each individual child. This involves:
  - looking at children's needs holistically and developing multi-dimensional needs assessments;
  - ensuring child participation in decisions related to their placement;
  - putting in place a gatekeeping mechanism which is capable of ensuring that children are admitted only if all possible means of keeping them with their parents or extended family have been examined (e.g. mediation, family group conferencing);
  - working with the family of origin while the child is in alternative care and fostering contact with the families of origin with a view to creating the conditions for children's reintegration into the family of origin; and
  - ensuring effective coordination and harmonisation of systems so as to enable coordinated cross sectoral interventions. Social services can play a key role in ensuring the coordination of services in the best interests of the child.
- Recognise the right of a child to be heard: Involve children in decisions regarding their placement and put in place complaints mechanisms to enable children in care to raise issues of concern. Also involve children in alternative care in the monitoring and improvement of the system. Strengthen the voices of parents and children in relation to care issues by providing access to legal recourse, supporting parent groups and parent advocacy networks, foster care networks, children in care and leaving care networks.

- Develop policies related to leaving care: Put in place measures to support the transition of young people from out-of-home care to independent living. This means ensuring their access to essential services in areas such as education, housing, employment, and healthcare (including mentoring and psychological support). There is a need for an integrated approach after 18 with financial support and counselling for independent living.

8. EU Funding mechanisms[313]

This chapter documents how extensively and in what ways EU Funds have been used to support policies and programmes in favour of children in the four Target Groups (TGs). The EU has a diversity of financial instruments that can apply to children. While some of them are mainly managed directly by the European Commission – as in the case of the Community Programmes (i.e. Erasmus+) – others are primarily managed by the Member States[314] – as in the case of the Structural and Investment Funds (ESIF). The EU Funds under consideration here are in the first instance some of the ESIF: the European Social Fund (ESF), the European Regional Development Fund (ERDF), and in some countries the European Agricultural Fund for Rural Development (EAFRD). We also consider the Fund for European Aid to the Most Deprived (FEAD) and the Asylum, Migration and Integration Fund (AMIF) given their relevance for the TGs and the EU school scheme.[315]

The ESIF are EU financial instruments for strengthening economic and social cohesion.[316] In the 2014-2020 Programming Period, the ESIF are concentrated on the EU 2020 Agenda, which is aimed at promoting "smart, sustainable and inclusive growth" in Europe, and its five target areas. Targets that influence the living conditions of children are: education (rates of early school-leavers below 10%); poverty and social exclusion (at least 20 million fewer people in, or at risk of, poverty/social exclusion); and indirectly employment (75% of people aged 20–64 to be in work).[317]

Under the ESF regulation, Member States are asked to earmark at least 20% of their ESF spending for "promoting social inclusion, combating poverty and discrimination". While this target is a great achievement in itself, Member States tend to allocate this funding to the active inclusion priority, which is often interpreted very broadly, thus leaving an open question as to the extent to which it clearly targets populations experiencing poverty and exclusion. The EU 2020 Strategy is monitored in the European Semester. The Annual Growth Survey (AGS) and Country Specific Recommendations (CSR) are key instruments in the process of implementation.[318]

Two of the Thematic Objectives (TOs) of the ESF, TO 9 "Promoting social inclusion and combating poverty" and TO 10 "investing in education, skills and life-long learning', are closely related to the children in the four TGs. TO 8 "promoting employment and supporting labour mobility" is also related as it seeks to promote "equality between men and women and reconciliation between work and private life".[319] Additionally, TO 11 "enhancing institutional capacity and ensuring an efficient public administration" allows for institutional reforms in this area. While the TOs of the ERDF and ESF do not refer specifically to children

[313] This chapter draws heavily on the five FSCG Policy Papers, the 4 FSCG Target Group Discussion Papers and the discussions at the FSCG's four Fact-Finding Workshops. These papers in turn draw on the 28 FSCG Country Reports. The list of experts who prepared these various FSCG reports is provided in Annex 1.1.

[314] Most of the Funds referred to in this chapter have both a direct management by the European Commission and a shared management component by the Member States and the European Commission, which is usually bigger in terms of financial volume.

[315] School scheme combines two previous schemes (the school fruit and vegetables scheme and the school milk scheme) under a single legal framework since the 2017/2018 school year and supports the distribution of fruit, vegetables and milk to schools across the Union as part of a wider programme of education about agriculture and the benefits of healthy eating.

[316] European Structural and Investment Funds Regulations 2014-2020. See: https://ec.europa.eu/regional_policy/en/information/legislation/regulations.

[317] The Europe 2020 strategy is the EU's agenda for growth and jobs for the current decade. See: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/framework/europe-2020-strategy_en.

[318] European Semester timeline: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline_en.

[319] Regulation (EU) No 1304/2013 of 17 December 2013 on the European Social Fund, Article 3. (a) vi.

at risk of poverty and social exclusion, the regulations indicate that funding may be used to improve education, health/social infrastructure and access to affordable and high-quality services, including: out-of-school care and childcare; interventions preventing early school-leaving; and promoting equal access to good-quality early-childhood, primary, and secondary education. Furthermore, when reading in detail the investment priorities and their key measures, we can find many references to children, including those at risk of poverty.[320] In short, regulations give many opportunities to invest in children, and allow the Member States to draft their respective Operational Programmes according to their needs and priorities in agreement with the Commission.

8.1 The use of EU Funds

The current programming period of the ESIF lasts seven years, beginning in 2014 and ending in 2020. The implementation of Funds can be extended for three more years, up to 2023, subject to the rule n+3. According to different reports, including the Country Reports prepared within the framework of the FSCG, in most countries both the planning process and implementation have been delayed. This means that the information provided for this report is limited, as in many cases intermediary evaluations are not available and data are usually late, in some cases a year after implementation; several cases refer to what is planned under the Operational Programmes (OPs) but not necessarily implemented.

8.1.1 Allocation of funds to children and priorities

8.1.1.1 ESF and ERDF

Based on the Country Reports, we can say that most countries are making use of the EU Funds for supporting children. Nevertheless, investments in children are not clearly visible in the strategic and monitoring framework of most EU funds.[321] Generally, spending rates are still very low. In fact, an overview of implementation progress shows that the reported expenditure on projects selected at the end of 2017 in the programmes supported by the ESIF amounts to 15% of the total committed. Although it had more than doubled in 12 months, it still represented a low execution rate, especially if compared with the previous programming period.[322] In most of the countries there is high gap between the selection and expenditure rates in the different TO; while in many cases the selection rate can reach 80%, the expenditure rate is below 20%, demonstrating that actual spending is very low and there are substantial delays in implementation.[323]

TO 10 "investing in education, skills and life-long learning" frequently includes priorities to prevent early school leaving and school drop-out, improvement of access to ECEC services, including childcare. However, in many cases it is almost impossible to determine the participation of children in vulnerable situations. This is the same for TO 9 "Promoting social inclusion and combating poverty". Based on 2017 administrative data, 25.6% (€86.4 billion) of the total ESF allocation was earmarked for social inclusion measures. According to Brozaitis et al (2018), Member States used ESF to address child poverty mainly through four types of actions: social inclusion measures (€21.4 billion); reduction and prevention of early school leaving, and equal access to early childhood, primary and secondary education (€ 8 billion); access to affordable, sustainable and high quality services, including

[320] In Annexes 8.1-8.4, we refer to the investment priorities for the relevant TOs that allow for developing programmes, projects, and measures with the Child Guarantee.

[321] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

[322] European Commission (2018e). European Structural and Investment Funds 2014-2020 - 2018 Summary report of the programme annual implementation reports covering implementation in 2014-2017; SWD(2019)145.

[323] Ibid.

healthcare and social services of general interest, especially in Poland, Romania, Portugal, Italy, Greece, Hungary, Croatia, the Czech Republic, Bulgaria and Slovakia (€3.9 billion); socio-economic integration of marginalised communities such as the Roma, especially in Hungary, Romania, the Czech Republic, Bulgaria, Slovakia, Greece and Italy (€1.5 billion). ERDF is used to address child poverty mainly through three type of investments: almost all MS invest in education facilities (with IT, HU, PT, EE, ES and PL investing the most, totalling €4.7 billion); measures promoting social inclusion and combating poverty, including alternative community-based care (€11.9 billion); early childhood education and care infrastructure mainly in Hungary, Italy, Poland, Slovakia and the Czech Republic (€1.22 billion).[324]

While some projects are targeted at children in poverty or at risk of exclusion, many others do not necessarily target these children – although they may well benefit them. In fact we can find many cases of evident signs of a strong focus on children and young people at risk of exclusion. In Austria, 48% of ESF OP funding is dedicated to measures enhancing educational and qualification levels, two-thirds (or 32% of the total funds) of this are focused on children in vulnerable situations (IP 10i). In France, approximately 30% of projects financed by the ERDF and ESF focus on the most disadvantaged sectors of the population, 20% of projects focus on children or youth in vulnerable situations and almost 6% of the projects financed by ERDF aim to improve the housing situation. In Cyprus, 36% of the OP's budget focuses on actions which target people at risk of poverty and social exclusion, with considerable emphasis placed on children, especially for the purpose of combating education exclusion.

According to the Country Reports, many countries (AT, EE, EL, ES, DK, FR, HR, LT, LV, PL, PT, SE, SI) focus on prevention of early school leaving and the promotion of access to ECEC services as well as on preventing early drop out. Sometimes considerable funds are invested for these purposes. In many cases the services are not explicitly targeted at vulnerable groups but in others this priority also concerns migrant and refugee children, Roma children, low-income/socio-economic status children and to a lesser extent, children with disabilities and children in institutions. None explicitly refer to children left-behind by EU-mobile citizens and very few to refer to children living in single-adult households. In Sweden, specific projects are co-financed to reduce school drop-out of young migrants and asylum seekers aged 15 to 24, who have newly arrived and did not complete upper-secondary school. In Slovenia, there are small projects for integration of migrant and refugee youth in schools.

According to the Country Reports, 17 countries used the ESF to improve social inclusion and fight poverty. Some of the initiatives are targeted at minorities, including asylum seekers, refugees and their children and unaccompanied minors. Portugal developed specific projects to support local communities in their policies for social inclusion for children in vulnerable situations, explicitly referring to children of migrants and ethnic minorities. Finland uses the funds for the integration of migrants; in Germany, one of the main TGs of the ESF is asylum seekers and refugees.

Many Member States invest ESF and ERDF funds in supporting Roma. Several countries have done so under IP9ii "Socio-economic integration of marginalised communities such as the Roma" (e.g. CZ), while others also invest under other IPs related to education. Austria has invested a total of €8 million under IP9ii, nearly 6% of the total budget of ESF. In Spain the "Promociona" programme, managed by the Fundación Secretariado Gitano, has been of particular importance in the improvement of Roma children's education. In

[324] It is beyond the scope of this chapter to distinguish the use of EU Funds by density of population, but a thorough analysis of this aspect would be instructive to assess how rural zones are (under-)prioritised, as compared to urban zones.

Italy, 7% of ESF funding under TO 9 (social inclusion) is earmarked for initiatives with Roma, Sinti, and Caminanti, victims of violence and unaccompanied asylum-seeking/refugee minors. Slovenia has developed different projects related to education and Roma and "Successful Inclusion of the Roma in Education II".[325] Similarly Slovakia is investing in the reconstruction of community centres in municipalities with marginalised Roma communities, with the active participation of Roma NGOs.[326] Several of these projects are implemented by Roma associations.

"Low-income/socio-economic status children" are addressed in several programmes: Belgium is investing in reinforcing social inclusion and reducing the number of children at risk of poverty; in Italy, child well-being is mostly supported under the TO "social inclusion", with 88% of ESF co-financing earmarked for social services linked to the implementation of minimum-income schemes under a national plan against poverty and social exclusion. Some countries are investing in children with disabilities and children living in institutions. Estonia is developing child care and welfare services for children with disabilities (€54 million planned, 81% absorbed), allocating €6 million to increasing the quality of alternative care. €76 million of structural funds have been allocated for the transition from institutional to community-based care in Lithuania, however there are concerns about whether they took children with disabilities into consideration. Two examples are provided of initiatives that have used funding to initiate/expand inclusive education for children with disabilities (HR and EE) although no evaluations have been completed. In Romania an ESF-funded Call (2018) aimed to provide community-based services for children and young adults including two components: to prevent separation of children by providing support to families at risk of separation; and to support young care-leavers. This Call can complement their ERDF-funded investment aimed at closure of institutions in Romania.[327] More than €160 million from ESF, ERDF and EAFRD has been allocated in Bulgaria to support the "Vision for De-institutionalisation of Children" and its Action Plan.[328]

While Country Reports have identified many programmes and projects focused on children in vulnerable situations, in most cases there remain critical concerns related to: the insufficient connection with national strategies on children and on the fight against poverty and social exclusion; the lack of clear objectives and targets on reducing child poverty; and insufficient monitoring and reporting of progress, which makes it difficult to know much is invested on specific TGs. In fact, it remains quite hard to decipher how much is spent on the 5 policy areas that are important for children's rights, and on specific groups of children facing multiple challenges. Impact evaluation remains a challenge for most of the projects.

8.1.1.2 FEAD

Member States plan to use €3.8 billion from FEAD 2014-2020 to address child poverty mainly through three types of actions: food support (all MS, with the exception of AT, CY, HR and HU and with children among the highest share of recipients in MT – 47% – and CZ – 41%); material assistance (AT, CZ, GR, LV, SK with children as a specific group); and

[325] See: romigsc.eu (Erasmus+ project, agreement concluded in 2016). The contract was signed in 2014 and was supported by €1.3 million. See: www.mgrt.gov.si/en/media_room/news/browse/4/article/11987/9700.

[326] €28,136,038 contracted and €97,910 spent in 2017.

[327] The Opening Doors for Europe's Children campaign. (2018). Opening Doors for Europe's Children, Romania Country Factsheet 2018 2019. Available at: https://www.openingdoors.eu/wp-content/uploads/2019/03/country-fiche-Romania-2018.pdf

[328] The Opening Doors for Europe's Children campaign. (2018). Maintain, strengthen, expand – how the EU can support the transition from institutional to family-and-community-based care in the next Multiannual Financial Framework. Available at: https://www.openingdoors.eu/wp-content/uploads/2018/03/MSE_Publication_15032018_web.pdf

social inclusion assistance for the most vulnerable in the EU, including children (DE and SE).[329]

Some countries have chosen to spend the funds not just on food supplies, but also on essential items for poor families with babies (CY), basic educational materials, school supplies and starter kits for children of deprived families (AT, CY, HR, IE, IT, LU, LV). Other countries chose to spend the money on school breakfasts for the most deprived kids (UK) school lunches (CZ), school canteens, afternoon openings for social and educational activities (IT) or recreational activities for children in vulnerable situations (LV). Luxembourg invests the funds in social grocery shops. In several countries food aid is combined with providing information to improve people's access to services (BE, FI, EL, IT, LV) or with counselling on balanced nutrition, healthcare and personal care, parenting or debt mediation (EE, FI, HR, LV).

Table 8.1: Type of assistance provided by FEAD

Operational programme	Type of assistance	Member States
Type I	Food only	Belgium, Bulgaria, Estonia, Spain, Finland, France, Malta, Poland, Slovenia, the United Kingdom (10)
	Basic material only	Austria (1)
	Food and basic material	Cyprus, Croatia, the Czech Republic, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Latvia, Portugal, Romania, Slovakia (13)
Type II	Social inclusion	Germany, Denmark, the Netherlands, Sweden (4)

Source: Commission Staff Working Document: Mid-Term Evaluation of the Fund for European Aid to the Most Deprived (European Commission 2018d)

According to the FEAD mid-term evaluation, children are a large group of recipients (around 30% of all recipients). Migrants and other minorities (11%), people aged 65 years or over (9%), people with disabilities (5%) and homeless persons (4%) are also key groups of recipients. When looking closer at specific groups within countries, assistance is often provided to children, most prominently in Austria, Cyprus, the Czech Republic and Malta. Migrants and minorities were most frequently targeted in Spain and Belgium with food support, whereas in Austria, almost half of the recipients of school packages were migrants or refugees. Germany focuses its social inclusion activities on deprived EU migrants (EC, 2019).

8.1.1.3 AMIF

AMIF projects tend to be more small-scale than ESIF and tailored to the needs of migrants and refugees and their children. The projects seem to rely more on cooperation with NGOs and combine different aspects of the problems the TG is faced with. Usually projects have a strong focus on grass-roots work. Many projects focus on integration and multi-culturalism including training for professionals providing services to migrants. In many cases activities rely on EU funding and since they are project-based there is a danger that the activity will end after the project ends. While in certain Member States AMIF is needed for the provision of services (with few alternative sources of funding), in other Member States it is rather used for innovative projects which are further supported through national budgets if proven successful as described below. Several FSCG Country Reports have

[329] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

stressed that there is a lack of long-term and sustainable initiatives to support migrant and refugee children's rights and their well-being under the AMIF. Additionally, despite progress in implementation, limited absorption capacity and lack of management capacity are described as key problems in some cases.

There are many valuable projects providing support to children through AMIF. By way of example: in some countries funds are more specifically targeted at young migrants, refugees and unaccompanied minors, to improve their language knowledge and their school participation (BE, CY, EL, HU) or more broadly to improve their integration in education, and in social, cultural and political life (SI). In Malta, AMIF is used to provide home support for parents with the integration of their children, through extra-curricular activities and summer schools. In Luxembourg, funds specifically target unaccompanied minors, to improve their linguistic capacities and school integration. Unaccompanied minors are also the focus in Slovenia, where AMIF is used to support initiatives placing them in foster families. Finland uses AMIF to support refugees with a negative asylum decision, to provide support for treatment of traumatised refugee children, to finance a programme on family violence in immigrant families and a project on trafficking and sexual abuse of children with a migrant background. In Malta, mental health services for asylum seekers and refugees are provided through the funds. In the Netherlands, Eigen-Wijs is a project that reaches out to refugee children aged between 4 and 17 years who stay in reception centres. In countries with high numbers of new arrivals such as Greece, AMIF provides emergency support targeted at families and children, to help to increase capacity at times of increased influx of refugees.

8.1.2 Objectives, approaches, and types of measure

8.1.2.1 General, targeted and territorial approach

We can find different approaches to investing EU Funds to the benefit of children living in precarious situations: some projects are focusing on actions explicitly targeted at these children to compensate for their disadvantages; others invest in inclusive policies (i.e. education or social policies) aimed at all children; others follow a territorial approach. The approach will depend on individual country decisions, but also on the EU funds they receive. Many projects focused on employment or equal opportunities may also benefit children in vulnerable situations.

In some countries, mainstream programmes provide direct support for all children and youth with an emphasis on children in vulnerable situations and early school-leavers. Finland does not follow a targeted approach: healthy food and nutrition measures are aimed at improving eating habits among people and families exposed to poverty and social exclusion. In Latvia, the ERDF and ESF TOs do not refer specifically to the problems of children defined as the TGs of this analysis. An example of a territorial approach is the Czech Republic, which follows a coordinated approach to socially excluded localities with the aim of tackling social inclusion across several policy fields. Similarly, Romania develops integrated, community-based services, specially targeting the Roma population and marginalised communities.

8.1.2.2 Multi-funds, integrated approach and integrated operations

Several countries follow an integrated approach when providing support to children in vulnerable situations and most of them confirm that it is very important to connect the EU Funds with country policies, but this is not always the case due to regulatory constraints. Developing an integrated approach for the inclusion of children frequently confronts two obstacles: the eligibility of some expenditures; and the difficulty of combining different funds, notably the ERDF and ESF, in the same operations.

Lithuania is an example of ERDF and ESF funds being combined to combat poverty and social exclusion, improve access to social housing for the most vulnerable groups of residents, and develop/improve community-based services for families (involving a transition away from institutional care). It uses the ERDF to provide municipal social housing and ESF to provide integrated services, ensuring access by poor families. In Italy funds for TO 10 are allocated to strengthen the free school canteen service in disadvantaged areas, and to allow for the afternoon opening of social and education activities. Complementing this, €150 million is allocated to tackle material deprivation among children and adolescents at school, providing the necessary school supplies for primary and secondary school students from families in severe economic distress.[330] Some countries combine investment in school infrastructures (ERDF) with supporting individual children in vulnerable situations in schools (e.g. EE, SK).

8.1.2.3 Support for administrative reforms

TO 11 is aimed at enhancing institutional capacity and ensuring efficient public administration. In many cases, combating child poverty requires substantial investment in administrative reforms – that is, investment in institutional capacity, improving the efficiency of public administration and services, and building the capacity of actors in the education sector. In Lithuania most social programmes aimed at improving human resources and developing community-based services (including for children) are financed through EU Funds for administrative improvements. The Czech Republic is investing in increasing the availability of affordable and good-quality facilities for ECEC, with the emphasis on children aged below 3, while reforming the services.

The funds have been used to develop deinstitutionalisation policies especially in 12 countries according to the European Commission. Besides the aforementioned case of Bulgaria, in Croatia deinstitutionalisation has been funded by the ERDF. In Romania a ERDF call to proceed with the closure of their old model of institutions and opening of family and community-based service, first targeted 50 of these institutions and was subsequently extended to 147.

8.1.2.4 Scale and duration of the projects

The intensity of EU Funds is different in absolute and relative terms as between countries: in absolute terms because of the amount of the funds they receive, and in relative terms because some countries prioritise actions in these groups while others don't. Although in the Country Reports many projects and interventions have been reported for children in vulnerable situations, it is difficult to know the total amount invested. The size of the projects varies considerably: we can find many small projects of less than €1 million, alongside large-scale projects. While some projects are developed on an annual basis, others are multi-annual, and some for the full programming period of seven years.

8.1.3 Investments in the five policy areas

Regarding the five policy areas under scrutiny, adequate nutrition is an area where FEAD funds are being invested in most countries; around 29% of FEAD beneficiaries are children.[331] Access to education is another area with many programmes, mainly supported by the ESF (TO 10). Similarly, there are many programmes and projects in ECEC normally supported by the ESF (TO 9): some of them address the mainstream population while others focus on children in vulnerable situations. Only some countries use EU Funds to invest in access to decent housing, despite the fact that this is eligible for ERDF funding in all countries. Operations supporting access to healthcare are rather scarce (despite being

[330] School textbooks, backpacks, stationery, clothing for sports, etc.

[331] European Commission (2018d). FEAD mid-term evaluation. Brussels [SWD(2019)148].

eligible under TO 9) and are usually combined with other measures or within the framework of integrated-approach projects.

8.1.3.1 Access to adequate nutrition

In all EU countries there is currently a FEAD programme that children benefit from. Although in some countries no specific measures for children are chosen for funding, children are still part of the TG. In Austria, the programme provides basic material only (no food). In Luxembourg, the FEAD is being used to support social grocery shops, a service which in 2018 benefited 3,854 children.[332] In Portugal, around 100,000 children benefited from FEAD support. In Spain, in 2018, 399,783 children under age 16 received food aid (30.8% of total beneficiaries). In Greece, according to the FEAD mid-term evaluation, 108,155 children aged 15 or below have benefited from a food support scheme. In Ireland in 2017, there was an FEAD pilot project intervention specifically targeting children, with 4,000 school starter kits delivered for various groups of children.[333] In Belgium FEAD is used to purchase food which is distributed to agencies and people living below the poverty line who can receive food support. There is a similar scheme in Lithuania distributing 12.5 million in foodstuff assistance per year. The Czech Republic provides school lunches covering 20,000 children whose parents are long-term recipients of social assistance. Croatia has also used FEAD funds for school meals projects for children at risk of poverty, including children living in households with three or more children and in lone parent households. In Malta food is distributed three times a year to specific categories of children. In Finland the FEAD programme is directly used to support food banks where about one tenth of those helped have children. The French Senate has estimated that €1.5 billion is spent on food aid and about a third of that comes from EU funds, mainly FEAD.

In many countries food support is provided together with accompanying measures. The most frequent measures are: advice on food preparation and storage; cooking workshops; educational activities to promote health nutrition; personal cleanliness advice; redirection to other services (social or administrative services) ; individual coaching, psychological and therapeutic support; and advice on managing the household budget.[334] In several countries FEAD funding is complemented by other ESF projects. Other countries are focusing on reducing overweightness and obesity in children and adolescents (e.g. BE), or follow the European School Fruit Scheme and European School Milk Scheme by promoting healthy eating habits (e.g. SK).

8.1.3.2 Access to free education

Based on the Country Reports, it can be concluded that, out of the five policy areas, education is the one receiving most support from EU Funds, notably the ESF. In most Member States the highest share of ESF funding was allocated to reducing and preventing early school leaving and promoting equal access to early childhood, primary and secondary education. These measures indirectly target children at risk of poverty and social exclusion, as most students at risk of early school-leaving come from disadvantaged backgrounds; Roma and migrant children are also specifically targeted in many programmes. Furthermore, many Member States allocate funding for the development of education infrastructure, with Italy, the Czech Republic, Hungary, Portugal, Estonia, Spain and Poland investing the most.[335]

[332] Country ReportSee https://mfamigr.gouvernement.lu/content/dam/gouv_mfamigr/le-minist%C3%A8re/attributions/solidarit%C3%A9/fead/ResumeRapport-annuel2018.pdf

[333] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

[334] European Commission (2018d). FEAD mid-term evaluation. Brussels [SWD(2019)148].

[335] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

There is a variety of programmes in place, covering access to education, preventing early school-leaving, and supporting the transition to vocational training. In Estonia, about €495 million is budgeted for investments in education. In Hungary, education and employment receive around three times more funding than social inclusion programmes. In Lithuania, the OPs envisage expanding educational assistance; increasing pre-school, pre-primary education; improving the accessibility of high-quality non-formal education for children; providing alternative training choices; and preventing children dropping out, with special attention to high-risk families. In Sweden the programme "Plug in 2.0", is investing €10,509,002 in combatting early school leaving. In Bulgaria, the priority is improving access to education by creating a supportive environment for the education of children and pupils with SEN and vulnerable backgrounds (mainly Roma). In Austria, €284,656,505 will be invested in reducing early school-leaving and promoting equal access to good-quality early-childhood, primary, and secondary education. This will be complemented by €21,214,980 from the FEAD, providing parcels containing basic educational materials (e.g. school bags, stationary supplies, painting materials). Belgium's regions are investing ESF funds in reducing the number of early school-leavers and instilling a culture of life-long learning and vocational training (€21,417,353). In Cyprus, the project "Actions for Social and School Inclusion" is investing a total budget of €29.9 million in tackling low educational performance, school exclusion, and early school-leaving. Another project will be developed for the provision of free breakfasts to students in public schools and targeting children at high risk of social exclusion (€10 million). Greece is investing in educational services, and the provision of ECEC, especially for pre-primary education and in the provision of vocational education and training and with the AMIF is investing in integrating refugee children (up to age 15) into the educational system. In Italy, a large portion of ESF funding is allocated to measures aimed at preventing dropping out, improving students' and teachers' skills, and easing the transition between school and work (€600 million). The programme "Escolhas" in Portugal is aimed at reinforcing support for local community projects that promote the social inclusion of children and young people from vulnerable socio-economic backgrounds, particularly immigrant and ethnic minority groups.[336]

8.1.3.3 Access to decent housing

Since 2010, including the current programming period (2014-2020), housing measures – such as building social houses, refurbishing houses, reallocating people living in settlements - have been eligible for ERDF funding if they are combined with integrated services provided to the beneficiaries. Several countries have planned this type of operation using the ERDF, mainly for Roma people (e.g. CZ, ES, FR, IT, HU, RO, SK). In the Czech Republic it is expected that over €110 million will be allocated for this purpose with a target of 5,000 flats for the whole programming period. Lithuania, aims to provide 1,668 social housing units for vulnerable people funded by ERDF, 170 of which are to be adapted for persons with disabilities. In Croatia, most EU funds targeting persons with disabilities have been aimed at supporting deinstitutionalisation efforts. However, there are still few developments and there are no evaluations of these projects.

8.1.3.4 Access to free healthcare

According to Country Reports there is very little use of EU funds to directly support healthcare delivery; the direct provision of healthcare services is very much limited by the nature of the instruments and what they can support. Some projects focus on supporting access to mainstream health services for vulnerable groups including children, as is the case of the Roma mediation programmes in Hungary and Romania.

[336] See Ibid.

8.1.3.5 Access to free ECEC

Several countries are investing ESIF funds in increasing infrastructures and improving ECEC, focusing on the most vulnerable groups (BG, PL, LT and SK with Roma, EE with disability and BE). In Belgium there is a plan to establish 13 inclusive childcare services in neighbourhoods with a vulnerable population (ESF) and to create 6 childcare services infrastructures (€4,195,569 from the ERDF). In Bulgaria, the programme "Early Childhood Services" is aimed at preventing social exclusion and reducing child poverty by investing in early childhood development and integrated early childhood services. In Croatia, the activities funded include the extension of kindergarten working hours. In Hungary, the EAFRD is used to finance construction, reconstruction, and/or equipping of 113 kindergartens in rural areas). Some Member States have used FEAD to alleviate indirect school costs, such as meals or school supplies (e.g. IT). AMIF funds are also used in some cases to increase the quality of services training of staff and the dialogue with parents in the case of migrant children (Flemish Community of BE, FR, SL, LU).

8.2 Strengths and weaknesses

This section presents the strengths and weaknesses of EU Funds when addressing the needs of children in vulnerable situations. It highlights the contribution of EU funds and looks at the connection between policies and funds, how funds are focused on the most vulnerable, the effectiveness of their implementation and their sustainability.

8.2.1 EU Funds contribution

The Country Reports stress that there is little information on the effectiveness of EU funds allocated to children in vulnerable situations due to the lack of data or specific evaluations; similarly, it is not possible to know at this stage how much from the funds has been invested in the TGs. Despite these shortcomings, most of the experts have reported positive contributions of EU funds for the purpose of alleviating child poverty and promoting social inclusion. By area, funds tend to focus rather on education, ECEC, nutrition (FEAD) and to a lesser extent on housing and healthcare. Brozaitis *et al.* conclude that although investments addressing child poverty problems are less visible in the strategic and monitoring framework of EU funds, Member States do use the available EU funding to improve the TGs' access to adequate education services; with actions focusing on preschool access (age 3 to 5) and support from FEAD to acquire school materials proving to be particularly successful.[337] The TGs "children living in precarious family situations" (including Roma children) and "children with a migrant background" are the primary beneficiaries, while "children with disabilities" and "children living in institutions" are beneficiaries to a lesser extent.

The added value of EU funds emerges in different forms. For many countries the funds represent up to 3% of their national budgets (maximum absorption capacity) and this additional money to the national budgets allow them to develop policies and programmes in the areas of education, ECEC and nutrition, which they otherwise couldn´t develop through their own resources. This is specially the case in countries with less per capita income. Nevertheless, absorption capacity and effective management continues to be a key challenge in some countries. In other countries the EU funds complement national budgets in these key areas, making services more affluent and reaching more children; in many cases the EU Funds contribute to raising new priorities in the national agenda regarding child interventions. Innovation is frequently related to the investment of EU Funds as, with their support, national institutions can undertake to tackle existing challenges by designing new forms of intervention. In many other cases the

[337] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

implementation of programmes and projects facilitates close cooperation between different administrative levels and departments. Civil society organisations frequently participate in such projects, contributing to the capacity building of key actors and community engagement.

The Country Reports have presented many positive findings related to EU Funds addressing the children in most vulnerable situations. Their success has been mainly attributed to the improvement of the situation of the TGs. To give but a few examples, the ESF has led to better targeting of support to the most vulnerable groups in Slovakia. It has enabled the training and financing of Roma assistants in ECEC in Slovenia with positive results in school attendance and parental engagement.[338] In Luxemburg funds have contributed to better training of staff.[339] In Poland funds have led to increasing in the number of formal care places in nurseries/children's clubs (for children aged 0-3) and in kindergartens/centres of pre-school education (children from age 3 to school age).[340] The Portugal report emphasised that evaluation studies show that ESF funding has undoubtedly contributed to "the evolution of enrolment rates in primary and secondary education, the decrease, to residual figures, of drop-out in primary education and to the decrease of early school leaving"; especially highlighting the significance of vocational education and training (VET).[341] Similar results have been reported in Slovenia, where Roma assistants who support multiculturalism and bilingualism in classrooms have improved attendance as well as handling accumulated problems in the micro-territories. In Cyprus, the "Actions for Social and School Inclusion" and "Baby's dowry" projects are considered effective interventions. The "Plug in 2.0" project has been evaluated in Sweden and has to a large extent reached the intended TG.[342] In the Czech Republic, as well as Estonia, there are indications that EU funds played an important role in supporting the first steps in implementing inclusive education measures targeting Roma children, children with disabilities and other children with special educational needs, such as migrants.

There are several reports indicating that FEAD interventions are highly effective in alleviating food deprivation especially for woman and children and child material deprivation by financing targeted school material for children and personal hygiene items for ECEC services. Accompanying measures offered are effective in helping TGs towards their social inclusion.[343]

8.2.2 Connection between funds and policies

EU funds are financial instruments to support policies and effectively contribute to their implementation. Several Country Reports point out that projects are most effective when they are well **connected with national policies**, especially existing national strategies for children or other TGs (e.g. National Inclusion Strategies, National Roma Strategies, National Migration Strategies, National Strategies for Disability or National Strategy for Deinstitutionalisation). The ESIF Regulations (2014-2020) are a strong regulatory framework, which promotes a sustainable use of funds by requiring Member States to link their investments to national strategic policy frameworks (including "ex-ante

[338] Stropnik, N. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovenia.

[339] Vandenbroeck, M. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Early Childhood Education and Care.

[340] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

[341] Perista, P. (2019). Feasibility Study for a Child Guarantee: Country Report – Portugal, citing Figueiredo et al. (2013), Estudo de avaliação do contributo do QREN para a redução do abandono escolar precoce, IESE/Quaternaire Portugal.

[342] Nelson, K., Palme, J., and Eneroth, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Sweden citing Sveriges Kommuner och Landsting (2018).

[343] European Commission (2018d). FEAD mid-term evaluation. Brussels [SWD(2019)148].

conditionality"). The EU institutions also showed great commitment to deinstitutionalisation in use of EU funds. For instance, ESF and ERDF both refer specifically to the transition from institutional to community-based care[344] and mention that funds should not support any action that contributes to segregation or to social exclusion (see ESF Recital 19). In Lithuania and Croatia, they are aligned with administrative reforms aimed to community-based services and deinstitutionalisation In Italy ESF and FEAD are aligned to the National Plan against Poverty and Social Exclusion. In the Czech Republic they are aligned with the Country Specific Recommendations. EU Funds also work better when they are well connected to mainstream services and may have macro-level effect when addressing the complexity of the problems (e.g. AT, FR, CY, CZ).

Nevertheless, in many cases the effectiveness of projects is limited by the fact that they are not **supported by mainstream policy instruments**, for instance in the fields of social, educational and housing policy, both at national and local level. Furthermore, funding across Member States is particularly affected by the fact that the strategic and monitoring framework for EU funds does not address child poverty directly and the fact that EU level priorities on investing in children are not linked to any specific indicators on children's well-being.[345] For instance, the Romanian Country Report explains that housing is the area less addressed by EU funding since there is no national strategy of housing for vulnerable groups. Many countries do not prioritise the policy areas under scrutiny or do not even identify investing in children as a priority, and the children in the TGs are not always adequately addressed (according to the Country Reports for BE, CY, EL, FR, LT, LU). The ex-ante conditionalities on disability, non-discrimination and fight against poverty and social exclusion can play a positive role if they are properly fulfilled by Member States.[346] This is the case in Italy, in implementing a universal means-tested minimum-income scheme.[347] They also had some positive effects on the strategic and regulatory framework in the areas of inclusion, early school-leaving, health and transition from institutional to family-and community-based care in other countries.

We find many cases where projects are well **connected to the local policies**. For instance, the Czech Republic has a coordinated approach for socially excluded municipalities and there are integrated community-based services for Roma in Romania. However, in many other cases the efficiency and effectiveness of ESF funding are still limited because the projects are often not embedded into local policies. In fact, often management of EU programmes takes place at national or regional level, while childhood and adolescent issues are dealt with at local level resulting in mistakes in the design of projects. Critical weaknesses include: social rehabilitation projects not necessarily targeting the most deprived areas; low level of integration of projects into the local context and to wider public systems; project components not well-focused on local needs; and projects not well aligned with other local policies, including housing policies (e.g. FR, DE, HU, EL).

The EU Ombudsman decision OI/8/2014/AN, on respecting human rights when utilising EU Funds, establishes a positive obligation that European Cohesion Policy and the use of EU Funds respect and protect fundamental rights.[348] A specific issue concerns the degree to which the use of EU Funds complies with the established policy objectives of inclusion, anti-discrimination, and specially **desegregation**. While this is the case in many countries, we

[344] Regulation (EU) No 1304/2013 Article 8, Regulation (EU) No 1301/2013 Article 5.

[345] Brozaitis et al. (2018). Fighting Child Poverty: the Role of EU Funding (European Parliament's Committee on Employment and Social Affairs). IPOL_STU(2018)626059.

[346] This is also the case with the enabling conditions in the Draft Regulations for the next programming period 2021-2027.

[347] Raitano, 2019. The 2019 Stability Law for "Citizenship Income" ("Reddito di Cittadinanza").

[348] See: www.ombudsman.europa.eu/en/decision/en/59836.

can still find cases where funds were used in operations that segregate, even though this situation is changing. In Slovakia, for example, EU funding (since before the country's accession) has been used to reproduce segregation and, while there has been clear guidance since 2015 on the use of ESIF funding to foster desegregation, this process has not been fully implemented.[349] In the Czech Republic, the first calls to support social housing did not include the anti-segregation provision, but following European Commission intervention the new calls include a provision saying that construction of new social dwellings in segregated areas is not eligible (the calls include a list of such areas).[350] Lithuania have been criticised for building segregated structures in housing and ECEC. The best interest of the children is not always respected and the on-line consultation identified discrimination and stigmatisation against Roma children, children with disabilities and children with migrant background as important barriers with regard to the effective use of EU funding. Also reports by Aljazeera's weekly documentary programme "People and Power" has highlighted that Bulgaria, Hungary and Romania have made negative use of EU Funds by investing them in institutions.[351]

8.2.3 Focus on children in the most vulnerable situations

A key question is to what extent EU funds focus on the children in most vulnerable situations and on the key areas under scrutiny. However, answering this is difficult as data and reports do not always disaggregate the beneficiaries by age, and when they do, it is often not possible to know how many children in vulnerable situations are among the beneficiaries. Based on the Country Reports, expert opinions and different evaluations (see Section 8.1), as a general assessment, we could assert that despite the many projects in place, funds are not sufficiently focused on the objectives and TGs under scrutiny. Generally, FEAD addresses child poverty directly and has been used to provide food and material assistance as well as social inclusion support (though scarce in the case of children with disabilities). ERDF and ESF are used for a variety of activities focused on ECEC, education, and (to a lesser extent) infrastructure; only in some cases do they address poverty and social exclusion specifically. EAFRD funds do not tackle child poverty specifically.[352] In education, the ESPN Synthesis report provides examples of 19 direct and 7 indirect ways in which EU funds are benefiting children; most of them are focused on children in vulnerable situations in general, while other focus on specific groups such as Roma children and migrants, and only 4 mention children with disabilities.[353]

At the four FSCG fact-finding workshops, it has been stressed that social policies related to children as well as to other areas should be driven by the principle of "**progressive universalism**", meaning that welfare states should be inclusive and people at the bottom of the distribution should benefit at the same time as others in society. In practical terms, this means receiving more support than other population segments to compensate for disadvantages. From the perspective of progressive universalism targeting and mainstream can coexist and are compatible and mutually-reinforcing concepts. However,

[349] www.ec.europa.eu/regional_policy/en/information/publications/guidelines/2015/guidance-for-member-states-on-the-use-of-european-structural-and-investment-funds-in-tackling-educational-and-spatial-segregation.

[350] Written communication with Marek Hojsic, coordinator of the Roma Civil Monitor Project, on 24 April 2019. See: www.cps.ceu.edu/roma-civil-monitor.

[351] See: https://www.aljazeera.com/programmes/peopleandpower/2019/12/europe-recurring-shame-191204203847778.html and https://www.aljazeera.com/programmes/peopleandpower/2019/12/europe-recurring-shame-bulgaria-brussels-191211004311122.html.

[352] Giulio, P., Philipov, D.. Jaschinski, I. (2014). Families with disabled children in different European countries. Families and Society - Working Paper Series, 23.

[353] 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.

effective progressive universalism for children requires information systems that – during the planning and implementation processes - identify and prioritise the children most in need of additional support. It also requires the identification of targets to be achieved and adequate systems of monitoring and reporting.

While we can find positive examples of EU funds investing in children from the perspective of progressive universalism - either with universal programmes inclusive of children in vulnerable situations (e.g. inclusive education in HR and EE), with targeted programmes, or with programmes that mix both of these - generally EU-funded projects are not designed effectively to tackle child poverty. Several Country Reports have stressed that funding schemes are still too general to allow an assessment of their impact on improving the situation of children in vulnerable situations. In several countries only a small proportion of the funds goes to projects that explicitly target children and young people at risk of exclusion (e.g. BE, AT, NL, FI, ES, AT, BE, HR, SI, LT). In many cases, data on expenditure specifically related to children are not available (e.g. ES, DK, ES, CR, HR, UK, IT, CY, SK).

A critical concern in some countries is the eligibility of funds for undocumented migrants; access is only given to persons with a residency permit which undocumented migrants do not have by definition. In fact, according to several Country Reports services for undocumented migrants are largely excluded from ESF support whereas services co-financed by the ESF are only accessible to asylum seekers in some Member States. It is also pointed out that the exclusion of asylum seekers and undocumented migrants with children from labour market integration measures reduces the impact of EU funds on the social inclusion of children in this particular group.

8.2.4 Effective implementation

The ESIF have a reputation for involving a **complex administrative system**. Several Country Reports note that a major problem with EU funding and programmes aimed at children is not a lack of funds but complex management requirements. This is partly related to EU rules, but mainly to the internal implementation mechanisms in individual countries (e.g. BG, CZ, IT, HU, FI, PO, RO). Critical administrative troubles that limit effective management are related to: lack of administrative capacity, and under-qualified staff; administrative burdens associated with implementation of the measures, resulting in delays and economic inefficiency; simplified mechanisms for service providers, namely non-governmental and communal, to access funding are unclear and not properly applied; substantial delays in the planning process, and in reimbursement of expenditures (the payment in advance, usually 4% of the project cost, is too low); and the results of the evaluation are not sufficiently taken into account in the programing cycle.

Policies aimed at tackling the needs of children in vulnerable situations usually require an integrated approach, with an adequate interconnection both between national and EU funds, and between the different line Ministries (education, employment, social protection). The **multi-funded approach** (i.e. a good combination of ERDF and ESF funding) is considered crucial to address the multi-dimensional problems of children, especially those belonging to socially vulnerable groups; in fact we can find some positive examples of integrated operations: Belgium provide child care services (ESF) together to childcare infrastructures (ERDF); Romania invest ERDF and ESF for community-based services;, Estonia and Slovakia invest in school infrastructures (ERDF) and support school attendance (ESF); and Austria and Italy combine ESF and FEAD. Nevertheless EU funding, in most cases, is still directed towards supporting different measures and actions that are implemented in a fragmented way, without ensuring synergies or close coordination.

The effectiveness of projects is usually related to their **duration** (long-term), **scale** (large-scale) and sustainability (continuity after EU support is finished). We can find positive

examples of long-term national scale projects tackling the needs of children in vulnerable situations which are well connected to national policies. Nevertheless, a major barrier regarding the effective use of EU funds in the long run is that many projects are still short-term in nature (lasting two or three years at most, which is too limited a timeframe to achieve a significant impact) and in many cases with insufficient investment to achieve impact. In general, as remarked on in the Country Reports, most countries continue to develop too many small-scale projects and find difficulties in transforming projects into permanent services (e.g. IT, SI, HU). Furthermore when projects are implemented by NGOs they tend to be conditioned by annual calls for proposals.

Low **absorption capacity** is a key problem that results in low rates of implementation (e.g. RO, BG, CZ); in fact in many cases the problem is not the lack of funds but rather the lack of local management capacity. According to a 2017 ESPN report[354], the level of ESF Operational Programmes implementation 2014–2020 (data from 2017) was very poor. From the total amount programmed for the period 2014-2020 (€7,984 billion) in the investment priority *10i - Reducing and preventing early school-leaving and promoting equal access to good quality early-childhood, primary and secondary education including formal, non-formal and informal learning pathways for reintegrating into education and training*, the amount committed/absorbed was €1,825 billion (representing less than 23% of the total amount programmed) and the EU money spent and declared to the Commission in 2017 only reached €458 million (6% of the total amount programmed); the level of expenditure in other investment priorities related to children and family support was similar (See ESPN, 2017, Annex 2).

According to the most updated data (17.12.2019) the ESI Funds total planned investments (EU and national) for the thematic objective "Social inclusion" reached 64.4% and for "Education and vocational training" 49.3%.[355] Nevertheless, ESI Funds cumulative financial implementation by TO reported by programmes until 30 September 2019 was 30% for the TO "Social inclusion" and 32% for the TO "Education and vocational training". The countries with a lower expenditure rate (in general) include Croatia (25%) Greece (27%), Italy (27%), Romania (27%), Slovakia (26%) and Spain (25%).

As reported by the FSCG Country Reports, for some countries under fiscal adjustments (e.g. ES, IT, EL) and under special control by the EU Memorandum of Understanding, poor implementation is related to the limited capacity of national co-financing conditioned by their inability to increase the public deficit. Sometimes political instability and corruption also add barriers to effective implementation.

Good governance and stakeholder involvement is a prerequisite for the EU funds. The engagement of key actors, notably local administrations, equality bodies and civil society, is very important for the activation of existing resources and their integration in mainstream policies. In fact the European code of conduct on partnership in the framework of the European Structural and Investment Funds[356] stresses that stakeholder consultation and participation should take place in the planning, implementation, monitoring and evaluation of EU funded initiatives; furthermore, this engagement needs to be at the early stage, from the conception of the project as it is very important when projects are planned

[354] 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.

[355] See: https://ec.europa.eu/regional_policy/sources/docoffic/official/reports/asr2019/esif_asr2019_en.pdf.

[356] European Commission (2014). European code of conduct on partnership in the framework of the European Structural and Investment Funds. Brussels. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32014R0240.

at the national level and implementation is done by local institutions.[357] Despite progress and the existence of positive examples, there is a need for substantial improvement in this area as information, participation and coordination is insufficient (see aforementioned examples FR, DE, HU, EL, RO, PL).

Civil society participation in the implementation of EU Funds tends to have increased and is frequent in FEAD; nevertheless, generally NGO participation in ESF Monitoring Committees is still very inadequate and is insufficient in the implementation[358] despite the existence of numerous positive examples. For instance, Belgium has involved 700 organisations in managing FEAD projects, which allows for greater outreach. In Spain FEAD funding is distributed through an extensive network of NGOs, and the same applies in other countries. It is also frequent in AMIF. In ESF when projects are locally oriented, they tend to engage NGOs and are more child-focused (e.g. CZ). Nevertheless, the complexities of the application process (bureaucracy) and the complexities of administrative requirements potentially deter smaller organisation (e.g. FI, AT, PT).[359]

8.2.5 Sustainability

A critical challenge for EU Funds is contributing to the **long-term sustainability of public policies**. EU funding is successful in opening new policy agendas and promoting new intervention methods and designs that can be followed up by national legislation and financial support through national budgets. Unfortunately, in many cases the sustainability of these projects is uncertain after EU funding expires, as the majority of the supported projects heavily depend on the ESIF financial resources (e.g. SK) and are not well connected to national policies.[360] Nevertheless, there are many cases where measures supported by EU funds have been followed by real change – in legislative, financial and/or policy terms (e.g. CZ, PL, FR, IT, CR). Most often such measures are EU funded projects that are integrated and form part of the national policies instead of being additional projects managed in parallel. Sustainability is less frequent when: EU funds replace national investment; there is no integration of EU funded programmes into regular services; there is a lack of mainstreaming; there is no integration of EU funded programmes into regular services; there is a lack of mainstreaming; there is a lack of coordinated implementation across departments; there is a poor local-level engagement. When there is a delay between the end of EU funding and the provision of state funding, projects are put at risk. Similarly, the capacity of co-funding is detrimental to sustainability, as it discourages the further development of interventions when they no longer depend on EU funding.

Evaluation is a critical concern for assessing the efficiency of the EU funds when addressing children in vulnerable situations. OPs mid-term evaluations do not inform on the impact of investments on children. From the Country Reports, we learn that there in most cases there is a lack of evaluation procedures and human resources to conduct sound evaluations. Many Country Reports mention the lack of evaluations as a main weakness, as well as the lack of direct targeting of funds for children and/or lack of information on how much from the funds is used for the TGs under scrutiny. Some experts have reported that the effectiveness of EU Funds in some areas seems to be limited; especially related to

[357] See: Recommendations provided by European Union Thematic Network on Partnership (2018) Technical Dossier No 7 Review of the European Code of Conduct on Partnership. Available at: https://ec.europa.eu/esf/transnationality/system/files/filedepot/270/technical-dossier-n7-web.pdf

[358] For a detailed analysis, see: Thematic Network on Partnership, 2018, "Review of the European Code of Conduct on Partnership (ECCP)", Technical Dossier no. 7.

[359] Clark-Foulquier, C. and Spinnewijn, F. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Housing.

[360] Gerbery, D. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovakia.

housing,[361] healthcare,[362] nutrition,[363] and especially for the TG "children living in institutions".[364] In essence, there is a need to conduct specific, sound evaluations on the interventions developed with children in vulnerable situations in order to assess the results. This would facilitate improving current implementation and planning in the future programing period and provide the bases for policies that follow an evidence-based approach.

Sustainability is also related to the duration of the projects. While many projects and interventions are developed along the seven year programing period, too often **projects are fragmented and too short-term to produce sustainable effects** on the rights and well-being of children in vulnerable situations such as migrant and refugee children, who need long-term and sustained investments to be successful (EL, HU, FI). As has been mentioned, many EU funds cover short term projects of 2 to 3 years, which are too short to be sustainable and substantially lift people out of poverty. Frequently, the efficiency and effectiveness of funded projects are further limited because they are often not embedded in local policies. Furthermore, this lack of long-term thinking also impairs the assessment, measurement and evaluation of their real impact, which results in a lack of continuous improvements in the implementation.

8.3 Lessons from 8 case studies[365]

In addition to several analytical documents prepared in the context of the feasibility study, eight cases studies have been carried out to learn how specific international and/or EU funding programmes can stimulate the development and roll-out of interventions to help children in vulnerable situations, and how they might leverage extra resources to support these children.

The case studies aimed at identifying factors which increase the effectiveness of funding programmes, as well as weaknesses in their design, implementation and monitoring that could limit their effects. Guidelines were prepared for the purpose and the experts involved were invited to conduct their analysis on the basis of existing research reports, evaluations of the programme in question and other relevant material. They were also asked to consult with the people responsible for developing and monitoring the programme and other relevant stakeholders.

The case studies were selected to cover various kinds of funding programme and different EU Member States and groups of disadvantaged children.

- **EEA Grants 2009-2014, Children and Youth at Risk programmes in Estonia, Lithuania and Romania**: this case study focused on three programmes funded under the EEA Grants which focused primarily on children and young people in precarious family situations and in, or at risk of being, in institutions. Their aim was to enhance the quality of children's welfare and protection systems and/or to improve school attendance and access to preschool day-care, health and social care.
- **The Fund for European Aid to the Most Deprived (FEAD) in Germany**: this case study summarised the outcomes of FEAD activities in Germany in helping recently arrived EU citizens and their families. The projects under review were aimed at

[361] Clark-Foulquier and Spinnewijn, 2019:"sub-optimal, despite best practices and a wealth of opportunities".

[362] Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy Area Report on Healthcare: "direct focus of EU funds on the delivery of healthcare to the TGs has been minimal – for instance, on adapting healthcare buildings to improve access for those with limited mobility".

[363] Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy Area Report on Healthcare.

[364] Vassallo, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Malta.

[365] This section draws on a more extensive synthesis of the findings from the 8 case studies: *Report on the case studies: key findings*.

improving access to parental support for parents of migrant children of pre-school age, and access of the children themselves to early education and social inclusion opportunities.

- **Integrating refugee and migrant children into the education system in Greece**: this case study presented the outcomes of a programme, funded by the European Asylum, Migration and Integration Fund (AMIF) and the country's public investment programme, which targeted refugee and migrant children aged 4-15 living in refugee accommodation centres, and aimed at facilitating their integration into the educational system in a way that should gradually allow them to join mainstream classes in Greek schools.
- **Sure Start Children's Homes in Hungary**: this case study presented a programme which provides children living in extreme poverty with support in their earliest years to prepare for successful school education. It targets children aged 0-3 who do not have access to good-quality services, including Roma children, and provides a range of services that cater to the needs of individual families. This programme was first supported and developed by external funding (mostly from the ESF and the Norwegian Fund) and is now funded by national sources and is part of the system of social services.
- **The AMIF-funding programme in Belgium**: this case study described a programme, funded by AMIF in Flanders, which was aimed at improving the enrolment and attendance rates in pre-school education by children aged 2.5 - 6 of third-country nationals living in the Belgian regions of Flanders and Brussels. The programme focused in particular on parental involvement as a lever for increasing enrolment and innovative methods were experimented.
- **The Prevention and Early Intervention Initiative**: this case study summarised a programme that took place in Ireland, funded by Atlantic Philanthropies. The programme targeted children facing significant disadvantage, mainly defined as children living in poor areas, and included prevention and early prevention interventions on child behaviour, child health, parenting, child learning, inclusion and diversity.
- **The role of EU funds to address homelessness and housing exclusion for children and their families**: this case study examined the role played by EU funding, ESF, ERDF and FEAD to simulate the development and roll-out of both innovative and proven kinds of intervention addressing homelessness and housing exclusion for children and their families in the EU Member States.
- **The World Bank Project for Roma children in Eastern Europe**: this case study described a number of programmes funded by the World Bank in Romania and Bulgaria, in support of Roma children's access to early childhood education and care.

The programmes reviewed had a positive effect on the TGs. The number of children attending the services or facilities in question increased and the lives of the children concerned changed significantly in many cases. In particular, their health and well-being, as well as their social skills, improved. In one case study, the positive impact went beyond the TG to reach other children in vulnerable situations. In addition, several programmes benefited the parents by improving their competences and employment situations. The cooperation between all those involved was also enhanced in many cases.

Five of the programmes examined were financed by EU funds (in particular FEAD and AMIF), the others being funded by the EEA, Atlantic Philanthropies, and the World Bank. In many cases, while the EU or other international funds were the major source of funding, there was also a contribution from national sources. Municipalities provided additional funding to support the programmes, but the amounts spent were marginal. Several programmes also obtained additional financing from business, charity funds, international organisations, NGOs, schools, or the general public.

Extra resources for the TGs of children were leveraged, in particular, when national or local governments showed interest and became directly involved in the programmes. Leveraging extra funding was also facilitated when this was part of the funding strategy of the programme. However, several obstacles were reported, relating to the tightness of municipality budgets, the economic crisis, and administrative structure. In addition, concerns were raised about the continuation of the programmes due to the interruption of funding, as responsibility for financing passed from one source to another.

The majority of funding programmes seem to have had a limited impact in stimulating improvements in national and sub-national policies. Nevertheless, in a few cases, national strategies and regulations were renewed and a new institutional framework was created. Some activities at local level were also continued thanks to the involvement of municipalities. Moreover, the programmes helped shine a spotlight on problems faced by children in vulnerable situations and their families, which sometimes resulted in changing politicians' and institutional approaches to the issue.

There are a number of lessons to be drawn from the programmes reviewed for the future use of EU funding to assist children in vulnerable situations in order for this to be most effective. In particular, programmes should:

- be properly planned and designed, tailored to local and individual needs and be located close to the children targeted;
- involve parents, include awareness-raising campaigns and develop relations based on trust;
- involve trained staff used to working with disadvantaged children and preferably from the same community as the disadvantaged children concerned and pay them decent wages;
- ensure close cooperation between all those involved and elicit the support of local politicians;
- avoid stigmatisation of the children concerned and their families;
- be built on previous experience and a well-conducted ex ante impact assessment and involve ex-post impact evaluations as a requirement, which could be made a precondition of EU funding; and
- allow a wide range of measures to be eligible for support in order to enable the most appropriate approach to be implemented.

8.4 Challenges and suggested improvements

In this section we identify some challenges and make suggestions as to the type of improvements that are needed to increase the contribution of EU Funds to ensuring the access of children in vulnerable situations to the five policy areas under discussion. As explained, the 2014-2020 ESIF regulations provide many opportunities to invest in children and allow the Member States to draft their respective Operational Programmes according to their needs and priorities in agreement with the Commission. As a result, some Member States are more active in this field than others. Nevertheless, critical challenges relate to allocation of EU Funds to children and to better and effective implementation.

8.4.1 Opportunities in the 2021-2027 MFF for investing in children in vulnerable situations

87% of respondents to the on-line consultation argued that the EU should encourage Member States to spend more on combating child poverty and increasing children's access to social rights. The FSCG Country Reports, the Policy Papers and the Target Group Discussion Papers stressed the need for EU funds to better contribute to improving the

situation of children in vulnerable situations in order to ensure their access to the five key social rights under scrutiny. Critical challenges are related to better alignment between legal, policy and financial instruments at the EU level and national level.

Strengthening cohesion policy: At EU level there is a need to strengthen the conditions whereby the different EU Funds can be used to support programmes targeted at children from a vulnerable background. Some suggestions for the different funds are outlined below.

ESIF in general and ESF+ in particular: In the future ESIF regulations, as well as in the Multiannual Financial Framework, the needs of children in vulnerable situations and their access to the five social rights under scrutiny need to be better reflected by strengthening its economic, social and territorial cohesion and aiming at reducing disparities between the levels of development of the various regions and the backwardness of the least favoured regions[366]. The following are some proposals as to how this could be achieved:

- Making investing in children and tackling child poverty and social exclusion as one of the objectives of the EU funds and notably from the ESF+ with an explicit reference to ensuring vulnerable children's access to the five social rights under scrutiny. This could work as a thematic option that could be supported by different ESF+ specific objectives (Article 4 of ESF+ draft Regulations) and across different Funds.[367]
- Reserving a specific budget for supporting the access of children in vulnerable situations to the five social rights under scrutiny in line with the EP proposal (e.g. €5.9 billion). Additionally, Member States could be asked to invest a minimum of ESF+ in this priority, according to their respective situation (e.g. ring-fence 5% of ESF+ within the already proposed 25% ring fence for social inclusion).
- Being flexible in terms of the operations and actions that can be developed as well as in terms of eligible expenditures to be adapted to children´s needs in the five social rights under scrutiny.
- Breaking down indicators in the ESF+ Operational programmes – including those addressing material deprivation and AMF to show the number of child beneficiaries, the investments and the results of the interventions. Consider expanding the application of the common output indicator "number of children below 18 years of age" to the whole ESF+ shared management; these indicators could be split by ages when relevant (e.g. under 3, between 3 and 5, between 6 and 11 and between 12 and 17).

An explicit objective and reserving a specific budget for investment in children should not be exclusive to one fund nor to one specific objective. It should be ensured that priority for children cuts across all ESF+ objectives and across all EU funds (ERDF, EAFRD, Invest EU and ERASMUS+) as relevant.

Enabling conditions should be strictly monitored. The European Commission in its proposal for the 2021-2027 Common Provisions Regulation, proposes that, in contrast to the 2014-2020 period, enabling conditions should be monitored and applied throughout the period to ensure that Member States meet the fulfilling criteria indicated under each enabling condition.

[366] As established in Article 174 of the TFEU.

[367] See Proposal for a Regulation of the European Parliament and of the Council on the European Social Fund Plus (ESF+) {SEC(2018) 273 final} - {SWD(2018) 289 final}. Available at: https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-european-social-fund-plus-regulation_en.pdf.

"National Strategic Policy Framework on Poverty reduction and Social Inclusion", prior to the investment of ESF+ and ERDF in active inclusion and social integration measures (Draft Common Provisions Regulation). The monitoring should ensure that the national policy frameworks:

- include evidence-based diagnosis of poverty and social exclusion including child poverty;
- contain measures to prevent and combat segregation in all thematic fields;
- promote social integration of people at risk of poverty or social exclusion, including the most deprived and children;
- include measures to promote the shift from institutional to community-based care; and
- include arrangements for guaranteeing that its design, implementation, monitoring and review is conducted in close cooperation with social partners and relevant civil society organisations.

Additionally, the enabling condition "Strategic policy framework for the education and training system at all levels" proposed in the ESF+ Specific objective of "Promoting equal access, in particular for disadvantaged groups, to quality and inclusive education and training, from early childhood education and care through general and vocational education and training and to tertiary level" (4.2.3) should pay special attention to the effective fulfilment criteria of providing "measures to ensure equal access to, participation in and completion of quality, relevant and inclusive education and training and acquisition of key competences at all levels" in the national and/or regional strategic policy framework for the education and training system. In particular, it should be monitored that:

- There is no discrimination in the access to the school system due to socio-economic conditions of children and their families or due to their ethnic origin, migrant background or disability status.
- Social or other economic disadvantages (for example difficulties in accessing textbooks, lunch canteens, etc.) are compensated by positive measures.
- Specific support is provided when needed for continuity in education and in the transition between educational stages.

ERDF: Particular attention should be paid to how investments related to Article 2. 1(d) address the needs of the children. Especially important in this regard are ensuring: equal access to inclusive and quality education; socioeconomic integration of marginalised communities; refugees and migrants; and disadvantaged and deprived communities such as Roma; equal access to healthcare through developing healthcare infrastructure, primary care and preventive measures; advancing the transition from institutional to family- and community-based care as proposed by the European Parliament; investment in housing for low-income households or people with special needs.

- When investing in social infrastructures with ERDF & Cohesion Fund, it should not be used to build institutional care settings (exclusion criteria), or infrastructures for segregated services; on the contrary, it should be used to support the transition from residential/institutional care to family and community-based care as proposed in Article 6.2 of the Draft ESF+ Regulation by the European Parliament.

AMF: The proposal for the Asylum and Migration Fund stresses the need to support "measures targeting vulnerable persons and applicants for international protection with special reception and/or procedural needs, including measures to ensure effective protection of children in migration, in particular those unaccompanied" as well as "integration measures implemented by local and regional authorities and civil society organisations". These measures can benefit from a 90% EU co-financing rate (instead of

the "regular" 75% co-financing rate).[368] Particular attention should be paid during the programming phase to the need to ensure that Member States adequately address all "implementation measures" (these provide more details on the specific objectives of the Fund). Implementation of the Asylum and Migration Fund should be consistent to this proposed measures so that the Fund is used to:

- target vulnerable persons and applicants for international protection with special reception and/or procedural needs;
- develop specific measures to ensure effective protection of children in migration, in particular unaccompanied minors;
- invest in integration programmes focusing on inclusive education and care;
- provide alternative forms of care, integrated into existing child protection systems; and
- contribute to guarantee effective protection of children in migration, such as providing appropriate housing for, and a timely appointment of guardians to, all unaccompanied minors.

In addition, through the "thematic facility", 40% (€4.2 billion) of the envelope of the Fund will be distributed throughout the implementation period of the Fund to address particular needs. This offers increased flexibility to address also the gaps identified in the FSCG when addressing the access of children with a migrant background to the five social rights, provided they fall within the scope of the Asylum and Migration Fund.

InvestEU: one of its 4 policy windows is dedicated to social investment and skills, with a budget loan guarantee of €4 billion for the next seven years.[369] It could be used to develop:

- measures to promote gender equality;
- skills, education and related services;
- social infrastructure (including health and educational infrastructure and social and student housing);
- promote social innovation;
- support to health and long-term care;
- promote inclusion and accessibility;
- support to cultural and creative activities with a social goal; and
- promote the integration of vulnerable people, including third country nationals.

Erasmus+: The draft for the future programme proposes increasing the budget from the current €14.7 billion to €30 billion (EC) with the general objective to support the educational, professional and personal development of people in education, training, youth activities and sport through lifelong learning.

- In the future programme special attention should be paid to make ERASMUS+ more inclusive by ensuring the outreach to people with fewer opportunities.
- Key action 3 "Support to policy development and cooperation" could foresee actions aiming to improve policy developments and cooperation between schools and educational institutions to strengthen inclusive education.

[368] See Proposal for a Regulation of the European Parliament and of the Council establishing the Asylum and Migration Fund {SWD(2018) 347} - {SWD(2018) 348} - {SEC(2018) 315}. Available at: https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-asylum-migration-fund-regulation_en.pdf

[369] See https://ec.europa.eu/commission/presscorner/detail/en/MEMO_18_4010

European Reform Support Programme: it will provide financial and technical support to all EU Member States in order to pursue and implement reforms aimed at modernising their economies, notably reform priorities identified in the context of the European Semester. One of its two objectives is "to contribute to strengthening the administrative capacity of the Member States in relation to challenges faced by institutions, governance, public administration, and economic and social sectors" (Article 4.b)[370].

Reforms in education, the fight against poverty, the promotion of social inclusion, social security and social welfare systems, public health and healthcare systems, as well as cohesion, asylum and migration are among the key areas of the programme. Member States could make use of this programme to undertake reforms in areas related to the key children's social rights as well as to improve mutual learning in these areas.

8.4.2 Better connecting policies with funds

Improving the alignment between national policies and EU funds is an important challenge and critical in ensuring greater sustainability of public policies (see Section 8.2.5). As outlined earlier, there is often an insufficient connection between national policies for children and national strategies on children (when they exist) and the fight against poverty and social exclusion. The **European Semester** could better address children's access to the five social rights under scrutiny in the Country Reports and in the Country Specific Recommendations.

In most cases when EU Funds are being used there is a lack of clear objectives and targets on reducing child poverty. To address this, when Member States are planning how to use EU Funds, they should follow clear criteria for addressing the needs of children in vulnerable situations that will help to increase the alignment between the use of EU Funds and national policies. In particular a key criteria could be that EU Funds are used **to complement and not to compensate** for national budgets; in fact EU Funds are designed to provide added value to the national policies in key specific areas. In other words, EU Funds should not be used to replace national budgets, which is forbidden, but rather the opposite; additionality is one of the principles driving the working of the European Structural and Investment Funds and this principle stipulates that contributions from the Funds must not replace public or equivalent structural expenditure by a Member State. Member States have responsibility for their welfare systems whereas EU Funds can only contribute to support their development. Ensuring that children in vulnerable situations can access the five policies areas cannot be based on European funding alone as child well-being is first and foremost a national responsibility. In any case the scale of EU funds will never be sufficient to ensure access for all children in vulnerable situations. What EU funds can do is to provide added value in different dimensions such as: developing new policies; complementing national resources; raising new priorities in the national agenda regarding interventions related to children in vulnerable situations related to social rights; stimulating innovative actions and new forms of intervention; boosting cooperation between different administrative levels and departments, including civil society organisations, encouraging and supporting national administrations in launching their own national programmes etc.

One way to ensure that EU funds for children in vulnerable situations are used in a more efficient way in future and to avoid the risk of developing parallel systems/interventions, is to focus on programmes which are **embedded in national policies** and developed in close cooperation with local actors. For instance, National Strategies of Poverty and Social Exclusion should:

[370] Proposal for a Regulation of the European Parliament and of the Council on the establishment of the Reform Support Programme {SEC(2018) 280 final} - {SWD(2018) 310 final} - {SWD(2018) 311 final}. Available at: https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-reform-support-programme-regulation_en.pdf.

- have a strong focus on children, especially the children in the most vulnerable situations;
- identify specific targets regarding the access of children to the five key social rights under scrutiny;
- describe how implementation will be developed at regional and local level; and
- include financial planning and describe how EU and national budgets will be used in both the short and longer term.

There are several possible **different approaches and forms of intervention** that could be supported by EU Funds depending on the national challenges and situations. These different approaches are not exclusive but are rather complementary and Member States should be free to explore and combine them according to their respective circumstances. These different approaches have been used by the Member States in the past as described in this report and should be strengthened in the future:

- Inclusive approach: this involves inclusive policies, programmes or interventions in the key areas of nutrition, education, ECEC, health and housing which are addressed to all children. When developing these policies public institutions pay special attention to targeting children in vulnerable situations, which is by ensuring that measures are accessible for them, are adapted to their needs, are affordable and are sufficient.
- Targeted approach: this involves targeted policies, programmes or interventions in the key areas which are explicitly (but not exclusively) addressed to children in vulnerable situations. They aim to compensate for their disadvantages by positive or affirmative actions. While they focus on the most vulnerable it is important to avoid working in parallel with the mainstream services but rather to ensure that they lead to normalisation instead of segregation.
- Territorial approach: this involves territorial policies, programmes or interventions working from the regional or micro-territorial perspective by focusing on excluded areas where children in vulnerable situations are concentrated. They promote changes in the contextual conditions that lead to segregation or marginalisation.

Another important way EU Funds can support the development of national systems is through supporting and encouraging Member States to adopt **"progressive universalism"** as their overall approach to developing policies related to children and in the planning of interventions: i.e. that services to children must be universal and addressed to all children but need to be graduated in intensity according to needs, namely investing more in the children in most vulnerable situations. Social policy has always involved choices about whether the core principle behind social provisioning will be "universalism" or selectivity through "targeting". The concept of "progressive universalism" stems from the idea that social justice can be achieved through equality of access to opportunities and services. It is based on the principle that everyone should have the same set of rights or entitlements; universalism assures that services are accessible to all and the progressive part of universalism comes in providing, on top of the general policy, additional help to those who need it most, that is graduating investments and support according to needs. This is in effect a combination of the inclusive and targeted approaches outlined in the bullets above.

Another key way EU Funds can support the development of national systems is by encouraging the development of an **integrated or multi-dimensional approach**: The multi-dimensional approach usually achieves highest impact as all the needs dimensions (education, housing, nutrition, etc.) are addressed at the same time in a mutually reinforcing manner; the multi-dimensional approach requires the different actors and services to work in synergy and complement each other instead of working in parallel. A

multidimensional approach can be developed in many ways by using ESI Funds, for example by combining in the same programme support from ERDF (for supporting infrastructures for children) with ESF for improving educational services; some examples of the integrated approach have been described in Section 8.2.2.

Member States should also make use of the EU funds for undertaking **administrative reforms** as well as for innovations regarding policies with children; for instance, some countries have been investing ESF and ERDF in deinstitutionalisation programmes or have strengthened public-private cooperation as has been described above. In fact, improving access to the key social rights under scrutiny requires investing more but also doing better, that is: investing in institutional capacity and in the efficiency of public administration and services (to help implement reforms and improve regulation and governance as needed) as well as in the capacity building of the stakeholders. EU Funds may:

- support reforms to ensure better legislation and to encourage synergies between policies and effective management of public policies;
- enhance the capacity of stakeholders, such as social partners and NGOs, to help them deliver more effective contributions;
- strengthen institutional capacity and the efficiency of public administrations and services related to children.

Flexible approach needed

It is clear from the FSCG that there are a wide range of policies and programmes that could usefully be supported by EU funds to increase access of children in vulnerable situations to the five social rights under scrutiny and tackle child poverty in the EU Member States. Which ones are most appropriate to prioritise will vary significantly from country to country. Thus it will be important that EU funds are used in a flexible manner and are adapted to the situation in each country and to the needs of children in vulnerable situations.

8.4.3 Improving implementation

Success factors for EU funded child policy measures are related to: political consensus; a comprehensive strategy with clear targets, scale of interventions, resources concentration, sound responsibilities, adequate partnership, coordination and communication efforts.

8.4.3.1 Coherent planning and design

Most of the Country Reports have stressed that, in order to increase the impact of EU funds on children in vulnerable situations there is a need to improve the planning and design of OP projects and operations. Critical areas for improvement are:

- **Outreach to the most vulnerable groups:** Interventions should reach out to the most disadvantaged groups in order to minimise non-take-up and to guarantee effective equal opportunities.
- **Integrating "hard" and "soft" interventions:** To gain impact the different EU Funds should adopt a more coordinated/integrated approach as we have previously described in the same physical areas or with the same TGs; in fact, putting in synergy different EU Funds and concentrating them in the same territorial areas or on the same target groups will contribute to gaining impact. Multi-funds operations and complementarity between funds is crucial; for example, ERDF could be used to improve public transport, housing, school equipment and infrastructures, while the ESF+ could be used to invest in human resources, and the FEAD in supporting basic needs.
- **Long-term vision:** In order to ensure sustainability and avoid interruption after EU support ends, EU Funds need to be framed in the national policies and strategies with a longer-term focus. This should be embedded in national and local policies, in order to

guarantee synergies, and improve impact and sustainability. Projects should be adapted to the nature and complexity of problems (sensitive to children's situations and needs). Long-term vision sometimes requires focusing on large scale programmes.

- **Involvement of key departments and key actors:** The coordination between the different ministries and bodies in charge of children's policies and programmes should be guaranteed from the beginning (i.e. from the planning process) so as to avoid working in silos and facilitate alignment between the policies and the funds. Integrated interventions for children and adolescents require the engagement of key departments at the different administrative levels (national, regional and local) in the areas of education, employment, healthcare, social protection and housing. Key actors should be consulted as established in the European Code of Conduct on Partnership.[371] Article 5 of the Regulation focuses on partnership and multi-level governance and calls for the inclusion - in Partnership Agreements and programmes - of representatives from "competent regional, local, urban and other public authorities, economic and social partners and other relevant bodies representing civil society, including environmental partners, non-governmental organisations and bodies responsible for promoting social inclusion, gender equality and non-discrimination, including, where appropriate, the umbrella organisations of such authorities and bodies"..
- **Be smart and keep on learning:** More investment is needed in developing models and methodologies that can guarantee effectiveness and increase flexibility. More ESF resources could be spent on supporting networks for improving knowledge, transferring experiences, exchanging good practices and facilitating know-how by strengthening the current Transnational Platforms.[372]

8.4.3.2 Better governance

A critical concern in many Country Reports is that managing authorities do not build projects in close cooperation with the key actors. The governance principle under the ESIF Regulations establishes that the body responsible for managing ESIF funds should work in close cooperation with all the key actors. This means that public authorities at all levels, social partners, equality bodies, civil society organisations, and the final users of the projects need to be consulted and actively engaged at all the stages of the project. Effective fulfilment of the governance principle will require:

- **Coordination:** ensuring synergies between different actors and funds (national and European) in different policy areas.
- **Selectivity**: addressing issues related to the accessibility and availability of high-quality services, particularly for children at risk of poverty and social exclusion.
- **Co-production**: taking into account the growing importance of private actors (for-profit companies and NGOs) in the provision of services; the involvement of various client organisations that are the potential beneficiaries of improved services is of critical importance.
- **Co-design**: recognising the role of civil society in promoting and supporting the fulfilment of children's rights, child protection, and the activities of child rights networks; establishing effective partnership principles for NGOs, securing NGO involvement in preparation, planning, monitoring, implementation, and evaluation; securing grants to child rights organisations and children's networks that help implement the EU's commitment to children.

[371] See: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32014R0240.
[372] See: https://ec.europa.eu/esf/transnationality/.

- **Co-responsibility**: Including the civil society and anti-poverty organisations in the monitoring committees and involving them in the whole project cycle: planning, implementation, monitoring and evaluation.
- **Social accountability**: providing better and transparent information on the use of EU funds.
- **Participation and ownership**: putting more emphasis on stakeholder involvement in order to improve the dissemination of successful interventions, with the emphasis on the development of participatory practices.

8.4.3.3 Building capacity

Country Reports have insisted that in many cases there is a lack of institutional capacity, particularly at the local level, which may limit the use and effectiveness of EU funds. The quality of projects must improve. Building capacity is a critical challenge that can be improved by different means, such as:

- **Value for money**: better identification of effective policies following the value-for-money principle. In this sense there is a need to work on socio-economic investment that can give an impetus to the adoption and implementation of policies backing child interventions.
- **Efficient public services**: ensuring that relevant civil service administrations, including regional and local authorities, have the necessary knowledge, means, and resources to carry out EU-funded interventions effectively.
- **Grounded in values:** revising or reorganising the current system of interventions, including alternative care, so that it can be more efficient – always in the best interests of the child.
- **Resources activation**: investing in activating civil society and volunteers, as well as different forms of primary solidarity, as a way to strengthen social capital and thereby protect children.
- **Better evaluation**: Developing robust evaluations focused on the impact of the interventions from the perspective of increasing access of children in vulnerable situations to the social rights under scrutiny.

8.4.3.4 Results oriented implementation

In the FSCG reports it was stressed that EU Funds implementation is often conditioned by a narrow understanding of EU rules, administrative burden and lack of flexibility. There is a need to:

- ensure the **flexibility of programmes** to support children in vulnerable situations;
- ensure **continuity of programmes**: which should be developed with a long-term perspective, without interruptions due to annual renovations of implementation contracts to service providers;
- **reduce bureaucracy** (administrative burden, and time-consuming administrative issues);
- **avoid delays in both planning and implementation**;
- **improve coordination among the different OPs** to foster supportiveness; ensuring complementarity and giving priority to measures addressed to the same TG or the same policy area in order to create scale and foster synergies;
- **invest in local-level programmes** planned through community-based, local development methods; and
- **improve information systems** that facilitate updated data.

8.4.3.5 EU added value

The ESIF offers an added value to national interventions not only in providing additional funding, which is already a requirement, but also in identifying common social challenges that are at the heart of the European Social Model and need to be achieved by all Member States. In order to increase the added value of EU funding for children in vulnerable situations action is needed in the following areas:

- **Complete**: not replacing national funding where policies are deficient (as often occurs); and instead creating balance, synergy, and complementarity between EU and national funding.
- **Innovate**: promoting innovations that can be transferred to national policies.
- **Scale up**: identifying, evaluating, and scaling up successful interventions in order to integrate them in national policies and mainstream service provision.
- **Connect Europeans**: fostering the international exchange of learning about working methods, transferring of know-how, etc.
- **Transfer practices**: engaging stakeholders in the diffusion of successful methods/interventions.
- **Systematise**: feeding innovations into the legislative process at national level.
- **Scrutinise**: improving the evaluation of the effectiveness of funding.
- **Investigate**: integrating the evaluation findings in the process of developing evidence-based policies.

9. Conclusions – lessons learned and possible options for a Child Guarantee

In this concluding chapter, we do two things. First, we draw some overall conclusions in the light of the evidence collected during this Feasibility Study for a Child Guarantee (FSCG) and synthesised in the earlier chapters. Secondly, we explore some of the possible options for establishing a Child Guarantee (CG) which may be discussed further at the FSCG's final conference.

9.1 Overall conclusions from the evidence collected in the context of the FSCG

In this section we draw fifteen overall conclusions from the evidence we have been able to collect that are critical to assessing the need for and the feasibility of establishing a CG aimed at ensuring that all children in vulnerable situations have access to the five key policy areas identified by the European Parliament: free healthcare, free education, free early childhood education and care (ECEC), decent housing and adequate nutrition. In doing so, we concentrate primarily on those conclusions that we think can usefully guide the reflections at the final conference.

(i) Children in vulnerable situations' access to the five policy areas under scrutiny needs to be improved

It is clear from the evidence documented in Chapters 3, 5 and 7 in this report that across the EU many children in the four TGs lack access to one or more of the five areas considered in this study. Despite the fact that the extent to which the four TGs have access to these five areas differs widely between Member States, all Member States need to improve access to some/all of them by some/all TGs.

(ii) Failure to ensure access to the five policy areas has short and long term negative consequences for children and society

As is well known from the literature[373], lack of access to the five areas under scrutiny has damaging impacts on both children's immediate well-being and development. These problems of access can also lead to detrimental consequences for children's future as adults. Also the negative effects of lack of access on children and their future development has long-term costs for society and the economy that will damage social cohesion and constrain economic growth and thus undermine sustainability into the future.

(iii) Lack of access to the five policy areas represents a failure to uphold children's rights

Access to each of the five policy areas under scrutiny is an issue of children's rights. International frameworks establish clearly that children in the four TGs and indeed all children have the right to access the five areas under scrutiny (see Chapter 6). When children lack access to any of these areas this represents a failure to meet international "legal" obligations in relation to children's rights that Member States (as well as the EU as a whole for some of them) are committed to upholding. All children have the right to access the five policy areas covered in this study.

[373] See, for example: Pascoe, J.M., Wood, D.L., Duffee, J.H. and Kuo, A. (2016), "Mediators and Adverse Effects of Child Poverty in the United States", Paediatrics April 2016, 137 (4); Gregg, P., Harkness, S. and Machin, S. (1999), "Child poverty and its consequences", Joseph Rowntree Foundation; Repka, M. (2013), "Enduring Damage: The Effects of Childhood Poverty on Adult Health", Chicago Policy Review (November 27, 2013); Bellani, L. and Bia, M. (2017), "The impact of growing up poor in Europe", in *Monitoring social inclusion in Europe* (Atkinson, A.B.. Guio, A.-C. and Marlier, E. (eds.), Luxembourg: Eurostat.

(iv) It is feasible to guarantee access to the five policy areas

The evidence documented in Chapter 7 of successful policies adopted in many countries to overcome blocks and barriers to accessing the five areas in question demonstrates that the knowledge exists on the types of policies and programmes that are needed to ensure access to these social rights. Thus guaranteeing this access is feasible and the types of action necessary to achieve this outcome are known.

(v) Efforts to ensure access to the five policy areas should focus on all children in vulnerable situations

While the FSCG was specifically tasked to look at the access of children in four TGs (i.e. children residing in institutions, children with disabilities, children with a migrant background [including refugee children] and children living in precarious family situations) to five key policy areas, in doing so it became clear that the gaps and challenges that these children face in accessing these social rights are often also faced by other children in vulnerable situations. EU's efforts should therefore focus on all children in vulnerable situations. Indeed the evidence synthesised in Chapter 7 shows that many of the key policies and programmes necessary to overcome gaps and barriers to accessing the five areas under scrutiny are common across all the TGs and indeed can be important for some other children in vulnerable situations. Also the groups of children who have most difficulty in accessing these areas varies across Member States and across the areas. Thus it is logical to focus efforts to increase access to the five areas for all children in vulnerable situations not just the four TGs. Member States should then focus on those children in vulnerable situations who are most relevant in their situation.

(vi) Children who are most disadvantaged need more support to access the five policy areas: a twin-track approach is key to increasing access and inclusivity

All the evidence collected by the FSCG shows that children who are most disadvantaged require more support to access the five policy areas under scrutiny. As is clear from Chapter 7 addressing this requires a two-pronged approach. First, ensuring that mainstream services are as inclusive as possible and reach out to children who are most in need. Secondly, where necessary, putting in placed additional programmes and supports to assist these children and provide them with focused support. Thus, as explained in Chapters 7 and 8, what is needed is a twin-track approach which ensures that those children facing the greatest barriers to access receive additional and targeted support to ensure their access.

(vii) Ensuring access to the five policy areas on its own is not sufficient: access needs to be inclusive to ensure that children in vulnerable situations benefit fully and avoid stigma and segregation

The focus of the FSCG has been on ensuring "access" to the five areas under scrutiny. However, as is evident from the evidence documented in Chapter 7, access per se is often not sufficient for children in vulnerable situations to benefit equally with other children if the services in question are not of high quality and truly inclusive. Thus ensuring that services are inclusive is essential to ensure that access for children in vulnerable situations is effective and meaningful and avoids stigmatisation and segregation.

(viii) Ensuring access to the five policy areas is necessary but not sufficient to tackle child poverty and social exclusion

The context for the European Parliament's call for a CG was the persistent high levels of child poverty or social exclusion. It is clear from the evidence documented in Chapter 7 that while ensuring access to the five areas under scrutiny would be an important contribution to tackling child poverty it would not be sufficient. It

would only address one of the three strands that are set out in the 2013 EU Recommendation on Investing in Children as being necessary to tackle child poverty[374]. The evidence collected by the FSCG suggests that the other two strands (access to income and participation) should also be addressed because they are in fact a necessary part of ensuring access to the five policy areas. All three strands are interconnected and the active implementation of the comprehensive approach set out in the 2013 Recommendation is essential.

(ix) Ensuring access to the five policy areas requires a comprehensive approach at Member State level

The evidence collected by the FSCG shows that those Member States who are most successful in ensuring children in vulnerable situations have access to the five areas under scrutiny have a comprehensive range of policies in place and a strategic and well-coordinated approach (see particularly Chapter 7). Thus it is not sufficient just to look at specific policies in the five areas. It is also necessary to take into account appropriate policies and programmes in other areas that are often critical to ensuring access to them. As already highlighted above, these include *inter alia* policies to ensure adequate income, policies to develop social services for children, policies to ensure the participation of children, policies to combat discrimination, policies to promote children's rights, anti-discrimination policies, employment policies, fiscal policies, policies and practices to improve data collection and analysis on children. It is also important to support a comprehensive approach to universal services for children which may be under pressure to ensure adequate delivery in a country to ensure that children in vulnerable situations are not the earliest victims of loss of service access or quality.

(x) Primary responsibility in ensuring access to the five policy areas rests with Member States but EU action to support them is both legally and practically feasible

From the evidence collected on subsidiarity (see Chapter 6, especially Section 6.2.1) it is clear that responsibility for ensuring access to the five areas under scrutiny rests primarily with Member States. However, it is also evident that the EU has the

[374] The 2013 Recommendation on Investing in Children: breaking the cycle of disadvantage highlights the need for a comprehensive and integrated three pillar approach. It begins by setting out a number of horizontal principles that should guide Member States' approach. In brief these are: a) tackle child poverty and social exclusion through integrated strategies; b) address child poverty and social exclusion from a children's rights approach; c) always take the child's best interests as a primary consideration; d) maintain an appropriate balance between universal policies and targeted approaches; e) ensure a focus on children who face an increased risk due to multiple disadvantage (here the Recommendation specifically refers 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, such as single parent or large families); f) sustain investment in children and families, allowing for policy continuity and long-term planning; and g) assess the impact of policies.

The Recommendation then sets out how integrated strategies should be developed based on three key pillars: access to adequate resources, access to affordable quality services and children's right to participate. In terms of adequate resources it sets out both a range of policies to support parents' participation in the labour market and to provide for adequate living standards through a combination of cash and in-kind benefits. In relation to access to affordable quality services it focusses on policies to: a) reduce inequality at a young age by investing in ECEC; b) improve education systems' impact on equal opportunities; c) improve the responsiveness of health systems to address the needs of disadvantaged children; d) provide children with a safe, adequate housing and living environment; e) enhance family support and the quality of alternative care settings. In relation to children's rights to participate it highlights both: policies to support the participation of all children in play, recreation, sport and cultural activities; and the need to put in place mechanisms that promote children's participation in decision making that affects their lives.

The Recommendation goes on to outline how Member States can further develop necessary governance, implementation and monitoring arrangements by strengthening synergies across sectors and improve governance arrangements and by strengthening the use of evidence-based approaches. It then concludes by encouraging Member states to make full use of relevant EU instruments, in particular by mobilising the range of tools and indicators available within the Europe 2020 Strategy to give new impetus to joint efforts to address child poverty and social exclusion and by mobilising relevant EU financial instruments to support the policy priorities set out in the Recommendation.

legal basis to act to support and encourage Member States' activities in this area. In practical terms it can do so by providing political leadership and through the mobilisation of the three classical types of instruments which the EU can use to support and encourage Member States in areas of shared concern: legal frameworks, policy coordination and guidance (including research, innovation and knowledge sharing) and financial support. Furthermore, it is evident that for EU level action to be effective it needs not only to make use of but also to bring together in much closer combination than is currently the case these three types of instruments so that they are mutually reinforcing.

(xi) Existing efforts by the EU to support and encourage Member States to ensure access of children in vulnerable situations are helpful but a new EU initiative could bring real added value and a more effective use of EU instruments

The evidence collected by the FSCG suggests that there is a strong view from practitioners that existing EU efforts to support and encourage Member States to ensure access of children in vulnerable situations to the five policy areas under scrutiny while useful have not been as prioritised, coordinated and effective as they could have been (see especially Chapters 4 and 8). In particular, the implementation of the 2013 EU Recommendation has not had as great an impact as hoped for[375], the European Semester has not sufficiently prioritised tackling child poverty and social exclusion[376] and EU Funds have not been used as extensively or strategically as they could have been (see Chapter 8). Thus we conclude that a new EU initiative is needed to guarantee more effective and dynamic use of EU instruments (i.e. legal frameworks, policy coordination and guidance [including research, innovation and knowledge sharing] and financial support)[377] in support of the Recommendation and, where necessary, their reshaping to support innovative and practical initiatives. This will also be important in the context of Principle 11 of the European Pillar of Social Rights (EPSR) and in view of the Action Plan for the implementation of the EPSR that has been proposed by the new European Commission President

(xii) EU Funds have considerable potential to play a more effective and strategic role in supporting access to the five policy areas

There is significant potential for EU Funds to make a greatly increased contribution to supporting children in vulnerable situations to access the five policy areas under scrutiny. There is clear evidence (see Chapter 8) that investments in the 2014-2020 EU funding period were not directed sufficiently at ensuring children's access to these key social rights and implementing the 2013 Recommendation (see Chapter 8). This was in spite of the fact that the Recommendation specifically identified a role for EU Funds in its implementation. A new well-focussed initiative in the forthcoming 2021-2027 programming framework could play a key role in ensuring that increased resources are allocated and used more strategically in favour of children in vulnerable situations so as to ensure their access to these rights.[378]

[375] 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.

[376] See FRA Report on "Combating child poverty: an issue of fundamental rights". October 2018.

[377] In Annexes 9.1 and 9.2, drawing on the evidence collected, we set out some options as to how this might be achieved through focusing on the legal and policy frameworks for enforcing children's rights and through enhanced policy coordination and guidance.

[378] In Annex 9.3, drawing on the evidence collected, we set out some options as to how this might be achieved in the next MFF 2021-2027.

(xiii) EU Political leadership can be critical to encourage Member States to ensure access to the five policy areas

A key element that is necessary to make progress on ensuring children's access to the key social rights under scrutiny is **strong political leadership** (see Chapter 7). This was stressed repeatedly during the FSCG's four international fact-finding workshops organised in September and October 2019. It would therefore be very helpful to put the issue of children's access to these rights much more visibly and vigorously at the centre of the political agenda than has been the case heretofore. Experience over the years has shown that in key areas of social policy and social rights the EU's impact is greatest when its legal, policy coordination/ guidance and funding instruments are underpinned by strong political commitment and leadership by the Council of the EU (and possibly the European Council), the European Commission and the European Parliament. Thus an essential starting point for developing more effective instruments to ensure that children in vulnerable situations have better access to the five social rights in question and the related services is that this becomes one of the high-level political priorities of the EU.

(xiv) Mainstreaming support for the implementation of a possible new initiative across the Commission and ensuring full use by the Commission of the instruments available to it is essential

Ensuring access of children to the five policy areas under scrutiny needs action across quite a wide range of different policy areas at the Member State level (see Chapter 7). Thus to support and encourage countries to ensure the effective access to these five areas, it will be important that related EU actions are mainstreamed across all relevant Commission's Directorate Generals and that there is regular inter-service coordination and cooperation. This is crucial in view of the importance of ensuring that the many Commission's Directorate-Generals concerned[379] work together towards the successful realisation of this new initiative.[380]

(xv) Considerable popular and political demand for a Child Guarantee

There is widespread support amongst policy makers and practitioners. Political support is evident from the clear political demand by the European Parliament for the establishment of a CG and in the clear statement in favour of a CG in the new Commission President's political priorities: "To support every child in need, I will create the European Child Guarantee, picking up on the idea proposed by the European Parliament. This tool will help ensure that every child in Europe at risk of poverty or social exclusion has access to the most basic of rights like healthcare and education." This has been further reflected in the President's allocation of specific responsibilities for developing a CG in the Mission letters of two Commissioners (Dubravka Šuica [Commission's Vice-President for Democracy and Demography] and Nicolas Schmit [Commissioner for Jobs and Social Rights; see above). Support for a CG has also been strongly endorsed by the findings of the FSCG's on-line consultation with key stakeholders concerned with combating child poverty and social exclusion (see Chapter 4) and in the four fact-finding workshops held in autumn 2019 as part of the research.

[379] The Directorate Generals (DGs) concerned include especially DG Education, Youth, Sport and Culture (EAC), DG Employment, Social Affairs and Inclusion (EMPL), DG Eurostat – European Statistics (EUROSTAT), DG Health and Food Safety [Santé], DG Justice (JUST), DG Migration and Home Affairs (HOME), DG Regional and Urban Policy (REGIO), DG Research and Innovation (RTD), and of course the Secretariat General (SG).

[380] In this regard it is significant and very encouraging that the new Commission's President has allocated an overall coordinating role in relation to the CG to Dubravka Šuica, Commission's Vice-President for Democracy and Demography. This is in addition to allocating day-to-day responsibility for its development to the Commissioner for Jobs and Social Rights, Nicolas Schmit. These arrangements provide the basis for ensuring that implementing the CG is mainstreamed across all relevant Directorate Generals and that there is regular inter-service coordination and cooperation.

In the light of these fifteen overall conclusions and the evidence collected by the FSCG Section 9.2 explores the way the EU could usefully stimulate reform efforts and boost political commitment of Member States to promote children's access to the five social rights under scrutiny and the conditions under which this could add value to existing EU efforts in this area.

9.2 Exploring possible options for the establishment of an EU CG

It is evident from Section 9.1 that there is a potential added value in establishing an EU CG which could encourage Member States to ensure children's access to the five key social rights under scrutiny. However, there are important issues to address concerning the exact nature and format of such an initiative and the way it should be concretely implemented. In this section, we provide some "policy pointers and recommendations"[381] which could be discussed at the final conference of the FSCG. In this regard, based on the evidence collected during the FSCG, nine issues particularly merit further discussion. These are outlined below. In relation to each issue we set out some of the options that have been suggested during the course of the FSCG and, based on the lessons documented in this report, our policy pointers/ provisional suggestions in relation to each issue.

9.2.1 Issue 1: Possible legal instruments for an EU CG

The issue and options

It is evident from the various FSCG deliverables that there is already quite a strong EU and other international legal framework in relation to the rights of children in general and children in vulnerable situations in particular in the five policy areas under scrutiny, if not always specifically in relation to the four TGs (see Chapter 6). However, many of the legal frameworks represent "soft" rather than "hard" law and thus the possibility of legal enforcement is limited. The key question that thus arises in the context of a possible CG is whether it would be better to concentrate on the implementation and enforcement of existing legal frameworks or whether these should be complemented by additional legal framework(s) at EU level - and if so in what form. Three main options have emerged during the work of the FSCG in relation to enhancing the legal framework for children in vulnerable situations to access the five policy areas under consideration. The first is to take the existing legal and policy instruments as largely adequate and focus all efforts on ensuring their use and implementation through enhanced political leadership, effective policy measures and funding support. The second option is to introduce a new (Council) Recommendation on an EU Child Guarantee which would complement and build on the existing legal frameworks and especially the 2013 Recommendation on Investing in Children. A third option is to develop a stronger "hard" legal basis such as a Regulation or Directive requiring Member States to achieve the goal of ensuring that all children in vulnerable situations have access to the five policy areas.

The first option would have the advantage that it could be put in place quickly through a political commitment or statement rather than waiting for new legal frameworks to be developed and agreed. However, while undoubtedly much could be achieved through better implementation by Member States of existing commitments and better use of existing EU instruments without a clear "legal" basis for a Child Guarantee, this option risks lacking a sense of political importance and priority and this might severely weaken the focus and importance given to its implementation at EU and country levels.

The second option of a soft "legal" basis in the form of a new (Council) Recommendation would have the advantage of bringing new political status to and increased focus on ensuring access of children in vulnerable situations to the five policy areas under scrutiny and on tackling child poverty and social exclusion. It could provide the necessary impetus

[381] As requested by the Commission in the FSCG call for tender.

for mainstreaming across the Commission and Member States a concern to ensure this access. This could then encourage an enhanced use of EU instruments in support of Member States' efforts. On the downside a Recommendation remains a "soft" instrument and its actual implementation depends on political commitment within Member States and the priority given by the Commission to support and monitor this implementation. It does not provide the hard legal obligation to ensure implementation or a basis for introducing penalties for a failure to adequately implement – i.e. non-implementation does not have any "concrete" consequences except peer pressure.

The third option of establishing a "hard" legal basis such as a Regulation or Directive has the attraction of providing much greater pressure on Member States to develop effective policies and programmes and thus much greater certainty that action will happen. However, given that many of the policy areas concerned are subject to subsidiarity and the role of the EU level is limited to support and encouraging the activities of Member States (see Chapter 6), and given that the current legal basis for such a regulation or directive is highly questionable and may require Treaty changes, this is an option that could take a long time to achieve (if at all feasible). Furthermore, it is far from certain that there is sufficient political will across Member States to support such a development.

Policy pointer/provisional recommendation

While it clearly goes beyond the remit of the FSCG to investigate in detail the best legal basis for establishing a Child Guarantee on balance we consider that on the basis of the evidence available to date that the second option may be the most appropriate and feasible way forward. We consider that the first option may be too vague and weak to make a real impact and add value. Given that the evidence in Chapter 6 is that the main issue is not the inadequacy of international (including EU) policy frameworks but rather the inadequate implementation and enforcement of existing instruments then the third option of a hard legal instrument may not be necessary and in any case its feasibility is very hypothetical. The second option also has the advantage of having a clear precedent in the Council Recommendation on a Youth Guarantee. As was the case with the Youth Guarantee, this approach could be an effective way to ensure and make visible a high-level political commitment to guaranteeing the social rights of children in vulnerable situations and combating child poverty and social exclusion. This would make a clear political commitment at EU and Member State levels to ensuring that children in vulnerable situations have access to the five policy areas. Implementing this would then become a priority for the European Commission and Member States.

9.2.2 Issue 2: To increase impact and achievability should the CG focus on "policy levers and outputs" rather than on "final policy outcomes"?

The issue and options

A considerable amount of the evidence collected by the FSCG stresses the need to improve the final outcomes for children in vulnerable situations by ensuring that they have access to inclusive and quality services in the five areas under scrutiny. Achieving such access is of course entirely desirable but, as the evidence collected by the FSCG has shown, ensuring such access for some children can be quite complex and there are many different factors that may affect their attainment, some of which can lie beyond the power of an EU level initiative to influence. Thus monitoring the achievement of such outcomes can be quite difficult. This raises the question whether it would not be more appropriate to put the focus of an EU CG on a specific set of concrete policy levers and policy outputs that can contribute to achieving final policy outcomes rather than on the general final policy outcomes themselves. It could be argued that in terms of politics, what the EU now needs are some selective, high-profile, clear-cut and relatively operational objectives for which the political authorities can be held accountable: it is easier to hold public authorities accountable for

the way they mobilise the policy levers they have, and next for the actual policy outputs they achieve, than – in contrast – to hold them accountable for the final outcomes they aim for. Considering the five areas under scrutiny, it is possible to identify concrete policy levers and policy outcomes which are in the hands of public authorities. To give an example: the final policy outcome to be achieved by countries is to ensure that all children (or only children in vulnerable situations) have access to adequate nutrition. The policy output to be achieved, i.e. the operational objective for which the political authorities would be held accountable for, is attaining a situation whereby all children receive a free quality school meal every week day. For this, the political authorities have in their hands various policy levers: expenditure for buying appropriate (quality and quantity) food, staff (cook etc.), infrastructure (kitchens, canteens…).

Policy pointer/provisional recommendation

While we can see merit in both approaches it is not clear from the evidence collected through the FSCG which approach would be most appropriate. Indeed on balance a combination of the two approaches may be the best solution. Retaining a general focus on achieving final policy outcomes in each of the five areas can be important as a long-term objective for a CG that can help to win public and political awareness and support. However, alongside this, defining for each area a small number of specific concrete policy outputs which Member States would be accountable for would provide something concrete and measurable to focus on and monitor. These would play the role of "flagships" for more holistic strategies, involving a whole range of policy instruments, which would allow moving towards the achievement of the desired final outcomes.

9.2.3 Issue 3: How narrowly or broadly should the terms "access" and "free" be understood in the CG?

The issue and options

One of the overall conclusions from the FSCG is that ensuring access on its own is not sufficient as services need to be truly inclusive to fully benefit children in vulnerable situations. This raises the issue of whether a CG should just focus on access to a service or should also set (minimum) standards for the quality of services that children should have access to.

The question of how broad or narrowly the term "free" should be understood in relation to education, healthcare and ECEC is not straightforward. Similarly, the evidence gathered in Chapter 7 stresses that while a basic service may be free accessing it can involve additional costs which can act as barriers for children in vulnerable situations. Thus the issue arises whether the CG should take a narrow view of what constitutes "free" or should also take into all the ancillary costs of accessing a service.

Policy pointer/provisional recommendation

The role of the EU could be instrumental to develop European quality frameworks and setting common service standards in order to guarantee high-quality services in the five areas to all EU children, whatever their vulnerability and the country where they live[382].

In relation to how "free" should be understood we consider it essential that ancillary costs that can impede access of children in vulnerable situations should be taken into account and that Member States have policies that ensure that such costs do not act as a barrier to access.

[382] See for example the 2014 Report on "Proposal for key principles of a Quality Framework for Early Childhood Education and Care" prepared by the Working Group on ECEC under the auspices of the European Commission.

9.2.4 Issue 4: How broad should be the scope and coverage of the CG?

The issue and options

A key issue that arises for a CG is how broad its scope should be. Should it guarantee access to all children or just to all children in vulnerable situations? If the focus is on the latter children, should it be all these children or just those experiencing the severest disadvantage? For instance in this regard EU Funds could be concentrated on helping Member States reach the most disadvantaged children whereas other funding could be less focussed.

A further issue that arises given the wide disparity in situations across the EU is whether a CG should focus on all countries for all five areas under scrutiny or should adopt a more targeted approach.

Policy pointer/provisional recommendation

While recognising that the five areas under scrutiny are key social rights for *all* children, we consider that a CG focussing on children in vulnerable situations would have greater impact and added value. It would also have greater chance of being supported by all Member States. Furthermore, to be consistent with the commitment in the Sustainable Development Goals (SDGs) to "leave no one behind" and "to reach the furthest behind first" Member States could be encouraged in the first instance to identify and give priority to those children experiencing the severest disadvantage. However, there are three important elements to keep in mind when implementing a strategy that would focus on children experiencing the severest disadvantage. First of all, it is important to ensure that these children have access to the same, universal services as those that are available to all children. Secondly, it is important to avoid underinvestment in prevention measures and in policy aimed to ensure that vulnerability worsens. Thirdly, some services need to be provided to all/most children, when this is the only way to avoid stigmatisation.

On the question of whether to focus on some or all Member States we consider that as there are some children in vulnerable situations who do not have access to some/ all of the five areas in all countries a CG should apply to all countries. However, the amount of effort required by each Member State to implement the CG will of course vary widely and the level of EU support and encouragement (including the level of EU Funds) should reflect these differences.

9.2.5 Issue 5: Keeping in mind the need to respect subsidiarity, what can be done at EU level to ensure that Member States implement their EU and international obligations in relation to the five PAs?

The issue and options

In Annex 9.1 we set out some possible options that have been suggested during the course of the FSCG which the EU might pursue to help to enforce existing international (including EU) legal and policy frameworks on children's rights related to the five areas under scrutiny. These range from enhanced monitoring and reporting at EU level on the ratification and implementation of international frameworks to working with key organisations promoting children's rights (e.g. ENOC and FRA) and civil society organisations and advocates, to documenting the use of legal judgements to enforce rights, to supporting efforts to raise awareness of children's rights amongst children in vulnerable situations and their parents, as well as to specific suggestions in relation to specific target groups and policy areas. A key question that arises is which of the many suggestions documented has the potential to support and encourage the implementation of children's rights in relation to the five areas to be covered by a CG or are there others that could also be considered.

Policy pointer/provisional recommendation

We consider that all the areas put forward in Annex 9.1 are complementary and reinforce each other, implying a wide range of actions and actors to reinforce the monitoring of the implementation, the information about children's rights, the possibility of strategic litigations and the strengthening of the role of ombudspersons.

9.2.6 Issue 6: Keeping in mind the need to respect subsidiarity, in what ways might the COM use/further strengthen its policy guidance instruments to support Member States' efforts to implement the CG?

The issue and options

In Annex 9.2 we set out a range of possible options that have been suggested during the course of the FSCG for enhancing the EU's policy coordination and guidance in relation to children's access to the five policy areas under scrutiny. These cover actions such as setting child-specific objectives and targets, mainstreaming and monitoring the implementation of the CG in the European Semester, supporting exchange and learning of good practice and developing policy guidance, building on and intensifying the implementation of existing initiatives for specific TGs, improving the collection of comparable data on children in precarious situations, intensifying efforts to establish adequate minimum income standards across the EU, and mainstreaming support for the implementation of a CG across a wide range of Commission's Directorate Generals. Key question that arise are which of these many suggested actions documented has the greatest potential to support and encourage the implementation of a CG and also are there others that could also be considered.

Policy pointer/provisional recommendation

While we consider that all these different actions would be useful in supporting Member States in implementing a CG we would suggest that, in order to ensure that the implementation of the CG is kept at the heart of EU policy making, the most critical of these is ensuring that mainstreaming and monitoring its implementation is made a key element of the European Semester process.

9.2.7 Issue 7: Are there ways EU Funds can be used (more effectively in future) to support the implementation of the CG and should funds be specifically earmarked to support the CG?

The issue and options

In Annex 9.3 we set out a wide range of possible options as to how EU Funds could best be used in future to support the implementation of a possible CG in the next funding period 2021-2027. These include making support for children in vulnerable situations a specific funding priority, and more specifically:

- mobilising all EU Funds and EU financial instruments and extending the priority for supporting children in vulnerable situations across all of them;
- promoting an integrated approach;
- significantly increasing and possibly earmarking funds to support the CG;
- linking the use of EU Funds to national strategies to improve access to the five key policy areas under scrutiny and to combat child poverty and social exclusion;
- using EU Funds in ways that help to trigger major reforms in Member States and using them to complement (not compensate for) national funds;
- linking the use of EU Funds with European Semester and addressing Country Specific Recommendations as needed;
- reinforcing the partnership principle;

- enhancing the monitoring, evaluation and reporting of how EU Funds are used to support children;
- using EU Funds to support investment in training staff to work with children in vulnerable situations, to support the exchange of knowledge and peer learning between countries; and
- using EU Funds to develop some very visible and tangible EU specific flagship initiatives implementing the CG (see above, Section 9.2.2).

While we consider that all of the suggestions set out in Annex 9.3 are important and mutually reinforcing there are two contentious issues that could benefit from further discussion. First, should specific funds be earmarked in future specifically to support the implementation of the CG or is it sufficient to make support for children in vulnerable situations a specific (horizontal) priority? Secondly, given that the scale of the challenge in implementing a CG will be much greater for some Member States than others should any EU Funds allocated to support the implementation be focussed (mainly) on those Member States facing the greatest challenges to ensure that children in vulnerable situations can access the five areas under scrutiny?

Policy pointer/provisional recommendation

On the specific issue of earmarking (or at least reserving a specific proportion of ESF+ funds for supporting the implementation of the CG), we consider that this would raise the profile and awareness of the new focus being given to children in vulnerable situations. This would help to encourage Member States to develop a more strategic approach and to allocate more resources to achieving this objective. It would also increase public awareness.

On the issue of allocating more resources to those Member States who face the greatest challenges in this area we think this would be logical. If used strategically to improve access of children to the five areas then EU Funds have the potential to have the greatest impact in these countries.

9.2.8 Issue 8: How might the different instruments available at EU level be better coordinated to support the implementation of the CG?

The issue and options

From the experience to date in implementing the 2013 EU Recommendation on Investing in Children it is clear that no one instrument on its own will be sufficient to support and encourage Member States to ensure the effective access of children in vulnerable situations to the five policy areas under scrutiny. As well as mobilising the three "classical" types of instruments which the EU can use to support and steer Member States (i.e. legal frameworks, policy coordination and guidance [including research, innovation and knowledge sharing] and financial support - see issues 5-7 above), it is evident that the implementation of any CG will only be effective if it also brings these together in much closer combination than is currently the case so that they are mutually reinforcing. Such a new more coordinated approach needs to combine both existing instruments and some new and enhanced ones. While there are several instruments already in existence that are relevant to increasing access of the TGs to the five policy areas they are often too isolated and piecemeal.

Policy pointer/provisional recommendation

To maximise the impact of the various actions that will be taken at EU level to support a CG, we would suggest that these should be linked together into an overall coherent and holistic package. In other words, to be effective a CG will need to be supported by an implementation framework consisting of different instruments that are mutually

reinforcing. This will involve increasing the focus of existing instruments on children in vulnerable situations, ensuring the active and coordinated implementation of these instruments and, when necessary, introducing one or more new policy initiatives. See Chart 9.1.

9.2.9 Issue 9: How can the CG relate to the wider challenge of combating child poverty and social exclusion in the EU?

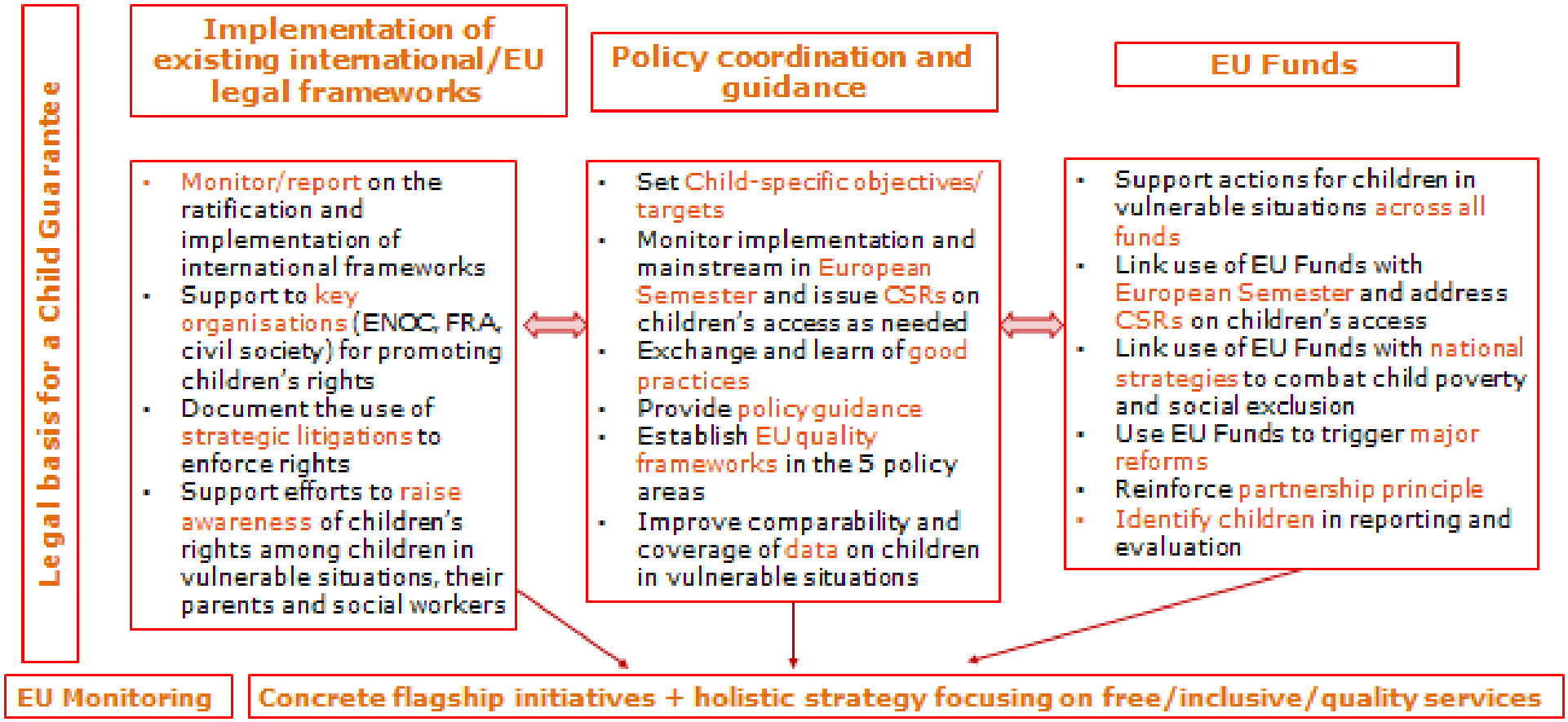
The issue and options

Given the FSCG's conclusion that ensuring access to the five policy areas in question is necessary but not sufficient to tackle child poverty and social exclusion (see Section 9.1, overall conclusion viii) this raises the issue as to how a CG should best be linked to Principle 11 of the EPSR that children have the right to protection against poverty. Given that all the evidence collected during the FSCG is that the comprehensive 3-pillar approach advocated in the 2013 Recommendation on Investing in Children is the appropriate approach then one option is to continue to promote the implementation of the Recommendation as a whole and see the CG as a specific additional tool for implementing Pillar 2 of the Recommendation (i.e. access to services). However, there is a possibility that the establishment of a CG could distract from continuing efforts to implement the 2013 Recommendation.

Policy pointer/provisional recommendation

In the light of this we would suggest that there is a need to formally link the establishment of a CG to continued efforts to implement the 2013 Recommendation. One way that this might be achieved is if a Council Recommendation is used to establish the CG (see Issue 1 above). This Recommendation could then include specific reiteration of the main elements of the 2013 Recommendation and stress that Member States and the Commission should set their implementation of the CG in this wider context of tackling child poverty and social exclusion. This could have the merit of combining a guarantee to ensure the access of all children in vulnerable situations to essential services with a high level political declaration/ commitment to combating child poverty and implementing Pillar 11 of the EPSR. This would also be consistent with the FSCG overall conclusion on the importance of high level political leadership to make progress (see Section 9.1, recommendation xiii above).

Chart 9.1: Child Guarantee framework of mutually reinforcing EU instruments to support and steer Member States



Annex to Chapter 1

Annex 1.1: List of FSCG Experts

Core team experts

Name	Organisation	Role
Marlier E.	LISER	Project Manager and Scientific Director
Frazer H.	Maynooth University	Independent study editor
Guio A-C	LISER	Task leader and study editor
Sementini L.	Applica	Project Coordinator
Haagdorens L.	Applica	Web editor
Ward T.	Applica	Task leader
Hainsworth J. and Tunyogi R.	Eurochild	Children's rights experts
Nanou K. and Saulini A.	Save the Children	Children's rights experts

Target Group experts

Name	TG
Lerch V. and Nordenmark Severinsson A.	Children in Alternative Care
Hunt, P. F.	Children with Disabilities
Bircan T., Van Lancker A. and Nicaise I.	Children with a Migrant Background (including Refugee Children)
Fresno J-M, Meyer S. and Bain S.	Children living in Precarious Family Situations

Policy Area experts

Name	PA
Bradshaw J. and Rees G.	Nutrition
Clark-Foulquier C. and Spinnewijn F.	Housing
Nicaise I., Vandevoort L. and Ünver Ö.	Education
Rigby, M.	Healthcare
Vandenbroeck, M.	Early Childhood Education and Care

Country experts

Name	Country
Fink M. and van-Linthoudt J-M.	Austria
Nicaise I., Vandevoort L., Juchtmans G., Buffel V., Ünver Ö, Van den Broeck K. and Bircan T.	Belgium
Bogdanov G.	Bulgaria
Zrinščak S.	Croatia
Koutsampelas C., Andreou S.N., Dimopoulos K., Chrysostomou S., Kantaris M. and Theodorou, M.	Cyprus
Sirovátka T.	Czech Republic
Kvist J.	Denmark
Anniste K.	Estonia
Kangas O.	Finland

Legros M.	France
Hanesch W.	Germany
Ziomas D., Mouriki A., Capella A. and Konstantinidou D.	Greece
Albert F.	Hungary
Daly M.	Ireland
Raitano M.	Italy
Lace T.	Latvia
Poviliūnas A. and E. Sumskiene	Lithuania
Swinnen H.	Luxembourg
Vassallo M.	Malta
van Waveren B., Groot J., Fase D., Willemijn Smit W., Dekker B. and van Bergen K.	Netherlands
Topińska I.	Poland
Perista P.	Portugal
Pop L.	Romania
Gerbery D.	Slovakia
Stropnik N.	Slovenia
Rodríguez Cabrero G. and Marbán Gallego, V.	Spain
Nelson K., Palme J. and Eneroth M.	Sweden
Bradshaw J., Rees G., Glendinning C. and Beresford B.	United Kingdom

Experts who coordinated the children's consultations (focus groups)

Name	Focus Groups
Morabito C.	Coordination
Gradinaru C.	Children in Alternative Care (Romania)
Van Hove G. and De Schauwer E.	Children with Disabilities (Belgium)
Mattelin E.	Children with a Migrant Background (including Refugee Children) (Sweden)
Morabito C.	Children living in Precarious Family Situations (Italy)

Experts who contributed to the case studies

Name	Case study
Fondeville N.	Coordination
Albert F	Sure Start Children's Homes in Hungary
Bogdanov G.	The World Bank Project for Roma children in Eastern Europe
Juchtmans G.	The Flemish AMIF-funding programme
Makarevičienė A.	The role of EU funds to address homelessness and housing exclusion for children and their families
Naylon Metis I.	The Fund for European Aid to the Most Deprived (FEAD) in Germany
Polat E. and Daly M.	The Prevention and Early Intervention Initiative in Ireland
Stimpson A.	EEA Grants 2009-2014, Children and Youth at Risk programmes in Estonia, Lithuania and Romania
Ziomas, D., Capella, A. and Konstantinidou, D.	Integrating refugee and migrant children into the education system in Greece

Annex 1.2: List of documents generated within the FSCG

FSCG Inception Report	Feasibility Study for a Child Guarantee (2018), "Inception report", Brussels: European Commission.
FSCG online consultation report	Feasibility Study for a Child Guarantee (2019). "Feasibility Study for a Child Guarantee – Report on the online consultation". Brussels: European Commission.
FSCG analysis of case studies	Feasibility Study for a Child Guarantee (2019). "Case studies on the effectiveness of funding programmes – Key findings and study reports", Brussels: European Commission.
FSCG focus groups	Morabito C., De Schauwer E., Gradinaru C., Mattelin E., Van Hove G, "Children's Voices: Learning and Conclusions from Four Consultations with Children", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
FSCG TG paper on children in alternative care	Lerch, Véronique and Nordenmark Severinsson, Anna (2019). "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
FSCG TG paper on children with disabilities	Hunt, Paula Frederica (2019). "Target Group Discussion Paper on Children with Disabilities", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
FSCG TG paper on children with a migrant background	Bircan, T., Van Lancker, A., Nicaise, I. (2019). "Target Group Discussion Paper on Children with a Migrant Background (including Refugee Children)", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
FSCG TG paper on children living in precarious family situations	Fresno, J-M, Meyer S. and Bain, S. (2019). "Target Group Discussion Paper on Children living in Precarious Family Situations", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
FSCG nutrition policy paper	Bradshaw, J., and Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition. Internal Document.
FSCG ECEC policy paper	Vandenbroeck, M. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Early Childhood Education and Care. Internal Document.
FSCG education policy paper	Nicaise, I., Vandevoort, L., and Ünver, Ö. (2019). Feasibility Report for a Child Guarantee: Policy Area Report on Education. Internal Document.
FSCG housing policy paper	Clark-Foulquier, C. and Spinnewijn, F. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Housing. Internal Document.
FSCG healthcare policy paper	Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy Area Report on Healthcare. Internal Document.

AT Country Report	Fink, M. in co-operation with van-Linthoudt, J-M. (2019). Feasibility Study for a Child Guarantee: Country Report – Austria, Internal document.
BE Country Report	Nicaise I., Vandevoort, L., Juchtmans, G., Buffel, V., Ünver, Ö., Van den Broeck, K., and Bircan, T. (2019). Feasibility Study for a Child Guarantee: Country Report – Belgium, Internal document.
BG Country Report	Bogdanov, G. (2019). Feasibility Study for a Child Guarantee: Country Report – Bulgaria, Internal document.
CY Country Report	Koutsampelas, C., Andreou, S.N., Dimopoulos, K., Chrysostomou, S., Kantaris, M., and Theodorou, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Cyprus, Internal document.
CZ Country Report	Sirovátka, T. (2019). Feasibility Study for a Child Guarantee: Country Report – Czech Republic, Internal document.
DE Country Report	Hanesch, W. (2019). Feasibility Study for a Child Guarantee: Country Report – Germany, Internal document.
DK Country Report	Kvist, J. (2019). Feasibility Study for a Child Guarantee: Country Report – Denmark, Internal document.
EE Country Report	Anniste, K. (2019). Feasibility Study for a Child Guarantee: Country Report – Estonia, Internal document.
EL Country Report	Ziomas D., Mouriki A., Capella A., and Konstantinidou D. (2019). Feasibility Study for a Child Guarantee: Country Report – Greece, Internal document.
ES Country Report	Rodríguez Cabrero, G. and Marbán Gallego, V. (2019). Feasibility Study for a Child Guarantee: Country Report – Spain, Internal document.
FI Country Report	Kangas, O. (2019). Feasibility Study for a Child Guarantee: Country Report – Finland, Internal document.
FR Country Report	Legros, M. (2019). Feasibility Study for a Child Guarantee: Country Report – France, Internal document.
HR Country Report	Zrinščak, S. (2019). Feasibility Study for a Child Guarantee: Country Report – Croatia, Internal document.
HU Country Report	Albert, F. (2019). Feasibility Study for a Child Guarantee: Country Report – Hungary, Internal document.
IE Country Report	Daly, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Ireland, Internal document.
IT Country Report	Raitano, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Italy, Internal document.
LT Country Report	Poviliūnas, A. and Sumskiene E. (2019). Feasibility Study for a Child Guarantee: Country Report – Lithuania, Internal document.

LU Country Report	Swinnen, H. (2019). Feasibility Study for a Child Guarantee: Country Report – Luxembourg, Internal document.
LV Country Report	Lace, T. (2019). Feasibility Study for a Child Guarantee: Country Report – Latvia, Internal document.
MT Country Report	Vassallo, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Malta, Internal document.
NL Country Report	van Waveren, B., Groot, J., Fase, D., Willemijn Smit, W., Dekker, B., and van Bergen, K. (2019). Feasibility Study for a Child Guarantee: Country Report – the Netherlands, Internal document.
PL Country Report	Topińska, I. (2019). Feasibility Study for a Child Guarantee: Country Report – Poland, Internal document.
PT Country Report	Perista, P. (2019). Feasibility Study for a Child Guarantee: Country Report – Portugal, Internal document.
RO Country Report	Pop, L. (2019). Feasibility Study for a Child Guarantee: Country Report – Romania, Internal document.
SE Country Report	Nelson, K., Palme, J., and Eneroth, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Sweden, Internal document.
SI Country Report	Stropnik, N. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovenia, Internal document.
SK Country Report	Gerbery, D. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovakia, Internal document.
UK Country Report	Bradshaw, J., Rees, G., Glendinning, C., and Beresford, B. (2019). Feasibility Study for a Child Guarantee: Country Report – The United Kingdom, Internal document.

Annex to Chapter 3

Annex 3.1: Data quality and availability

Chapter 3 summarises the challenges faced by the general population of children and the TGs in terms of access to the five key social rights, on the basis of available data and analyses.

The primary source of EU comparative data used for analysing access to most of the five key social rights (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 FSCG, 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 activities[383].

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 Chapter 2, 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 (and will be collected in future each 3 or 4 years, as this indicator was officially agreed at the EU level). At the time of writing this report, data on child deprivation are only available for 2014. In this report, when other survey years are used, we therefore only use income poverty to characterise this subgroup.

It is also 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. The table in Annex 3.1 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 the table below. The

[383] As explained in Chapter 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.

response rate for all the variables used was also checked and is higher than the Eurostat threshold. So, it does not necessitate other precautions.

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 above.

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.

Annex to Chapter 6

Annex 6.1: Case law cited in the main text

1. Right to free healthcare

The decision of the European Committee of Social Rights in *International Federation of Human Rights Leagues (FIDH) v. France*,[384] affirms that limiting the right of migrant children to medical assistance in France to situations that involve an immediate threat to life is in breach of Article 17 of the European Charter on Social and Economic Rights. The restriction in this instance impacts adversely on children who are exposed to the risk of no medical treatment. Article 17 of the Revised Charter is directly inspired by the United Nations Convention on the Rights of the Child. It protects the right of children and young persons, including unaccompanied minors, to care and assistance. The Committee observed the Charter must be interpreted so as to give life and meaning to fundamental social rights. It follows inter alia that restrictions on rights are to be read restrictively, i.e. understood in such a manner as to preserve intact the essence of the right and to achieve the overall purpose of the Charter. The Committee holds that legislation or practice which denies entitlement to medical assistance to foreign nationals, within the territory of a State Party, even if they are there illegally, is contrary to the Charter. The Committee stated such treatment treads on a right of fundamental importance to the individual since it is connected to the right to life itself and goes to the very dignity of the human being.

2. Right to education

In the case of *Ponomaryovi v. Bulgaria,* [385] the ECtHR links the right of access to education – free of charge – to the increased importance of secondary education in modern society. The Court states "the Court is mindful of the fact that with more and more countries now moving towards what has been described as a "knowledge-based" society, secondary education plays an ever-increasing role in successful personal development and in the social and professional integration of the individuals concerned. Indeed, in a modern society, having no more than basic knowledge and skills constitutes a barrier to successful personal and professional development. It prevents the persons concerned from adjusting to their environment and entails far-reaching consequences for their social and economic well-being." Although the obligation to make secondary education free of charge is a progressive one, it is restricted by the limitations caused by the prohibition to take deliberate retrogressive measures. Thus once secondary education has been made free of charge, it can only be reversed in very dire (economic or other) situations.

Indeed the ECtHR has affirmed in the case of *Timishev v. Russia*[386] that exclusion of children from education due to lack of registration as regular migrants of the parents violates the right to education. In this case, the applicant's children were refused admission to the school which they had attended for the previous two years. The Government did not contest the applicant's submission that the actual reason for the refusal had been that the applicant had surrendered his migrant's card and had thereby forfeited his registration as a resident in the town of Nalchik. The Court affirmed the Convention and its Protocols do not tolerate a denial of the right to education. The Government confirmed that Russian law did not allow the exercise of that right by children to be made conditional on the registration of their parents' residence. It follows that the applicant's children were denied the right to

[384] Complaint No. 14/2003, Decision of 8 September 2004 at paras. 29-36.
[385] ECtHR, Application No. 5335/05, Judgment of 21 June 2011 para. 57.
[386] Applications No. 55762/00 and 55974/00, Judgment of 13 December 2005) at paras. 64-5.

education provided for by domestic law. Their exclusion from school was therefore held to be incompatible with the requirements of Article 2 of Protocol No. 1.

In *D.H. and others v. the Czech Republic*,[387] the Grand Chamber of the ECtHR concluded that members of a group had been systematically excluded from the regular schooling system, which amounted to indirect discrimination. In this case, the Court states it accepts that the Government's decision to retain the special-school system was motivated by the desire to find a solution for children with special educational needs. However, "it shares the disquiet of the other CoE institutions who have expressed concerns about the more basic curriculum followed in these schools and, in particular, the segregation the system causes." The Court states it is not satisfied that the parents of the Roma children, who were members of a disadvantaged community and often poorly educated, were capable of weighing up all the aspects of the situation and the consequences of giving their consent. As such, in view of the fundamental importance of the prohibition of racial discrimination, the Grand Chamber considers that no waiver of the right not to be subjected to racial discrimination can be accepted, as it would be counter to an important public interest. The Court goes on to state:

> *"The facts indicate that the schooling arrangements for Roma children were not attended by safeguards that would ensure in the exercise of its margin of appreciation in the education sphere, the State took into account their special needs as members of a disadvantaged class […]. Furthermore, as a result of the arrangements the applicants were placed in schools for children with mental disabilities where a more basic curriculum was followed than in ordinary schools and where they were isolated from pupils from the wider population. As a result, they received an education which compounded their difficulties and compromised their subsequent personal development instead of tackling their real problems or helping them to integrate into the ordinary schools and develop the skills that would facilitate life among the majority population. Indeed, the Government have implicitly admitted that job opportunities are more limited for pupils from special schools."*[388]

With regards to children and young people with disabilities, the judgment in the case of *Enver Şahin v. Turkey* (No. 23065/12), judgment of 30 January 2018 has particular importance for the European CG in relation to children/youth with disabilities and their universal right to non-discriminatory education in society. The ECHR found a violation of Article 14 (Prohibition of discrimination) of the European Convention on Human Rights, read in conjunction with Article 2 (Right to education) of Protocol No. 1. after a young person with disabilities (Mr Şahin) was unable to gain access to the university buildings for the purpose of his studies. University administrators justified their refusal by the lack of suitable facilities for students with disabilities. The Court found in particular that the Turkish Government had not demonstrated that the University and judicial authorities in Turkey, had reacted with diligence in order to ensure that the student with disabilities could continue to enjoy his right to education in a non-discriminatory way compared to other students. The ECHR also could not establish that a fair balance had been struck between the competing interests of the student with disabilities (his educational needs) and society as a whole

3. Right to decent housing

The ECtHR has considered the effect of pollution on an individual's enjoyment of their Article 8 ECHR right to respect for their home and private and family life (see *López Ostra*

[387] ECtHR Application No. 57325/00, Judgment of 13 November 2007 at paras. 198, 203-4 and 207.
[388] *Ibid*, para. 207.

v. Spain application No. 16798/90, *Fadeyeva v. Russia* application No. 55723/00, *Bacila v. Romania* application No. 19234/04 and *Di Sarno and Others v. Italy* application No. 30765/08). In this regard, *López Ostra v. Spain* set out the key principle that a fair balance must be struck between the interests of the community and the interests of the individual applicant. More recently, in *Di Sarno and Others v. Italy,* [389] the Court found a substantive but not a procedural violation of Article 8 where the applicants were forced to live in an environment polluted by the piling-up of rubbish in the streets for over five months.

Bah v The United Kingdom [390] attempted to argue, albeit unsuccessfully, that a right to be provided with housing could be found under Article 8 ECHR. While there is no right under Article 8 of the ECHR to be provided with housing, the ECtHR does affirm that where a Contracting State decides to provide such benefits, it must do so in a way that is compliant with Article 14. There was no breach in this case, as the Court found the differential treatment to which the applicant was subjected was reasonably and objectively justified by the need to allocate, as fairly as possible, the scarce stock of social housing available in the United Kingdom and the legitimacy, in so allocating, of having regard to the immigration status of those who are in need of housing. On the facts of the applicant's case, the effect of the differential treatment was not disproportionate to the legitimate aim pursued.[391]

In *M.S.S. v. Belgium and Greece*, [392] the Court assessed whether Article 3 ECHR permitted the Belgian authorities to return migrants to Greece even though they were aware of the inhumane conditions in Greek migration shelters. The Court considers that it was up to the Belgian authorities, not merely to assume that the applicant would be treated in conformity with the Convention standards but, on the contrary, to first verify how the Greek authorities applied their legislation on asylum in practice. Had they done this, they would have seen that the risks the applicant faced were real and individual enough to fall within the scope of Article 3. The fact that a large number of asylum-seekers in Greece find themselves in the same situation as the applicant does not make the risk concerned any less individual where it is sufficiently real and probable. The Court found that on the obligations incumbent on the States under Article 3 of the Convention in terms of expulsion, the Court considers that by transferring the applicant to Greece the Belgian authorities knowingly exposed him to conditions of detention and living conditions that amounted to degrading treatment.

In the case *Centre public d'action sociale d'Ottignies-Louvain-la-Neuve v Moussa Abdida* [393] a Nigerian national diagnosed with AIDS, submitted an application to the Belgian state requesting leave to remain due to medical reasons. While appealing the refusal, during the litigation procedure, Mr Abdida had his basic social security and medical care withdrawn. The Advocate General stipulated that to have one's most basic needs catered for is an essential right which cannot depend on the legal status of the person concerned. Moreover, although the extent of the provision for basic needs must be determined by each member state, given the discretion conferred on them by Directive 2008/115 on common standards and procedures in Member States for returning illegally staying third-country nationals, it could be argued that such provision must be sufficient to ensure the subsistence needs of the person concerned are catered for as well as a decent standard of living adequate for that person's health, by enabling him, inter alia, to secure accommodation and by taking into account any special needs that he may have. This of course, also applies to children of the applicant.

[389] ECtHR, Application No. 30765/08, Judgment of 10 January 2012.
[390] ECtHR, Application No. 56328/07, Judgment of 27 September 2011 at para. 40.
[391] *Ibid* at para. 52.
[392] ECtHR, Application No. 30696/09, Judgment of 21 January 2011 at paras. 252-254, 358-9 and 367.
[393] CJEU, Case C 562/13, Opinion of Advocate General BOT at paras. 156-7.

Annex 6.2: Examples of other case law to enforce the rights of children with disabilities and/or children in institutions

The following are some examples of cases concerning children with disabilities and/or children in institutions where litigation has been used to enforce their rights.

1. National

Slovakia

Ella Grebeciova: Case of a girl with disability denied education at her local school. The Constitutional Court of Slovakia found that denial of inclusive education to Ella amounted to discrimination and confirmed that Ella must be provided with reasonable accommodations at school.
http://www.mdac.org/en/news/slovakia-supreme-court-rules-denial-inclusive-education-children-disabilities-can-amount

Lujza Tomasko: Lujza was a 4-year-old girl with disability, whose mother received no support from the state to meet Lujza's needs and was being indirectly forced to put her in an institution. Based on our lawsuit, the local court ordered the local authority to provide Lujza with community services and in-home support.
http://www.mdac.org/en/news/slovakia-first-time-litigation-helps-4-year-old-girl-being-institutionalised

Czechia

Jan Hrazdira: Jan is a boy with autism, who was denied education at his local school. Subsequently, he was refused enrolment in 14 other schools and his mother could find no school for him. The local court held the local municipality responsible for not ensuring inclusive education for Jan. It confirmed that the denial of education amounted to discrimination.
https://validity.ngo/2014/09/22/why-was-a-boy-with-autism-repeatedly-denied-an-inclusive-education/

2. International

European Court of Human Rights (ECtHR)

Kocherov and Sergeyeva v. Russia: Case of parents with mental disabilities and were denied custody of their child, only on the basis of their disability. The child was institutionalised as a result. MDAC achieved victory before the ECtHR confirming violation of the right to privacy.
https://validity.ngo/2016/03/29/russia-landmark-judgment-on-parenting-rights-for-persons-with-disabilities/

Blokhin v. Russia (Validity filed third party intervention): A case of a young boy with mental disabilities in Russian detention, who was ill-treated as a result of the authorities' disregard for his specific needs. The victory before the ECtHR also confirmed children's right to comparable criminal defence rights as those of adults, such as the presence of a lawyer.
http://mdac.org/en/news/russia-stop-abuse-children-disabilities-criminal-justice-system

CLR on behalf of Valentin Campeanu v. Romania (Validity filed third party intervention): Case of a young man with multiple disabilities, who had been institutionalised throughout his life, and who died in horrific conditions and in complete lack of care in an institution in Romania. The case concerned mainly the right to seek justice on behalf of a deceased victims from institutions, who have no other next of kin to act in their interest. http://mdac.org/en/olivertalks/2013/09/05/romanian-government-killed-young-man-disabilities-will-it-get-away-it

ECtHR, Olsson v. Sweden (no 1), No 10465/83, 24 March 1998: the ECtHR considered that placement of a child in institutional care was not compatible with Article 8 of the ECHR because the care decision should have been regarded as a temporary measure to be discontinued as soon as circumstances permitted, and the measures taken should have been consistent with the ultimate aim of reuniting the children with their family. This case confirms other ECtHR jurisprudence that the placement of a child in alternative care is only compatible with Article 8 of the ECHR when it is in accordance with the law, pursues a legitimate aim (such as the protection of the child's best interests) and is deemed necessary in a democratic society.

European Committee on Social Rights

MDAC v. Bulgaria: The case concerned a complete denial of education to children with mental disabilities in institutions in Bulgaria. The European Committee on Social Rights confirmed that inclusive education is a standard also applied under the European Social Charter.
https://archive.crin.org/en/library/legal-database/mental-disability-advocacy-centre-v-bulgaria.html/ https://www.escr-net.org/caselaw/2015/mental-disability-advocacy-centre-mdac-v-bulgaria-complaint-no-412007

MDAC v. Belgium: The case concerned the denial of inclusive education to children with mental disabilities in Belgium; either a complete denial of education, or their segregation in special schools. The Committee again upheld the standards of inclusive education.
https://validity.ngo/2018/03/30/mass-school-segregation-in-flanders-breaches-rights-of-children-with-mental-disabilities-says-top-european-social-rights-body/

Court of Justice of the EU (CJEU)

S. Coleman v Attridge Law and Steve Law, Judgment of the Court (Grand Chamber) of 17 July 2008, ECLI:EU:C:2008:415. This case concerned a woman who worked as a legal secretary to a London-based firm. She was forced to take a number of absences from work to care for her young son who was disabled and was then offered voluntary redundancy. She was successful in her claim against the firm for constructive dismissal and disability discrimination. Examples of discriminatory treatment allegedly suffered by the claimant included the refusal of her employers to allow her to return to her existing job after coming back from maternity leave, and refusing to provide her with the same flexibility in relation to working arrangements as those of her colleagues with non-disabled children. The claimant successfully argued that Council Directive 2000/78/EC (establishing a general framework for equal treatment in employment and occupation, 27 November 2000) extends to "discrimination by association" insofar as it is intended to prohibit discrimination not only against disabled persons themselves, but also against individuals who are victims of discrimination because they are associated with a disabled person.

Annex to Chapter 7

Annex 7.1: Main priorities to improve access to free education by country

The table below summarises the main priorities to ensure free education for children in vulnerable situations as identified in the 28 FSCG Country Reports. Experts were asked to identify up to three priority actions for each TG.

Country	Education challenges	General policy recommendation	Policy recommendation educational needs of TGs
Austria	Ethnic gap Early tracking	De-tracking	Migrants: close ethnic performance gap Children with disabilities: inclusive education
Belgium	Ethnic gap + ethnic segregation Segregated special education Early tracking	De-segregation De-tracking Reduce grade repetition	Migrants: shift from assimilationist policy to intercultural education Children with disabilities: inclusive education
Bulgaria	Extreme underachievement of low socio-economic groups Discrimination against Roma	De-segregation Parental involvement	Roma: end discrimination Children with disabilities: inclusive education
Cyprus	Extreme underachievement of low socio-economic groups Affordability	Good policies, but weak funding and evaluation	Re-inforce existing policies for TGs: not just through more assistant teachers but also through legal consolidation, monitoring and evaluation
Czech Republic	Early tracking Discrimination against Roma	De-tracking De-segregation	Shift further from targeted to mainstream policies (de-segregation, rights-based policies
Denmark	Segregated special education	Make school funding more equitable	Mainstream education for institutionalised children
Germany	Ethnic gap Segregated special education Early tracking	De-segregation De-tracking	Intensify efforts for refugee children Inclusive education
Estonia			
Greece	Ethnic gap Refugee crisis Extreme under-achievement of low socio-economic groups Affordability	Invest more in (quality) education	
Spain	Discrimination against Roma Affordability	Reform student grant system	Roma: end discrimination Children with disabilities: inclusive education
Finland			
France	Ethnic gap		

Country	Education challenges	General policy recommendation	Policy recommendation educational needs of TGs
Croatia	Affordability	Mainstream extended school day	Re-inforce existing policies for TGs: not just through more assistant teachers but also through legal consolidation, monitoring and evaluation
Hungary	Early tracking Affordability Discrimination against Roma	De-tracking De-segregation More public investment in education	Roma: end discrimination Children with disabilities: inclusive education
Ireland		Re-invest in equitable education	More strategic approach to inclusive education
Italy	Refugee crisis		More strategic approach to inclusive education
Lithuania			More coherent strategy of inclusive education
Luxembourg	ethnic segregation	De-segregation	
Latvia	Segregated special education		Roma: end discrimination Children with disabilities: inclusive education
Malta	Extreme underachievement of low socio-economic groups	Combat early school leaving	
Netherlands	Ethnic gap Early tracking	De-segregation De-tracking	
Poland		Reform student grant scheme	Mentoring for left-behind children and their families
Portugal			
Romania	Extreme underachievement of low socio-economic groups Affordability Early tracking	De-segregation De-tracking More equitable funding of schools	De-segregation of Roma education
Slovenia	Ethnic gap + ethnic segregation	De-segregation	Intercultural training of teachers
Slovakia	Extreme under-achievement of low socio-economic groups Early tracking Discrimination against Roma	De-segregation De-tracking	Roma: end discrimination Children with disabilities: inclusive education
Sweden	Ethnic gap		
United Kingdom			

Source: Nicaise, I., Vandevoort, L., and Ünver, Ö. (2019). Feasibility Report for a Child Guarantee: Policy Area Report on Education. Internal Document.

Annex 7.2: Main priorities to improve access to decent housing by country

The table below summarises the main priorities to ensure decent housing for children in vulnerable situations identified in the 28 FSCG Country Reports.

Country	General policy recommendation	Policy recommendation housing needs of TGs
Austria	Need for an integrated approach aiming at increased accessibility of decent housing based on: i) a more rigid and transparent regulation on prices paid in rental dwellings in the private sector; ii) Financing expansion of social housing (need for investment via national financial equalisation and related transfers from the Federal Republic.)	Increasing housing benefits for the groups most in need up to actual housing costs and according to rules harmonised across all federal provinces.
Belgium	Tailored housing subsidies better to families with children looking at financial capacity and household type, while the calculations should be based on reference budgets. Increase coverage/take-up of housing benefits. Eviction of families with children should be prevented. Procedures should take into account the presence of children. Invest more in social housing (shift public subsidies from home-owners to tenants) Organise signalling of substandard housing situations and guide to improved situation	Further increase the supply of social housing especially with respect to accommodating large families. Address causes of homelessness and improve preventive housing guidance Improve short and child-friendly shelters
Bulgaria	Develop a national strategy and policy to ensure adequate living conditions for all children	Develop investment to improve living condition of TGs e.g. remove accessibility barriers for families with children with disability, and improve access to decent housing for households from Roma communities
Cyprus	Rent subsidies must be recalculated to adapt to increase in prices, especially in cities like Limassol. Increase incentives for the private sector to build social houses targeting people in vulnerable conditions. Long-term strategies and policies are required to ensure non-ghettoisation and non-segregation of refugees and Roma in Cyprus.	Special needs groups must be better identified as not all special needs categories are equally eligible or in need of special housing arrangements. This will provide a better allocation of funds. Establish policy measures for family units with children facing difficulties such as disabilities and special needs to have access to decent housing.
Czech Republic	Establish a guarantee that housing costs will be appropriately covered to households raising children. Support municipalities to increase social housing capacities Improve the legislation on social housing to better define the roles of the state and municipalities and ensure the follow-up financing of the acquisition, renovation and operation of social housing.	Specific support is needed to improve access to affordable housing for people and children with disabilities.

Country	General policy recommendation	Policy recommendation housing needs of TGs
	Expand rapidly emergency housing capacities, according to suitable standard for families with children. Explicitly state the right to housing in legislation Set up central binding rules to allocate municipal housing to those families that are in need. Any discriminatory rules must be excluded.	
Denmark	Abolish the social security benefit ceiling *(Kontanthjælpsloftet)* to ease problems of housing cost overburden for, especially, single-adult households but also other families Improve access to housing for youth, e.g. youth housing, colleges, and sheltered housing with a resourceful person attached	Introduction of compensatory measures for the low Integration benefit (that is to be cut even more) to ensure that children are not adversely affected Better guidelines to municipalities and TGs about reasonable expectations to help.
Germany	Effective limitation of rent increases. Massive expansion of social housing in order to increase the availability of affordable housing.	Introduction of special quotas for TGs in the housing market.
Estonia		Increase state benefit for families with disabled children to cover the cost for adapting living quarters.
Greece	Develop a policy framework for housing support that would take into consideration the particular housing needs of vulnerable children. Establishment of proper tools and mechanisms for the acquisition of hard data and for the systematic monitoring and evaluation of housing support needs of the most vulnerable groups.	Full implementation of the relocation plan for Roma people from rough/irregular accommodation to appropriate social housing complexes. Ensure all asylum-seeking children have quick access to decent accommodation in apartments. Ensure all unaccompanied children secure a place in shelters. Launch extensive social housing programmes targeted at refugees and migrants Development of housing quality standards for children with disabilities according to the extent and nature of their disability.
Spain	Increase the legal protection of children and their families in eviction processes Develop specific programmes for low cost public housing rental or rental support for the most vulnerable groups Provide economic benefits for the renovation of inadequate homes.	Implement public programs to ease the access to housing of migrants and refugees as well as low incomes families Combat discrimination and xenophobia against the immigrant population and Roma people, with specific programmes for housing mediation between house owners and migrants and refugees as well as specific

Country	General policy recommendation	Policy recommendation housing needs of TGs
		campaigns against discrimination in housing.
Finland	Accelerate the construction of apartments in bigger towns, especially rental flats for low income families	Increase availability of n supported housing for TGs
France	Establish effective, enforceable right to housing	Stop accommodation in social hotels and provide adequate condition for children in emergency accommodation. Develop the "Housing First" programme Develop social housing that conforms to accessibility standards for families with members with disabilities
Croatia	Need to formulate a national social housing policy. Increasing the level of housing benefits and ensuring that all local governments secure appropriate funding for this purpose.	Significantly greater investment in the housing of the Roma population. Need to increase data collection to better understand the situation of the housing of children in families with a member with a disability and families of recent migrants and refugees. Ensuring separate institutional housing for children seekers of international protection. Improving living conditions in retention centres.
Hungary	Development of a well-operating social rental sector (adequate in quantity and quality, affordable, with clear, non-fragmented guidelines concerning social need and prioritising of households in vulnerable situations) Establishment of a well-operating system to tackle affordability problems (relevant and effective support in terms of type and value, clear and fair, non-fragmented eligibility criteria well-reflecting social need and household specificities, available in all settlements) Ban on eviction of households with children without the provision of adequate housing.	Restart AMIF projects to help recognised refugees/beneficiaries of subsidiary protection families to find solution to their housing situation. Provision of adequate housing solutions for children in vulnerable situations. Introduction of needs-based support to access decent housing for refugees/beneficiaries of subsidiary protection families (e.g. support for rental fees, provision of information, establishment/development of services helping access to decent housing) Amendment of discriminatory regulations concerning mainstream policy instruments (e.g. Family Home Allowance). Services to supports for the establishment of barrier-free

Country	General policy recommendation	Policy recommendation housing needs of TGs
		housing environment for every type of disabilities. Invest in the development of services helping households to keep children with disabilities in their own community Effective deinstitutionalisation (to effectively non-institutional environments). Effective, needs-based supports for the establishment of barrier-free housing environment for every type of disabilities.
Ireland	Increase the supply of affordable housings stock Better policy targeting of vulnerable groups	
Italy	Increase the supply of affordable housings stock Increasing investment to provide adequate support particularly for vulnerable groups to access decent affordable housing Introducing national guidelines (and resources).	Establish appropriate reception and protection mechanisms for unaccompanied asylum seeking children (UASC) Strengthen alternative care Promote the adoption of independent housing solutions for UASC, starting at least 6 months before they come of age.
Lithuania	Tailored-made individual approach for the allocation of social housing Mobilise private owners to develop affordable housing stock Improve coordination between programs Find alternative housing solutions for "after social housing" so that social housing is better used to house most excluded	Improve housing conditions of Roma families, increase availability and accessibility of housing support. Offer social housing adjusted to the needs of persons with disabilities for families with children with disabilities. Improve housing conditions in Foreigners registration centre, providing spaces and playground for children. Provision help and assistance in finding suitable and affordable housing in the municipalities after leaving reception centres
Luxembourg	Increase the social housing stock Organise more public control over the housing rent market	Need for a more effective strategy to create more housing opportunities for low income households and for refugees e.g. establish a system of guarantee to convince private owners to rent out to refugees Improve the quality of shelters for asylum seekers

Country	General policy recommendation	Policy recommendation housing needs of TGs
Latvia	Develop a uniform housing policy in Latvia and eliminate regional differences and inequality in granting housing benefits to inhabitants of various local governments Address the problem of insufficient social housing Develop affordable quality housing support mechanisms (state and local government support in building rental housing/ state guarantees for families with average incomes etc.).	Ensure accessibility of environment, in particular in multi-apartment buildings for children with disabilities. Increase material support in covering rental and utility payments and/or targeted support in adjusting housing to satisfy basic needs.
Malta	Increase social housing stocks Evaluation of current users of social housing to assess whether these are still needed Facilitate more work opportunities for parents to ensure adequate incomes	Introduce new schemes to improve housing and home-based aids for disabled children
Netherlands	Increase affordable housing stock Increase prevention mechanisms e.g. knowledge sharing among social neighbourhood teams in order to be able to supply tailor made appropriate preventive local services	
Poland	Develop low rental housing through effective implementation of existing programme, Housing+ Support the development of communal housing	Policy instruments supporting families with disabled children should be somehow consolidated Improve the information on entitlements: Collect all of them in a single document (any form) making it easily available to the wider audience
Portugal	Proper implementation of the "New generation of housing policies" Eradication of shanties	Reinforcement of inspections of housing conditions of children with disabilities and other special needs
Romania	Preventing segregation should be a first priority, taken into consideration while planning housing and including breaking up marginalised communities or investing in their rehabilitation Develop housing benefits beyond heating aids including rent subsidies and tax credits for investments Remedial support to overcome default risks and situations should be developed	A national strategy should be approved and to prioritise vulnerable TGs and children The presence of children, and in particular of children with disabilities, should be taken into account when allocating social housing and housing benefits Subsidised interests and state guarantee for buying a house on the private market should extend to families with many children, single-parent families and families with disabled children. Improvements to offer full accessibility should be subsidised.

Country	General policy recommendation	Policy recommendation housing needs of TGs
Slovenia	Provide considerably more social housing Significantly accelerate the process of regularisation of Roma settlements and improve living conditions	
Slovakia	Increase significantly social housing provision and its various models	Develop new strategic document concerning housing policy for vulnerable groups, including children, with participation of various stakeholders and ministries Reform housing allowance scheme, and make it more sensitive to the number of children.
Sweden	Build more rental housing and improve housing market mobility.	
United Kingdom	Increase public investment in housing, especially social housing Reverse the cuts and limits to housing benefits Control rent and quality in the private rented sector	Home building programmes to include Lifetime Housing Standards for children with special needs Reduce delay in processing Disabled Facilities Grants

Source: Clark-Foulquier, C. and Spinnewijn, F. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Housing. Internal Document.

Annex 7.3: Main priorities to improve access to adequate nutrition for children in precarious family situations

The table below summarises the main priorities to ensure adequate nutrition for children in vulnerable situations identified in the 28 FSCG Country Reports. Experts were asked to identify up to three priority actions for each TG.

Country	First priority	Second Priority	Third priority
Austria	Calculation of "objectivised" family budgets, to be used for setting standards for MMI benefits.		
Belgium	More structural measures such as binding guidelines, free meals at school…		
Bulgaria	Development of a state policy combining the health needs of the child of adequate nutrition with the places where it is received - home, school, kindergarten, service, etc.	Public consensus on healthy eating - discussing public policies, nutrition in childcare facilities, promoting healthy eating among parents, regardless of their social status	Support for families who have financial difficulties in accessing healthy food for children
Croatia	Raising the awareness of the importance of eating healthy	Introduction of a new "food benefit" for poor children or of food vouchers for guaranteed minimum income (GMI) recipients.	Policy attention to school meals, in particular by ensuring that all children have access to a hot meal in school and that the fee is not an obstacle to them taking it.
Cyprus	Current policies should be adapted to the basic needs of this TG.	The Ministry of Education and Culture should provide specific Aid to this group of children (i.e. priority in participating in EU programs, discount coupons at the canteens)	Social Welfare Services should establish a special financial aid to ensure adequate nutrition (i.e. a part of GMI should be based on nutritional basic needs)
Czech Republic	A guarantee in legislation of critical nutrition values for children to be translated to the minimum income scheme	A guarantee that the minimum income scheme will be uprated whenever living costs increase by 5 or 10%	A guarantee that housing costs will be covered appropriately to households raising children
Denmark	Targeted early interventions to the most vulnerable mothers, ideally before child birth	a) Strengthening of the health nurses b) General campaign and cooking course for parents in general	School meal offers, e.g. breakfasts and fruits as snacks
Estonia			
Finland	Better counselling and advice		

Country	First priority	Second Priority	Third priority
France	Provide access to quality food baskets – different types of support for food aid networks (FEAD direct aid, social grocery stores, cooking courses)	Open canteens to all children	Increase education on nutrition taking precarious populations into account.
Germany	Raising the child-related standard benefits in the minimum income benefit schemes	Provision of a free, healthy, balanced diet in day care centres and schools etc.	Free nutrition counselling in neighbourhood family centres
Hungary	Secondary school students in need should be provided with free school meals, the eligibility at schools should be extended as well as in the summers	Pregnant mothers in poor families should be provided with vitamins and minerals for the sake of the health of the foetus. The free/supported community catering could be extended to include them.	The reform of school canteen food should be revised, and more attention should be paid so that parents get to know and accept the food their children receive. The reform should be put in the context of a new, and more efficient than the current, public health programme. The activities of the healthcare and social affairs administrations should be more harmonised in this regard.
Italy	Improve the equivalence scale of Citizenship Income to favour households with many children	Include school canteens in the Essential Level of Services and provide school canteens with guidelines regarding healthy food and nutrition	Introduce structurally and universal child benefit
Ireland	A national policy on nutrition	Provide hot nutritious meals in schools, youth, and early years settings	Targeting to children in these situations and implement the recommendations of the Roma Needs Assessment
Latvia	State-financed free lunches are provided at least to pupils of primary school (1st– 9th grades)	Free meals at ECEC	
Lithuania			
Luxembourg	Continue state support for social grocery shops via FEAD programme	Extend the advice component of the FEAD programme	
Malta	education programmes	outreach programmes at home	
Netherlands	Design policies to empower children in exercising healthier lifestyle choices	Reconsider residential water cut-off policies and review current water cut-off practices	

Country	First priority	Second Priority	Third priority
		(in cases where households cannot pay their water costs)	
Poland	To make (healthy) food widely available – Control/lower prices via the revised tax system	Better cooperation with NGOs that are either distributing food to the needy or promote health nutrition	Develop school canteens with free/subsidised healthy food for ALL children
Portugal	Community-based intervention		
Romania	Extending, and closely monitoring in-kind programs, such as to ensure a direct access to at least a proper meal – including children out of school (e.g. through social canteens)	Replacing as much as possible financial help with actual meals	Introducing preventive/ educational programs in schools and within the communities
Slovakia	To increase adequacy of minimum income protection.	To reduce multiple deprivation in basic infrastructure in marginalised Roma communities	
Slovenia	---	---	---
Spain	Free public-school meals for low income families	Taxes on high sugar and fat food and lower taxes on healthy basic food	Public programmes for family counselling and nutritional health
Sweden	Improve relative incomes of families with children by increasing redistribution via child benefits and housing benefits		
United Kingdom	Raise the minimum wage	Provide cheaper, better quality childcare	Reverse the cuts in family benefits

Source: Bradshaw, J. and Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition. Internal Document.

Annex 7.4: Main priorities to improve access to free ECEC

The table below summarises the main priorities to ensure free ECEC for children in vulnerable situations identified in the 28 FSCG Country Reports. Experts were asked to identify up to three priority actions for each TG.

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Austria	1. Expansions of places available (esp. in age < 4) 2. Reduce costs (esp. for low income households) 3. Expand opening hours, reduce closing days	1. Expansions of places available (esp. in age < 4) 2. Reduce costs (esp. for low income households) 3. Expand opening hours, reduce closing days	1. Expansions of places available (inclusive ECEC) 2. Reduce costs (esp. for low income households) 3. Expand opening hours, reduce closing days
Belgium	1. Raise public funding and make ECEC free of charge for disadvantaged groups 2. Integrate child care and preschool into unitary system 3. develop a more comprehensive curriculum from a social-pedagogical perspective	1. Raise public funding and make ECEC free of charge for disadvantaged groups (incl. migrants) 2. Develop a more comprehensive curriculum from a social-pedagogical perspective (incl. language acquisition in childcare) 3. develop intercultural climate in ECEC	1. Raise public funding and make (inclusive) ECEC free of charge for disadvantaged groups
Bulgaria	1. Removing fees for kindergarten and nurseries for families at risk or for all families 2. Ensuring sufficient number of places and legalise alternative services for ECEC 3. Ensuring sufficient number of well-trained specialists in kindergartens	1. Development of adaptation models for refugee children and migrant children 2. Ensuring quality training for specialists working in a multicultural environment 3. Ensuring supportive environment and work to integrate the families of refugee children and migrants	1. Ensuring accessible environment for disabled children 2. Ensuring sufficient number of specialists and a suitable environment for working with disabled children 3. Ensuring legal, financial and staff needs of medical care in kindergartens.
Cyprus	1. Direct EU funds to ECEC.	1. EU policies for the free ECEC should aim to the more appropriate childcare facilities for migrants	1. EU policies for ECEC need to specifically target the children with disabilities taking into account that early intervention.
Czech Republic	1. legal right to ECEC for all children should be expanded to ages 0-3 years 2. public ECEC should be made free-of -charge, free meals should be provided 3. Roma children should be given priority in access to ECEC where capacity is scarce	1. legal right to ECEC for all children should be expanded to ages 0-3 years 2. public ECEC should be made free-of-charge, free meals should be provided 3. migrant children should be given priority in access to ECEC where capacity is scarce	1. legal right to ECEC for all children should be expanded to ages 0-3 years 2. public ECEC should be made free-of-charge, free meals should be provided 3. disabled children should be given priority in access to ECEC where capacity is scarce

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Denmark	1. Continue subsidising fees for ECEC, that is particularly large for single parents	1a. Making ECEC compulsory for parents receiving social assistance or disability pension, i.e. reforming them to become conditional cash transfers 1b. + 2. Early targeted interventions, i.e. during pregnancy, and including the father *in spe* aimed at change of cultural norms concerning childcare	1. Gradual improvement of accessibility to all public facilities, including ECEC
Germany	1. Continuation of the expansion of day care places for children. 2. Guarantee of free services for all families. 3. Improvement of flexibility and implementation of uniform quality standards.	1. Continuation of the expansion of day care places for children. 2. Guarantee of free services for all families. 3. Improvement of flexibility and implementation of uniform quality standards.	1. Implementation of inclusive care 2. Guarantee of free services for all families. 3. Improvement of flexibility and implementation of uniform quality standards.
Estonia	1. Increase the budget for ECEC to ensure free ECEC for all children.		1. Increase the budget for ECEC to ensure local day care for all children with disabilities.
Greece	1. Increase availability and capacity of affordable ECEC places. 2. Introduce quality standards and quality control mechanisms for infant and child centres. 3. Improve allocation of resources regarding ECEC services for Roma children.	1. Increase availability and capacity of affordable ECEC places. 2. Introduce quality standards and quality control mechanisms for infant and child centres. 3. Improve allocation of resources regarding informal ECEC services for refugee children.	1. Increase availability and capacity of affordable ECEC places for children with disabilities. 2. Increase of the budget allocation for subsidised ECEC services for children with disabilities. 3. Introduce quality standards and quality control mechanisms for infant and child centres.
Spain	1. Guarantee of free access to ECEC. 2. Building new ECEC places. 3. Focusing free ECEC services on low income and vulnerable families.	1. Guarantee of free access to ECEC. 2. Reach out public programmes for early enrolment. 3. Information programmes for migrants and refugee families.	1. Guarantee of free access to an adequate and adapted ECEC. 2. Improve of prevention activities in ECEC. 3. Better information and participation for vulnerable and poor families.
Finland	1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC	1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC	1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC 3. Prevent "cream skimming"

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
France	1. Develop and better distribute public collective services (or private at the same cost) 2. Restore and improve mother and childcare services (PMI) 3. Follow up and support single-parent families and families with 3 children or more	1. Develop flexible forms of care with an inclusive approach 2. Encourage early schooling 3. Provide more numerous, more flexible services in priority neighbourhoods and rural areas	1. Encourage early access to collective socialisation in regular environments 2. Provide early screening of diseases and deficiencies 3. Create closer links between the parents of disabled children and schools
Croatia	1. Need to formulate a national policy aimed at including children in nurseries and kindergartens and in particular at overcoming regional disparities. 2. Guarantee that children from families receiving GMI and/or child benefits can be enrolled in kindergarten. 3. Raising awareness among the Roma population of the need to enrol children in kindergarten.	1. Need to obtain data and focus more on free ECE for children of recent migrants and refugees. 2. Provision of additional Croatian language classes and overall expert support to children.	1. Guarantee that all children with disabilities and other special needs obtain a place in a nursery and kindergarten. 2. Securing funds for the employment of assistants and regulation of their roles, employment rights, and necessary competences. 3. Additional training of teachers to understand the needs of children with disabilities and availability of expert support.
Hungary	1.There should be more specialists, health visitors 2.Training for kindergarten teachers: they have no skills for handling reintegration, to provide sensitivity training for parents 3.Measures to alleviate regional inequalities, parallel systems	1. Do not detain any asylum-seeker children in transit zones. 2. Restart AMIF projects to decrease general xenophobic attitude and to find various solution for special needs.	1. Increased the availability, accessibility and affordability of ECEC for the TG. 2. Development and extension of the availability and accessibility of services for diagnosed children.
Ireland	1. conduct an audit to determine whether some children are excluded 2. improve monitoring across the (diverse) sector and consult with children 3.define and apply a measure of childcare affordability and set up a task force on fees		1. Closely monitor and expedite the AIM (Access and Inclusion Model) programme

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Italy	1. Increasing public investment. 2. Guarantee higher number of available places in public nurseries and crèches.	1. Facilitate non-discriminatory access to ECEC. 2. Provide equitable access to quality care for vulnerable groups and families in need.	
Lithuania	1. Training ECEC workforce. 2. Expanding ECEC services in rural communities. 3. Expanding participation in ECEC of children under 3 years.	1. Enable enrolment of migrant and refugees children in ECEC system.	1. Training ECEC workforce to enable provide high-quality educational services for children with disabilities. 2. Expanding participation in ECEC of children with disabilities under 3 years.
Luxembourg	1. continue increasing the number of places 2. adapt the access procedures in order to not discriminate not working parents 3. intensify adequate information as to stimulate parents to use ECEC	1. continue increasing the number of places 2. adapt the access procedures in order to not discriminate not working parents 3. intensify adequate information as to stimulate parents to use ECEC	1. provide specialised training for ECEC staff
Latvia	1. Provision of ECEC at municipal pre-school educational institutions according to the demand for service. 2. Development of the ECEC service for families with children working irregular hours or irregular working time or in other situations.	1.Provision of ECEC at municipal pre-school educational institutions according to the demand for service 2.Training of the staff for work with children of recent migrants and refugees	1. 1.Provision of ECEC at municipal pre-school educational institutions according to the demand for service. 2.Training of teaching staff, ensuring compliance of ECEC institutions with needs of the children with disabilities and special needs
Malta	1. better training of staff	1. Include all migrants into compulsory ECEC 2. Lack of staff	1. Introduce home based support for children with disabilities
Nether-lands	1. More unity in access regulations 2. Labour market measures to prevent waiting lists	1. ECEC facilities in more municipalities with asylum seeker centres	
Poland	1. The question of high fees (nurseries, sometimes kindergartens) should be solved	1. Better cooperation with NGOs, which are usually deeply involved in ECEC provision, is needed	1. Further development of infrastructure (facilities such as nurseries, kindergartens), well adapted to the needs

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	2. Further development of infrastructure (nurseries) is needed 3. Promoting more flexibility in the ECEC use (forms, hours spent in the nursery/kindergartens etc.)	2. Strengthening stakeholders awareness on the need for ECEC	of children with disabilities 2. Quality of formal childcare should be improved (again, esp. for children under 3), via, for instance, trainings for carers, supervision 3. In case of children with disabilities, encouraging the part-time use of ECEC might help
Portugal	1. Investment in the creation of more places in the public network and/or in the subsidised private network 2. Community-based intervention 3. Training for educators	1. Investment in the creation of more places in the public network and/or in the subsidised private network	1. Investment in the creation of more places in the public network and/or in the subsidised private network
Romania	1.Allocating funding for an adequate provision of ECEC facilities for children under 3 years and for improvements in kindergarten facilities 2. Increasing in-kind benefits and services for children attending preschool education (free hot meals, free field-trips, educational supplies) 3. Offering free public transportation for children in vulnerable families	1. Increasing the number of specialised personnel in ECEC facilities who can help with early detection of disabilities/ SEN and who can develop educational strategies adapted to children's needs 2. Improving educational facilities and make these fully accessible and according with decent living standards (especially in rural areas) 3. Increasing in-kind benefits over cash benefits, including transportation and specialised therapy/ rehabilitation services	
Slovenia		1. ECEC subsidy should be available also to asylum seekers. Inclusion in ECEC programmes helps break the intergenerational circle of deprivation and contributes to the early integration of children into the new environment. (UNICEF Slovenia, 2019).	

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Slovakia	1. To continue in the process of extending the network of ECEC facilities 2. To increase participation of the most vulnerable children in ECEC facilities, including children from marginalised Roma communities 3. To increase the number of teacher's assistants		1. To continue in the process of extending the network of ECEC facilities 2. To increase the number of teacher's assistants
Sweden		1. Active recruitment in residential areas with many immigrants. 2. Make access easier by equalising ECEC with schools and abolish the condition that parents need to apply for residence.	
United Kingdom	1. Decide the objectives of policy 2. More public investment in supply 3. Abolish 85% limit to the direct support in universal Credit.	1. Extend entitlement to access free ECEC	1. Improve training about disabled children for ECEC workforce 2. Increase payments for providers to cover extra costs of disabled children's childcare.

Source: Authors' compilation.

Annex 7.5: Main priorities to improve access to effective and comprehensive free healthcare

The table below summarises the main priorities to ensure access to health services for children in vulnerable situations identified in the 28 FSCG Country Reports. Country experts were asked to identify up to three priority actions for each TG.

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Austria	1. Expand catalogue of treatments fully covered by insurance 2. Enhance soft- and hard-governance measures and funds for health prevention.	1. Expand catalogue of treatments fully covered by insurance 2. Enhance soft- and hard-governance measures and funds for health prevention.	1. Expand child rehabilitation offers 2.Expand offers in child and adolescent psychiatry 3. Expand catalogue of treatments fully covered by insurance
Belgium	1. Continue to invest more in mental health care for children 2. Make dental care for children free of charge among all dentists 3. Invest in primary care centres, in particular in Wallonia and Flanders	1. Making mental health care more culture sensitive 2. clear information about the dual health care system and free basic dental care 3. Investing in primary care centres with interpreters	1. Shorten the waiting list for the Personal Assistance Budget 2. Combat non-take up (reach out to TGs, use e-government to assign benefits more automatically)
Bulgaria	1. Creating an integrated database with information about children and their needs 2. Develop a targeted strategy to prevent and treat the specific needs of children in this group 3. National policy for the promotion of paediatric specialties and improvement of the conditions for work and qualification of the specialists	1. Creating an integrated database with information about children and their needs 2. Develop a targeted strategy to prevent and treat the specific needs of children in this group 3. Provide adequate healthcare for children in refugee centres	1. Creating an integrated database with information about children and their needs 2. Assessment of individual needs and provision of services according to them 3. Establishment of a National Children's Hospital with specialised accessible wards throughout the country
Cyprus	1. Assessment of the health needs of single-parent families. 2. Assessment of the health needs of children living in precarious situations with disabilities.	1. Training and professional development of healthcare professionals and ancillary staff in migrant health and transcultural healthcare. 2. Health literacy - Information provision and interpreter and patient advocate services for migrant patients.	1. Health needs assessment of children with disabilities in Cyprus. 2. Development/ improvement of rehabilitation services dedicated to children nationwide. 3. Development of programs for respite care for parents and carers.

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Czech Republic	1. provide more support to enhance access to health care for Roma children, such as outreach services and social-health assistants 2. improve transparency in terms of availability of and access to services 3. increase the capacity of paediatric care and prevent discrimination of Roma children in terms of access	1. allow access to public health insurance for non-EU migrants who do not work for Czech employers after a period of stay in the country (12 months or even shorter) 2. improve transparency in terms of availability and access to services 3. increase the capacity of paediatric care and prevent discrimination of migrant children in terms of access	1. increase the capacity of outpatient and psychiatric care for children with mental health problems 2. provide more support to children with long-term mental health problems with the aim to scale up community-based services, early intervention services and support services for informal carers 3. speed up the deinstitutionalisation reform of psychiatric care
Denmark	..	1. Ensure proper mental healthcare for refugees - children and parents - when needed	1a. Treat mental illness and challenges on an equal footing with physical in the legal framework 1b. Train teachers and pedagogues to better identify and address such health issues earlier
Germany	1. The best way to prevent health risks is to avoid child poverty. 2. Neighbourhood health promotion programmes (provided in family centres, for example). 3. Integrated strategies for improving child and adolescent health should be developed at local level and interlinked over the life course ("prevention chain").	1. Extension of the range of medical treatments available during the asylum procedure. 2. Providing adequate healthcare during the asylum procedure. 3. Integrated strategies for improving child and adolescent health should be developed at local level and interlinked over the life course ("prevention chain").	1. Important to have clearly defined responsibilities for disabled children with a single point of contact. 2. The accessibility of medical practices and medical services should be improved. 3. Integrated strategies for improving child and adolescent health should be developed at local level and interlinked over the life course ("prevention chain").
Estonia	1. Reinforce the accessibility and quality of mental health services for children by ensuring enough child psychiatrists and other educated and experienced employees working in the field mental health. 2. Shorten the long waiting lists to specialised medical care.	1. Reinforce the accessibility and quality of mental health services for children by ensuring enough child psychiatrists and other educated and experienced employees working in the field mental health. 2. Shorten the long waiting lists to specialised medical care.	1. Reinforce the accessibility and quality of mental health services for children by ensuring enough child psychiatrists and other educated and experienced employees working in the field mental health. 2. Shorten the long waiting lists to specialised medical care.

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Greece	1. Increase the number of healthcare structures for children across the country, ensuring that all children have access to healthcare services. 2. Ensure all Roma children have the necessary vaccinations and are treated for communicable and non-communicable diseases. 3. Ensure adequate funding for the operation of the public healthcare structures for children, which will allow for adequate staffing and high quality service provision.	1. Increase the number of cultural mediators in hospitals. 2. Ensure all children have the necessary vaccinations and are treated for communicable and non-communicable diseases. 3. Improve access to mental health services, in the context of a holistic approach to health issues.	1. Increase the number of healthcare structures for children with disabilities across the country, ensuring that all children with disabilities have access to healthcare services. 2. Ensure adequate funding for the operation of the public healthcare structures for children, which will allow for adequate staffing and high quality service provision. 3. Development of mental health services for children with disabilities.
Spain	1. Guarantee free access to public mental, dental and nutritional health for poor children. 2. Include glasses, hearing aids, complete dental care and prosthetics to all minors within the Basic Portfolio of Public Health. 3. Education, awareness-raising and information campaigns about mental, dental and visual health.		1. Guarantee free access to public mental, dental and nutritional health for poor children. 2. Include glasses, hearing aids, complete dental care and prosthetics to all minors within the Basic Portfolio of Public Health. 3. Better adaptability to diversity of disabled children.
Finland	1. Improve access to health and dental care 2. Increase availability of mental health services 3. Improve coordination between different services	1. Improve access to health and dental care 2. increase availability of mental health services 3. Improve coordination between different services	1. Improve access to health and dental care 2. increase availability of mental health services 3. Improve coordination between different services
France	1. Improve the health function of early childhood facilities: school healthcare, PMI 2. Avoid hospitals as the frontline medical solution but rather target non-hospital services (nursing homes, etc.) 3. Reduce remaining costs to be met by patients for dentistry, glasses, orthopaedics, etc.	1. Include state medical aid and specific measures in the health system for everyone 2. Establish frontline medicine not only based on consultations of Médecins du Monde and the Red Cross 3. Focus on Mayotte, French Guiana	1. Beyond the disability, ensure continuous healthcare 2. Rebuild child psychiatry 3. Provide access to care for behavioural issues, autism, mental and psychiatric disorders

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Croatia	1. Introduction of a reimbursement scheme for medication prescribed by family doctors and not covered by health insurance. 2. Policy attention to inequalities in access to healthcare, with clear measures for ensuring the provision of services of family doctors and paediatricians in close proximity. 3. Additional activities aimed at promoting healthy lifestyles and preventive health measures among Roma families.	1. Need to obtain data and focus more on the healthcare available to children of recent migrants and refugees. 2. Provision of healthcare to all children, regardless of their migrant status. 3. Provision of initial health screening to all children of recent migrants and refugees.	1. Introduction of a holistic approach so that children can obtain proper healthcare, which is not conditional on which rights are granted under which system. 2. Early diagnosis available to all children who need it. 3. Additional training of medical staff to better understand the needs of children with disabilities and other special needs.
Hungary	1.Universal programs are needed for improving access to health care, esp. reinforcing paediatric and maternal and child health nursing care in disadvantaged microregions 2. Establish services that meet the specific needs of children and adolescents with mental health problems 3. Provide modern teaching materials for health promotion across education levels	1. Restart AMIF projects to decrease xenophobic attitudes. 2. Do not detain any asylum-seeker children in transit zones.	1. Establish services that meet the specific needs of children and adolescents with various disabilities 2. Improving and extend services aiming at healthy conception and early childhood development, including the development of screening capacity for early detection of childhood development problems
Ireland	1. Re-engage with GPs in negotiations to roll out free GP care for children aged between 6 and 12 (planned as a first step for free GP care for all under 18 years). 2. examination of whether entitlement conditions (like residency clauses) and lack of knowledge are acting as barriers to access 3. Increase income thresholds for medical card entitlement	Examination of whether entitlement conditions (like residency clauses) and lack of knowledge are acting as barriers to access Application of the ethnic identifier	Better resourcing and a stronger sense of urgency in regard to implementing the 2016 national policy for access to services
Italy	1. Increase the number of paediatricians. 2. Increase the provision of point-of-care structures for children aged less than 15 years. 3. Total deduction of health-care payments for	1. Ensure the registration of minors to the SSN and access to preventive care 2. Promote the training of skilled health staff on migration health-related issues and strengthen	1. Introduce an omnicomprehensive Essential Level of Services concerning (child) disabilities. 2. Moving to a child-based approach to disabilities.

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	children from personal income taxation.	the work for the management of mental health disorders due to difficulties and tortures connected to the journey. 3. Promote data collection at national level and better coordination between the reception centres and local health services.	
Lithuania	1. There is a need to increase access to health services for Roma people, first of all by strengthening awareness of available health care services. 2. Roma adolescents, especially girls, need reproductive and sexual health education, good quality health services, affordable contraception and social support. 3. Special attention needs to be paid to the accessibility of quality outpatient health care services for children in the regions.	1. Specific health needs of refugee and migrant children must be considered and group-specific support and health services provided in addition to mainstream health care services and needs. 2. Reproductive health education is important for refugee and migrant children, especially girls, helping to raise awareness about sexual health, the fall-out from sexual violence, female genital mutilation. 3. Special attention must be paid to mental health care of refugee and migrant children, who have no access to mental health support due to cultural and linguistic barriers, the primacy of resettlement needs, and the stigma attached to mental health.	1. Although most regions of Lithuania provide child and adolescent psychiatric outpatient services, a stronger focus on quality and effectiveness of services is needed. There is a need for a systemic approach towards accessibility of a timely child and adolescent mental health care provision. 2. Municipalities must assure accessibility of out-patient services for children with disabilities, such as physical environment and qualification of medical staff to recognise and respond to disability-specific health needs.
Luxembourg	1. Generalised third party payment of the insured healthcare costs would help to avoid procedural burden on patients.	1. Adequate information campaigns should be continuously deployed and supported by actively outreaching social medical staff.	
Latvia	1. To increase funding for the health care system 2. To eliminate restricted access to specialised healthcare services in regions 3. Reduction of waiting lists for children for state-financed specialist	1. To increase funding for the health care system 2. To eliminate restricted access to specialised healthcare services in regions 3. Reduction of waiting lists for children for	1. To increase funding for the health care system 2 To eliminate restricted access to specialised healthcare services in regions 3. Reduction of waiting lists for children for state-financed specialist

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	consultations and medical examinations	state- financed specialist consultations and medical examinations	consultations and medical examinations as well as provision of medical rehabilitation services for disabled children in line with their needs and on the required scale
Malta	1.Ensuring follow-up of school services by parents		
Nether-lands	1. Provide local municipalities with the right tools and knowledge to provide appropriate health care services to children and families with complex health needs	1. Provide local municipalities with the right tools and knowledge to provide appropriate health care services to children and families with complex health needs	1. Provide local municipalities with the right tools and knowledge to provide appropriate health care services to children and families with complex health needs
Poland	1. Enlarge access to medical and dental care in schools 2. Develop support to cover costs of medicines for low-income households	1. Revision of some articles of the legal acts (RPD Recommendation) making the entitlement clear may be needed	1. The system of disability assessment should be revised/simplified (made clearer for stakeholders/ parents), some rules should be added (appeal?) 2. Provide solid and consolidated information on all entitlements 3. Revise the way of (co) financing rehabilitation and appliances, making it more accessible (?remove the income test)
Portugal	1.Community-based intervention 2. Training/awareness raising for professionals of the health sector 3. Prevention campaigns in vulnerable areas		1. Awareness-raising/training for professionals regarding the way of communicating 2. Stronger focus on early intervention 3. Investment on mental healthcare services
Romania	1.Strenghtening incentives for family practitioners in poor communities and increase per capita financing for children with uninsured parents 2.Making community medical nurses and health mediators, along with integrated community centres a priority – that is, finding a sustainable financing mechanism and	1.Strenghtening incentives for family practitioners to effectively monitor children with chronic diseases/ disabilities by increase per capita financing for children with chronic 2.Establishing a collaboration framework between family practitioners and	

Country	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	making their presence compulsory, especially in disadvantaged communities 3.Reviving the network of school medical offices, to ensure an effective epidemiological control and basic preventive care	specialised medical and social support services for early detection and development monitoring of chronic diseases and disabilities 3.Community level case management to ensure adequate access to health care and recovery/rehabilitation services	
Slovenia	1. Provide all children regardless of their health insurance with the best possible healthcare. 2. Take steps to assure an increase in the share of Roma children vaccinated against all diseases.	1. UNICEF (2019) suggests that this issue is solved in accordance with the Convention on the Rights of the Child (1989), which (in Article 24) guarantees the children access to the highest achievable level of health and services provided by health care and rehabilitation institutions.	1. Better connect the existing network of developmental dispensaries with services and institutions in the area of social care, and education and care.
Slovakia	1.To continue in the projects aimed at building basic infrastructure in marginalised Roma communities 2. To continue and increase support for social/health workers in marginalised Roma communities		
Sweden	1. Improve timely access to primary health care in general.		
United Kingdom	1. Spend more at least an extra 4% per year 2. Prioritise public health, mental and health and child health 3. Focus on inequalities in health outcomes	1. Remove practical and bureaucratic barriers to access 2. Ensure that children accessing health services does not have consequences for families' status 3. Improve levels and quality of mental health services for children and young people	1. Improve levels and quality of mental health services for children and young people

Source: Authors' compilation.

Annex 7.6: Main priorities to improve policies and provision for children residing in institutions by country

The table below summarises the top three priorities for action identified in the 28 FSCG Country Reports.

Country	First priority	Second Priority	Third priority
Austria	National harmonisation of quality standards.	Common national regulation of qualification requirements of carers. Higher numbers of staff.	More pro-active attempts to improve the situation of families of children in institutional care.
Belgium	More pro-active support, including holistic anti-poverty measures.	Raise the budgets for youth care[394].	Make inclusive education accessible to children with disabilities from deprived families.
Bulgaria	Changing attitudes towards children in institutions and continue their integration into educational institutions; and eliminate social stigma.	Ensuring better and secure working conditions in institutions for children. Good-quality and well-trained staff.	Development and use of the foster care system in order to finalise the process of deinstitutionalisation.
Croatia	Deinstitutionalisation plan should be amended to clearly set out how and with what funds community-based services for families and children are to be developed, in particular in the regions where there is an urgent need for such services. The role of social work centres should be clearly defined.	New Adoption Act should be accompanied by an action plan with clear targets and quantified measures for further developing, sustaining, and monitoring foster care.	Current procedure for depriving parents of their parental rights, and current adoption procedure, should be reconsidered and changed.
Cyprus	Enhance the capacity of Social Welfare Services so as to deal more effectively with increasing needs.	Utilise EU funds for funding more foster care programmes.	
Czech Republic[395]	Unify the system of alternative care under the competence of one authority (Ministry of Labour and Social Affairs).	Provide more resources (financial and personnel) for preventive social work with vulnerable families and children.	Regulate effectively the possibility of placing children into institutional care on a contractual basis.
Denmark	Demand relevant qualifications for staff at socio-pedagogical placements and institutional care;	Recruitment of more migrant families and training of municipal foster care families in cultural sensitivity.	Early targeted interventions on personal skills, including self-worth, of children in residential care.

[394] The term youth care is used in Belgium to cover child and youth alternative care. It corresponds to what other countries call child protection.

[395] The Country Report from the Czech Republic indicated three additional priorities: establish an information system/register of vulnerable children and families; establish specialised alternative institutional care options for children with disabilities; and establish supervision and evaluation processes.

Country	First priority	Second Priority	Third priority
	support the staff throughout training.		
Estonia	Procedures for providing alternative care should be revised, so that children get access to those services sooner and more on the basis of need.	Support and facilitate (financial support, training etc.) family-based care for children; strengthen the alternative care system to reduce the institutionalisation of children, especially of children under three.	
Finland[396]	Social care, healthcare and the education sector must improve their coordination to provide a seamless and integrated service chain.	Increase mental healthcare services.	Increase and improve early intervention measures and make them more effective.
France	Improve connections between institutions and their health and education environment, with more emphasis on support services in the home.	Improve planning to open institutions to respond to the needs of families.	Relaunch training schemes for staff from institutions, not just focused on management and organisation.
Germany	Expansion of children's formal participation rights and the introduction of independent ombudspersons.	Regular and effective monitoring of residential care children's homes.	Enhancement of self-evaluation of children's homes.
Greece	Full and proper implementation of the new law concerning foster care and adoption.	Development of a national strategy on deinstitutionalisation along with the adoption of an action plan to ensure proper implementation.	Adoption of national quality standards for care, and establishment of relevant control mechanisms to ensure the quality of services provided to children in institutions.
Hungary	Implementation of existing policies: improving the quality of child protection services; more prevention, more reintegration into the family.	Legal regulations should be modified: families must be provided with social housing – it should be in line with the child protection law, with children not be placed in alternative care due to their family's lack of housing. Increase the number of foster carers who provide temporary care and that of the beds in the temporary shelters for families.	The volume and the quality of services ensuring independent living of children with disabilities should be improved. The extension of the availability of supporting services could be an important source of help for persons with disabilities to live in private households, to work and arrange their affairs independently.

[396] One of the other recommendations in the Country Report concerns the strengthening of support for young people leaving institutions and foster care.

Country	First priority	Second Priority	Third priority
Italy	Improve the funding for residential services – some of them remained unpaid for years – and favouring informal kinship care.	Promotion of specific projects for supporting care-leavers (a national pilot project is currently active).	Enforcement of laws and norms related to the quality of services and the monitoring of living conditions for children.
Ireland	All centres should be inspected by an independent body.	Children should not be located in centres that make communication with their families and significant others difficult. Better aftercare and follow-up services need to be provided. Eliminate the Direct Provision system.	When renewing the Child Care Act, 1991, adopt a rights-centred approach.
Latvia	The transfer of children from residential care to family-based care.	Expand support to foster carers, guardians, and adoptive parents.	Social work with families of origin of children in institutions must be strengthened to enable more children to return to their parents.
Lithuania	Developing and implementing training programmes for the municipal workforce at the decision-making and managerial level, including analysis of good practices, organisational development, organisational dynamics, and leadership.	Developing and implementing training programmes for the workforce, which include elements of: teamwork; case management; emotionally aware and therapeutic work with children and adolescents; supervisions; and ongoing support.	Start piloting the closure of alternative care institutions for children with disabilities and transferring children with severe disabilities to family-type care settings.
Luxembourg	Speed up the splitting of the state-run institution into small units, and improve infrastructures.	Continuous training of staff to better deal with the specificity of UAM.	Study the possibilities for family-based foster care for UAM, and organise training for prospective foster carers.
Malta	Encourage more adoption and fostering.	Reform how crèches for babies are run.	
Netherlands	Promote expertise within community-based social service teams, so that timely referral is made to specialised assistance.	Ensure sufficient appropriate specialised assistance.	
Poland	Close down some types of regional care institutions, in particular pre-adoptive centres (new-borns and infants are placed there), and therapeutic centres (large centres sheltering	Reinforce instruments that support young people leaving alternative care (institution or foster family).	Strengthen involvement of professional foster carers by increasing their competences/skills, better supervision, promotion of their role, etc.

Country	First priority	Second Priority	Third priority
	children with disabilities).		
Portugal	Deinstitutionalisation, especially regarding the protection system – leading to fewer children per institutions; more children in family-based care; more interventions with families of origin	Definition of tailored solutions for specific cases.	Investment in mental healthcare services.
Romania	Completing deinstitutionalisation represents a pre-requisite for improving alternative public care – by investing in support services and specialised professionals.	Develop a strict monitoring framework for children in alternative care, with the involvement of community-based professionals – in relation to educational outcomes, psychological and emotional development, physical development and health status, and general well-being.	Development of a strategy to curb the demand for public care, not only by increasing and diversifying preventive services, but also by providing the basic income level and services needed in the community in order to increase family retention of children in vulnerable households.
Slovakia[397]	Increase financial allocations to the deinstitutionalisation process, and accelerate implementation of deinstitutionalisation plans and measures.	Pay significantly more attention to social work and family/psychological counselling as preventive measures that can limit the need for alternative care for children.	Pay special attention to the deinstitutionalisation of social services for persons with disabilities, including children whose conditions seem to be critical.
Slovenia	A more appropriate inter-ministerial and interdisciplinary approach.	---	---
Spain	Greater coordination between regions and central administration to establish common criteria for coverage, quality, and accessibility throughout the country.	Provision of sufficient financial resources to achieve a wider family-based care model. Trained and motivated professionals in residential care.	Promote coordination bodies for the education, health, and basic social service systems; and ad hoc programmes to support young people aged 18+ to fully enjoy social, labour, and cultural rights.
Sweden	Health check-ups, health interventions.	Prioritise education for the children in contact with social services.	Focus on securing support for young people during the transition from alternative care to independent life, including jobs and housing.

[397] The Country Report from Slovakia indicated four priorities. The fourth one is: To pay attention to social conditions in which vulnerable families live, which also contribute to the fact that children leave their families.

Country	First priority	Second Priority	Third priority
United Kingdom	Increasing resources for early intervention (this means at any age and is not specifically related to early years' interventions).	Improve the availability of high-quality foster care.	Enhance and extend the offer of support for, and the options available to, young people in care or leaving care from the age of 18 onwards.

Source: Lerch, Véronique and Nordenmark Severinsson, Anna (2019). "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

Annex to Chapter 8

Annex 8.1: Investment priorities related to children in Thematic Objective 8: Promoting employment and supporting labour mobility

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	ERDF	EAFRD	
Equality between men and women, and reconciliation between work and private life.	Investment in public infrastructure, to raise enrolment rates of children.		Access to affordable care services, such as childcare, out-of-school care or care for dependent persons, including the elderly, through investment in sustainable care services.

Source: Authors' elaboration, based on the European Commission. (2012). Common Strategic Framework 2014-2020.

Annex 8.2: Investment priorities related to children in Thematic Objective 9: Promoting social inclusion and combating poverty

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	**ERDF**	**EAFRD**	
Active inclusion.	Investment in health and social infrastructure to improve access to health and social services and reduce health inequalities. Support infrastructure investments in childcare, elderly care, and long-term care.		Integrated pathways combining various forms of employability, individualised support, counselling, guidance, access to general and vocational education and training, as well as access to services. Modernisation of social protection systems, including the design and implementation of reforms to improve the cost-effectiveness and adequacy of social and unemployment benefits, minimum-income schemes and pensions, healthcare, and social services.
Integration of marginalised communities such as Roma.	Investing in health and social infrastructure to improve access to health and social services. Support for physical and economic regeneration of deprived urban and rural communities.		Integrated pathways to the labour market, including individualised support, counselling, guidance, and access to general and vocational education and training. Access to services, in particular social care, social assistance services, and healthcare. Elimination of segregation in education, promoting early-childhood education, fighting early school-leaving, and ensuring successful transitions from school to employment. Measures to overcome prejudice and discrimination. Support for the physical and economic regeneration of deprived urban and rural communities including Roma, including the promotion of integrated plans where social housing is accompanied notably by interventions in education, health (including sport facilities for local residents) and employment (ERDF).

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	**ERDF**	**EAFRD**	
Enhancing access to affordable, sustainable and high-quality services, including healthcare and social services of general interest.	Investing in health and social infrastructure which contribute to national, regional, and local development; reducing inequalities in terms of health status; and transition from institutional to community-based services.	Enhancing accessibility to, and the use and quality of, ICT in rural areas.	Enhanced access to affordable, sustainable and high-quality healthcare with a view to reducing health inequalities, supporting health prevention and promoting e-health. Enhanced access to affordable, sustainable, and high-quality social services such as employment and training services, services for the homeless, out-of-school care, childcare, and long-term care services. Targeted ECEC services, including integrated approaches combining childcare, education, health, and parental support, with a particular focus on the prevention of children's placement in institutional care. Support for the transition from institutional care to community-based care services for children without parental care, people with disabilities, the elderly, and people with mental disorders, with a focus on integration between health and social services. Investment in health and social infrastructure to improve access to health and social services and reduce health inequalities, with special attention to marginalised groups such as Roma and those at risk of poverty (ERDF). Infrastructure investments that contribute to modernisation and structural transformation. Targeted infrastructure investments to support the shift from institutional to community-based care, which enhances access to independent living in the community – with high-quality support infrastructure investments in childcare, elderly care, and long-term care services.

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	**ERDF**	**EAFRD**	
Community-led local development strategies.	Community-led local development.	Fostering local developme nt in rural areas.	Support activities designed and implemented under the local strategy in areas falling within the scope of ERDF and ESF in the fields of employment, education, social inclusion, and institutional capacity-building. Integrated and inclusive approach to tackling local needs in line with the objectives of economic, social and territorial cohesion, to address areas of unemployment, deprivation and poverty. Investing in local basic services for the rural population, particularly in remote rural areas, together with other measures to improve the quality of life; fostering community-led local development strategies through support for a) the capacity-building of the local action groups and the preparation, running, and animation of local strategies; and b) activities designed and implemented under the local strategy in areas falling within the scope of the ERDF, in the fields of social inclusion and physical/economic regeneration.

Source: Authors' elaboration, based on the European Commission. (2012). Common Strategic Framework 2014-2020.

Annex 8.3: Investment priorities related to children in Thematic Objective 10: Investing in education, skills and life-long learning

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	ERDF	EAFRD	
Reducing early school-leaving and promoting equal access to good-quality early-childhood, primary, and secondary education.	Developing education and training infrastructure.	---	Policies to reduce early school-leaving, encompassing prevention, early intervention, and compensation (such as second-chance schools); and fostering participation in non-segregated public education facilities. Addressing obstacles to access faced by children from disadvantaged families, in particular during the very first years of early-childhood (0-3). Support learning schemes which aim to assist children and young people with disabilities to integrate into the mainstream educational system. Support the transition from specialised schools for disabled persons to mainstream schools (ERDF). Support for investments in education and training infrastructure, particularly with a view to reducing territorial disparities and fostering non-segregated education (ESF and ERDF).

Source: Authors' elaboration, based on the European Commission. (2012). Common Strategic Framework 2014-2020.

Annex 8.4: Investing priority related to children in Thematic Objective 11: Enhancing institutional capacity and ensuring an efficient public administration

INVESTMENT PRIORITIES			Key actions (CSF)
ESF	**ERDF**	**EAFRD**	
Investment in institutional capacity and in the efficiency of public administration and services – with a view to reforms, better regulation, and good governance (only in less developed countries).	Strengthening of institutional capacity and the efficiency of public administration and services related to ERDF implementation, and in support of ESF-supported actions in institutional capacity and in the efficiency of public administration.	---	Reforms to ensure better legislation, synergies between policies and effective management of public policies. Enhancing the capacity of stakeholders, such as social partners and NGOs, to help them deliver more effectively their contribution in employment, education, and social policies. Development of sectoral and territorial pacts in employment, social inclusion, health, and education. Strengthening institutional capacity and the efficiency of public administration and services related to the implementation of ERDF objectives, and in support of actions in institutional capacity and in the efficient public administration supported by the ESF.
Capacity-building for stakeholders delivering employment, education, and social policies; sectoral and territorial pacts to mobilise for reform at national, regional, and local level.			Enhancing the capacity of stakeholders, such as social partners and non-governmental organisations, to help them deliver more effectively their contribution in employment, education, and social policies. Development of sectoral and territorial pacts in the employment, social inclusion, health, and education domains at all territorial levels.

Source: Authors' elaboration, based on the European Commission. (2012). Common Strategic Framework 2014-2020.

Annex to Chapter 9

Annex 9.1 Some possible options for enforcing the legal and policy frameworks for children's rights to the five policy areas under scrutiny

As is evident from the FSCG's work (see Chapter 6) there is already quite a strong international and EU legal framework in relation to the rights of children in general and children in vulnerable situations in particular, if not always specifically in relation to the four Target Groups (TGs) identified by the Commission. The major issues raised in the TG Discussion Papers relate primarily to inadequate implementation and enforcement of existing instruments. Ensuring better implementation and enforcement of these instruments could thus be a key way of supporting the implementation of a CG.

Besides this enforcement, there are some arguments for further strengthening the "legal" basis for EU action in favour of children in vulnerable situations.

For example, the EU Fundamental Rights Agency (FRA) makes two recommendations to go a step further[398]:

- "EU institutions should consider drawing more effectively on the legal standards enshrined in the Convention on the Rights of the Child and the European Social Charter when designing and implementing EU policies to fight child poverty".
- "The EU could also consider the feasibility and the terms of a possible accession to the European Social Charter. EU Member States should consider ratifying the European Social Charter and agree to be bound by Article 30 on *the right to protection against poverty and social exclusion* of that charter. They should also consider ratifying the Collective Complaints Procedure Protocol."[399]

Whether it would be both possible and useful to develop a stronger legal instrument, such as a Directive requiring Member States to achieve the goal of ensuring that all children in vulnerable situations have access to some components of the CG, was beyond the scope of the FSCG. However, it could be useful to keep this possibility under review as a complement to other initiatives to enforce children's rights to the five policy areas. Yet, in doing so it will be important to keep in mind that this possibility is largely constrained by the subsidiarity principle in most of the domains covered by the CG. The reasons for this are outlined in some detail in Chapter 6 (especially Section 6.2.1). It shows that in most of the areas covered by this study EU actions are generally limited to "softer" interventions that seek to support and encourage rather than supplant Member States' activities. Such action is bolstered by several articles of the TFEU, which require the EU to "support, coordinate and supplement the actions of Member States" (Article 6 TFEU) in the areas of education (Article 165 TFEU) and healthcare (Article 168 TFEU). Moreover, Article 156 TFEU enables the EU to support Member States through undertaking "studies, delivering opinions and arranging consultations both on problems arising at national level and on those of concern to international organisations, in particular, initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation". The EU also has competence to establish funding programmes to address matters that relate to a range of child-related issues, including those that fall within the scope of the CG. Such support, which stimulates intelligence gathering and capacity building at the national level, can often be just as effective, if not more effective, than binding EU-level legislative provision. We

[398] FRA, "Combating child poverty: an issue of fundamental rights" (2018). Luxembourg: Publications Office of the European Union, p. 11.

[399] As explained in Chapter 6 (Section 6.2.2), only 20 EU Member States have ratified the 1996 revised European Social Charter and only 13 have agreed to be bound by Article 30.

come back in Annex 9.2 to the role that the EU can play in terms of policy coordination and guidance.

In terms of enforcing existing "legal" and policy frameworks we would suggest that as part of the implementation of a CG the EU might consider developing initiatives to enhance the enforcement and realisation of children's rights. For instance, suggestions that have been made during the course of the FSCG and especially at the four fact-finding workshops and that may be worth considering are:

- Regularly monitor the extent to which there are clear legal frameworks in place in each Member State adopting all relevant EU and International frameworks set out in Chapter 6, identify any implementation gaps, report regularly on their implementation and highlight any violations or failings.
- Review and if necessary strengthen existing non-discrimination instruments from the perspective of children in vulnerable situations and monitor their implementation.[400]
- Build on the existing strategic cooperation with the European Network of Ombudspersons for Children (ENOC) so as to further enhance the role of children's ombudspersons to monitor and challenge failures to implement the key social rights of children, particularly in relation to the five areas to be covered by a CG.
- In Member States where this role is not already covered by Ombudspersons for Children consider co-financing a network of independent national "children rights guarantee" services, provided by accredited NGOs or advocacy services, whose role would be to:
  - communicate on children's rights in each Member State to make sure that all families/service providers are fully aware of the extent of children's rights;
  - help families who are victims of non-compliance with international/national laws to find a compromise with the services not respecting these rights; and
  - when needed, initiate strategic litigation, which would have a broader effect than individual redress, by setting an important precedent or reforming official policy and practice.
- Set up a system for documenting all examples of where children's rights to access the five policy areas have been enforced by legal judgements, disseminate these to inspire others[401], and collate materials that will assist those supporting children in access to justice.[402]
- Make sure that the EU funds are not used to support actions that lead to the development of segregated services for one particular TG[403] nor lead to discrimination (see also Annex 9.3), by making effective use of a horizontal enabling conditions to ensure compliance with the Charter of Fundamental Rights (as currently proposed in the Commission's proposal for a Common Provisions Regulation post-2020) and also with the UNCRC and the UNCRPD.

[400] In this regard it should be noted that political prioritisation of discrimination – in addition to a CG – is set out in the Mission letter of Commissioner Dalli.

[401] See Chapter 6, especially Annexes 6.1 and 6.2 for some examples of using legal judgements to enforce children's rights.

[402] The ICJ with the AIRE Centre have produced a set of training materials on access to justice for migrant children that were developed as part of the FAIR (Fostering Access to Immigrant children's Rights) project and could help lawyers when representing migrant children. Further details are available at: https://www.icj.org/training-materials-on-access-to-justice-for-migrant-children/

[403] In exceptional situations specialised services may be needed to address the needs of particular groups. For instance, specialised health services for migrants may sometimes be justified because of the need for language, culture and trust to be demonstrable, as well as understanding of the back-home health issues and the trauma of the forced journey. However, these are normally best developed in the context of overall inclusive universal public services.

- Use FRA in the context of a Child Guarantee to support the monitoring of policies and programmes of the five policy areas from a children's perspective.
- Identify and document existing good practice on the development of instruments that evaluate the child's best interests as a way of supporting Member States who lack such instruments to develop them.
- Promote and fund parental networks in which parents will be educated about their children's rights to inclusive services and how they can access them. EU could provide funding to support such networks that will eventually acknowledge the value of enforcing international treaties in national legislation.
- In relation to children residing in institutions:[404]
  - promote the implementation in particular of the UN Guidelines on the Alternative Care of Children;
  - promote the improvement of data systems for children in alternative care; and
  - develop guidance on ensuring access to justice for children in institutions as lack of access can often be a particular issue for these children.
- In relation to children with disabilities:
  - develop guidance to Member States on the best ways of informing/training parents/households with children with disabilities about their rights to inclusive services and on the best ways of educating service providers on rights of children with disabilities (and all children) and on their role to inform them in their rights (e.g. training of medical staff, teachers, social workers); and
  - support NGOs focussing on disability to collect information on children for UNCRPD reporting.
- In relation to children with a migrant background[405]:
  - document and make full use of all relevant UNCRC general comments on children in migration (esp. rights to justice/legal proceedings);
  - support and resource key role of qualified/trained "guardians" in supporting children from first day, advocating for their rights and challenging violations (esp. undocumented children); and
  - develop training on rights for front-line service providers across the five policy areas and give them a role in advising children on their rights.
- In relation to healthcare:
  - stimulate innovation and knowledge sharing on means of providing and assuring services to vulnerable and hard-to-reach children, including innovative and digital solutions where appropriate (the Commission's DGs Santé and Connect would certainly have useful contributions to make on these aspects);
  - support innovation in primary health service provision for children where pressure is high and marginalised children are most at risk of service loss or degradation;
  - facilitate (primarily through Eurostat) development of databases on health needs and outcomes for children and specific sub-groups, to aid service development and planning, starting with the large amount of data already available on this in a number of countries;

[404] While we have highlighted here some suggestions collected during the FSCG in relation to the four TGs identified by the Commission, we would stress that the CG should focus on ***all*** children in vulnerable situations and allow Member States the flexibility to identify those children and other TGs depending on their national situations.

[405] These suggestions were put forward at the FSCG fact-finding workshops and are intended to complement the Commission Communication on "The protection of children in migration" (COM(2017) 211 final).

  - recognise that for poor or marginalised families, and those in temporary accommodation, "free" healthcare may in fact not be free to access due to travel and other costs, and that "over-the-counter" health essentials may also not be economically accessible, and facilitate local means of covering these practical economic barriers to health for children (such as by social welfare coverage or NGO support); and
  - investigate development of protocols under the provision for Carers' Rights in the Directive on Work-Life Balance in order to allow short-period paid leave so as to provide a right to take a child to a health appointment.
- In relation to housing investigate the possibility of establishing a European blanket prevention mechanism against eviction of households with children. This could involve:
  - considering consumer legislation at EU level to protect against unreasonable eviction of families with children;
  - ending the separation of children from their families due to eviction or on housing ground (as per the Family Act in the Czech Republic);
  - prohibiting eviction of families with small children during the winter; and
  - ending forced evictions (i.e. without due process) and eviction of families with children if there is no alternative housing available, as per the Swedish "zero-eviction vision".

Annex 9.2 Some possible options for enhancing policy coordination and guidance in relation to children's access to the five policy areas under scrutiny

An important way in which the EU could support the implementation of a CG is through further strengthening its policy coordination and guidance (backed by EU funding – see Annex 9.3) in this area so as to influence and support national political agendas, especially in areas where change needs to happen. The following are some practical suggestions as to possible options to enhance policy coordination and guidance which were identified during the FSCG and especially at the four fact-finding workshops and could be worth considering:

- Establishing **child-specific EU and national objectives and targets** relating to child poverty and social exclusion and, as appropriate, to specific children's social rights:
  - The Employment Committee and the Social Protection Committee have jointly produced a very useful assessment of the Europe 2020 Strategy[406]. This strategy included five headline targets, including the poverty and social exclusion target which consisted of a reduction by at least 20 million in the EU as a whole of the number of people at risk of poverty or social exclusion between 2010 and 2020. A key conclusion of this report is that "There is strong support among the Committees' members that the use of targets in general has proved to be useful in driving forward ambitious policy reform, but some concerns are raised that the headline targets are not assessed in a sufficiently integrated manner. It is emphasised that setting employment and poverty and social exclusion targets have certainly fed and informed policy debate at EU and national level and helped increase the visibility of the employment and social policy strands. The targets and associated indicators in the fields of employment and of poverty and social exclusion are generally felt to serve as an effective tool for monitoring the progress achieved against the employment and social objectives of Europe 2020, with the quality of the indicators used for monitoring seen as being sufficient for purpose. There is also strong support to the view that the setting of national targets (in addition to an overall, common target) has been useful for supporting national policy reforms."
  - For these reasons, we believe that **child-specific poverty and social exclusion targets have a key role to play** and consideration could usefully be given to linking these to the SDGs. Building on the findings of the FSCG these objectives could combine an overall target to reduce child poverty and social exclusion[407] with

[406] This report entitled "Assessment of the Europe 2020 Strategy: Joint report of the Employment Committee (EMCO) and Social Protection Committee (SPC)" was issued in November 2019. It is available at: http://ec.europa.eu/social/BlobServlet?docId=21893&langId=en.

[407] In her *Political Guidelines for the Next European Commission 2019-2024* the new Commission President stated "I will refocus the European Semester into an instrument that integrates the United Nations Sustainable Development Goals". In this regard UNICEF's work on putting children at the heart of the SDGs is very relevant - https://www.unicef.org/agenda2030/69525.html. In this spirit, a possible target that has been suggested during the course of the FSCG is that the EU should reduce at least by half the proportion of children at risk of poverty or social exclusion in the EU by 2030, to meet the Sustainable Development Goal 1 to end all forms of poverty everywhere. Taking the EU-28 estimated at-risk-of-poverty-or-social-exclusion rate (EUROSTAT website, 13 January 2020) this would mean setting a target that the proportion of children (0-17 years of age) at risk of poverty or social exclusion should be reduced from 24% in 2018 (most recent figure available) down to 12% by 2030. Should the target be set on the income poverty only (i.e. the at-risk-of-poverty rate), the target would consist of a decrease from 20% to 10% between 2018 and 2030. These are just examples of possible overall targets. Discussing the possible nature of this target (should it be based on a single indicator or rather a combination of indicators, should it be expressed as percentage or rather as absolute figure…) as well as the way the burden of reaching the target should be shared between countries is outside the remit of this study.

On the issue of targeting, see the 2019 EMCO/SPC report mentioned above. See also *inter alia*: Atkinson, A.B., Guio, A.-C. and Marlier, E. (2017/eds.), "Monitoring social inclusion in Europe", Luxembourg: Eurostat; Marlier, E. and Natali, D. with Van Dam, R.(2010/eds.), "Europe 2020: Towards a more Social EU?, Brussels: P.I.E. Peter Lang; Atkinson, A.B., Marlier, E. and Nolan, B. (2004), "Indicators and Targets for Social Inclusion in the EU", in: Journal of Common Market Studies, 42(1), pp. 47-75.

specific objectives to eliminate the barriers to access to education, healthcare and other essential services faced by children in vulnerable situations. A possible way forward would be for the Commission and Member States to agree on an overall EU target (to attract political leadership and increase public awareness) supported by national targets for the reduction of child poverty and social exclusion. If this is not already the case, the indicator(s) used for the EU target would need to be included in the "Social Scoreboard" used for the monitoring of the EPSR. Progress made towards the EU and related national targets would need to be complemented with a strong monitoring framework, based on a portfolio of indicators covering all dimensions that would allow for a systematic screening of all Member States' performances. All of this would involve an extensive use of the current EU portfolio of indicators of child poverty and well-being which is already available to monitor investment in children (in line with the 2013 EU Recommendation). This portfolio might be complemented with additional indicators and might necessitate specific data collection (esp. for a better apprehension of the specific situation of each TG). The set of indicators could also help to "child proof" all relevant EU and national policies for their impact on child poverty and well-being. The targets and portfolio would provide the basis for using all the instruments of the European Semester (i.e. annual guidelines, annual reporting, Country Reports, Country Specific Recommendations (CSRs)).

  - As part of the monitoring, the development of a benchmarking process in line with what is now done at EU level in some social fields to monitor the Pillar's implementation could be considered[408].
  - Develop renewed more ambitious Barcelona targets in the ECEC domain, with a focus not only on the quantity of care but on their quality.

- Working together with Member States through the SPC, the Commission could usefully develop **European quality frameworks and set service standards** for each of the five policy areas and assisting Member States as necessary to apply these as appropriate in their own situation. Such standards could then be used by professionals as a basis for finding solutions and they would enable TGs and all children to expect minimum service levels, giving them rights and dignity.
- Mainstreaming and monitoring the implementation of the CG in the **European Semester**. This means that child related indicators and policies would receive greater attention in the context of the European Semester. This could assist in the inclusion of CSRs specifically focused on children in vulnerable situations, based on a systematic assessment of the situation of children in each Member State and provide guidance on how EU Funds could be used to support the implementation of CSRs (see also suggestions in Annex 9.3 on the use of EU Funds and links with the European Semester).
- **Supporting reform efforts** in Member States through:
  - continuing to organise peer reviews and exchange of good practices;
  - developing policy guidance on the access of children in vulnerable situations to the five key social rights (which includes aspects related to quality and affordability) based on existing learning about successful policies and programmes (see Chapter 7); and
  - continuing to support learning networks.

[408] In the Communication on the European Pillar of Social Rights (26/04/2017), benchmarking is proposed as a key instrument to monitor the Pillar's implementation in the context of the European Semester. EU benchmarking is already in place in some social policy fields, for instance on minimum income.

- Building on and intensifying the implementation of **existing initiatives for specific TGs** and ensuring effective coordination between the CG and these initiatives. The four FSCG TG Discussion Papers have identified a number of specific initiatives which are directly or indirectly relevant to children in the four TGs such as the European Disability Strategy 2010-2020, the Action Plan on the Integration of Third Country Nationals, the 2017 Communication on Protection of children in migration and the Common European Guidelines on the Transition from Institutional to Community–based Care, the EU Framework for the National Roma Integration Strategies and the Council Recommendation on effective Roma integration measures in the Member States, etc.. Building on and intensifying these initiatives through measures such as increasing their focus on children in vulnerable situations, increasing their budget allocations, setting a time frame for implementation, ensuring rigorous monitoring and reporting mechanisms, and linking them more closely with the overall implementation of the 2013 Recommendation would undoubtedly have a positive impact.
- Improving **comparable data on children** in precarious situations to address the data gaps highlighted in Chapters 2 and 3. Particular initiatives could include:
  - in conjunction with Eurostat and national statistical institutes: addressing the paucity and lack of reliability of statistics about children in general and the TGs in particular, by mobilising existing instruments and developing specific targeted instruments – for instance, by mobilising administrative data and qualitative sources or by making better use of existing raw data (e.g. in relation to children's health, better use of existing information available in censuses and health systems); and
  - making research into children at risk of poverty or social exclusion a priority in the Commission DG Research's agenda and, in particular, promoting qualitative studies and other innovative ways of measuring TG children's needs and situation (e.g. action-research).
- Intensifying efforts to establish **adequate minimum income** standards across the EU in line with Principle 14 of the EPSR, as eradicating child poverty in the EU is the best way of guaranteeing the nutritional status of most children.
- Mainstreaming implementation of the CG across a wide range of **Commission DGs**. For instance, in addition to the obvious DGs (i.e. EMPL, EAC, JUST, REGIO):
  - In relation to **health** DG SANTE could for instance consider:
    - promoting and supporting curriculum development for community paediatricians, family doctors, and community-based and hospital-based children's nurses, moving forward from the curriculum deficiencies identified by the MOCHA Project[409]; and
    - providing guidance on the adoption and effective implementation of a range of policies to support breastfeeding.

[409] Mitch Blair, Heather Gage, Ekelechi MacPepple, Pierre-Andre Michaud, Carol Hilliard, Anne Clancy, Eleanor Hollywood, Maria Brenner, Amina Al-Yassin, Catharina Nitsche. Chapter 13 Workforce and Professional Education; in Mitch Blair, Michael Rigby, Denise Alexander. Issues and Opportunities in Primary healthcare for Children in Europe The Final Summarised Results of the Models of Child Health Appraised (MOCHA) Project; Emerald Publishing (in Press), draft available at http://www.childhealthservicemodels.eu/wp-content/uploads/MOCHA-Issues-and-Opportunities-in-Primary-Health-Care-for-Children-in-Europe.pdf.

- In relation to **adequate nutrition** DG SANTE could for instance consider:
  - enhancing coordination of measures to improve and control food supply – such as sugar taxes and restrictions on marketing of unhealthy foods to children; and
  - providing guidance to Member States on maintaining and calibrating minimum income standards so that they are adequate for a healthy diet, particularly for children.

- In relation to **adequate nutrition** DG AGRI could for example consider:
  - exploring how the EU school fruit, vegetables and milk scheme could be extended to contribute to the daily provision of balanced healthy school meals[410].
- In relation to children with a **migrant background** DG HOME could for example consider:
  - developing and promoting good standards for the integration of children with a migrant background, including unaccompanied minors. These could then be used to monitor the implementation of Action Plans on the Integration of Third Country Nationals (TCNs) and the impact of concrete measures on the ground. The Zaragoza indicators and other means could be used to monitor their integration policies.

[410] See EU regulation 1308/2013, Articles 22 to 25 and Annex V; EU regulation 1307/2013, Article 5 and Annex I; EU implementing regulation 2017/39.

Annex 9.3 Some possible options for EU funding support for children's access to the five areas under scrutiny

The research undertaken as part of the FSCG has shown that the European Structural and Investment Funds (ESIF) are currently not optimally used to support the implementation of the 2013 EU Recommendation on Investing in Children nor to improve access of children in vulnerable situations to the five policy areas. Often when they are used it is not in a very strategic or well thought-out way that leads to better and more sustainable national policies and programmes (see Chapter 8). In this annex, drawing on the FSCG findings, we set out some policy pointers and suggestions as to how EU Funds might be used best in future to support the implementation of the proposed CG in the 2021-2027 Multiannual Financial Framework (MFF) and also to support other aspects of the 2013 EU Recommendation that are essential to tackle child poverty and social exclusion.

During the course of the FSCG several possibilities for enhancing the contribution that EU Funds could play in supporting initiatives in favour of children and especially in favour of children in vulnerable situations have been identified which could be incorporated in the 2021-2027 MFF. In this regard, the following are some suggestions as to how EU Funds could be used in the future to support the implementation of a CG:

- Make support for **children in vulnerable situations a specific priority** for the 2021-2027 funding period and more specifically:
  - Mobilise **all EU Funds and EU financial instruments** and extend the priority for supporting children in vulnerable situations **across all of them** [i.e. ESF+ in all its strands (i.e. shared management strand, EaSI Strand, Health Strand), ERDF, AMF, EBI, InvestEU, SRSS, Erasmus+] so that there is a significant intervention in all domains, for example:
    - the ERDF regulation could include in its "priorities" and its indicators the needs of children. Eligible measures should refer at least to housing for families in precarious situations, equipment for education, healthcare and early care as well as other support;
    - the AMF could particularly target vulnerable children and applicants for international protection with special reception and/or procedural needs, contribute to ensure effective protection of children in migration (in particular unaccompanied minors), and focus on inclusive education and care by providing alternative forms of care, integrated into existing child protection systems;
    - the new InvestEU Programme 2021-2027[411] could be mobilised via its "social investment and skills policy window" which includes investments in domains relevant for the CG, such as: measures to promote education, training and related services; social infrastructure (including health and educational infrastructure as well as social and student housing); social innovation; health; inclusion and accessibility; cultural and creative activities with a social goal; integration of vulnerable people, including third country nationals;
    - special attention could be paid to ERASMUS+ ensuring outreach to people with fewer opportunities and contributing to improved policy developments and cooperation between schools and educational institutions with the aim of strengthening inclusive education; and

[411] The new InvestEU Programme 2021-2027 seeks to attract commercial financing to a wide range of operations and beneficiaries, aiming to trigger up to €650 billion in additional investment in the EU. It will aim to only support projects where financing could not be obtained at all or not at the required terms without InvestEU Fund support. It will also target higher risk projects in specific areas. One of its four policy windows is dedicated to social investment and skills, with a budget guarantee of €4 billion for the next seven years.

    - the European Reform Support Programme could be used by Member States to strengthen their administrative capacity and to undertake reforms in the areas related to the key children's social rights as well as to improve mutual learning.
  - Promote an **integrated approach** whereby different funds can be combined to support different aspects of an initiative aimed at children in vulnerable situations (e.g. combine ERDF + ESF+ for establishing early-care centres and providing services to the children).
  - Significantly **increase and earmark or reserve** a specific minimum percentage of ESF+ to be used for supporting children in vulnerable situations. Member States could be asked to invest a minimum of ESF+ in this priority, according to their respective situation (e.g. ring-fence 5% of ESF+ within the already proposed 25% ring-fence for social inclusion). As regards increased funding, the European Parliament's adopted mandate on the ESF+ has proposed an additional budget of 5.9 EUR billion under ESF+ to deliver a CG. Under this Member States are to put aside 5% of their ESF+ resources over the course of seven years for the implementation of the Child Guarantee. Should such earmarking not be possible, the importance that the proposed thematic enabling condition requiring the development of national action plans on poverty reduction focuses enough on children will be even higher (see below). Earmarking or reserving a specific proportion of ESF+ funds for supporting the implementation of the CG is likely to increase the potential impact of any CG. It could contribute to raising the profile and awareness of the new focus being given to children in vulnerable situations. It could also encourage Member States to develop more strategic approaches and to allocate more resources to achieving this objective. Finally, it would also increase public awareness.
  - **Break down indicators** in the ESF OP programmes as well as in FEAD and AMIF to show the number of child beneficiaries, the investments and the results of the interventions. Consider expanding the application of the common output indicator "number of children below 18 years of age" to the whole ESF+ shared management; this indicator could be split by age when relevant (for instance under 3, between 3 and 5, between 6 and 11 and between 11 and 17).
- Closely link the use of these EU Funds to the implementation of the possible **Child Guarantee,** and connecting the proposed CG with national policies related to the implementation of the five key social rights, the 2013 Recommendation and Principle 11 of the EPSR.
- Ensure that EU Funds contribute to better compliance of national policies with international and European human rights instruments, by making full use of an enlarged horizontal enabling condition that would ensure that: i) all funded programmes are following **a child rights based approach** and comply with the Charter of Fundamental Rights (as currently suggested in the Commission's proposal for a Common Provisions Regulation post-2020) but also with the UNCRC and the UNCRPD; and ii) no funds are used to support projects that are contrary to children's rights and international standards (e.g. no funds for institutionalisation, discrimination or segregation).
- Make it a condition that EU Funds to support children in vulnerable situations are used in a strategic manner and are **linked to national strategies** to combat child poverty and social exclusion which, in line with the 2013 Recommendation and the possible Child Guarantee, would need to identify gaps and set priorities for furthering: i) children's access to adequate resources; ii) children's access to adequate services (in particular access of children in vulnerable situations to the five policy areas); and iii) children's participation in decisions that affect their lives. In this regard it is welcome

that the Commission is proposing that national strategies on poverty reduction and social inclusion should be a **thematic precondition** of the investment of ESF+ and ERDF in active inclusion and social integration measures (Draft Common Provisions Regulation) and should cover child poverty. However, it may be important to spell out in more detail the need for a specific section of national strategies that is consistent with the proposed CG and is evidence-based, and that arrangements are in place to ensure that its design, implementation, monitoring and review are conducted in close cooperation with social partners and relevant civil society organisations. The enabling condition should be strictly monitored prior to the investment of ESF+ and ERDF to ensure that it is satisfactorily fulfilled by Member States.

- Develop **guidance** and support to Member States on the nature and scope of such strategies[412] and in doing so stress that to be consistent with the commitment in the SDGs to "leave no one behind" and to " reach the furthest behind first" Member States should specifically identify actions that can be supported by EU Funds which will benefit those children who are in the most vulnerable situations and can be hardest to reach such as homeless children, street children, unaccompanied minors, Roma children, etc.
- Require EU Funds to be used in ways that will both **trigger major reforms** in Member States (that will lead to the establishment of appropriate, sustainable and properly funded policies and systems) and promote social innovation and experimentation with a view to identifying, evaluating and scaling up successful interventions in order to integrate them in national policies and mainstream service provision. In this regard, it is a positive feature of the current Commission proposals that all Member States are required to support actions of social innovation and social experimentation and/or strengthen bottom-up approaches based on partnerships between public authorities, the private sector and civil society under the ESF+, taking advantage of increased EU co-financing rates. This can be useful in terms of encouraging innovation in relation to policies for children in vulnerable situations.
- Link the use of EU Funds with the **European Semester**, in particular for addressing CSRs in relation to children in a vulnerable situation. In the case that, as is intended, the ESIF is more closely related to the instruments of the European Semester in future and will be used to support policies to respond to **CSRs**, this means that it will

[412] In developing guidance for Member States (and Commission staff) we would suggest that in their strategies each Member State should be asked to provide an evidence-based diagnosis of the extent of child poverty/ deprivation, the degree to which children in vulnerable situations have effective access to adequate services and the extent of child participation. Ideally, this diagnosis should be based on an extensive empirical analysis that should be independent and done centrally at the EU level. On this basis, Member States should then define the universal policy measures it has/aims to put in place for the whole population of children; as well as the targeted measures it aims to take to prevent and tackle child poverty and social exclusion, at national, regional and local levels and to remedy to barriers that prevent access. The targeted measures should include a list of actions that are to be supported by EU funding under the CG, contributing to the aim that all children and in particular those in most vulnerable situations have access to the five policy areas. This strategy would be the place for Member States to identify where investment is needed and a clear set of priorities for using EU Funds to support the implementation of the CG. Investments should help children in vulnerable situations access the five social rights in question. Member States should invest in areas with the biggest gaps in delivery. Every Member State should not be expected to invest in all five areas; flexibility should be allowed on where to focus so as to best meet the most urgent national priorities and be realistic and pragmatic on the most appropriate way forward.

In addition to providing guidance and support on the development of overall strategies in relation to children in vulnerable situations, it will be helpful if the Commission together with the Member States (through the SPC) could also develop specific guidance and support on developing long-term strategies and design programmes to prevent and end institutionalisation throughout the life course. Also useful will be to provide EU policy guidance on early childhood development.

be essential ensure a much greater focus in the European Semester on children in vulnerable situations than has been the case to date.[413]

- **Improve access** to and effective use of EU funding (especially for local authorities, social partners, NGOs and smaller local community projects), for instance by:
  - providing support in the planning process of the projects, through technical assistance, feedback, technical review, checking of the fulfilment of conditions before approving the OPs, peer-learning etc.;
  - involving local authorities, NGOs and social partners in all stages of the programme (i.e. planning, preparation, implementation and monitoring);
  - facilitating the process of implementation by simplifying the rules, allowing some flexibility in the eligible cost, being smart in the mechanisms of control, advancing pre-finance, reducing the rate of national contribution; and
  - providing technical support in the process of implementation through training activities, elaboration of guidance and tools, advising on monitoring, and providing information on existing experiences and initiatives.
- Allow a **wide range of measures** to be eligible for support in order to enable the most appropriate approach to be implemented in each Member State and then ensure that projects are properly planned and designed, tailored to local and individual needs and located close to the children targeted.
- Ensure that **EU Funds are used to complement not compensate for national funds** – i.e. EU Funds should not be used to replace national financing where policies are deficient (as too frequently occurs) but to support and complement national funding by always looking for synergies and following the "additionality" principle (see Chapter 8).
- Reinforce the **Partnership Principle** at the heart of the use of EU Funds to support the CG as this would encourage Member States to meaningfully involve civil society organisations and social partners in the design, implementation, monitoring and evaluation of national strategies on poverty reduction and social inclusion. In this regard, it is important to:
  - involve social partners, local and regional authorities, and civil society at all stages;
  - enhance support for civil society participation;
  - ensure a role for fundamental rights bodies; and
  - improve the quality of consultation with civil society.[414]
- Improve the **evaluation** of programmes supporting children in vulnerable situations through:
  - putting in place arrangements at EU level for closely monitoring and reporting on the ways EU Funds are being used to support the implementation of the CG;
  - encouraging the development of well-conducted *ex ante* impact assessment and ensuring that ex-post impact evaluations are prepared as a precondition of EU financing;

[413] In the past CSRs related to children were quite rare and far from being systematic, despite the fact that, as the FSCG reports show, all EU countries face (to some extent) challenges to provide adequate access to all TGs. See for instance Eurochild's work on this issue: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/09_Eurochild_SemRep2018UPATED_31.10.2018.pdf

[414] In this regard the proposals of the Commission for enhancing the Partnership principle are welcome.

  - supporting Member States on the way evaluations are developed and in using counterfactual methods that can measure both effectiveness and impact; and
  - increasing the role of NGOs in the monitoring mechanisms of EU Funds at national level.
- Support investment in **trained staff** used to working with children in vulnerable situations and developing inclusive services and pay them decent wages (the role of staff from the same community as the children concerned can be instrumental).
- Enhance the use of EU Funds to support the **exchange of knowledge and peer learning** between countries.
- Drawing on the findings and suggestions from the FSCG, develop an **indicative list of examples** of the type of actions by Member States that could be supported by funds allocated to implement the CG (see Annex 9.4 for some suggestions).
- In order to increase public visibility of EU action and awareness of the CG use some of the funds allocated to implementing the CG to develop some very visible and tangible EU specific **flagship initiatives** (see above, Section 9.2.2, for some concrete examples of such flagships).

We hope that the various options outlined here will be helpful in informing the current negotiations on the 2021-2027 round of EU Funds between the European Commission, the EU Council of Ministers and the European Parliament, and in ensuring that the proposed CG is effectively supported by EU Funds. In doing so we acknowledge that the Commission proposals[415] for the ESF+ already include investment priorities that can support the tackling of child poverty and social exclusion and take significant steps in the directions we have outlined above and that this has also been reinforced in many of the amendments proposed by the Parliament.

[415] See Proposal for a Regulation of the European Parliament and of the Council laying down common provisions on the ERDF, the ESF+, the Cohesion Fund, and the European Maritime and Fisheries Fund and financial rules for those and for the Asylum and Migration Fund, the Internal Security Fund and the Border Management and Visa Instrument COM/2018/375 final - 2018/0196 (COD). Available at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2018%3A375%3AFIN. See also Proposal for a Regulation of the European Parliament and of the Council on the European Social Fund Plus (ESF+) {SEC(2018) 273 final} - {SWD(2018) 289 final}. Available at: https://ec.europa.eu/commission/sits/beta-political/files/budget-may2018-european-social-fund-plus-regulation_en.pdf.

Annex 9.4 Some suggestions for using EU Funds in support of a Child Guarantee

The following are some of the many suggestions as to how EU Funds could be used to support the implementation of a CG which were put forward during the course of the FSCG including during the four fact-finding workshops.

Access to ECEC

- Provide support for the development of early intervention and support initiatives:
  - support the development and strengthening of social services and social work at the community level to help reach children in the most disadvantaged situations and their families;
  - support the development of parenting and family support services;
  - support the development of a range of choices for parents in order to be able to take care of their children, especially regarding children under 3; and
  - support the development of early childhood intervention systems which provide early psycho social support services to stabilise families and strengthen parental capabilities – and do this through strong inter-sectoral collaboration between education, health and social services.
- Support municipalities to develop, run and monitor quality ECEC services with an emphasis on including children in vulnerable situations and embracing diversity.
- Support initiatives to build the capacity of the ECEC workforce through investing in in-service and pre-service training and professionalisation. In doing so:
  - emphasise the importance of developing inclusive provision which reaches the most disadvantaged and excluded children; and
  - promote cultural awareness and anti-discrimination training.
- Invest in construction, modernisation and equipment of child care infrastructures.
- Support financially the realisation of the EU Quality Framework for Early Childhood Education and Care.
- Give a particular priority to providing funding for ECEC in regions that are most deprived.

Access to education

- Allocate EU funds to support inclusive education initiatives rather than initiatives with a focus on individualised approaches in education or initiatives that maintain the dual track system.
- Support the development of schemes to improve affordability and address financial barriers to accessing education (e.g. school materials, school clothes and shoes (uniforms), transport, after-school activities).
- Invest in improving teacher training and capacity building to develop more inclusive schooling. For example:
  - devote more attention to social and intercultural training and awareness raising on issues of discrimination and racism; and
  - put more focus on how to deal with traumatised children and children from a disadvantaged background.

- Ensure that EU Funds are not used to maintain educational segregation for children in vulnerable situations such as Roma children, children with a migrant background and children with disabilities.
- In using EU Funds to support education initiatives give a high priority to investing in programmes to end segregation in schools and to promote the inclusion of children in vulnerable situations especially Roma children, children with disabilities and children from a migrant background – e.g. by providing support for:
  - tutoring and remedial classes;
  - Roma teaching assistants;
  - teacher training that promotes collaboration across expertise; and
  - improving the physical accessibility of schools.
- Prioritise operational programmes with an integrated approach that, for example, provide:
  - ESF resources for substantive and organisational changes in education to inclusive education;
  - ERDF resources to adjust the educational infrastructure;
  - AMIF resources to integrate refugee children into the same schools;
  - FEAD resources to fund material support and healthy school meals; and
  - Erasmus+ resources to develop and exchange both policy and concrete materials and methodologies.
- Support initiatives to develop "extended schools" developing integrated initiatives to meet the multidimensional needs of children in vulnerable situations (e.g. covering healthcare, social care, language stimulation, cultural enrichment, psychological support…).
- Prioritise initiatives focussed on equity in school funding systems which address disparities in school funding.
- Encourage initiatives to support children in transition: from special schools to mainstream schools, between different school levels, and from education to work.
- Support the development of after-school programmes when parents are not at home.
- Provide support to weaker/ smaller NGOs and schools in preparing applications and management of extra funds.
- Support initiatives aimed at ensuring the inclusion of both children left behind and children returning from migration.
- Develop alternative education strategies (informal education, popular education, mobile street teams) to reach children on the streets and support the work of social street workers.

Access to decent housing

- Establish a housing guarantee fund which could set the basis of a housing fund available everywhere in Europe for families with children. The fund would facilitate access to housing, for instance by removing barriers for families with children to access decent housing (e.g. by providing small loans to pay the rent-guarantee). The fund could also provide loans similar to the Spanish "social housing fund" (*Fondo Social de Vivienda [FSV]*) enabling families with children below 18 to stay in their home and rent it instead of being evicted.

- As pointed out by the European Network on Roma Inclusion (EU Roma Network), ESIF (mainly ERDF and ESF) have great potential to address the housing situation of Roma by focusing investments around housing needs, particularly for the most disadvantaged groups.
- A CG could include a European guarantee to support municipalities in providing financial support to low-income households with a child with disability to adapt their dwellings to their living needs or move and live in an adequate dwelling.

Access to health services

- Allocate resources which lower income EU countries could call on:
  - to support the cost of reimbursing co-payments, over-the-counter costs for approved medical items (e.g. provision of glasses, prostheses, medicines), and essential out-of-pocket costs for attending appointments, for parents/ carers/ older children; and
  - for development or enhancement of child health centres/ children's centres/ primary care centres, based on current deficit against standards and number of TG children served (though the wider community would benefit too).
- Allocate resources to support training of health service personnel which could:
  - support countries affected by outward medical migration or impending significant retirement numbers in training primary care doctors in child health, with a particular focus on TG children's healthcare needs and creation of innovative services;
  - support countries affected by low community child health and hospital paediatrics nursing, with a particular focus on TG children's healthcare needs;
  - support countries affected by low community child health and hospital paediatrics nursing, with a particular focus on TG children's healthcare needs; and
  - support countries with inadequate child mental health service, to train children's mental health professionals.
- Allocate resources to support interpretation services in providing healthcare to migrant children, to support provision of printed healthcare and health advice resources in migrants' languages (which could include key terms lists in migrant and host country languages), and to ensure a full health component in the proposed EU migrants' record system.
- Support research into virtual and digital services to cover locations with over-stretched services, and to reach hard-to-reach families.
- Support the development of early years' health checks with a view to the early identification of problems such as malnutrition.

Access to adequate nutrition

- Use EU Funds to tackle malnutrition through supporting the development of nutritious school meals and ECEC meals programmes:
  - also use EU Funds to enable school facilities to stay open and provide food during holidays and to improve infrastructure as needed.
- Support educational initiatives to promote healthy eating which would enable children to be empowered and act as advocators for better nutrition in their families and communities and which would support parents in ensuring healthy food for their children – e.g.:
  - organising food revolution days in kindergarten;

  - organising cooking classes for children in ECEC and schools;
  - giving children experience of growing their own food and then cooking and eating it; and
  - giving parents advice on food preparation and storage, cooking workshops, educational activities to promote health nutrition, personal cleanliness advice, advice on managing the household, education for reducing overweightness and obesity in children and adolescents and learning healthy eating habits.
- Under FEAD link provision of food (e.g. through food banks) with accompanying services.
- Support programmes to promote breastfeeding to ensure that children have the best start in life.

Children with disabilities

- Include mention of UNCRPD in the Enabling Conditions but, in order to avoid misuse of funds, insist on greater clarity and further provisions in the Regulations governing EU Funds so that accessibility, social inclusion and deinstitutionalisation are prioritised when devising EU-funded actions for children with disabilities.
- Ensure that existing funding such as the ESIF and other relevant EU Funds already in use, aim at developing support services for boys and girls with disabilities and their families in local communities, foster deinstitutionalisation, prevent any new institutionalisation and promote social inclusion and access to mainstream, inclusive, quality education for boys and girls with disabilities, and do not countermand the UNCRC and UNCRPD.
- Provide additional funding to support countries that are committed to developing disability-inclusive policies.
- Set up an independent budget line and sufficient funding for guaranteeing that structured dialogue across institutions, agencies and bodies includes the meaningful consultation with and the participation of children with disabilities.
- Provide funding support for priority areas in inclusive education that greatly impact the participation of children with disabilities (e.g. teacher education, competence based curricula, reasonable accommodations, accessibility).
- Reconsider the priorities of the Erasmus+ programme to bring them into line with the UNCRPD. For example, the thematic areas of the projects that are funded should address issues related with inclusive education. In addition, if an Erasmus programme targets people with disabilities, then this TG would need to be directly involved in planning, implementation and monitoring. The application procedures that are in place for the Erasmus+ ought to be improved in order to be "disability inclusive".

Children with a migrant background

- The 2021-2027 MFF, through all its financial instruments for the coming seven years, should contribute to protecting and promoting the rights of all children in migration and to reducing the risks these children face at different stages of the migratory journey: in their country of origin, along the migratory routes and in the country of destination.
- EU funding should be increased to support the EU Action Plan for the Integration of Third Country Nationals with a particular focus on children, including through AMF support. For this, it is important to:
  - ensure AMF provides access to durable solutions;
  - introduce the term "unaccompanied child" to AMF; and

  - rename the Fund as "Asylum Migration and Integration Fund" (AMIF).
- Use EU funds to support comprehensive integration plans including support for undocumented migrants and unaccompanied minors and prohibit use for segregation measures.
- All funds should promote and protect the rights of children in migration by supporting the implementation of the UNCRC, as well as the EC Communication on the protection of children in migration, the Global Compact for Safe, Orderly and Regular Migration (GCM) and Global Compact on Refugees (GCR).
- Promote family- and community-based care for children in migration and ensure that no EU funding are used in any way to support the detention of children.
- Invest at least 20% of the Neighbourhood, Development and International Cooperation Instrument (NDICI) in human development and social inclusion for all children, including migrant and refugee children.

Children residing in institutions/children in alternative care

- Include as a priority in the regulations that EU Funds 2021-2027 can be used to support the transition from institutional to community based care across all Member States (not just the 12 currently specified). This can include support for developing:
  - preventive and family support measures;
  - gatekeeping measures;
  - comprehensive and inclusive child care reforms;
  - quality foster care and kinship care;
  - leaving care support;
  - quality care standards; and
  - capacity of workforce (e.g. social workers, foster carers, responsible public authorities).
- Specify in regulations that ERDF and Cohesion funds should not be used to build institutional care settings:
  - it is important to support a move to family-based care and not to reorganise and downsize institutions.
- Support development and/or improvement of strategies to shift away from institutional care. In particular:
  - support strategies with clear plans that outline key objectives, quality standards and milestones; and
  - ensure that such strategies do not leave some groups behind.

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