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Feasibility Study for a Child Guarantee

Final Report

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FEASIBILITY STUDY FOR A CHILD GUARANTEE

Final Report

(March 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 Member State abbreviations and other acronyms

Official Member State abbreviations

BE	Belgium	**LT**	Lithuania
BG	Bulgaria	**LU**	Luxembourg
CZ	Czech Republic	**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

(*) *Since 31 January 2020 the UK is no longer an EU Member State.*

Other acronyms

AGS	Annual Growth Survey
AMF	Asylum and Migration Fund
AMIF	Asylum Migration and Integration Fund
CESCR	United Nations Committee on Economic, Social and Cultural Rights
CFR	European Union Charter of Fundamental Rights
CG	Child guarantee
CJEU	Court of Justice of the European Union
CMW	Committee on the Protection of the Rights of All Migrant Workers and Members of their Families
CoE	Council of Europe
CPR	Common provisions regulation
CSF	Common strategic framework
CSR	Country specific recommendation
DG	Directorate-General of the European Commission
EAFRD	European Agricultural Fund for Rural Development
ECEC	Early childhood education and care
ECHR	Convention for the Protection of Human Rights and Fundamental Freedoms ('European Convention on Human Rights')
ECtHR	European Court of Human Rights
ECSR	European Committee of Social Rights
EEA	European Economic Area
EI/EI	Early identification and early intervention
ENOC	European Network of Ombudspersons for Children
EPSR	European Pillar of Social Rights

ERDF	European Regional Development Fund
ESC	European Social Charter
ESCS	Economic, social and cultural status
ESF	European Social Fund
ESIF	European Structural and Investment Funds
ESN	European Social Network
ESPN	European Social Policy Network
EU	European Union (or 'the 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	European Union Agency for Fundamental Rights ('Fundamental Rights Agency')
FSCG	Feasibility Study for a Child Guarantee
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICJ	International Commission of Jurists
ILO	International Labour Organisation
LFS	European Union Labour Force Survey
MDAC	Mental Disability Advocacy Centre (now renamed Validity)
MFF	Multi-annual financial framework
MIDIS	Minorities and discrimination survey
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
OJ	Official Journal of the European Union
OP	Operational programme
PA	Policy area
PISA	Programme for International Student Assessment
SDG	Sustainable Development Goal
SEN	Special education need(s)
TEU	Treaty on European Union
TFEU	Treaty on the Functioning of the European Union
TG	Target group
TO	Thematic objective
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
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 Final Report draws heavily on these various FSCG outputs. Details of the FSCG's coordination team and the experts involved in the project as well as the different outputs on which this Final Report has drawn are listed in 'List of FSCG Experts, List of documents generated within the FSCG and References'.

This Final Report was coordinated by members of the FSCG's coordination team: Hugh Frazer (Maynooth University, Ireland), Anne-Catherine Guio and Eric Marlier (both Luxembourg Institute of Socio-Economic Research [LISER]). Chapter 4 was prepared by Nicole Fondeville together with Terry Ward (Applica), Chapter 5 by Christian Morabito (Save the Children), Chapter 6 by Helen Stalford and Nazia Yaqub (University of Liverpool, UK) and Chapter 8 by José-Manuel Fresno together with Stefan Meyer and Skye Bain (Fresno Social Services, Spain). 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), Katerina Nanou (Save the Children) as well as the European Commission and the participants in the four FSCG fact-finding workshops and in the FSCG closing conference 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 key children's social rights that were identified by the European Parliament, i.e.: free healthcare, free education, free childcare, decent housing, and adequate nutrition.
[2] One Discussion Paper on each of the four target groups (TGs) singled out by the European Commission, i.e.: 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 number of children at risk of poverty or social exclusion in the European Union (EU) reached 23 million in 2018, the last year for which this information is available. This figure had not dropped substantially during the preceding years (it was 26 million in 2010).[3]

The issues of the social inclusion and well-being of children and the promotion of children's rights have 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[4] (CFR) legally binding. The inclusion of a specific target for reducing 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.[5] The EU Recommendation '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.[6] More recently, the adoption of a European Pillar of Social Rights (EPSR), which was jointly proclaimed by the European Parliament, the Council of the EU, and the European Commission on 17 November 2017, and in particular Principle 11, reinforces the importance of promoting children's rights.[7] It is also important to note that all Member States have ratified the United Nations Convention on the Rights of the Child (UNCRC)[8] and this Convention should thus guide national and (sub-)national policies and measures that have an impact on the rights of the child. In addition, although the EU has not ratified the UNCRC, the 2013 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 clearer policy guidance, progress has been slow; and, although there have been some recent reductions in levels of risk of poverty or social exclusion in those Member States where it is highest, high levels of child poverty or social exclusion persist in many EU Member States, particularly for some groups of children. Recent studies on the implementation of the 2013 EU Recommendation, by the European Commission[9] and the European Social Policy Network (ESPN),[10] highlight the fact 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,[11] the European Anti-Poverty Network, the European Social Network (ESN) and Save the Children. These various reports also highlight the fact 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 a proposition to combat child poverty and social exclusion, and to ensure the effective implementation of the 2013 EU

[3] These EU figures are for the 28 countries that were members of the EU up until 31 January 2020.
[4] EU (2012).
[5] European Commission (2010a). See also: Marlier, Natali, and Van Dam (2010).
[6] European Commission (2013).
[7] EU (2017). 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.*'
[8] UN General Assembly (1989).
[9] European Commission (2017a).
[10] Frazer and Marlier (2017).
[11] See for instance Eurochild (2018) and previous annual reports monitoring the European Semester.

Recommendation on investing in children, through the means of a 'child guarantee' (CG). Subsequently, in its 2017 budget, the Parliament requested the Commission to implement a preparatory action – entitled 'Child Guarantee Scheme/Establishing a European Child Guarantee and financial support'.[12] This preparatory action is aimed at laying down an implementation 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 United Nations (UN) Sustainable Development Goals (SDGs).[13] All parts of this action must follow a child rights-based approach. This means taking due account of: EU and international standards and good practice, as defined through the UNCRC and related general comments; the Council of Europe (CoE) standards and recommendations; other UN standards such as the UN guidelines for the alternative care of children; and the EU policies on 'deinstitutionalisation' (transfer to community- and family-based living) and 'non-institutionalisation', non-discrimination, and de-segregation in education and housing.[14]

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*'.[15]

In response, the European 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 risks to their well-being: '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 FSCG has taken on increased importance and urgency in recent months with the announcement by the President of the European Commission, Ursula von der Leyen, that: '*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 Jobs and Social Rights, Nicolas Schmit, and an overall coordinating role to the Commission Vice-President for Democracy and Demography, Dubravka Šuica.

1.2 The FSCG and the Final Report

The FSCG was 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 country experts and an independent

[12] Preparatory actions are an important tool for the European Parliament to formulate new political priorities and introduce new initiatives that might eventually turn into standing EU activities and programmes with their own budget lines.
[13] More details on the SDGs can be found here.
[14] 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*'.
[15] Item 04 03 77 25 in Annex 3 to budgetary remarks on pilot projects/preparatory actions in the 2018 budget.

study editor[16]. Its overall objective was 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 attempted 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.

An intermediate report, bringing together all the work undertaken by the FSCG since it was launched in September 2018, was discussed at the FSCG's closing conference on 17 February 2020 with key stakeholders. The final outcomes of the study, including the discussion at this conference, fed into this Final FSCG Report.

This Final Report synthesises the findings from various FSCG outputs:

- 28 Country Reports;
- one report on each of the five key children's social rights (or policy areas – PAs) identified by the European Parliament (free healthcare, free education, free early childhood education and care [ECEC], decent housing and adequate nutrition);
- one report on each of the four 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 online consultation with key stakeholders;
- eight case studies highlighting lessons from international funding programmes;
- four consultations with children (focus groups);
- four fact-finding workshops that took place in September and October 2019 (one on each TG); and
- the closing conference.

Drawing on all this material, the Final 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 data available, and documents variations across Member States. Chapter 4 gives a brief overview of the main findings from the online 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 the four groups of 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 eight FSCG case studies, and makes concrete suggestions as to how EU funding could be better used in future to support access by 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 solutions for establishing a CG.

[16] Details of the FSCG's coordination team and the experts involved in the project as well as the different outputs on which this Final Report has drawn are listed in 'List of FSCG Experts, List of documents generated within the FSCG and References'.

2. Definition of the target groups (TGs) and estimation of their size at Member State level[17]

This chapter presents the definitions of the four TGs; that is, 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 chapter mobilises available evidence to try to assess the size of the TGs in each Member State (in so far as evidence allows). The chapter 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 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, 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 *institutions*.

Residential care/institutional care can also be provided in boarding school facilities,[18] 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:

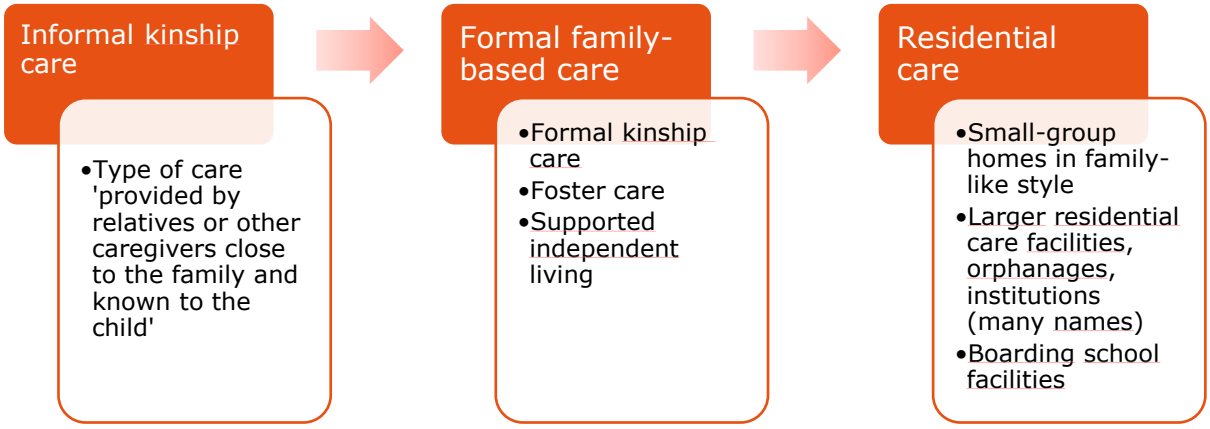
- children deprived of liberty as a result of being in conflict with the law;
- infant children living in prisons with their mothers; and
- children hospitalised for long periods of time.

However, these excluded groups of children should be recognised as being as vulnerable as the groups included. 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 measures 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 them. 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 such as foster care or kinship care, and the adoption of high-quality alternative care standards.

[17] This chapter draws heavily on the five FSCG Policy Papers, the four 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. See 'List of FSCG Experts, List of documents generated within the FSCG and References'.
[18] 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.

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 meet 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,[19] call for the progressive elimination of institutional care for children and the development of a range of alternative care options. Efforts have been made to define institutional care, with the UN guidelines defining it by reference to the size of the residential care facility. The common European guidelines 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, and 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 Member States

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

[19] Bulić, with Anguelova-Mladenova (2012).

Most Member States do not collect reliable data and lack monitoring systems. Others 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 Member States and sometimes in different parts of a Member State. Different age categories are used and make cross-country comparisons difficult. Some statistics present an incomplete picture because they only include children in public residential care facilities, and not in facilities run by the private, faith-based or voluntary sectors. Some statistics include children and young people in conflict with the law.

Most Member States lack disaggregated data (according to gender, age, disability, and 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 Member States, 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 have been 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), TransMonEE,[20] and the FSCG country experts. The numbers sometimes differ quite significantly, and this makes the comparison between Member States difficult. This highlights the urgent need to push for better collection and analysis of data across the EU.

[20] For further information see here.

Table 2.1: Number of children in residential care by EU Member State

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	ODEC[21] – 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[22] Federation Wallonia-Brussels: 10,439	Flanders: Annual Report Youth Care: 2017/Annual Report Youth Care: 2018 Federation Wallonia-Brussels: No official statistics available; see Swaluë (2013)	2,309,214
Bulgaria		**3,713**	7,602	661[23]	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[24]	Ministry of Education, Youth and Sport: 2017/2018/Ministry of Labour and Social Affairs (MPSV/MLSA): 2018/Ministry of Health: 2018	1,948,890
Denmark			**6,340**	3,940	Statistics Denmark: 2017	1,165,500

[21] Eurochild's campaign 'Opening Doors for Europe's Children': country fact sheets can be found here.
[22] 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 here.
[23] 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.
[24] 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 for 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[21] – 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
Estonia	1,068	**1,056**	1,398	1,068	Opening Doors for Europe's Children: 2016	252,117
Finland			**8,095**	9,104	National Institute for Health and Welfare [*terveyden ja hyvinvoinnin laitos* – THL]: 2018	1,066,261
France			**154,819**	57,368[25] (+ 12,575[26])	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)[27]	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[28])	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[29]	Ombudsman for the Rights of the Child (ORK): 2018	116,805
Malta			**220**	155	March 2019	79,163
Netherlands (no of beds)			**14,516**	23,700[30]	CBS Youth Monitor (Jaarrapport Landelijke Jeugdmonitor): 2017	3,386,096

[25] 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 were 107,200 children with mental and physical disabilities in residential or semi-residential care but who were not without parental care.
[26] 12,575 corresponds to the number of children in 'other types of placement', which covers family-based alternative care options (e.g. kinship care or placement with the prospective adoptive family) and residential care options (e.g. SOS Children's Villages and boarding schools).
[27] Greek Children's Ombudsman (2015).
[28] 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.
[29] 724 of these children were placed in institutional care in Luxembourg and 83 in institutions outside Luxembourg.
[30] Children with multiple forms of youth care appear several times in the statistics; the statistics might include children in conflict with the law.

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	ODEC[21] – 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
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 numbers in bold in those columns)**			343,057		95,747,676

Source: Lerch and Nordenmark Severinsson (2019).

In all Member States 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 provided by the FSCG country experts 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 ethnic-minority 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, whereas Roma represent 10% of the total population (Opening Doors for Europe's Children, 2016).
  In many Member States, 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 Member States, the huge increase in the number of unaccompanied minors entering the child protection system creates unprecedented pressure.

- *Children living in an income-poor household*
  Income poverty and other social stress factors remain a major reason for alternative care placements. Several country experts (e.g. DK, DE, HR, HU, and UK) indicate that income poverty is one of the main factors that separate 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*
  Several country experts mention that there are more boys than girls in residential care and sometimes generally in alternative care (e.g. France, Ireland, and United Kingdom). 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 Member States, 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 Member States in recent years**. The increasing number of unaccompanied foreign minors in residential care is a major factor in this. Changes in strategies, policies or practices may 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 United Kingdom, 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. Conversely, 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 fell from 28.3% in 2006 to 3.1% in 2017.

Some FSCG country experts highlight a **reduction in the use of foster care, or in the number of foster carers, in their country.** For example, in Spain, although family-based care continues to be more prevalent than other forms, its use 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 fell 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[31]

According to the European disability strategy 2010-2020 and the UN Convention on the Rights of Persons with Disabilities[32] (UNCRPD), the definition of disability is rather broad and is based on 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, in 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 it is consistent with the World Health Organisation (WHO) international classification of functioning, disability, and health (including the children and youth versions), which conceptualises a person's level of functioning as a **dynamic interaction** between their **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 in terms of participating effectively in society, and provides the *golden standard.*

However, despite each of the 28 Member States and the EU as a whole having signed and ratified the UNCRPD, most Member States 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 Member States, gathering data and forming an accurate account of the situation of persons with disabilities are made more difficult because the term 'special needs' is used as a catch-all 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 is one that many people in the disability community object to, arguing that the rights of persons with disabilities should not be qualified as 'special' but rather are the same rights that everyone else is entitled to.

[31] For a discussion of the definition of the TG and data availability, see Hunt (2019).
[32] UN General Assembly (2006).

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 Member States

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 an acknowledgment of the environmental and personal factors that are acting as barriers to, or enablers of, their participation. To identify a person with a disability, it is therefore 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**, as follows.

- 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, or structures related to movement).
- Activity limitations and participation restrictions: activity limitations are the difficulties people have in executing activities, while participation restrictions are the difficulties they face in being involved in a life situation. These limitations and restrictions are usually described under nine domains: learning and applying knowledge; general tasks and demands; communication; movement; self-care; domestic life areas; interpersonal interactions; major life areas (education, employment, and economic life); and community, social, and civic life.
- Environmental and personal factors: contextual factors that may influence participation, such as assistive technology; natural and man-made environment; support and relationships; attitudes; and services, systems, and policies. Personal factors include gender, age, social/religious background, past and present experiences, ethnic background, and profession.

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, to consider disability determination as a whole-person assessment, and to take into consideration the person throughout the lifecycle. In all cases, gathering information on all three sets of determinants requires that various people (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 that this information be made sense of by those who are the most likely to make a difference in the person's life (starting with the person themself, family and closest community, and professionals familiar with the person/services). Only then can functional profiles be developed, always leading to service support.[33]

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 on

[33] 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. For further information, see here.

activities due to health problems of children aged under 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.[34]

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. However, these data need to be used with caution when determining the size of the population of children with disabilities in a given Member State because, as indicated above, health status does not directly correspond to dis/ability. General health and/or impairment data cannot be used as a 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, and their 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 Member State level, administrative data on children with disabilities are also gathered. Despite signing and/or ratifying the UNCRPD, most EU-28 Member States still use a traditional/medical definition of disability. Information is usually captured in multiple databases (based on specific needs/purposes and housed within separate ministries) that often do not allow for triangulation of findings. Thus in a single Member State one may find:

- a dataset on children with an impairment (body part or body function limitation), which often includes chronic illnesses and should not be used as a proxy for disability (usually in the ministry of health);
- a dataset on 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 on school-age children with some type of specific education need/support, often designated 'special education needs' (SEN) or 'special needs education' – this group of children includes, but is not 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 EU Member States

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

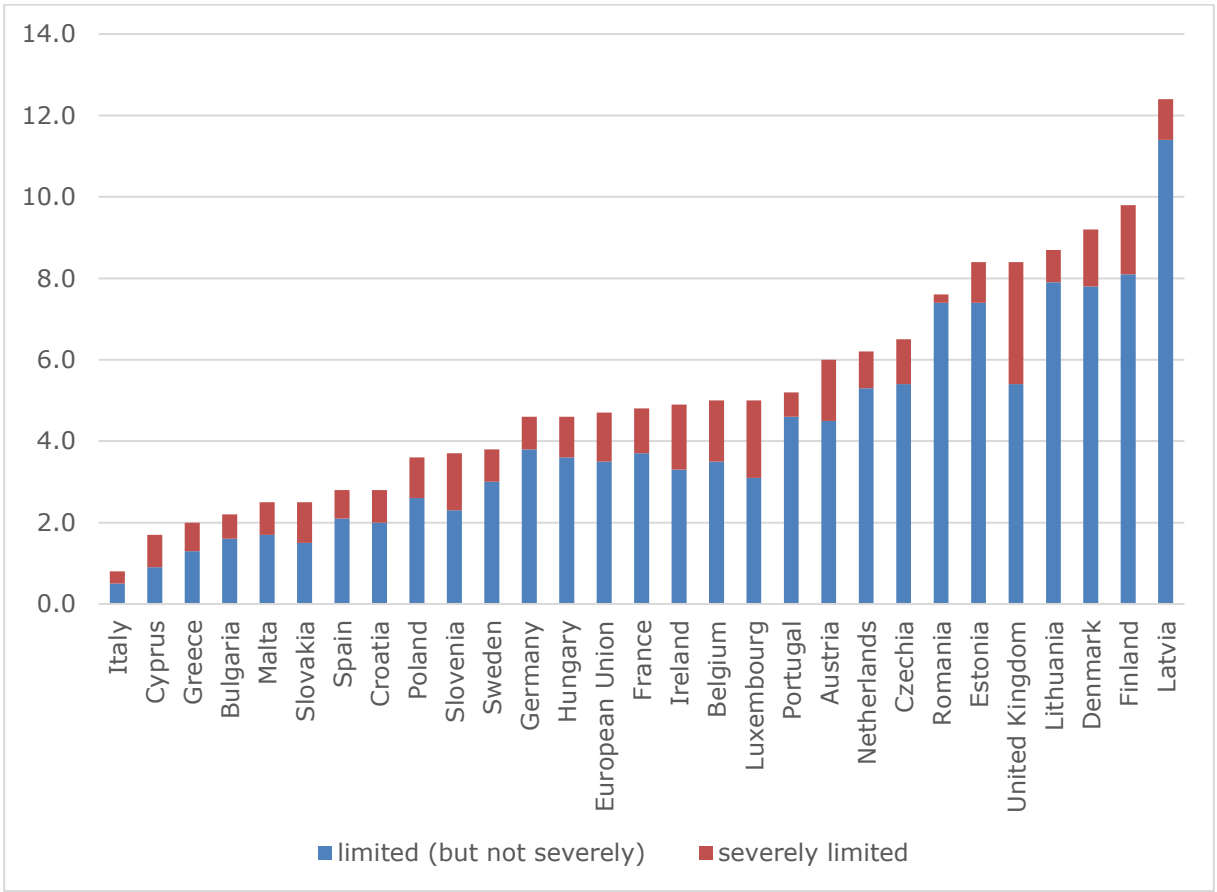
- 'Severely limited' means that performing or accomplishing an activity which can normally be done by a child of the same age cannot be done, or can only be done with extreme difficulty. Children in this category usually cannot do the activity alone and (would) need help.

[34] For a tentative quantification of the size of this sub-group at Member State level, see Lerch and Nordenmark Severinsson (2019).

- 'Limited but not severely' 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 (children in this category usually do not need help from other people).
- 'Not limited at all' is also used in cases where a child cannot perform an activity, or can perform it only with difficulty, but where the type of activity is beyond the normal capability of children of that age.

The limitations on 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 child is currently limited and has been limited in their 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 should 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 type 1 diabetes or for traumatic injury). The activity limitations arising from the same health problem may also depend on the individual child and circumstances and only past experience can provide a safe answer.

Figure 2.2: Percentage of children severely limited or limited (but not severely) in daily activities during the previous six months; children aged 0-15; EU countries; 2017



Source: EU-SILC 2017, ad hoc module, Users' Database (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 varied a lot across Member States,[35] 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 Member States, the proportion of children experiencing severe limitations was around 1% of the population aged 0-15. This share is, however, higher in Luxembourg, Slovenia, and the United Kingdom.

At the EU level, the proportion of children severely limited, or limited but not severely, in daily activities reached 4.7%. An extrapolation of this EU-SILC figure leads to an estimate of around 3,700,000 children under 15 suffering from limitations in daily activities during the previous six 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** – that is, 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 with 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. Conversely, the country of birth of the child is taken into account in the definition of 'first' and 'second' generation. Thus, first-generation migrant children are foreign-born children whose parents are both also foreign-born. Second-generation migrant children are children born in the country of residence whose parents are both 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. Under the EU Directive 2011/95 on granting or revoking refugee status, these children may travel with their family or be considered as 'unaccompanied minors'; that is, children under 18 who arrived on the territory of a Member State unaccompanied by an adult responsible for them whether by law or by the practice of the Member State concerned, and for as long as they are not effectively under the care of such a person. They may be **refugee applicants** seeking international protection or reunification with family members. They may be **dependants of labour migrants, victims of trafficking, and/or undocumented migrant children**.[36]

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

[36] EU law recognises children as applicants for international protection in their own right and sets some procedural safeguards and protection measures. The EU regular migration package includes specific legislation on family reunification, and includes provisions on whether or not regular migrants covered by EU law must have a right to migrate with dependants or bring their families at a later date (e.g. researchers, seasonal workers, highly qualified workers, and 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

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 Member State 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 Member States

Availability of data

Eurostat produces statistics on international migration flows, population stocks of national and non-national citizens, and on the acquisition of citizenship.[37] Data are collected on an annual basis and are supplied to Eurostat by EU Member States' national statistical authorities. The data include the total stock number of migrants who do not have citizenship of the host country, and on the stock of migrants who are foreign-born by age categories. In addition, series that also include the annual number of immigrants who arrived in each Member State by age (on 1 January of the corresponding year) are available from 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 according to 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 us to measure the number of first-generation migrant children; they exclude second-generation migrant children – that is, children born in the country of parents born in a non-EU country (who are included under the FSCG definition). Moreover, they include foreign-born children whose parents are not foreign-born, who are excluded under 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 according to citizenship and country of birth, the latter being defined as the usual place of 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.[38]

Furthermore, estimating the number of children with a migrant background is quite complex.[39] As very well explained on the international 'migration data portal',[40] '*realities*

relevant to the rights of migrant children, including in the areas of health, education, and social inclusion. See also the EU's asylum and migration glossary here.

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

[38] UNICEF publishes 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, these 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.

[39] See also Schumacher, Loeschner, and Sermi (2019) and FRA (2016a).

[40] For further information see here.

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 the following.

- **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 so that they can take advantage of the rights and privileges of being a child, such as shelter and schooling.[41] There may also be cases of children who register for asylum in more than one country, or 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.[42]
- **Differing definitions for age categories**: the comparison of data on stocks and flows of migrant children and other age groups is difficult because Member States analyse age and collect data using different definitions.
- **Differing criteria for recording data**: Member States differ in how they record data for the same categories. For instance, some record those who claim to be unaccompanied minors in the statistics, whereas others only count those recognised as such following an official age assessment.[43]
- **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.[44]

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.

In order to look at the living conditions of children with a migrant background, and provide a very rough estimate of their number by Member State, we now turn to the EU-SILC and the EU Labour Force Survey (LFS).

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

- Recently arrived migrants: this group of migrants is missing from the sampling frame, resulting in under-coverage of the actual migrant population.
- Non-response of migrant population: a significant disadvantage of surveys is that a high percentage of the migrant population does not answer them. This may be due to language difficulties, misunderstanding of the purpose of each survey, difficulty in communicating with the interviewer, and fears on the part of migrants that participating in the survey may have a negative impact on their authorisation to remain in the country.

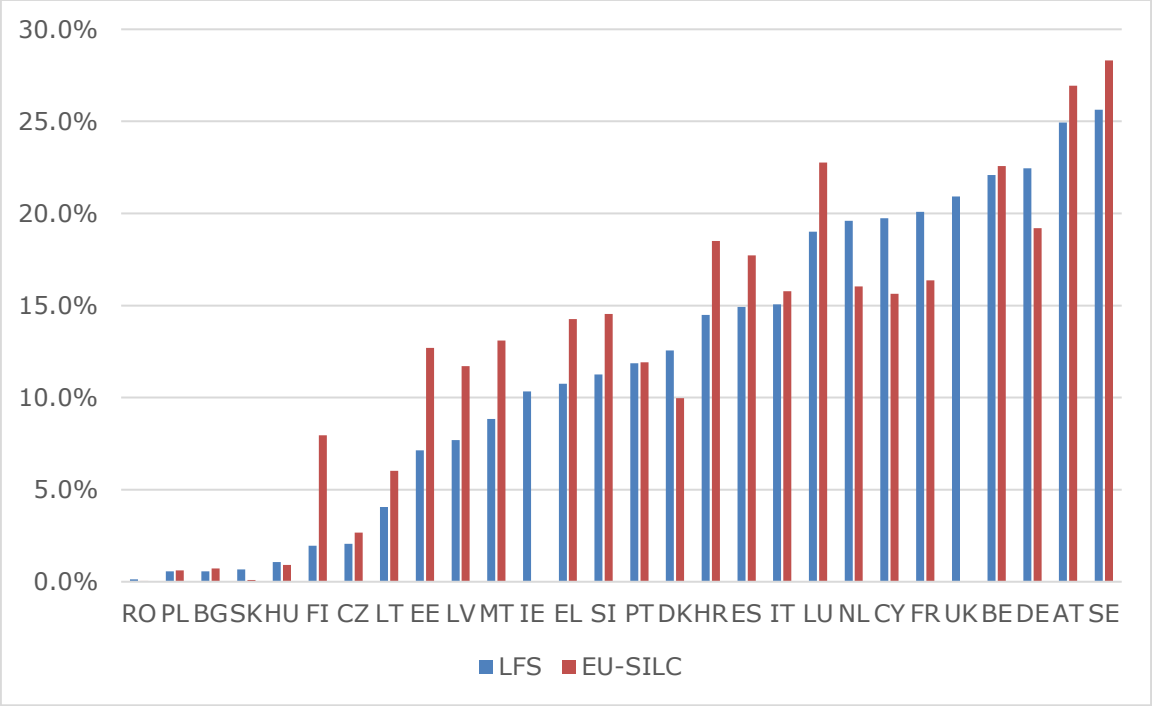
[41] Di Maio (2011).
[42] European Commission (2016a).
[43] Humphries and Sigona (2016).
[44] *Ibid*.

- Sample size: sample surveys cannot fully capture the characteristics of migrants in EU Member States with low migrant populations.
- Furthermore, these surveys cover only private households. Persons living in collective households (including institutions and camps) are excluded from the sample 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 highlighted limitations of these two surveys, the data sources selected for assessing the size of the TG are EU-SILC and LFS.[45] 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. The shares computed are different as between the EU-SILC and LFS, but of the same magnitude in most Member States (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 key social rights by children.

Figure 2.3: Percentage 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 under 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.

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

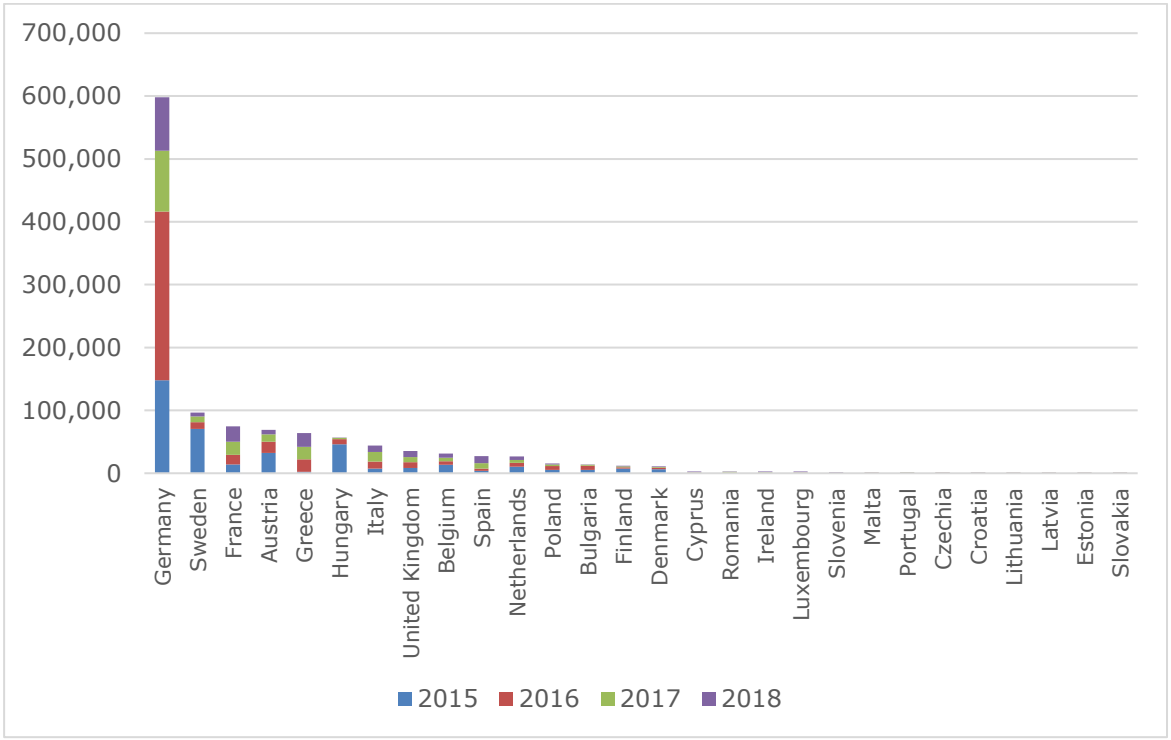
[45] We would like to warmly thank Eurostat LFS colleagues who kindly agreed to make a specific treatment using LFS microdata to estimate the size of the TG.

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 under 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 in 2015-2018. Germany was the leader, hosting 566,170 asylum-applicant children over the period, with the largest inflow in 2016. Germany was followed by Sweden (96,640), France (74,475), Austria (68,845), Greece (63,775), Hungary (56,400), Italy (44,160), the United Kingdom (35,215), Belgium (31,460), Spain (27,190), the Netherlands (26,590), Poland (15,695), Bulgaria (14,115), Finland (11,830), and Denmark (11,015). The number of asylum-seeking children in other Member States was marginal.

The Eurostat website also makes data available on the flow of unaccompanied minors among asylum-seekers in the EU; their total number increased from 10,610 in 2010 to 95,208 in 2015, and then fell 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 suffer from child-specific material and social deprivation (i.e. suffer from an enforced lack of child-specific goods, leisure etc.), live in an income-poor household, or live in a low socio-economic status household.
- **Precariousness related to household composition:** children living in single-adult households; 'left-behind' children of EU-mobile citizens;[46] teenage mothers and their children; children who are caring for sick or disabled household member(s) (young carers); and children with imprisoned parents.
- **Precariousness related to (other) social risk factors:** children living in a household where there are mental health problems, substance abuse, or domestic violence; children living in urban segregated areas (areas with a high level of violence and crime, low education levels, ethnic or cultural minorities, and/or economic deprivation); and Roma children.

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, as a result of their economic consequences.

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.

[46] That is, children left in an EU Member State when one or both parents move to another one, making use of their right to free mobility of workers as stipulated by the EU Directive 2004/38 on freedom of movement.

2.4.2 Size of the TG in the various EU Member States

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/Member State 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 (the at-risk-of-poverty indicator[47]) has been used; and • in the OECD *Programme for International Student Assessment (PISA)*, the index of economic, social and cultural status (ESCS). Discussion: It is important to try to measure the social gradient when assessing 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 two sub-groups below.	EU-SILC
'Left-behind' children of EU-mobile citizens	Definition: One or both parents are EU-mobile. Discussion: This sub-group is found mainly in EU Member States with substantial migration to other EU Member States, such as Poland, Romania or Bulgaria and to a lesser extent the Baltic Member States.	No hard data but empirical evidence exists. For further information see here.
Social risk factors		
Roma children	Definition: Under the official definition of Roma used by the CoE and EU institutions, the term 'Roma' 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 greatly between them, with the 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 or other statistics on the size of the Roma population in most EU Member States, 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)[48]

[47] 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.
[48] 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 Member States. 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 four retained sub-groups in the various EU Member States

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,[49] the second an indicator of child deprivation intensity.[50]

The adoption of these child-specific indicators is an important step in the direction of fulfilling 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.

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

The child deprivation rate is the percentage of children aged 1-15 who suffer from the **enforced lack** (i.e. 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, as indicated below.

- Child: some new clothes
- Child: two pairs of shoes
- Child: fresh fruit and vegetables daily
- Child: meat, chicken and/or fish daily
- Child: suitable books
- Child: outdoor leisure equipment
- Child: indoor games
- Child: leisure activities
- Child: celebrations
- Child: invitations to friends
- Child: school trips
- Child: holiday
- Household: ability to replace worn-out furniture
- Household: avoidance of payment arrears
- Household: internet access
- Household: home adequately warm
- Household: car

This detailed information was collected in 2014 in an ad hoc module of the EU-SILC on child deprivation, and will be collected in future every three/four years, from 2021. In this report, the information covered by these 17 items is used both at the level of individual items, 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.

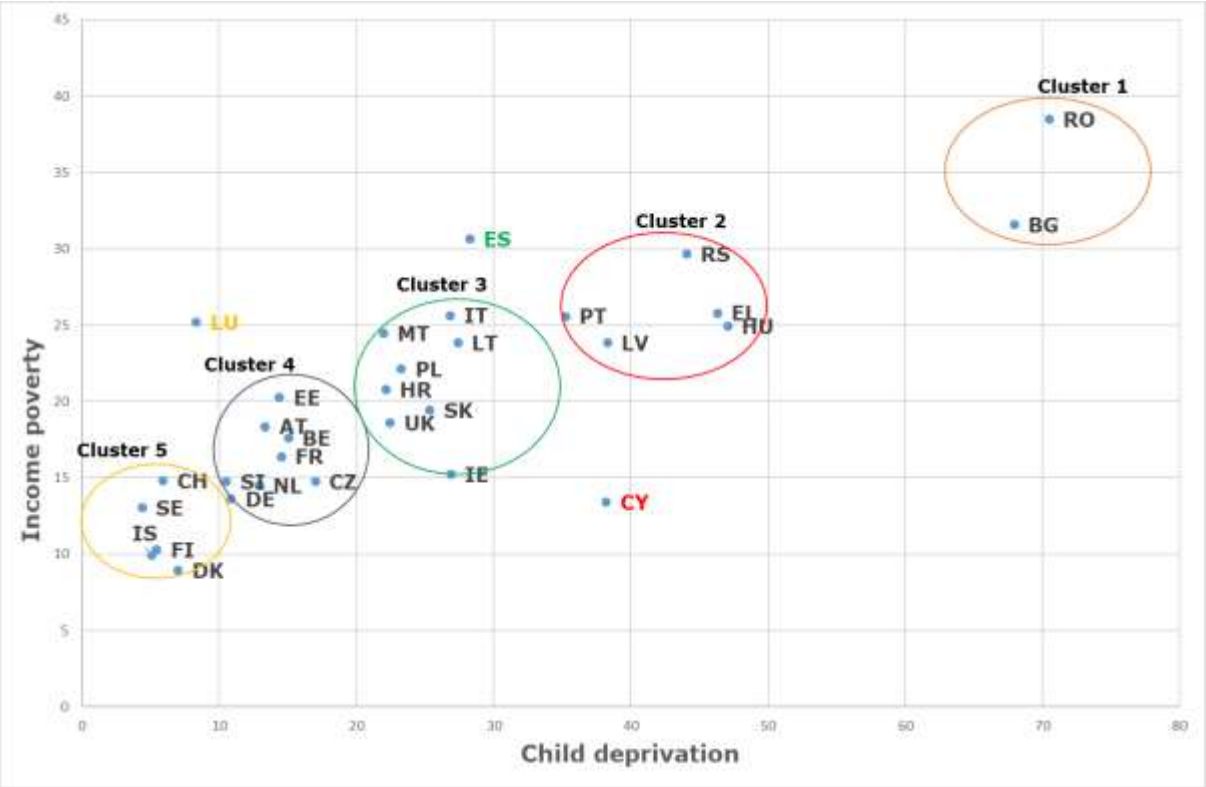
[49] For a discussion of this indicator, see Guio *et al*. (2017).
[50] The child deprivation intensity is the average number of enforced lacks among deprived children, i.e. among children lacking at least three items out of the 17 retained items.

Figure 2.5 presents, for Member States and certain other European countries, the share of children suffering from child-specific deprivation and the share of children living in income-poor households. In this figure, Guio *et al*. (2020) use a hierarchical cluster analysis to identify five main clusters of countries, as follows.

- **Cluster 1** consists of Bulgaria and Romania, the two Member States which in 2014 suffered the most from both child deprivation (around 70% in both cases) and income poverty (32 and 39% respectively).
- **Cluster 2** consists of Cyprus, Greece, Hungary, Latvia, and Portugal (along with Serbia), which were characterised by a high prevalence of child deprivation (between 35 and 47%). Cyprus differed from the other countries in this group in terms of income poverty, with 13% (one of the lowest rates in the EU) as against around 25% for the other countries.
- **Cluster 3** contains Member States with a medium-to-high rate of child deprivation (22 to 28%): Croatia, Ireland, Italy, Lithuania, Malta, Poland, Slovakia, Spain, and the United Kingdom. This group is heterogeneous in terms of income poverty (there was a 2:1 ratio between Ireland and Spain).
- **Cluster 4** includes Austria, Belgium, the Czech Republic, Estonia, France, Germany, the Netherlands, and Slovenia. They suffered from a low-to-medium level of child deprivation and income poverty.
- Finally, **Cluster 5**, with the lowest share of deprived children, consists of the Nordic Member States (Denmark, Finland, Sweden and Iceland), Luxembourg (together with Iceland and Switzerland). They were also characterised by low levels of child income poverty (except for Luxembourg, where it was 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*. (2020) show that, in order to explain child deprivation, it is necessary to combine variables related to the household's 'longer-term command on resources' (current household income, parents' education, household labour market attachment, burden of debts, and migration status) with variables signalling household needs (costs related to housing, tenure status, and bad health). 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 the 28 Member States). 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 from 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; that is to say, household income, (quasi-)joblessness, housing cost burden or single-parenthood do not have the same impact on child deprivation across countries.

Figure 2.5: Percentage of children (aged 1- 15) who are deprived, against proportion who suffer from income poverty; EU-28 and selected other countries; 2014

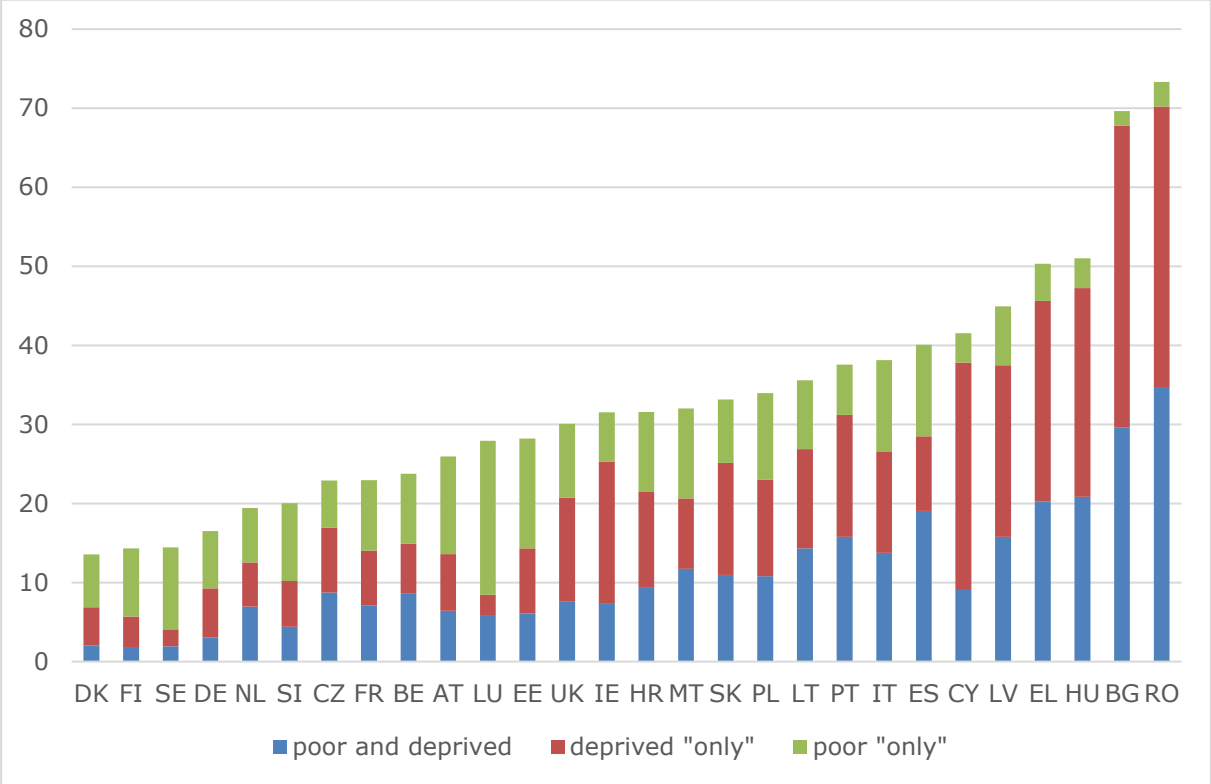


Source: EU-SILC 2014, computations Guio et al. (2020).

Note: CH = Switzerland, IS = Iceland, RS = Serbia.

Figure 2.6 provides an estimate of the proportion of children confronted with economic fragility in each Member State in 2014; that is, 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 Member States the proportion of children suffering from income poverty among those confronted with economic fragility was high, whereas in eastern Member States the prevalence of child deprivation was proportionally greater; for example, in Romania 35% of children were deprived but not poor –18% were even severely deprived (i.e. lacked more than five items) despite the fact that they were 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 between Member States) whereas the child-specific deprivation indicator is a more absolute measure (based on a same basket of items in all Member States). Reaching the income poverty threshold in these Member States does not allow an escape from child-specific deprivation. Similarly, children escaping deprivation in the richest Member States may suffer from income poverty. It is therefore important to combine both indicators to adequately capture the diversity of economic fragility in the EU. One additional reason is that provision of in-kind services which reduce household costs are not captured by the standard income poverty approach – whereas they are indirectly captured by the deprivation indicator.

Figure 2.6: Percentage of children (aged 1-15) who are deprived 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'

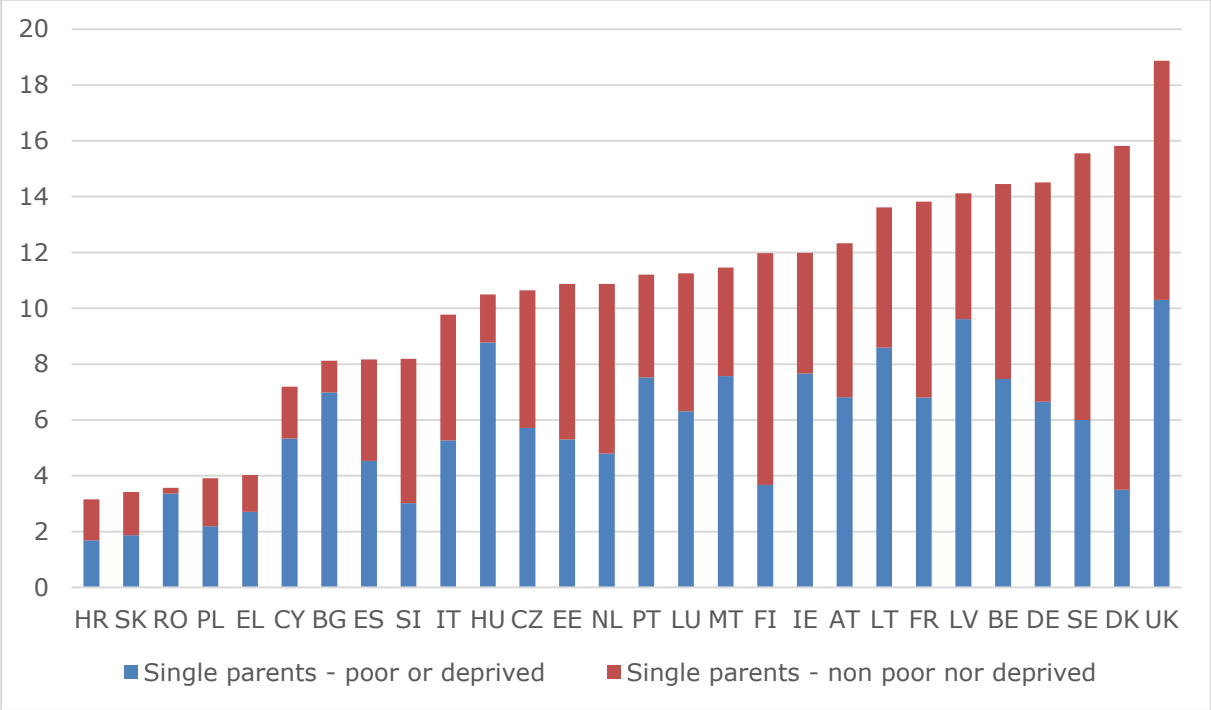
Living in a single-adult household is known to be a risk factor for precariousness. It increases the risk of suffering from child-specific deprivation or income poverty, but it is also *per se* a factor influencing all domains of life. From a resources perspective, a single-adult household is more vulnerable (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 (such as for housing, childcare, and healthcare) which generally represent a higher share of their resources than in the case of 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 the adult may have less time to spend with their child(ren). 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 Member States in 2014, and within those the proportion who suffer from poverty or child-specific deprivation.

This figure shows, first, the wide 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, and Greece to 16-18% in Denmark, Sweden, and the United Kingdom.

It also shows that the proportion of children in single-adult households confronted with income poverty and/or child-specific deprivation was very high: in most Member States, at least 50% of these children suffered from one or both problems. This risk was lowest in Denmark, Finland, and Slovenia, but remained non-negligible and much higher than for two-adult households.

Figure 2.7: Percentage of children (aged 1-15) living in a single-adult household (total bar) and, among them, proportion of children confronted with economic fragility (deprived or income-poor); 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'[51] [52]

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 by 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 Member States.[53]

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-east Asia. Similarly, analyses are available for central Asia and Africa as well as global

[51] Although in the FSCG we have focused 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 initially been brought up abroad but who then, when their parents return to their home country, can face particular problems in integrating into what seems like a foreign country with a different culture, language, and school system.
[52] This section draws on: Fresno, Meyer, and Bain (2019).
[53] A major research project on east European migration patterns, both abroad and rural-urban, was undertaken in 2012, covering the situations in 25 countries – including new Member States, accession countries, and the wider eastern neighbourhood. See Bélorgey *et al*. (2012).

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.[54] 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.[55] Most of the studies reveal mixed positive and negative impacts of migration on children. Although 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 their 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.[56] 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 greater.

There are no (hard) data at EU level, and very little data at Member State 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.[57] Similarly, larger EU-funded research consortia have not yet taken on the specific question of left-behind children.[58] Two recent political initiatives, in the wake of the Parliamentary Assembly of the CoE[59] and the Bulgarian Council Presidency,[60] 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 Member States and some areas of Poland and Greece.[61] However, even in these countries the exact number of left-behind children and their level of poverty and social exclusion is unknown, due to either: non-registration of the status of parents working abroad (e.g. Estonia, Lithuania, and Romania); or the non-use of services by family members taking care of the children (e.g. Bulgaria and Lithuania).

[54] For the complete list of references, see Fresno, Meyer, and Bain (2019).
[55] Bélorgey *et al*. (2012); COFACE Families Europe (2012).
[56] Garza (2010).
[57] See the outcomes of ChildrenLeftBehind.eu, a European network of NGOs, 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.
[58] See for example reminder-project.eu.
[59] 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 on states generally to take note of the phenomenon, to monitor its prevalence, and to adopt measures, without specifying further action or commitments. See further information here.
[60] During the Bulgarian Presidency of the Council of the EU, 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 Member State they are (BG Country Report).
[61] Bélorgey *et al*. (2012).

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

	Data on left-behind children	Data source
Bulgaria	Every fourth child in Bulgaria belongs to a family in which at least one 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)
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, a plan for improving the situation of those children whose parents have gone abroad was approved by government.	Bélorgey *et al*. (2012) Krišjāne and Lāce (2012)
Lithuania	Estimates of the number of children with one – 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 one 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 one or both parents in migration, more than 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 one or both of them left the country.	European Migration Network and OECD (2013)
	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 one parent in the previous three years. However, about 40% of cases could not have been treated as the result of 'true' migration (because the separation lasted less than two 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 fall might have resulted both from the declining overall level of out-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.	Poland Country Report. Nationwide representative surveys commissioned by the Ombudsperson for Children, conducted in 2008 and in 2014: Walczak (2008), Walczak (2009), and Walczak (2014). (Interviews carried out with school teachers and children/students in primary and secondary schools)

	Data on left-behind children	Data source
Romania	During 2010-2018 the number of families in which parents left to go 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 one parent. The proportion of children left behind without any parent fell from 43% in 2010 to 33% in 2018. The overall proportion of these children who ended up in the special child protection system was about 4% over the entire period, with 2-3% for those coming from families with two parents in which only one parent left, 4-6% for children from families with two parents who both left, and 10-11% for children coming from single-parent families. These children made 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 one 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[62]
	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 estimate reached 350,000 in 2008, of which about 126,000 were without any parental presence.	Save the Children citing previous studies[63]
	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) half of the children were under 10.	Toth, Munteanu, and Bleahu (2008) (a study done in 2007 by Gallup Romania, at the request of the United Nations Children's Fund (UNICEF) and the Alternative Sociale Association)

Source: Various FSCG Country Reports.

Grouping Member States according to the extent of the challenges they face in relation to poverty and social exclusion among left-behind children is complex. Although 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'.[64]

[62] For further information see here.
[63] For further information see here.
[64] The Polish Country Report cites nationwide representative surveys commissioned by the Ombudsperson for Children, 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.

Only the Bulgarian and Romanian country experts tackled challenges in relation to the assessment of the different PAs, 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).[65]

In both Hungary and the Czech Republic, the country experts document that, although 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,[66] 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"'.[67] There are a number of political and methodological difficulties in defining Roma which affect the identification and sampling of respondents in surveys targeting this particular population group.[68]

There are no official census or statistical data on Roma and Roma children in most EU Member States.[69] Even when official data 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.[70]

Within the EU Member States, a distinction should be made according the mobility status 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.

[65] 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. For further information see here.
[66] Descriptive glossary of terms relating to Roma issues, version dated 16 November 2011.
[67] 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.
[68] 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 and to build a sampling frame, but also to verify if the sample is representative for the target population in respect to these characteristics once the survey is completed. See the methodological discussion of the UNDP/WB/EU Survey in: Ivanov and Kagin (2014), and Till-Tentschert *et al*. (2016).
[69] See a CoE estimate of population sizes per country and some references to the methodological difficulties. For further information see here and here.
[70] See Ivanov and Kagin (2014) and Till-Tentschert *et al*. (2016).

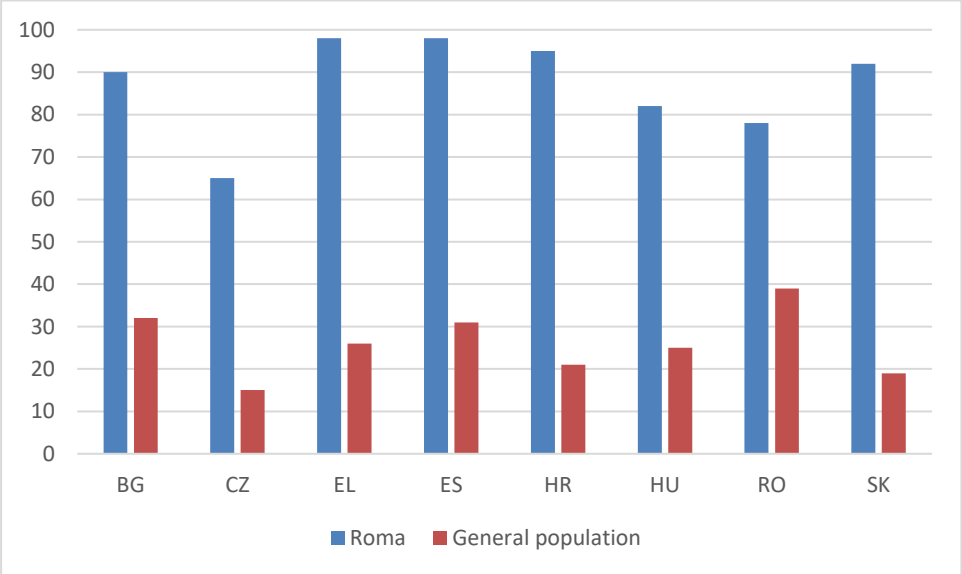
In terms of Roma children, there are three principal clusters of Member States, as follows.

- Some, specifically Romania and Bulgaria, face serious challenges of exclusion of larger groups of domestic Roma and their [sometimes left-behind] children (also the Czech Republic, Slovakia, Croatia, Hungary, Lithuania, and Poland).
- Others – namely western (e.g. Germany, Belgium, France, and the Netherlands), southern (e.g. Italy and Spain) and northern European (e.g. Sweden, Denmark, and Finland) Member States – 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 Member States where issues of the exclusion of domestic Roma are of lesser scale or intensity, 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 FRA) and national reports make it possible to identify problems of access by the Roma population under a number of policy areas. The European Commission's scoreboard of Roma integration indicators[71] presents the situation of the Roma population in nine EU Member States, based on 18 indicators in four main thematic areas (education, housing, employment, and health) and the cross-cutting area of poverty. The scoreboard is based on the very useful surveys conducted by the FRA in 2011 and 2015-16. Nevertheless, it needs to be taken into account that these surveys, in some Member States, 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.

Figure 2.8: Income-poverty rate of Roma children; selected EU Member States, 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 (2016)[72] and EU-SILC 2014, Table [TESSI012].

[71] European Commission (2017b).
[72] FRA (2016).

2.5 Conclusions

This chapter 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 (e.g. for children in alternative care, children with disabilities, children left behind, Roma children, and refugee children). Other TGs are better covered in mainstream surveys (e.g. children in income-poor households, children suffering from child-specific material deprivation or living in single-parent households), 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 a precise evaluation of the total cost of a possible action for each TG difficult.

3. Overview of situation of the four TGs in relation to access to key social rights[73]

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 to Chapter 3' 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 (such as lack of light or space to play), and an increased risk of perpetuating the intergenerational poverty cycle (with profound and long-term effects 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 another.[74]

This section provides an overview of children's access to decent housing in the EU. 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-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 shown by the much lower rates in Finland, Cyprus, Ireland, the Netherlands, and Spain (around 1%).

Although severe housing deprivation plagues a massive proportion of the population in eastern Member States, children in the rest of the EU are not spared. In Portugal, Austria, Greece, and Italy, around 7-8% of children are affected by severe housing deprivation.

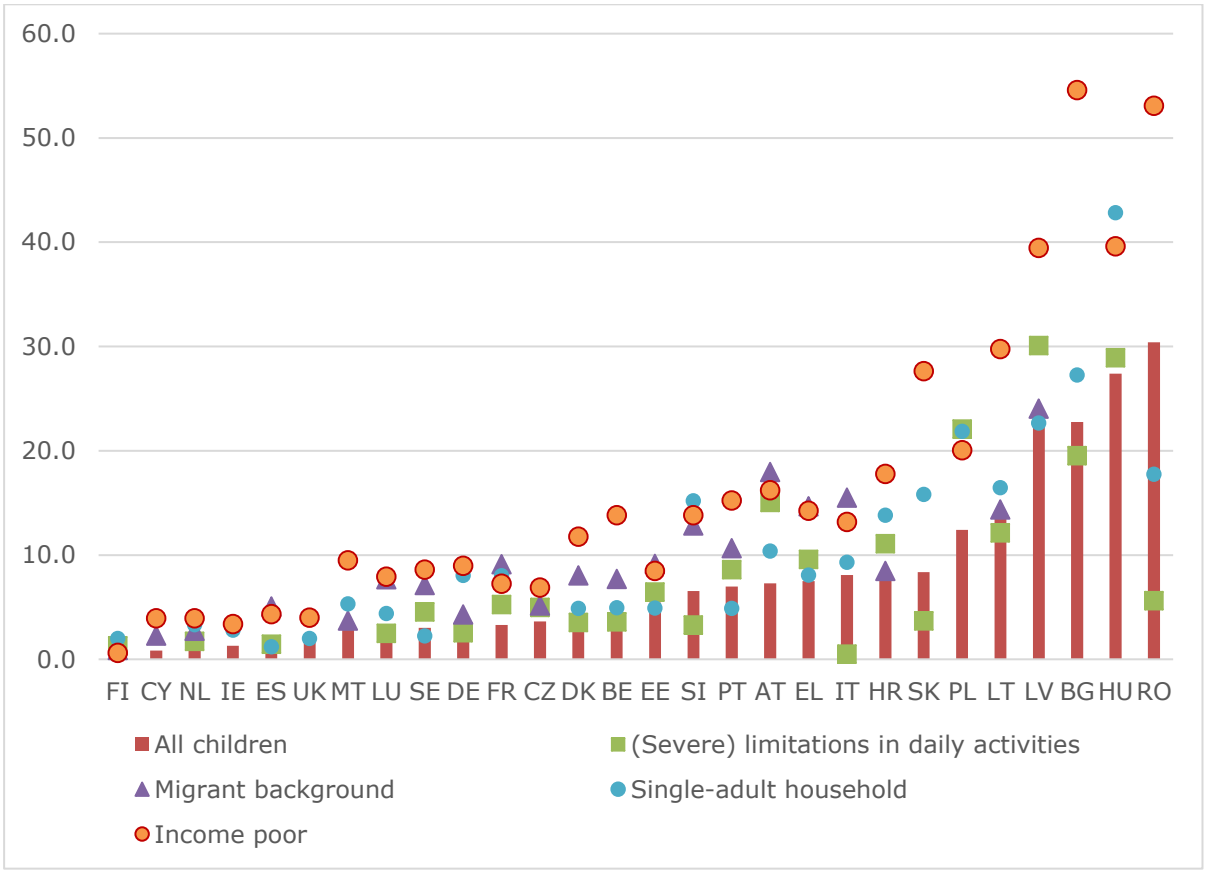
Figure 3.1 also presents the proportion of children suffering from severe housing deprivation for each TG available in the survey[75] and compares it with the total population of children. Information on children's limitations in daily activities is used as a proxy for children's disability.

[73] This chapter draws heavily on the five FSCG Policy Papers, the four 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. See 'List of FSCG Experts, List of documents generated within the FSCG and References'.
[74] Bartlett (1998).
[75] See 'Annex to Chapter 3' on the limits of the EU-SILC, and Section 3.1.5 on TGs poorly or not covered in the EU-SILC.

In most Member States, 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, a 2016 European Commission report[76] confirmed 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: Percentage of children who suffer from severe housing deprivation; EU-28 Member States; all children and available TGs; 2017



Note: Figures based on a sample size lower than 50 observations are not presented. Member States are classified according to the incidence for the total population of children.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

[76] European Commission (2016b).

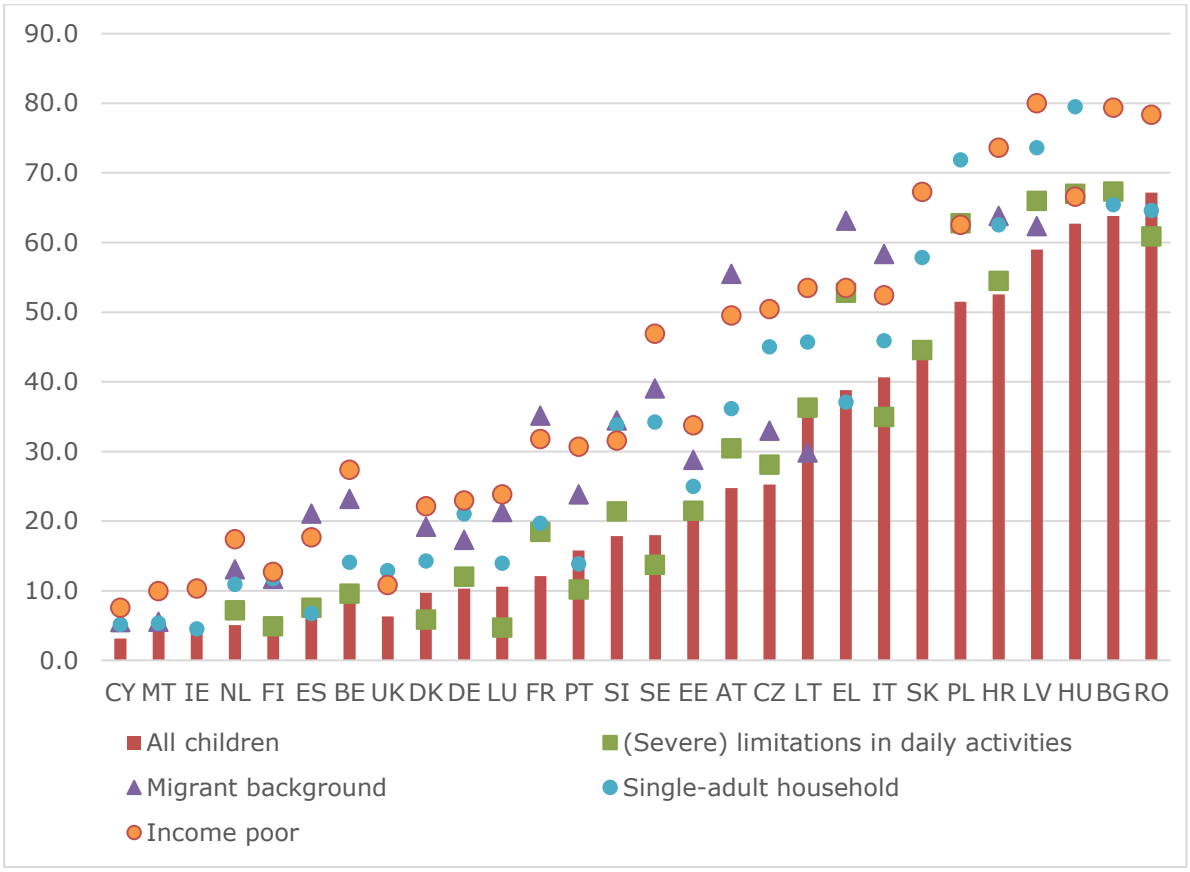
3.1.2 Overcrowding

At the EU level, a person is considered as living in an overcrowded household if their household does not have at its disposal a minimum number of rooms equal to:

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

Overcrowding has a negative impact on children and the family unit. A report from the United Kingdom charity Shelter[77] shows for instance how overcrowding can harm family relationships, negatively affecting children's education and causing depression, stress, and anxiety.

Figure 3.2: Percentage of children who live in overcrowded households; EU-28 Member States; all children and available TGs; 2017



Note: Figures based on a sample size lower than 50 observations are not presented. Member States are classified according to the incidence for the total population of children.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

[77] Reynolds (2005).

As shown in Figure 3.2, the proportion of children living in an overcrowded household in 2017 was particularly stark in Romania (67%), Bulgaria (64%), and Hungary (63%). However, once again, this was not limited to eastern Europe, as 41% of children in Italy and 39% in Greece were in overcrowded households. In Cyprus, Malta, the Netherlands, Finland, Spain, Belgium, Denmark, and Germany, by contrast, 1 in 10 children (or even [many] fewer) lived in overcrowded households.

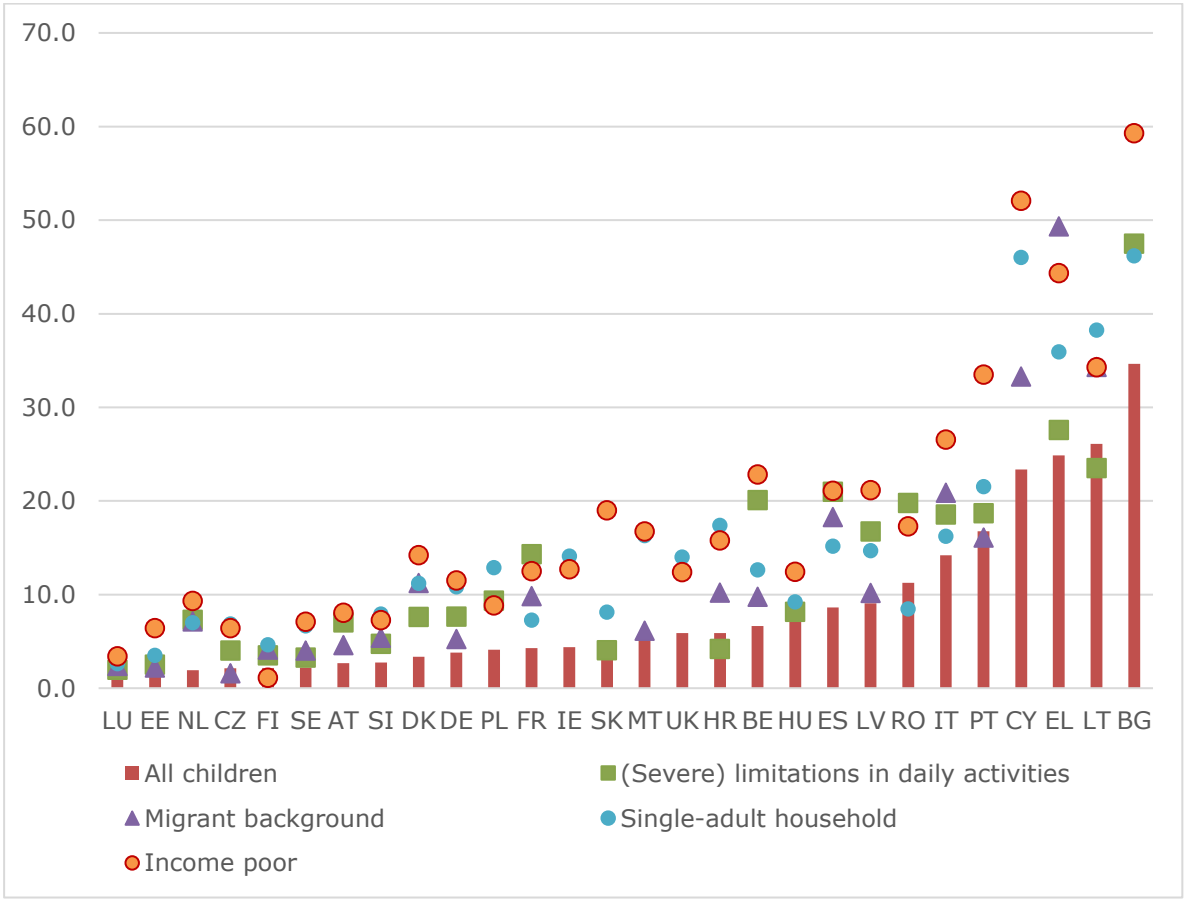
Figure 3.2 also shows that suffering from income poverty, living in single-adult households or having a migrant background increased the risk of overcrowding in most Member States. Thus, for instance, in Bulgaria, Latvia, and Romania around 8 out of 10 children living in income-poor households also lived in overcrowded housing.

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 low household income, high energy costs, and homes with low energy efficiency.

In numerous EU countries, a non-negligible proportion of children in 2017 lived in households that had difficulty in maintaining an adequate household temperature – most especially Lithuania, Bulgaria, and southern Member States (Greece, Cyprus, Portugal, and Italy): see Figure 3.3.

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



Note: Figures based on a sample size lower than 50 observations are not presented. Member States are classified according to the incidence for the total population of children.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

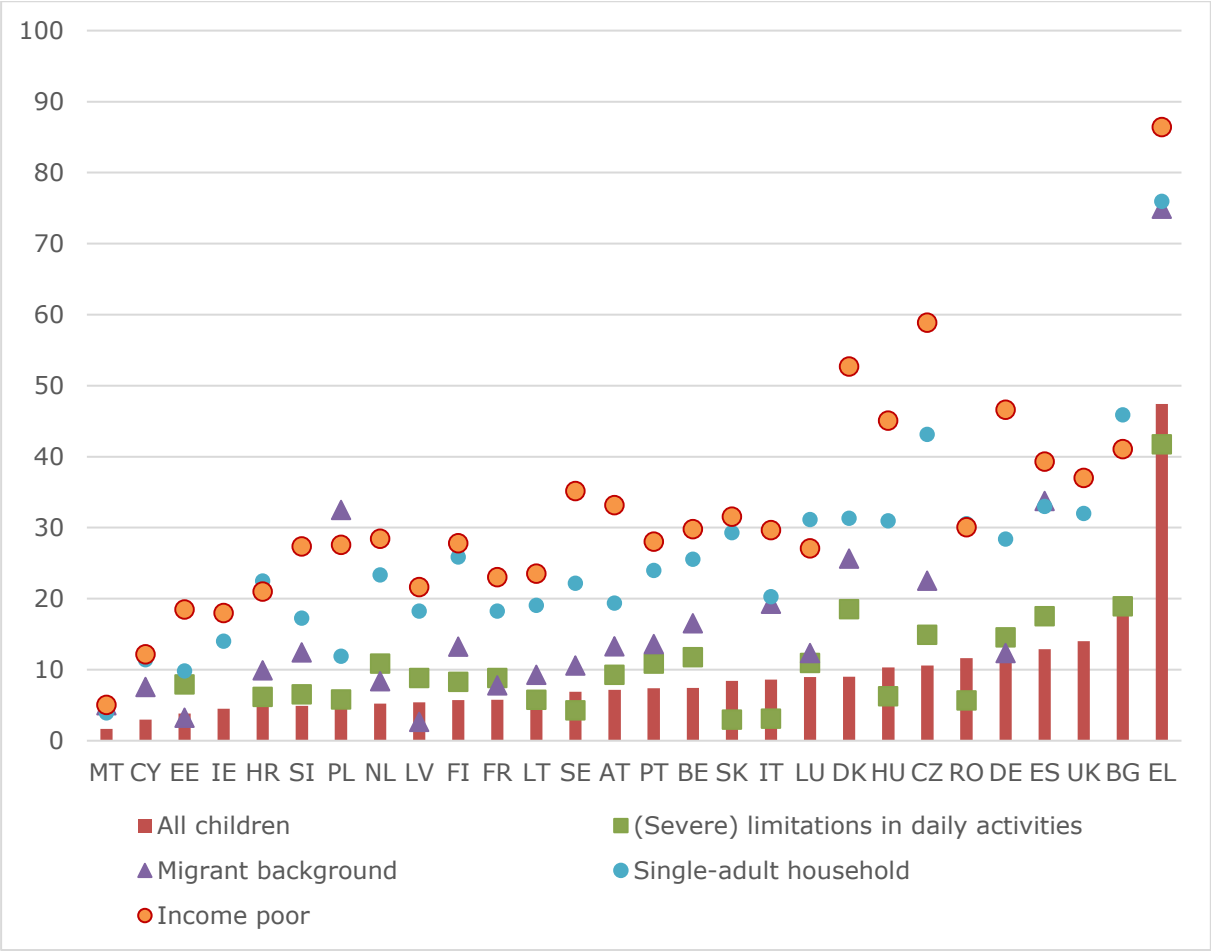
Unsurprisingly, income-poor households were more heavily affected (Figure 3.3). The proportion of children living in income-poor households who suffered from an inadequately warm home reached almost 60% in Bulgaria and more than a third in Portugal, Cyprus, Greece, and Lithuania. Children living in single-adult households were also particularly at risk. The highest rates were in Cyprus and Bulgaria (both 46%).

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 total housing costs (net of housing allowances) represent more than 40% of the total disposable household income (net of housing allowances).

As shown in Figure 3.4, in 2017 Greece was the EU country with by far the highest rate: half (47%) of all children lived in households experiencing housing cost overburden. Then came Bulgaria (18%), followed by a group of Member States with 10-13% of children in this situation: Spain, Germany, Romania, the Czech Republic, and Hungary. Member States with the lowest proportion of people/children experiencing housing cost overburden were Malta, Cyprus, Estonia, Croatia, Slovenia, Poland, the Netherlands, and Latvia (5% or less).

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



Note: Figures based on a sample size lower than 50 observations are not presented. Member States are classified according to the incidence for the total population of children.
Source: EU-SILC 2017, UDB version November 2018, own calculations.

The situation affected disproportionally children living in income-poor households. They faced a risk of housing costs overburden that was between three and five times higher than the total population of children.

For single-adult households, the extra risk of housing cost overburden was high in all Member States (except Malta) and may be due to the fact that single-adult households face higher fixed costs than two-adult households.

3.1.5 TGs poorly or not covered in EU-SILC[78]

A major difficulty is that the EU-SILC do not include homeless children or those living in institutions, and imperfectly covers migrant or Roma children (see 'Annex to Chapter 3'). In this section, qualitative studies or specific data sources are used to partly fill this gap.

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 EU Member States. 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 relationship between living in an institution as a child/teenager and housing instability or homelessness later in life.[79] It is important to know whether homelessness results from the transition itself or from the way the transition has been carried out (e.g. lack of housing or rehabilitation planning after institutionalisation[80]). A recent report from the Abbé Pierre Foundation, an NGO working with vulnerable people, estimated that 36% of homeless people in France in the age range 18-25 had been in alternative care.[81] Similar studies in other EU Member States have highlighted similar trends, for instance in Ireland the NGO 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.[82]

Undocumented children

Most Member States have specific mechanisms of support to families with children (such as housing allowances, tax breaks, priority access to social housing or rapid rehousing), but undocumented children and families rarely benefit from these safeguards.[83] Undocumented children and families have access to temporary accommodation in some Member States, but these often remain an unsuitable form of housing for children. Moreover, even when they can access the private rental market, they are more vulnerable to exploitation or violation of rights as tenants, due to their irregular migration status.

There is also evidence, from a report by the European Observatory on homelessness of the European Federation of National Organisations Working with the Homeless (FEANTSA) on family homelessness in Europe,[84] that homeless undocumented migrant families might experience rough sleeping (street homelessness). Some families, being denied access to

[78] This section draws on Clark-Foulquier and Spinnewijn (2019). See also FEANTSA and Fondation Abbé Pierre (2019).
[79] For example: Viner and Taylor (2005). Also: Montgomery, Donkoh, and Underhill (2006).
[80] Lamb (1984) and Scallet (1989).
[81] Fondation Abbé Pierre (2019).
[82] See news report here.
[83] Geddie *et al.* (2014).
[84] Baptista *et al*. (2017). See also Baptista and Marlier (2019).

the labour market and with no support (or very limited support) to access housing, may be faced with no solution other than rough sleeping, with the risk that parents lose 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, and also specific ones such as discrimination and sub-standard, slum-like housing conditions. The Bulgarian and Slovakian FSCG country experts 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 faced by Roma households was the legality of property ownership and the consequent risk of eviction and housing instability. Last but not least, Roma communities were 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 EU 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 12 EU Member States in 2017.[85] It showed that in several cases there were no data on homeless families, and in others data were limited to people who were 'parents'. There was, in some EU Member States, a presumption of a significant increase in family homelessness in recent years due to the economic crisis and evictions, even if data on trends were not available in most of them.[86]

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, or in domestic violence services) and are therefore in a 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, or undertake school homework. Nutrition is compromised by a lack of cooking facilities. 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.

[85] Baptista *et al*. (2017). See also Baptista and Marlier (2019).
[86] See also FEANTSA and Fondation Abbé Pierre (2019).

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 to establish, as definitions and means of data compilation vary. With regard to healthcare delivery, there is also a potential mismatch between policy promises 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 of them. With a set of target populations which are themselves difficult to count, there is an inherent bias to the extent 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 skilled 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. It has published two new 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 households 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 related to children aged under 16 as a group living in the household and was not collected for each child separately. When one child had an unmet medical need, the whole group of children in the household was assumed to have an unmet medical need.

Eurostat advised national statistical institutes to collect information using two questions. The first question asked whether there was any time during the previous 12 months when at least one of the children needed a medical[87] (or dental) examination or treatment for a health problem. The second question was asked of those replying yes to the first question, and was aimed at finding out 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 of unmet medical need commonly used in the EU, which has the undeniable advantage of providing a first indication of inequalities and problems regarding affordability and accessibility of healthcare, suffers from drawbacks that also apply to the child indicator we present below. These drawbacks concern the validity, coverage, and meaning of the unmet need indicator,[88] as follows.

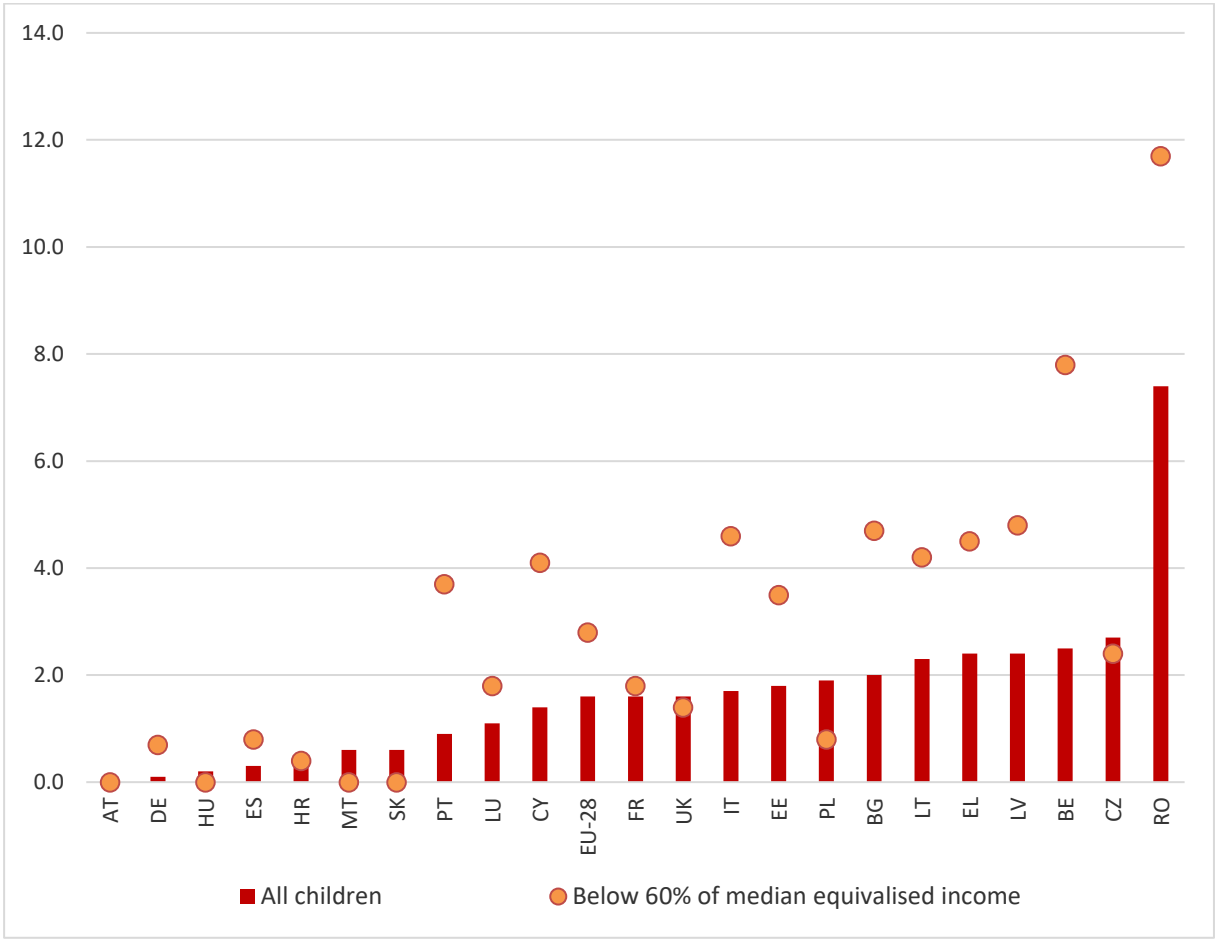
[87] Medical care refers to individual healthcare services (examinations or treatments) provided by or under the direct supervision of medical doctors, traditional and complementary medical professionals or equivalent professions according to national healthcare systems.
Included are: (a) healthcare provided for different purposes (curative, rehabilitative or long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care); (b) medical mental healthcare; and (c) 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 their child and perceives the situation as jeopardising the child's health.
Excluded are: (a) taking prescribed or non-prescribed medicines; and (b) dental care (covered in a separate question).
[88] European Commission (2018a), pp. 21-24.

- First, the sample is limited to those who report a need for healthcare. The sample size is therefore relatively small, limiting the 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 lead to an underestimate of the unmet need for medical care, as these people generally have higher needs than the rest of the population.
- Third, the data fail to capture most irregular migrants, who also may have different medical needs from those of the rest of the population.
- Fourth, the variables used do not allow us to distinguish between unmet need for first contact and for subsequent care. The need for the latter may not be met where: waiting lists for interventions are long and people are treated outside a clinically acceptable time window; patients receive less care than required (for example through premature discharge or failure to provide necessary treatment); patients are kept in hospital inappropriately because there is no space in social care or other more appropriate settings; or informal care inappropriately replaces formal care because of an absence of the latter.
- Fifth, the design of the survey questionnaire affects the results and their comparability between Member States (such as differences in the wording of the questions, and one-step or two-step questions to collect information on unmet needs).[89]

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 EU-28 suffered from unmet medical needs, representing a large number of children. Romania had the greatest problems. When focusing on low-income households, the extent of the problem was even greater in a number of Member States: 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 limitations in daily activities.

[89] Charafeddine and Demarest (forthcoming 2020).

Figure 3.5: Percentage of children living in households declaring unmet medical needs for at least one child; EU Member States; 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 some other factor is the root cause. Data are only available for a subset of Member States due to the very small sample size.

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

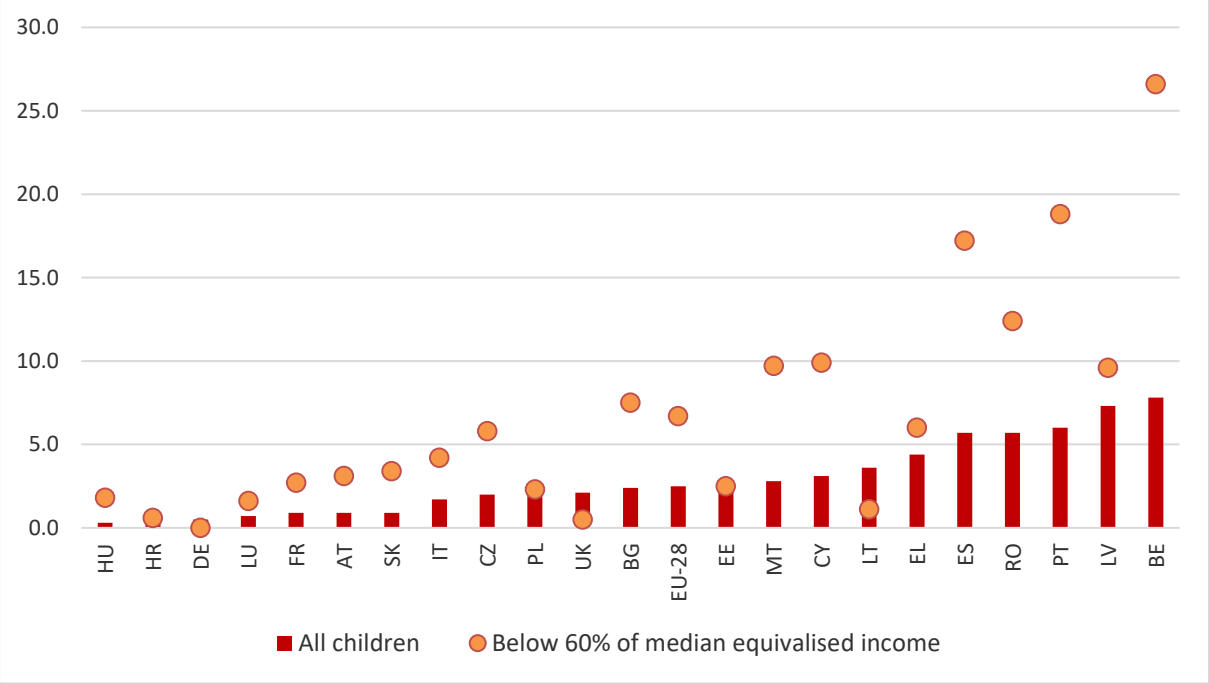
Table 3.1: Reasons for unmet medical needs for children; percentage for selected EU Member States; 2017

	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
Czech Republic	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 in 2017 lived in a household where there was at least one child with an unmet need for dental care. This proportion reached 6.7% for those living in a low-income household. There was clearly a major increase in risk for low-income household children in most Member States.

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; EU Member States; 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 because they extend far beyond the TGs while at the same time 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 the financial burden of healthcare, presenting indicators of catastrophic out-of-pocket payments which complement the indicators related to unmet medical need. Financial burdens may actually increase as a result of tackling unmet need, if reforms that improve access also lead to increased financial hardship among new service-users. Although these figures do not allow us to specifically identify the financial burden of children's health costs, and they rely on data which may suffer from coverage and comparability issues, they confirm the wide differences between countries in terms of health spending problems. They also highlight the importance of three policy drivers which may also have an impact on 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.[90]

The FSCG country expert analyses[91] give an overview of legal entitlements and policies in place for each Member State. Although this can only be at a high level of generality, they broadly indicate that whereas the objective is to provide a free service for children, delivery of it is less than perfect for those TGs that are the most challenging or difficult to categorise/identify. It must be emphasised that even one child badly served is potentially a person damaged for life; and that even if just 1% of the population is at risk, this represents a large number of individual young people.

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

The high-level analysis is thus worrying:

- in six Member States, the overall free health service is not free for children;
- in 13, there are gaps in universality of service; and
- only nine country experts do not report problems in delivering a universal free service.

However, this is a very simplified picture which does not take into account local hidden failures, or other out-of-pocket cost barriers (including travel and lost parental income) to attending appointments. Two recent publications on vaccinations for children in the EU have highlighted this,[92] [93] 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.

[90] WHO (2018), p. 31.
[91] This analysis and the rest of the section on healthcare draws heavily on Rigby (2019).
[92] European Commission (2018b).
[93] Rigby *et al*. (2019).

Furthermore, several of the country experts 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 others such as France, Finland, the Netherlands, and Portugal. Particularly concerning is that Bulgaria, Croatia, Hungary, and France are Member States 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 EU Member States offering higher remuneration. In any Member State with a stretched service, marginalised children are likely to be particularly disadvantaged as they may have more complex needs, as well as 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 Member States comes from the organisation Médecins du Monde [Doctors of the World], which provides healthcare consultations for persons not able to access healthcare in the countries in which they reside. It reported that in 2017-2018 it provided clinics in six Member States – Belgium, France, Germany, Luxembourg, Sweden, and the United Kingdom. In these two years it provided medical or social consultation to 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).[94] 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 healthcare delivery for children. The Models of Child Health Appraised (MOCHA) 'Horizon 2020' research project[95] has already reported in detail on the inadequacy of child healthcare delivery data and of needs analysis in the EU.[96] 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 a great deal of material is already available in source systems) then children, particularly 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 identifying a tracer sample of services which can be expected to be available to all children in all countries.[97] Following a process of validation, such a list could be used across the EU to better identify reasonable expectations for all children, and thus also to identify unmet need for healthcare.

[94] Burns *et al*. (2019).
[95] For further information see here.
[96] Rigby, Kühne, and Deshpande (2019).
[97] As proposed in Rigby (2019), 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 child aged 2 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 age 5 (plus or minus one year)? (e) A boy aged 12 falls 1.5 metres when climbing during play. His leg is twisted and very painful, and is possibly broken. Will he: (i) get an ambulance transfer to the nearest emergency clinic?; and (ii) receive full diagnostic and clinical treatment to the standard for all residents? (f) Can an adolescent aged 14 receive confidential access to a mental health professional within one month? (g) Can an adolescent aged 15 receive confidential access to a reproductive health clinic within one 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 healthcare under the UNCRC.[98] The report assessed compliance with UNCRC Article 24(2) (b) ('*To ensure the provision of necessary medical assistance and healthcare to all children with emphasis on the development of primary healthcare*') 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 a refugee under the Geneva Convention or as stateless person, or who are granted subsidiary protection;
- children with either EU/European Economic Area (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 was that only 11 EU Member States 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 country experts. Regarding the provision of healthcare to migrant children, most country experts report that this is a challenge and a problem, though most Member States 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.

[98] Palm *et al*. (2017).

Table 3.2: Levels of equality regarding entitlements to healthcare for three groups of migrant children compared with 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 with 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			
United Kingdom			no data

Source: Hjern and Stubbe Østergaard (2015).[99]

[99] Hjern and Stubbe Østergaard (2015).

However, it must be emphasised that this is an analysis of legal entitlements and policies. It is known that some Member States, particularly those receiving large/unexpected numbers of migrants, are unable to meet their obligations or objectives due to a 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 set out in the local policy.

There is deeper recognition of problems of healthcare access and delivery for migrant children, not least due to lack of facilities, including translation facilities. Undocumented children, homeless children, and EU 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 have an impact on the health and well-being of children throughout their lives.[100]

Adequate nutrition contributes to achieving or maintaining not only a normal body weight and height, according to age, gender, and race, but also a good state of physical and mental health. It consists of a balanced diet, based on the consumption of a variety of foods, containing adequate proportions of carbohydrates, fats, and proteins, along with the recommended daily allowances of all essential minerals and vitamins.[101]

Inadequate nutrition, or according to the WHO '**malnutrition'**, can be expressed as **three broad groups of conditions**:

- 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 pre-term, as well as children with foetal growth restriction, regardless of their gestational age at delivery. As with pre-term 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. Data from the WHO Regional Office for Europe[102] showed that in 2015 babies with a low birth weight (<2,500 grams)[103] 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 with 2010, these data show significant decreases in some countries (Greece and Austria) and increases in others (France, Ireland, Northern Ireland, and Portugal).

[100] Bradshaw and Rees (2019).
[101] See also FAO and WHO (2019).
[102] Zeitlin *et al.* (2018).
[103] See European Health Information Gateway, Health for All explorer, and WHO Regional Office for Europe.

Breastfeeding provides vital nutrients that babies would not otherwise get. Here again, data from around 2005 show that the proportion of breastfed babies varied considerably in the EU, from 98% in Denmark to 44% in Ireland.[104] The duration of breastfeeding also varied: Hungary had the highest rate at three and six months of age, while the United Kingdom had the lowest rates at three and four months. One of the challenges is that recent data on breastfeeding rates are not readily available for all EU Member States. For some, the data in the above figures are quite old. Recent articles have also provided estimates for selected EU Member States.[105] [106] Even if there are inconsistencies across these different estimates, which might reflect changes and improvements in recent years, the general picture is still that there is substantial room for increases in breastfeeding rates in EU Member States. These data are, however, not available by socio-economic characteristics, which is important to designing policies targeted at children in the most vulnerable situations.

A WHO study[107] in 2013-14 provided information on the prevalence of obesity and overweight among girls and boys aged 11 in 48 countries and regions across Europe and North America. The average incidence of overweight was 22%, with national figures higher for boys than for girls in all countries except Ireland. Malta, Greece, and Italy had the highest rates of obesity, and Denmark and the Netherlands the lowest. There was an increased prevalence associated with low family affluence for boys in around half of the countries covered and for girls in about two thirds.[108]

The OECD's PISA study includes questions asking children aged 15 whether they ate breakfast before school and whether they ate dinner after leaving school. Across 26 EU Member States,[109] 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 Member States.

The third wave of the 'children's worlds' survey[110] provides information for seven EU Member States for at least one age group (8-12) on whether they have enough food each day. Across the seven Member States, for children aged 10 there was a significant statistical association between not having enough food and 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 with 6% of those who said they did not lack any of the items.

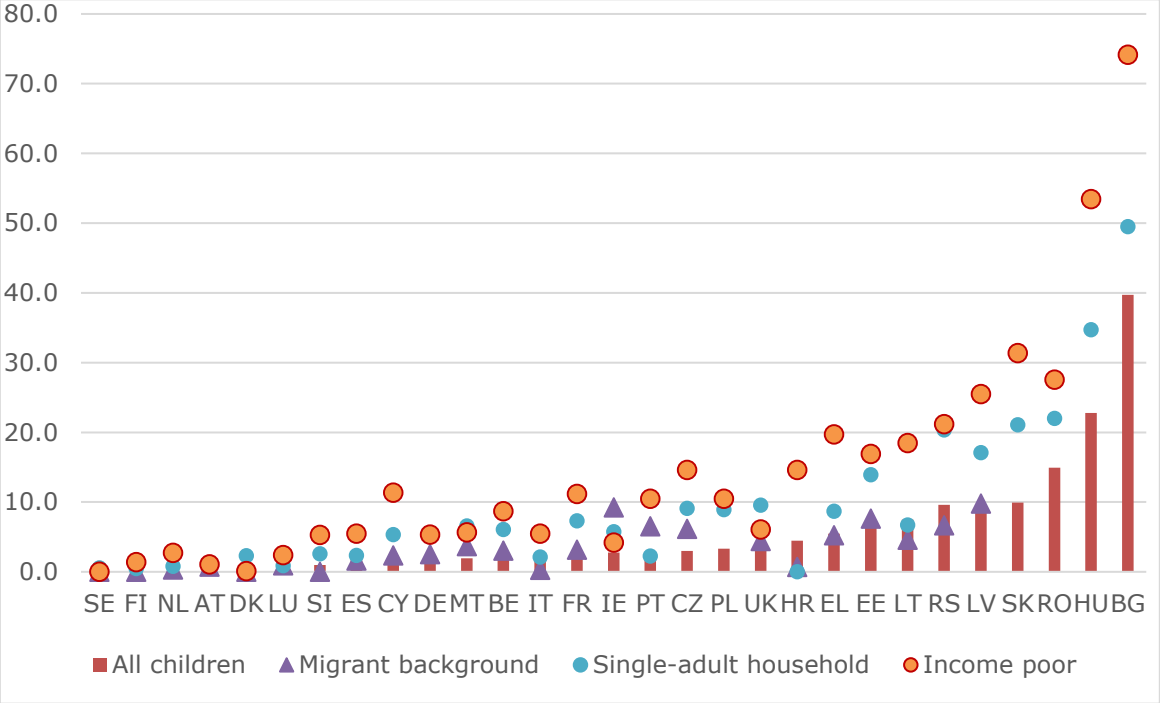
The EU-SILC ad hoc module on child deprivation collected in 2014 provided some information for children aged 1-15 on enforced lack of some nutrients (fruit/vegetables and proteins). Figure 3.7 compares the proportion of children living in households lacking (for affordability reasons and not by choice) fruit and vegetables daily. This proportion varied between less than 1% (in Sweden, Finland, the Netherlands, Austria, Denmark and Luxembourg) and 40% (Bulgaria). The EU average was 4%.

[104] OECD family database (Table CO1.5.A).
[105] Victora *et al*. (2016).
[106] Theurich *et al*. (2019).
[107] Inchley *et al*. (eds) (2016).
[108] See also OECD/EU (2018).
[109] Data were not available for Malta and Romania.
[110] This is an international survey of children's well-being; information from the third wave comes from Bradshaw and Rees (2019).

Figure 3.8 presents similar information about the enforced lack of protein intake. The incidence of a lack of meat, chicken or other vegetarian equivalent for affordability reasons ranged between 0-1% (Sweden, Finland, Denmark, Luxembourg, Portugal, and Slovenia) and 42% (Bulgaria).

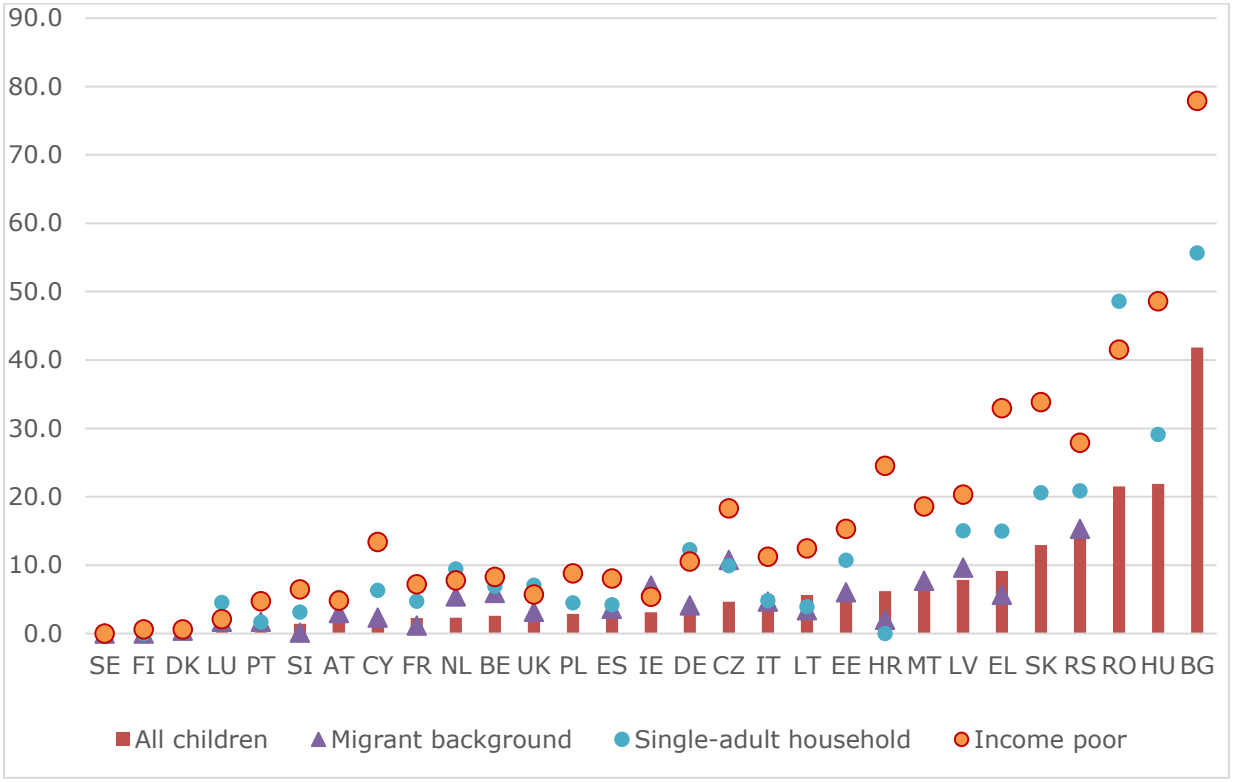
Income poverty increases the risk of an enforced lack of nutrients significantly in almost all Member States, except Nordic countries, Austria, and Luxembourg, where the occurrence of these problems was low for all children. This was also true for single-parenthood, except in a few Member States. The impact of migration background differed considerably across Member States and according to the type of food lacked.

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



Note: 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. Member States are ranked according to the percentage of all children suffering from the problem.
Source: EU-SILC 2014, UDB version November 2016, own calculations.

Figure 3.8: Percentage of children (aged 1-15) who live in a household where there is at least one child lacking proteins daily for affordability reasons; EU-28 Member States; all children and available TGs; 2014



Note: No data on children's limitation in daily activities in EU-SILC 2014. Figures based on a sample size lower than 50 observations are not presented. Member States are ranked according to the percentage of all children suffering from the problem.
Source: EU-SILC 2014, UDB version November 2016, own calculations.

3.4 Early childhood education and care (ECEC)

The EPSR states as its 11th principle that all children have the right to affordable and good-quality ECEC.

ECEC covers different mainstream services for young children under the age of obligatory schooling. In most EU Member States, this starts around birth to age 1, and ends at obligatory school age, which varies around the age of 6. 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. In some Member States, these are integrated into one system (within the larger education sector), also known as 'unitary' ECEC systems. In others, we see a 'split' system, with childcare for younger children (aged 0-3) 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 pre-school provision) are quite different in terms of (for example) funding, accessibility, staff qualifications, adult/child ratio, curriculum, regulations on fees to be paid by parents, attendance, and inspection.

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*'.[111]

In 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 Member States have partially integrated ECEC systems: although these are managed by the same authority, staff qualifications, curricula or funding arrangements usually vary between different age groups.[112]

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 CG.

3.4.1 Level of enrolment

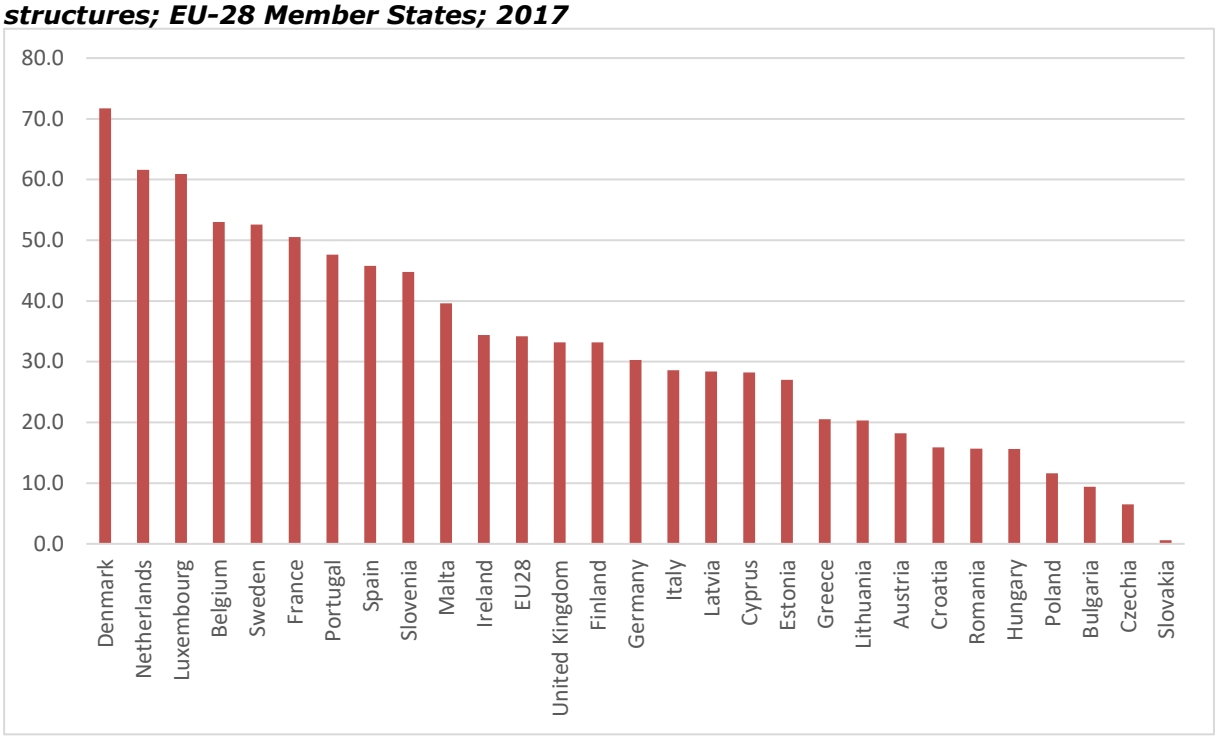
Only seven EU Member States (Denmark, Germany, Estonia, Latvia, Slovenia, Finland and Sweden) guarantee a place in publicly funded provision for each child from an early age (6-18 months).[113]

For children under 3 years, ECEC attendance reached 33% for the EU-28 in 2017 (Figure 3.9). This is one of the 'Barcelona targets' which is met at the EU level. However, there were still persistent and considerable differences between Member States. In 11 Member States, more than one third of children attended formal care; in six of them, this figure was 50% or more (Denmark, the Netherlands, Luxembourg, Belgium, Sweden, and France). At the other extreme, three Member States had an attendance rate of less than 10% (Bulgaria, the Czech Republic, and Slovakia).

Across Member States, there were also differences in the number of hours the youngest children usually spent in childcare facilities (Figure 3.10). A non-negligible share of children aged 0-3 used childcare on a part-time basis (less than 30 hours a week). This was particularly the case in the Netherlands (where 3 women out of 4 work part time), Austria, and Romania. On the other hand, full-time childcare (30 hours or more a week) was used most among children attending childcare in Portugal, Latvia, Denmark, Lithuania, Slovenia, Hungary, Bulgaria, and Poland (where more than 80% of children attending childcare attended it full time).

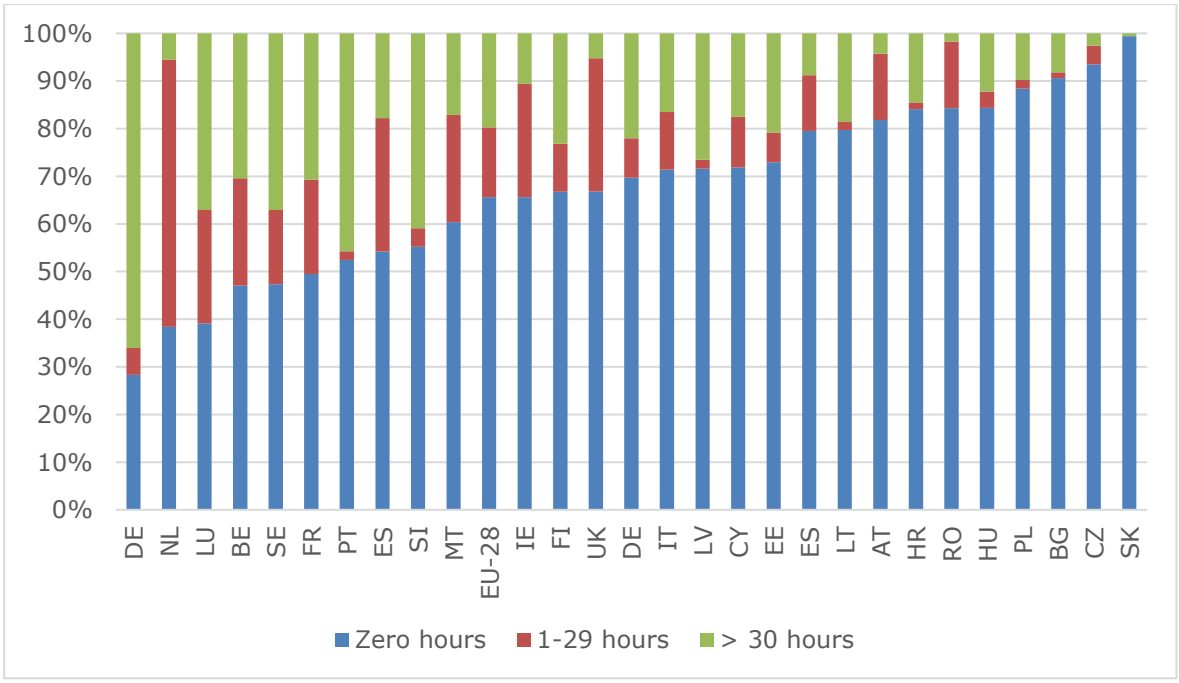
[111] European Commission (2014a).
[112] Parveva *et al*. (2019).
[113] For a detailed analysis see Motie-Schulmeister, Balcon, and de Coster (2019).

Figure 3.9: Percentage of children (aged 0-3) 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: Percentage of children (aged 0-3) 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[114]

The literature shows that children from disadvantaged backgrounds are less likely to attend ECEC than their more affluent peers; and when they do, they often attend ECEC services of poorer quality. A literature review of ECEC studies by Vandenbroeck and Lazzarri (2014) concluded that, overall, children with a disadvantaged background tended to be under-represented in ECEC services, and particularly in childcare services (0-3 years), where availability was generally lower and rationing tended to be higher. The authors 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 to access to high-quality ECEC, many of these barriers apply to all four TGs.

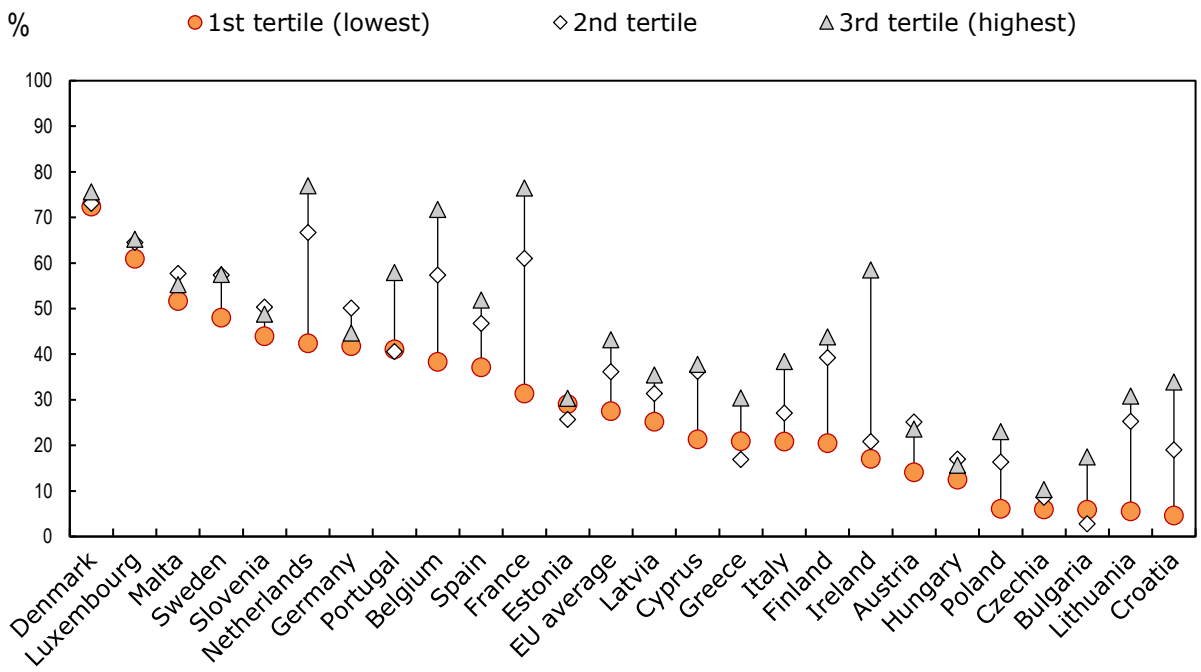
All EU Member States exhibit lower enrolment rates for children from ethnic minorities, refugee children, children with special needs, and children from poor families, compared with the general population. This is also the case in Member States with generous welfare systems and high overall enrolment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

Inequalities in the use of ECEC are most evident for the youngest children, and this is the case in most EU Member States, but particularly in split systems. Although differential take-up between high- and low-income groups (or the 'Matthew effect') is a general feature of ECEC, the degree to which take-up differs varies significantly across Member States. This is clearly illustrated in Figure 3.11, which presents the participation rates of children aged 0-2 by disposable income tertile, based largely on EU-SILC 2017. In most Member States with high enrolment rates (Denmark, Luxembourg, Malta, Slovenia and Sweden), inequality in participation rates was low. Exceptions were some high-enrolment Member States (such as Belgium, France or The Netherlands). In contrast, most Member States that lacked available spaces and had low overall enrolment rates were also marked by higher inequality.

Additional evidence shows that for Roma children attendance at childcare is particularly fragile. Using the 2016 FRA EU-MIDIS II survey, Figure 3.12 illustrates the low attendance of Roma children in Bulgaria, the Czech Republic, Greece, Croatia, Portugal, Romania, and Slovakia.

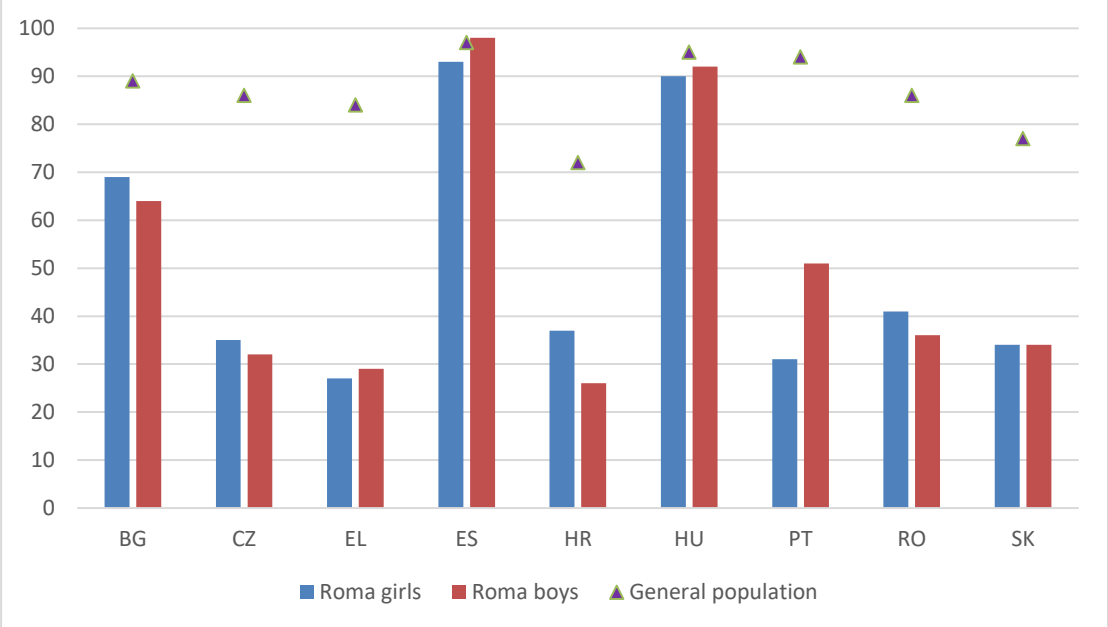
[114] This section draws heavily on Vandenbroeck (2019).

Figure 3.11: Participation rates in ECEC of children aged 0-2 by disposable income tertile (%)



Note: Data for Malta refer to 2014. Equivalised disposable income tertiles are calculated using the disposable (post tax and transfer) income of the household in which the child lives.
Source: OECD, based on EU-SILC 2017.

Figure 3.12: Participation rates in ECEC; Roma (boys and girls) vs. non-Roma (%)



Note: Participation in ECEC (public or private) between age 4 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 EPSR states that: '*Everybody has the right to quality and inclusive education, training and life-long learning*'.

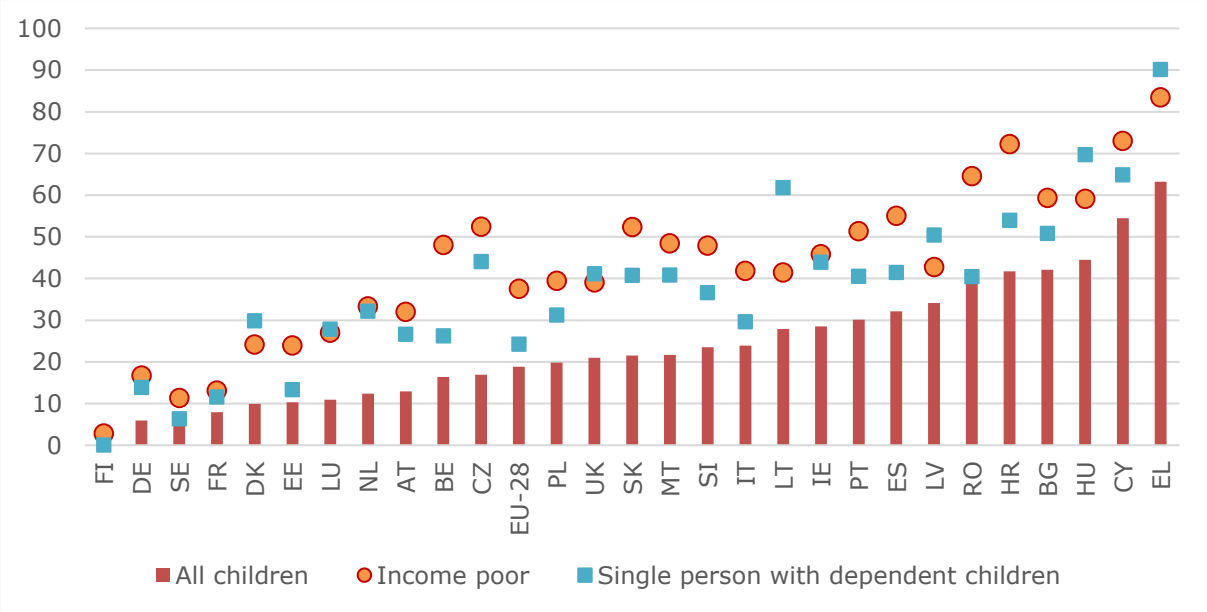
Because education is the right of all citizens, the FSCG only considers publicly funded or (partially) subsidised and accredited provision.

The right of children to education is, in the EU, enshrined in the UNCRC, the UNCRPD, and the CFR. 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.[115] However, although in most EU Member States compulsory schooling is free of charge in terms of tuition fees, families still have expenses related to education including books, school trips, canteen costs, and transport to school. Whereas empirical evidence about some school-related costs is available for some Member States (e.g. BE, DK, and SE), comparative research on this issue is lacking at EU level. In the ad hoc module of the 2016 EU-SILC wave, respondents were asked to subjectively rate the difficulty of meeting expenses related to formal education (on a six-point Likert scale) (see Figure 3.13).

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



Note: Figures based on a sample size lower than 50 observations are not presented. Member States are ranked according to the percentage of all children suffering from the problem.
Source: EU-SILC 2016, Eurostat, Table ilc_ats07.

[115] Admittedly, there is some inconsistency in international conventions as regards lower-secondary education. Whereas for primary education, Article 28 of the 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.

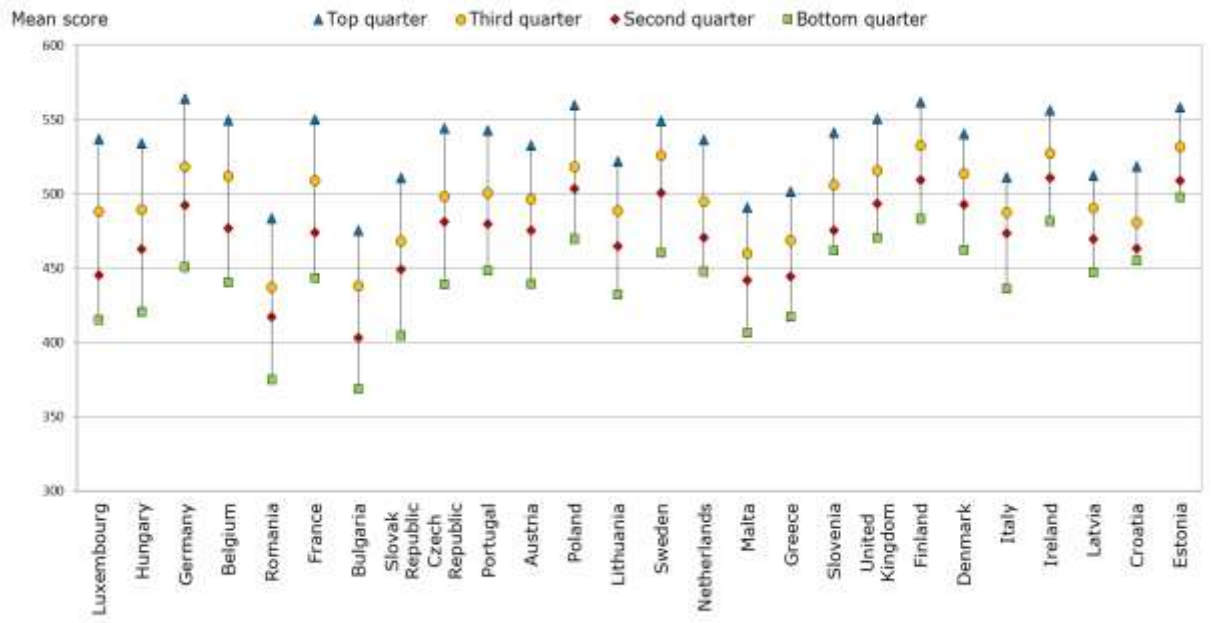
Southern and eastern EU Member States reported the greatest difficulty (great and moderate difficulty combined), while the residents of western and especially northern EU Member States reported the least difficulty. Note that, in all EU Member States without exception, single-parent households and households at risk of poverty reported greater difficulty than the general population of households with children.

3.5.2 Student performance differences by socio-economic status[116]

If 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, the available data show that education partly reproduces existing social inequalities. The PISA tests, which are taken every three years, indicated in 2018 that pupils aged 15 from less privileged social backgrounds performed less well at school than their better-off peers.[117] The main dimensions of inequality examined in PISA are economic, social and cultural status (ESCS) and migration background.

The difference in reading performance by national quarter of socio-economic status is striking (Figure 3.14). The performance gap between the most-advantaged and least-advantaged students was larger than 100 score points in nine Member States: Luxembourg, Hungary, Germany, Belgium, Romania, France, Bulgaria, Slovakia, and the Czech Republic.

Figure 3.14: Mean performance in reading, by national quarter of ESCS, EU Member States, 2018

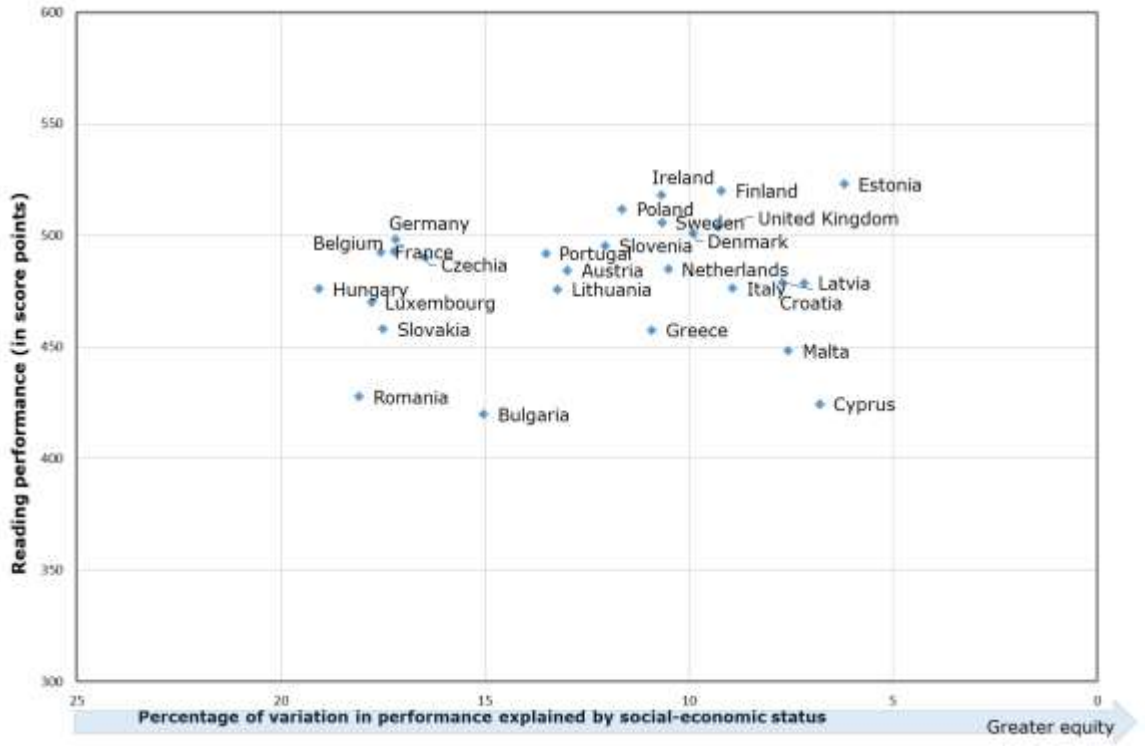


Note: The ESCS index takes into consideration multiple variables related to pupils' family background (including parents' education, parents' occupation, home possessions, and the number of books and educational resources available at home). The population is divided into four groups depending on their ESCS position. Member States 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: 2 December 2019.

[116] Section 3.5.2 and 3.5.3 draw on Nicaise, Vandevoort, and Ünver (2019).
[117] See also European Commission (2019a).

Some EU Member States 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 against reading performance in PISA tests, EU Member States, 2018



Note: Member States 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: 2 December 2019.

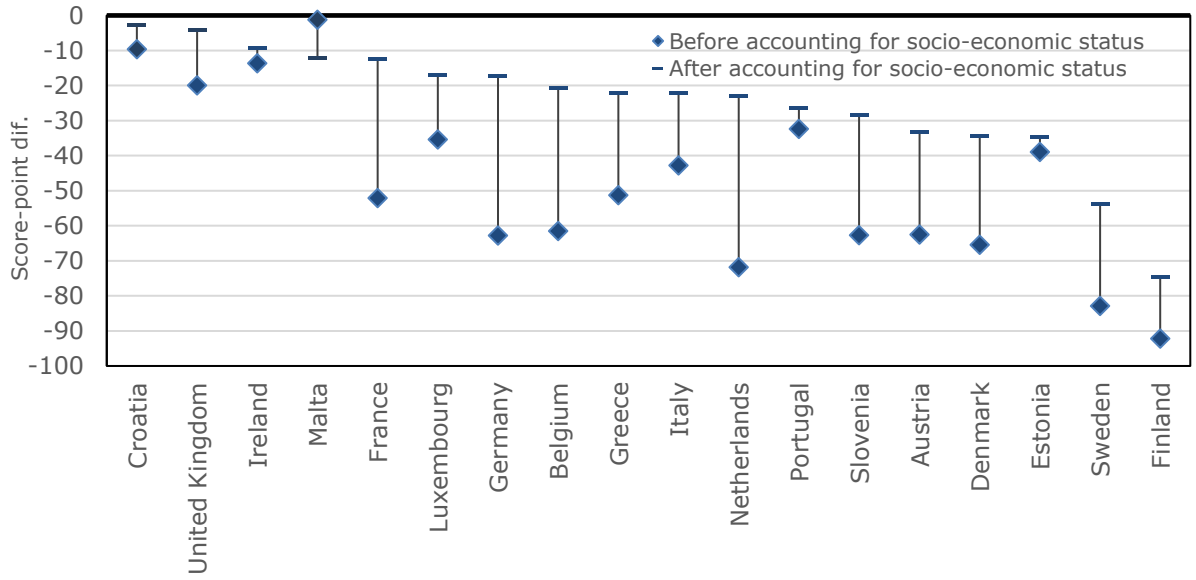
Roma children are undoubtedly among the most marginalised groups in education across the EU, due to a cumulation of extreme deprivation, cultural and language barriers, and discrimination. Several FSCG country experts mention issues of non-enrolment or early drop-out, even during primary school, including segregation into 'special schools' and discrimination. According to the pilot survey carried out by the FRA 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)

3.5.3 Student performance differences by migrant background

Another group that lags behind in terms of test scores is students with a migrant background. The performance of students with a migrant background is strongly correlated with the PISA ESCS index. Since many migrant students come from a low-ESCS family, when adjusted for socio-economic status, the disadvantage for students with a migrant background drops in almost every Member State (see Figure 3.16). However, 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 in 2018 was 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, selected EU Member States, 2018



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

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, and the WHO and 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 the 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 might also be possible using existing survey data, and statistics routinely derived from service delivery, not least in health, if these data were 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, currently, the national and EU policy instruments and/or the way these instruments are used do not guarantee access by children in the TGs to some of their fundamental rights in all EU Member States.

4. Online consultation of key stakeholders[118]

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 six 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 series 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 geographical imbalances, 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

A 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 Member States 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, a 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 non-eligibility for support was identified as one of the main barriers to accessing decent housing.

[118] For a full report of the online consultation, see FSCG (2019a).

- For children of migrants or refugees, the major barriers identified stem from discrimination and problems of cultural access, as well as insufficient information and a 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

A large majority of respondents was strongly in favour of more EU political commitment to improving access by vulnerable children to key social rights, preferably on the basis of the 2013 EU Recommendation on investing in children and the EPSR. Most also agreed on the importance of monitoring, assessing, and reporting on child poverty and children's access to key social rights.[119]

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 European Commission should do more to promote exchange of best practice between Member States.

Equally, respondents also expressed support for:

- the development and promotion by the Commission of good standards for the social integration of children with a migrant background;
- giving particular attention to parents at risk when implementing the 2016 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 Increased and better targeted 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; EU funds targeted at vulnerable groups of children; and 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 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 involve the participation of children and parents. It should

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

have a budget, which could come from existing EU funds, but it should not reduce resources available for the social inclusion of other TGs. Respondents also consider that particular attention should be given to the reporting, monitoring, and evaluation of any 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 recognises, as its third pillar, the right of the child to participate. 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 Member States, 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, free education, 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 with or differ from the lived experiences of children themselves. The exercise was 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 9-17 participated in the focus groups. The size of the focus groups was kept to 8-10 children in order to favour the participation of all children. Children participating in the focus groups were selected through snowball sampling[120] in each of the four Member States 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 Flanders region. 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, crime, and violence, and low education levels. Its population is composed mostly of 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 group discussion was carried out by Save the Children Romania's experts in a residential centre in Bucharest that accommodates around 40 children who ended up in state care (such as abandoned children or orphans), and is located in a residential area of the city with access to public transport, schools, and leisure facilities.
- **Sweden:** the focus group discussion was conducted by Save the Children Sweden's expert in premises of the organisation in RestadGård, which hosts the largest asylum accommodation centre in Sweden. Asylum accommodation is temporary

[120] Morgan (1996).

accommodation provided by the Swedish Migration Agency to individuals waiting for a decision on their asylum status.

The 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 seven 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 were all supported by a special educator and/or direct budget and/or student volunteers. The children were mostly from high socio-economic status households.

The focus group in **Italy** consisted of nine children living in low socio-economic status households. One child lived in a large family with two adults, three children, and a relative; and three children lived in single-adult households. Five 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 has a disability.

The focus group in **Sweden** consisted of nine children of asylum-seekers. Some of the children were living in large families with two adults and more than two siblings. Their parents were not working and the main source of their income was the 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 also invited to discuss conditions which referred to other sub-groups.

5.1.3 Focus group organisation and conduct

Each focus group discussion lasted approximately two hours depending on the children's participation, and was led by either one or 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 Member States. This methodology was approved by the Ethical Committee of Save the Children. It covers the selection of participants, and the preparation, conduct, recording, analysis, and reporting of the discussion.

The discussion went through open-ended questions pertaining to the five key social rights under scrutiny and was structured in accordance with the 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 the emergence of new topics. For children with disabilities, visual means (mind maps and photographs) were used to facilitate communication.

5.1.4 Limitations of the research

The research framework generated outcomes that were inevitably specific to Member States. However, 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%),[121] 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 some of the sub-groups identified in the definition of TGs. Nevertheless, attempts were made to extend discussion and reflection by 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 their remote past. However, 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 the findings of the FSCG analyses in the areas/themes that were familiar to 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 terms of learning and of 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 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 their 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 children, 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 of mainstreaming participation in the process of designing, operationalising, and monitoring the CG initiative. The exercise was warmly welcomed by the children. They felt that their voice was heard, which is especially unusual for those living in severely disadvantaged conditions.

[121] Guest, Namey, and McKenna (2016).

5.2.2 Findings: common themes across TGs

5.2.2.1 Education[122]

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 the 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 enhancing 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 or 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).[123]

The school environment, in terms of physical infrastructure and/or learning materials, also plays a major part in whether children have a positive or negative attitude towards education. This was mainly observed in the focus groups in Italy and Romania, where the physical infrastructure is very often neglected and learning materials (e.g. information and communications technology [ICT]) 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 the inclusiveness of schools are considered, by children across TGs, as pivotal to building 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*

[122] Qualitative research conducted in a number of European countries has underlined similar patterns of inclusion/exclusion with specific reference to education. For example: a study promoted by the Office of the Ombudsman for Children of Croatia in 2017-18 (involving a total of 70 children and 41 adults from primary and secondary schools), which investigated the participation of children in school activities; in BE in 2012, the 'What do you think?' project promoted by UNICEF Belgium 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 socio-economic backgrounds in Germany, Iceland, Italy, the Netherlands, Norway, Romania, Spain and Sweden.

[123] Further children's voices about bullying across European countries could be found in the 2015 ENOC Project 'Let's talk young, let's talk about violence!'. For further information see here.

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 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 ECEC

Children identified the early years of life as a sensitive period for child development, notably for the acquisition of socio-emotional skills, and also for preventing future negative behaviours, such as 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 pre-school provision, 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 publicly provided.

5.2.2.3 Nutrition

Children across TGs show awareness of 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 with the principles of healthy food, but only occasionally and not in a way that is integrated with the 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, or high-fat/sugary food): *'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 food and 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 as positive policies aimed at increasing the accessibility of healthy food in the market, at school (along with the integration of food education with pedagogy), or through free school feeding programmes adapted to children's needs. They also favour government interventions aimed 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 lists and 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). Impaired mental health takes different forms, but all children point to the difficulties of their life journeys as the main cause, increasing their sense of exclusion. In the case of asylum-seekers, this is determined by the 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 dwelling is perceived positively when it is pleasant and supports children's inclusion. In contrast, children see as negative 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'.[124] As an example, children stress 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 affecting 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 are also perceived as issues that might undermine their autonomy, and they stress 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' to others that you can take care of yourself and provide your own food: *'It is important to be able to prepare food yourself'.*

[124] The 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). See Office of the Children's Commissioner (2014).

Similarly, when discussing housing, children with disabilities underline the need for independence and support. Children want to live in a 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 opportunities for independent mobility and activities, and also to get enough personal and other 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[125]

A lack of financial resources is the outstanding barrier to the 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 for the income of the most vulnerable households, is scarce. Children do not necessarily point to the lack of services such as education or health, but they do very often highlight indirect costs reducing accessibility.

In the case of education, for instance, transport, learning materials, and food, along with private tuition, represent major barriers for present trajectories and undermine the chances of 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.'*

The excessive cost of medication is a matter of concern in the area of healthcare. Children estimate that the government priority should be to reduce costs of medicines, for instance by augmenting the number of those covered by prescription insurance arrangements, 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, the burden of rent and indirect costs (for electricity and other utilities), increases children's sense of insecurity, negatively affecting 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 arrangements unstable, having direct consequences for their mental health 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 children living in precarious families that governments intervene to guarantee the right to housing, in particular by reducing costs through fair rent schemes (e.g. independent evaluation of a house's value by municipalities to set a cap on rent) or ensuring access to credit for dwelling ownership for vulnerable groups. In addition, eviction laws and practice should be accompanied by temporary housing schemes: these would reduce families' distress, but could also allow families to be rehoused in the same area, thus facilitating continuity of schooling, healthcare, and social networks without the need for excessive travelling.

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

5.2.3.3 Children residing in an institution

Most of the children residing in an institution attending the focus group in Romania 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 has any apparent SEN. These schools may have lower quality and learning standards, and may thus undermine opportunities for children to make the transition to upper-secondary and tertiary education (there are few special vocation schools or high schools at national level). Only one of the children consulted mentioned aspirations to gain 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 (such as 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 than 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'*.[126]

5.2.3.4 Children with a migrant background

The major concern of 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 good-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.'*[127]

As an example, some children with a migrant background live in families that share living spaces with other households, very often single men. Overcrowding negatively affects their well-being, notably in the case of 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 means 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 continuing their schooling. This view is also influenced by the Swedish welfare system, which ensures free education up to tertiary level.

[126] The findings complement similar research carried out across the EU involving children in institutional care. In particular, a recent research report by SOS Children's Villages International (drawing on the participation of 105 children residing in institutions in 10 European countries) argued for more 'individualism', meaning tailored assistance by the staff accompanying the child within and outside the institution. It also called for flexibility in the planning of decisions about staying in or leaving institutions, so as to make children feel that they are capable and that their aspirations and needs are taken into consideration. Assistance can also take the shape of continuous financial support to fulfil educational choices and employment opportunities. See SOS Children's Villages International (2017) and SOS Children's Villages International (2018).

[127] Concern about restrictions on access to medical services also emerged from the analysis of children's voices collected through the UNICEF digital platform 'U-Report on the Move' in 2017, which enabled around 2,600 young migrants and refugees in Italy to freely communicate about their living conditions and issues of interest.

5.3 Action/programmes that could be supported by the CG

According to the findings of the focus group discussions, the children suggested a number of measures/programmes that could potentially be supported by the CG in order to ensure, for children in the TGs, the five key social rights under scrutiny, backed up by quality standards. These suggestions are a combination of what the children specifically recommended and the workshop facilitators'/organisers' interpretation/understanding of the implications of the children's views for policy. They are a valid reflection of 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 the availability of schools (at all levels and of diverse types, not only vocational), in disadvantaged areas/for disadvantaged children.
- Give additional support to children most in need: alleviate indirect costs, in particular those related to transport, meals, learning equipment (books and other materials) for children in economic deprivation; ensure teaching assistance and support for children with disabilities; avoid the 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 public spaces and their safety and accessibility for children with disabilities; provide playgrounds, gardens, equipped libraries, and ICT, and ensure the availability of extra-curricular activities.
- Adopt inclusive pedagogical practices, to ensure the most disadvantaged children are able to form relationships with teachers and other children, to stimulate the participation of children, and to better tackle issues such as discrimination and bullying.

5.3.2 ECEC

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

5.3.3 Nutrition

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

5.3.4 Healthcare

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

5.3.5 Housing

- Increase housing safety and stability, and reduce the financial burdens on families by expanding public housing schemes, as well as by providing financial support to help families meet rent and indirect costs (e.g. electricity and water) or by controlling rental prices by setting caps according to an independent evaluation of house values by municipalities.
- Improve access to credit for home-ownership, including for disadvantaged families.
- Set up schemes to provide temporary accommodation for children (and their families) evicted from their homes – doing so in a way that facilitates normal family living (own door, cooking facilities, and children's bedrooms), and allows families to continue living as close as possible to their 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.
- Improve the quality of housing, so that it provides a pleasant and safe environment that responds to children's different needs (e.g. for intimacy – in particular for teenagers or children in institutions – green spaces, leisure opportunities, and safety).
- Promote programmes to improve the autonomy of people in housing, by supporting living schemes for children with disabilities, including providing personal assistants.
- Improve the quality of neighbourhoods by reducing crime and violence, augmenting green areas (parks and gardens), improving cleanliness, and providing spaces for leisure, sport and cultural activities, and socialisation.
- Increase the 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[128]

6.1 Introduction

This chapter sets out the children's rights principles and provisions that can and should inform an EU CG. Its focus is on **EU and related international human rights law** (including primary treaty provisions, EU-level legislation, and case law), which 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 national or sub-national level.

Section 6.2 begins with an analysis of relevant children's rights instruments upon which an EU CG could rest. The analysis in Section 6.3 is directed towards the five key social rights considered in the 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 is 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 an EU CG could rest, and it is therefore important here to illustrate the relationship(s) between the bodies and organisations relevant to advancing children's rights across the EU. The EU's regulating treaty, the Treaty on European Union (TEU),[129] draws on both the European Convention on Human Rights 1950 (ECHR) and the United Nations Convention on the Rights of the Child 1989 (UNCRC). Specifically, Article 3(3) of the TEU 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) of the 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.[130] Such provisions reinforce the fact that EU action in relation to children – including the proposed CG – should be entirely consistent with international human rights and children's rights guidance. The analysis in this section, therefore, sets out the legal provisions underpinning children's rights through key pieces of EU and other international 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' (quasi-legal instruments without legally binding force), together with 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 sets minimum standards concerning children's social and economic rights. The treaties

[128] We would like to warmly thank Grigorios Tsioukas (EU Agency for Fundamental Rights [FRA]) for very useful comments and suggestions on a previous draft; Aoife Nolan for invaluable clarification of the international framework on economic, social and cultural rights; Niamh Grahame and Nuala Mole (AIRE Centre) and Karolina Babicka (International Commission of Jurists [ICJ]) for references to relevant case law mentioned in the text; and 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.
[129] European Communities (1992).
[130] See in particular Article 24 discussed further below.

form part of the general accountability measures, and their analysis is also necessary to illustrate how they can jointly underpin an EU 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 provisions 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 competencies 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*.'[131] 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*'.[132] 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.[133] This instrument amended both the TEU and the Treaty Establishing the European Community, renaming the latter the Treaty on the Functioning of the European Union (TFEU).[134]

The Treaty of Lisbon introduced 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.[135] The expansion of the EU's social and rights-based agenda has led to the development of laws, policies and jurisprudence that have a direct impact 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 competencies between the EU and its Member States. This is determined by the principles of subsidiarity and proportionality.[136] Article 5(3) of the TEU sets out three preconditions that determine the division of competencies 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) 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 of the TFEU.[137] 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.

[131] Former Article 6(1) of the TEU.
[132] Through the former intergovernmental forum of Pillar 3 (former Article 29 of the TEU).
[133] Official Journal of the European Union (OJ) C 306 of 17 December 2007.
[134] EU (2008). The Treaty on European Union retains its title.
[135] Articles 3(3) and 3(5) of the TEU.
[136] Article 5(3) of the TEU and Protocol (No 2) on the application of the principles of subsidiarity and proportionality.
[137] Part One, Title I of the TFEU divides the competencies of the Union into three categories: exclusive, shared, and supporting.

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 purely domestic level. This requires, in the first instance, an assessment of the adequacy of domestic action. This is why so much EU-level children's rights provision responds to cross-national phenomena affecting children (such as 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.[138]

Such action is bolstered by several articles of the TFEU that require the EU to '*support, coordinate and supplement the actions of Member States*' (Article 6) in the areas of education (Article 165) and healthcare (Article 168). Moreover, Article 156 enables the EU to support Member States by 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.[139] 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 provisions.

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,[140] and gender equality[141] indirectly benefit children.

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

In so far 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 CFR in 2000. The CFR brings together all the personal, civic, political, economic, and social rights enjoyed by people within the EU in a single text. It encompasses rights arising from the case law of the Court of Justice of the EU (CJEU), the ECHR, the constitutional traditions of the EU Member States, the CoE's European Social Charter (ESC), the Community Charter of Fundamental Social Rights of Workers, and other

[138] Stalford (2012).
[139] See FRA (2018, p. 9) for further discussion of the establishment of the European Social Fund (ESF) (Articles 162-164 TFEU) aimed at raising the standard of living in the EU, and of the European Regional Development Fund (ERDF) (Articles 174-178 TFEU) aimed at strengthening economic, social, and territorial cohesion.
[140] For example. Articles 5, 9, 45, 107, 145-150, and 150-161 TFEU.
[141] For example, Articles 8, 153, and 157 TFEU.

international conventions to which the EU or its Member States are parties. The CFR is binding on EU institutions and bodies and on Member States when they are implementing EU law.[142] 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), prohibits exploitative child labour (Article 32), and promotes families' legal, economic and social protection (Article 33). Significantly, Article 24 of the charter embeds within EU law three key children's rights principles found within the UNCRC: 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 measures 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 such protection and care as is necessary for their 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 in a way that takes 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.[143]

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*[144] 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 EU Directive 2011/95 on granting or revoking 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 assistance, and Article 35 relating to health protection.[145] In the case of *Haqbin*,[146] a child seeking asylum was excluded for 15 days from the accommodation centre where he was residing for becoming involved in a violent

[142] The CFR became legally binding on the EU and its Member States when the Treaty of Lisbon entered into force in December 2009 Note 13093/18 from the Presidency of the Council of the EU is available here. The text on the implementation of the CFR 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 by the Presidency of the Council to the delegations in the form of an annex, accompanied by a note that: '*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 that none of 27 Member States has objected to it – evidence of a strong political and policy action commitment from a number of EU Member States.
[143] European Commission (2010b).
[144] Judgment of 12 March 2019, Case C-221/17, ECLI:EU:C:2019:189, see paras 45 and 48.
[145] Judgment of 14 May 2019, Joined Cases C-391/16, C-77/17, and C-78/17, ECLI:EU:C:2019:403, para. 109.
[146] Judgment of 12 November 2019, Case (C-233/18), ECLI:EU:C:2019:956.

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 EU Directive 2013/33 on reception standards for those seeking international protection, 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 should have been 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 Member States (through peer pressure rather than obligations) 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 experiences and develop their capacities at domestic level to advance children's rights.[147]

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 (but not limited to) the following.

- The 2010 Europe 2020 strategy[148] 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 completing 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 programme (2014-2020) 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.
- The 2011 EU agenda for the rights of the child[149] sets 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 protect the most vulnerable (including those at risk of poverty or sexual exploitation, those seeking asylum, Roma, and children with disabilities).

[147] Though note that a European Commission communication (European Commission 2019b) contained important statements on future legislative action for ensuring a harmonised EU-wide system of refugee flow management, protection, and asylum (EU resettlement framework), as well as on 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, a general EU commitment to ensuring the well-being of refugees and migrants and their families through EU funding. European Commission communications are classical soft law acts: in such documents, the Commission sets out its vision and intentions for further legislative initiatives and policy measures. EU case law has taken a consistent view that Commission communications have binding effects, albeit limited, on the institution that has issued them.
[148] European Commission (2010a).
[149] European Commission (2011).

- The 2013 EU Recommendation on investing in children 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. It emphasises that it is essential to invest in all children and their access to services. It suggests integrated strategies based on three pillars: (a) access to adequate resources; (b) access to affordable, good-quality services; and (c) 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.[150]
- The 2017 European Pillar of Social Rights (EPSR; see Chapter 1) contains 20 principles and is designed to create new rights for EU citizens. Principle 11 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[151] and invited the Commission to promote the implementation of child-related principles of the EPSR[152] 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*.'[153]

Such measures, which have supported many positive initiatives at Member State level, highlight the potential effectiveness of EU soft policy guidance to support a CG, 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.[154]

6.2.2 Children's rights and the Council of Europe

Although 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

[150] Complementary to the proposed CG is the 2013 EU Council Recommendation on establishing an EU 'Youth Guarantee'. In addition, the EU youth strategy (2019-2027) was adopted on 26 November 2018 (EU 2018), following a European Commission communication (European Commission 2018c). The strategy requires the Commission and the Member States to take numerous steps, including: the strengthening of policies on education, health, and social inclusion that have an impact on young people; efforts to limit youth poverty and all forms of discrimination; and efforts to promote the social inclusion of young people.
[151] Council of the EU, General Secretariat, Note 10306/18, Brussels, 21 June 2018.
[152] In line with Article 241 TFEU.
[153] *Ibid*. page 7, point 21.
[154] See the mission letter of EU Commissioner Dubravka Šuica.

increasingly working in partnership with the EU to uphold children's rights;[155] second, EU Member States are a party to the treaties of the CoE and so are obliged 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 CFR draw on the CoE's binding documents.[156]

The CoE has developed two treaties in particular which are of relevance to a CG: the ECHR of 1950 (which protects civil and political rights); and the ESC of 1961 (revised in 1996 – protecting economic and social rights).[157] 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; and 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 relevance of the ECHR for children's rights is also observable in the jurisprudence of the European Court of Human Rights (ECtHR).[158] That said, the work of the ECtHR with regard to children's social rights and child poverty has been limited, a fact that is relatively unsurprising given the court's mandate under the ECHR.[159]

A wide range of provisions of the ESC[160] advance the rights of children in a way that is pertinent to the CG. Starting with those that are child-specific in their focus, Article 17, which provides for the right of children to social, legal, and economic protection, requires states to take all appropriate and necessary measures designed to ensure that children and young people receive the care, assistance, education, and training they need to protect them from negligence, violence or exploitation, and to provide protection for those deprived of their family's support.[161] Article 7 sets out the right of children to special protection against the physical and moral hazards to which they are exposed.

There are many other provisions of the ESC that are relevant to the CG. These include: the right to work (Article 1); access to healthcare (Article 11); the right to social security (Article 12); the right to social and medical assistance (Article 13); the right to benefit from social welfare services (Article 14); the rights of people with disabilities (Article 15 revised charter); the right to the social, legal, and economic protection of the family (Article 16) as well as of children and young people (Article 17); the right to education (Article 17(2); the right to housing (Article 31 revised charter); and the non-discrimination clause (Article E).

[155] The EU has, for example, 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, EU Directive 2012/29 on victims and EU Directive 2016/800 on children accused of criminal offences).
[156] See, for example, the preamble to the CFR (EU 2012). Moreover, the CFR explanations (discussed below) refer to CoE provisions as a source of inspiration for the interpretation of the provisions of the charter. This is seen, for example, in explanations in 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.
[157] CoE (1961) and CoE (1996).
[158] See judgment in the case of *Enver Şahin v. Turkey* (No 23065/12), Judgment of 30 January 2018 in Annex 6.1.
[159] For more, see: Nolan (2019a).
[160] CoE (1961) and CoE (1996).
[161] These obligations are set out in Article 17 of the revised charter. Although Article 17 of the 1961 charter is somewhat less detailed, the jurisprudence of the European Committee of Social Rights (ECSR) makes clear that Article 17 is understood to impose almost identical obligations.

Of particular relevance to a CG is Article 30 of the revised charter, which requires states 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.

States have some discretion when accepting which elements of the ESC they are to be considered bound by.[162] It is worth noting that although 20 EU Member States have ratified the 1996 Revised ESC, of these only 13 have agreed to be bound by Article 30.[163] Crucially, however, all EU Member States (whether bound by the original or the revised version of the ESC) have accepted a wide range of provisions which correspond to, and/or have implications for, the five social rights identified as central to the CG.[164] As part of their obligations under the ESC system, EU Member States that are parties to the ESC report to the European Committee of Social Rights (ECSR) in relation to their accepted provisions on a four-yearly basis. The ECSR provides conclusions on state conformity (or not) with those provisions. In addition, the collective complaints system related to the ESC has been ratified by 13 EU Member States, resulting in issues related to child poverty and social exclusion (whether on the basis of Article 30 of the revised charter or other CG-pertinent provisions) being addressed by the committee in its case law.[165] There is thus considerable potential for overlap, complementarity and mutual reinforcement between the CoE's work in relation to the ESC and that of the EU in the context of the CG. Indeed, in December 2019, the CoE Committee of Ministers adopted a declaration on addressing child poverty[166] in which it invited CoE member states to take a range of measures to address child poverty – and in doing so referred to both the work of the ECSR with regard to child poverty, as well as Principle 11 of the EPSR.

Children's rights are further developed by other CoE policy initiatives, including its building a Europe for and with children agenda, established in 2006.[167] 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'*.[168] Several practical guides have been developed as part of this initiative, including guidelines on both child-friendly justice and child-friendly healthcare.[169] Such initiatives are complemented by recommendations on: the protection of children from violence; children's rights and social services that are friendly to children and families; and on the participation of children and young people under the age of 18.[170] 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 EU Directive 2012/29

[162] See Part III, Article 20 of ESC 1961; and Part III, Article A of ESC 1996.
[163] Those 13 are: Belgium, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Netherlands, Portugal, Slovakia, Slovenia and Sweden. Concern has been expressed that the non-uniform adoption of ESC obligations by EU Member States '*results in a complex and potentially fragmented legal framework, with applicable rights standards varying from Member State to Member State*' (FRA 2018, p.10). In practice, however, wide-scale acceptance of provisions such as Articles 17, 16, 11, and 13 means that this is not an issue when it comes to the social rights that are envisaged as central to the CG.
[164] For more on the provisions accepted by specific Member States, see here.
[165] For more on this jurisprudence, as well as the ECSR's approach to child poverty more generally, see: Nolan (2019a).
[166] CoE Committee of Ministers (2019).
[167] For details of the original and current strategies, see CoE (2012) and CoE (2016).
[168] CoE Committee of Ministers (2012a).
[169] CoE Committee of Ministers (2010) and (2011a).
[170] CoE Committee of Ministers (2009), (2011b), and (2012b).

on the protection of victims of crime and EU Directive 2016/800 on children accused of criminal offences).

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.[171]

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 the EU 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[172] and migrant children. The key *international* treaties of relevance include: the International Covenant on Economic, Social and Cultural Rights (ICESCR) which was ratified in 1966 and entered into force in 1976[173] (this includes the rights to education, an adequate standard of living, social security, and the highest attainable standard of health); the International Covenant on Civil and Political Rights of 1966 (which includes the right to a fair trial, a private and family life, and protection from discrimination); as well as the International Convention on the Elimination of All Forms of Racial Discrimination of 1965 and the International Convention on the Elimination of All Forms of Discrimination against Women, which prohibit racial and gender discrimination in terms of a range of economic and social rights. The most relevant to the CG and already referred to in the introduction to this chapter is the UNCRC, which will 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 of 1990 and the UN Convention on the Rights of Persons with Disabilities 2006 (UNCRPD).[174]

UN human rights treaties impose legally binding obligations under 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, the ICESCR and the UNCRC have been understood to require states to undertake such measures progressively and '*to the maximum extent of their available resources*'.[175] 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.

[171] Häusler (2019), which examines the economic and social rights of children in Europe, concludes that '*the UNCRC's standards have been absorbed well by the European human rights system*'. However, it finds some weaknesses in the actual implementation and interpretation of those rights in practice, particularly in the context of custody and care proceedings.
[172] See further Annex 6.2 for a summary of relevant international case law relating to children with disabilities.
[173] UN General Assembly (1967).
[174] In addition to Article 7 (a general obligation to uphold the best interests of children with disabilities and to facilitate their participation in decision-making), the UNCRPD provisions of direct relevance to the social rights of the CG are: Article 16 (freedom from exploitation, violence, and abuse); Article 24 (right to education); Article 25 (right to the enjoyment of the highest attainable standard of health); and Article 28 (right to an adequate standard of living for themselves and their families, including adequate food, clothing, and housing, and right to the continuous improvement of living conditions).
[175] Article 2(1) ICESCR; Article 4 UNCRC.

Notwithstanding the abundance of international legal standards and 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 UNCRC.

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:

- on the sale of children, child prostitution, and child pornography (entered into force in January 2002);
- on the involvement of children in armed conflict (entered into force in February 2002); and
- 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.

The UNCRC provisions are fleshed out in a series of 24 general comments, drafted by the UN Committee on the Rights of the Child (sometimes in tandem with other UN treaty bodies) to aid their interpretation and application in practice. A number of general comments apply to the key policy areas (PAs) and TGs considered in the present study. These include but are not limited to:

- General Comment No 5 on the general measures of implementation of the UNCRC;[176]
- General Comment No 7 on early childhood;[177]
- General Comment No 9 on the rights of children with disabilities;[178]
- General Comment No 12 on the right of the child to be heard;[179]
- General Comment No 14 on the right of the child to have their best interests treated as a primary consideration;[180]
- General Comment No 15 on the right of the child to the enjoyment of the highest attainable standard of health;[181]
- General Comment No 19 on public budgeting for the realisation of children's rights;[182]
- General Comment No 20 on the implementation of the rights of the child during adolescence;[183] and
- General Comments Nos 22 and 23 (joint comments with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families [CMW]) on children in migration.[184]

Other relevant general comments are examined as appropriate in the context of the headings of the five PAs to which they specifically relate (see Sections 3.1-3.5). These general comments have been used to guide judges and lawmakers, among other

[176] CRC/GC/2003/5, 27 November 2003.
[177] UNCRC/C/GC/7/Rev.1, 20 September 2006.
[178] UNCRC/C/GC/9, 27 February 2007.
[179] UNCRC/C/GC/12, 20 July 2009.
[180] UNCRC/C/GC/14, 29 May 2013.
[181] UNCRC/C/GC/15, 17 April 2013.
[182] UNCRC/C/GC/19, 20 July 2016.
[183] UNCRC/C/GC/20, 6 December 2016.
[184] CMW/C/GC/3-CRC/C/GC/22, 16 November 2017; CMW/C/GC/4-CRC/C/GC/23, 16 November 2017.

professionals, on how to embed the provisions of the UNCRC in European and domestic law and policy.

Understandings of the scope and content of children's rights are further developed through the periodic reporting process. Under Article 44 of the UNCRC, states accept the duty to submit reports every five years to the UN Committee on the Rights of the Child 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; the committee then issues a response raising any concerns and recommendations in the form of concluding observations.[185]

6.2.3.2 The relationship between the UNCRC and European law

Although the EU itself is not a signatory to the UNCRC,[186] there are different levels of interaction between the UNCRC and its states parties which have an impact on the development of children's rights provision at EU level, and on the operation of EU law and policy at domestic level, as follows.

- All EU and CoE member states are parties to the UNCRC, including most of its optional protocols.[187]
- The ECtHR may draw on provisions of the UNCRC to achieve children's rights-based interpretations of the provisions of the ECHR in its jurisprudence.
- The ECSR makes explicit reference to the UNCRC in its conclusions, and in its collective complaints case law.
- Rights enshrined in the UNCRC may be explicitly integrated into the text of EU law and policy. See, for example, 'explanations' relating to the CFR,[188] which explicitly state that Article 24 of the charter is based on the UNCRC (and, therefore, arguably should be interpreted and implemented accordingly).
- The jurisprudence of the CJEU may make explicit reference to the UNCRC.[189]
- The periodic monitoring system of the UN Committee on the Rights of the Child 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*'.[190] The EU subsequently made particular efforts to enact binding legislation based explicitly on elements of the UNCRC, thereby 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 of the UNCRC with a view to promoting the best interests of the child (e.g. EU Directive 2011/95 on granting or revoking

[185] See further information here.
[186] The UNCRC is open for signature and accession by states only, although the EU could bind itself to its provisions through a unilateral declaration or the conclusion of an accession protocol.
[187] 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, and the UK).
[188] 'Explanations relating to the Charter of Fundamental Rights (2007/C 303/02)', OJ C 303/17, 14 December 2007.
[189] 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 (2014).
[190] European Commission (2011).

refugee status[191]). A similar commitment to the UNCRC is found in the EU Directive 2011/92 on combating the sexual abuse/exploitation of children (referring specifically to Article 34 of the UNCRC and its optional protocol on the sale of children, child prostitution, and child pornography).

Moreover, the UNCRPD, which has been 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 upholding disabled people's rights, 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 EU disability strategy 2010-2020. 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 also signed and ratified its optional protocol on a communications procedure (effectively a complaints procedure similar to that of Optional Protocol 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 UNCRPD 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 (FRA), 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.[192]

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 – at least on paper – to protecting the rights of the child, as expressed in international human rights treaties, across all of the PAs and TGs within the scope of the CG.

[191] Another example is the 'Dublin III' Regulation 604/2013 on 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.
[192] '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.

6.2.4 International policy developments supporting the objectives of an EU CG

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

6.2.4.1 CoE measures

- Article 30 of the CoE's 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. Other provisions of the ESC – including those related to health, childcare, social assistance, housing, and childcare – also have clear linkages with the CG.[193]
- The CoE strategy for the rights of the child identifies poverty, inequality, and exclusion as being among the main challenges for children's rights.[194] 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).[195]
- 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)).
- The CoE Recommendation CM/Rec(2006)19 promotes positive parenting as an essential means of ensuring respect for and implementation of children's rights. It recommends, in particular, that member states create the necessary conditions for the support of positive parenting in the best interests of the child. This includes taking all appropriate legislative, administrative, financial, and other measures aimed at, inter alia, facilitating access to an appropriate level of material, psychological, social, and cultural resources.
- The CoE Recommendation CM/Rec(2013)2 includes a series of recommendations aimed at supporting the full participation and inclusion in society of children and young people with disabilities. It calls on member states to ensure: inclusive education policies; access to reasonable accommodation on a non-discriminatory basis or to appropriate alternative services suited to their needs; and adequate funding for community-based services aimed at tackling social exclusion and poverty.

6.2.4.2 UN measures

- Although 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 23-29). Each of these is explored in detail under the relevant PA(s) in Section 6.3.

[193] See above, Section 6.2.2.
[194] CoE (2016). In the context of its 2016-2021 strategy for the rights of the child (CoE 2016), the CoE in 2018 adopted guidelines on the rights of the child in the digital environment (CoE 2018) which are firmly associated with safeguarding the well-being of children, facilitating access to education and promoting inclusion.
[195] A complete list of CoE treaties can be found here.

- 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*.'[196] Although the SDG framework does not constitute a set of legally binding commitments and standards, the goals have had a significant effect in focusing states' attention on particular policy priorities, and have mobilised action through monitoring and evaluation based on a series of indicators.[197] A number of the SDGs are relevant to the priorities and TGs under scrutiny in the FSCG, such as poverty (SDG 1), hunger (SDG 2), good health and well-being (SDG 3), good-quality education (SDG 4), gender equality (SDG 5), decent work and economic growth (SDG 8), and reduced inequality (SDG 10).[198]
- A resolution was adopted by the UN General Assembly on 20 June 2019 in commemoration of the thirtieth anniversary of the adoption of the UNCRC,[199] and a high-level meeting was convened to discuss the rights of the child on 20 November 2019. This may result in further action at the UN and at 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 PAs are considered further in Section 6.3.

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

The aim of this section is to examine in greater depth children's rights under 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 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) that: '*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.[200] However, it does not prescribe how healthcare should be provided or accessed. In similar terms, Article 24 of the UNCRC requires that: '*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, although Article 24 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 to ensure that no child is deprived of their right of access to such healthcare services, which could include the imposition of prohibitive

[196] At para. 8.
[197] See, for example, UNICEF (2019).
[198] For a discussion on the interrelation between human rights and SDGs at the EU level, see: FRA (2019).
[199] Accessible here.
[200] UN General Assembly (1948).

charges.[201] More broadly, Article 6(2) of the UNCRC obliges state to '*ensure to the maximum extent possible the survival and development of the child',* which could be construed as an obligation to facilitate access to healthcare provision necessary for the child's survival and development.[202] This right is also reflected in Article 35 of the CFR, which guides the application of EU law, stating 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 UNCRPD.[203]

Health-related rights are addressed in the UN Committee on the Rights of the Child General Comment No 15 on the right of the child to the enjoyment of the highest attainable standard of health (Article 24). This provides in paragraph 1 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*.'

The committee offers guidance in General Comment No 15 (para. 96) to ensure that states ratify, implement, and monitor compliance with international and regional human rights instruments relevant to children's health. The committee further recommends (para. 98) that, when implementing children's right to health, '*particular attention must be given to identifying and prioritising marginalised and disadvantaged groups of children*', 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 (para. 43) and adequate housing (para. 49).

The relationship between health, healthcare, housing, and nutrition is identified in Article 12 of the ICESCR. General Comment No 14 of the UN Committee on Economic, Social and Cultural Rights (CESCR) on the right to the highest attainable standard of health states (in paras 4 and 11) that: '*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*.'

More specifically, paragraphs 22-24 of General Comment No 14 relate directly to *children's* rights to adequate healthcare in terms of the ICESCR, referring to the need to promote the healthy development of infants and children, and to the right of children and adolescents to the enjoyment of the highest standard of health and access to facilities for the treatment

[201] See Tobin (2019).
[202] See Peleg (2019).
[203] UN General Assembly (2006).

of illness. The ICESCR 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 No 14 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 for everyone; access to basic shelter, housing, and sanitation, and an adequate supply of safe and potable water; the provision of essential drugs; the equitable distribution of all health facilities, goods, and services; and the provision of immunisation against the major infectious diseases occurring in the community (paras 43-44).

The right to healthcare should be applied without discrimination. General Comment No 14 affirms (paras 18-19) that 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. Moreover, states are under an 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 (paras 34). The decision of the ECSR in *International Federation of Human Rights Leagues (FIDH) v. France*[204] makes clear that limiting the right of migrant children to medical assistance in situations that involve an immediate threat to life, or imposing a time limit in terms of qualifying for access to medical assistance, is in breach of Article 17 of the ESC. Notably, however, the ECtHR held in the case of *N. v. the United Kingdom*[205] that the lack of effective medical treatment, in general, does not create a right of residence (or prevent forced return).

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 rights of migrant children in the context of healthcare, nutrition, and education are further strengthened by UN General Comments,[206] as well as by a statement from the CESCR on the duties of states towards refugees and migrants under the ICESCR,[207] declaring 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, in so far as they are directly applicable across the Member States, are potentially more effective than the other international law obligations identified.[208] Specifically, in the context of asylum, Member States have an obligation under Article 29(3) of the EU Directive 2004/83 on the protection of refugees to ensure the provision of adequate healthcare under the same conditions as nationals, particularly to '*minors who have been victims of any form of*

[204] Complaint No 14/2003, Decision of 8 September 2004 at paras 29-36.
[205] *N. v. the United Kingdom*, ECtHR Application No 26565/05, Judgment of 27 May 2008.
[206] Joint General Comment No 3 of CMW and No 22 of the UN Committee on the Rights of the Child and joint General Comment No 4 of the CMW and No 23 of the UN Committee on the Rights of the Child (on the human rights of children in the context of international migration); General Comment No 21 on Children in Street Situations.
[207] E/C.12/2017/1.
[208] For a comprehensive overview see O'Donnell (2014). See also the EU Directives: 2003/9 on reception standards for asylum-seekers, Article 2(h); 2005/85 on procedures for granting and withdrawing refugee status, Article 2(h); and 2004/83 on the protection of refugees, Article 2(i).

abuse, neglect, exploitation, torture, cruel, inhuman and degrading treatment or who have suffered from armed conflict.' [209]

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 under Article 14(1) of the EU Directive 2011/36 on human trafficking 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.'*

This is supported by an entitlement, under Article 8 of the EU Directive 2012/29 on protecting victims of crime, for separated children who are victims of criminal offences (including those related to trafficking) to access victim support services free of charge.

Separated stateless children may encounter particular difficulties in accessing healthcare and other forms of social assistance, as the Institute on Statelessness 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'*.[210]

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.[211]

6.3.2 Access to free education

A child's right to education appears in 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 of the CFR which provides that: (a) everyone has the right to education and to have access to vocational and continuing training; and (b) this right includes the opportunity to receive free compulsory education.

The right is also enshrined in Article 28 of the UNCRC, Article 26 of the Universal Declaration of Human Rights, Article 24 of the UNCRPD, and Article 13 of the ICESCR. Article 28 of the UNCRC provides that states must 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 must make educational provision available to every child (free of charge at primary level at least).

[209] See also Article 13(4) of EU Directive 2001/55 on the temporary protection of displaced persons.
[210] van Waas and de Chickera (2017, pp. 220-221), citing UN Human Rights Council (2015).
[211] Note that EU competence in the field of health is explicitly limited under the terms of Article 168 of the 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.

Article 29 of the UNCRC frames the right to education as a universal right to access compulsory education in schools and through other intercultural education programmes. The UN Committee on the Rights of the Child General Comment No 1 of 2001 highlighted that while Article 28 of the UNCRC focuses on the obligations of states 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 of the 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, emphasises (in para. 1) 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'*. Indeed, it is affirmed in paragraph 6 of the ICESCR General Comment No 11, on plans of action for primary education, that the education offered must be adequate in quality, relevant to the child, and promote the realisation of the child's other rights.

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 UN Committee on the Rights of the Child 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. Under General Comment No 6 of 2005 on the treatment of unaccompanied children, 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 (para. 12).[212] The right to access free education for all children (irrespective of their migrant status) is stipulated in several provisions, including the UN child rights committee General Comment No 1 (para. 10): '*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*.'

CESCR General Comment No 13 on the right to education 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' (para. 43); it also states that the principle of non-discrimination extends to all persons of school age residing in the territory of a state, including non-nationals, and irrespective of their legal status (para. 34).

An even stronger standard is contained in Article 17(2) of the Revised ESC, which expressly provides a right to free primary and secondary education. This has proved particularly important for upholding the rights of migrant children in so far as the CESCR has held that

[212] Touzenis (2008, § 17). See also UN Committee on the Rights of the Child General Comments 22 and 23 on the human rights of children in the context of international migration.

states are required under Article 17(2) to ensure that all children (including those unlawfully present in their territory) have the same access to free education.[213]

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,*[214] 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*[215] that exclusion of children from education due to their parents' irregular migration status violates their right to education.[216] Moreover, in *D.H. and others v. the Czech Republic*,[217] the Grand Chamber of the ECtHR concluded that systematically excluding members of a group from the regular schooling system (Roma children) amounted to indirect discrimination.[218] This decision is relevant to migrant children or children from marginalised communities in so far as it obliges Member States to provide equal access to compulsory education of an equal quality to that available to other 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 of the TFEU. This restricts the role of the Union to merely contributing to the development of good-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 provisions 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.[219] In relation to asylum-seeking children, Member States are required (under EU Directive 2004/83 on the protection of refugees[220] and EU Directive 2001/55 on temporary protection of displaced persons[221]) to grant full access to the state education system to all minors granted refugee or subsidiary protection status, under the same conditions as nationals. Moreover, EU Directive 2011/98 on third-country nationals provides for them to receive equal access to education and vocational training, where they are legally residing in Member States. For trafficked children, Member States are required, under Article 14(1) of EU Directive 2011/36 on human trafficking, to provide access to education '*within a reasonable time*' (not defined by EU law) and '*in accordance with their national law'*.

[213] See further *EUROCEF v. France* decision on the merits, Complaint No 114/2015, paras 118-125 (right to education of unaccompanied children); and *MDAC v. Belgium,* Complaint No 109/2014, paras 71-80 and 103 relating to children with disabilities' right to an inclusive education.
[214] ECtHR, Application No 5335/05, Judgment of 21 June 2011 para. 57. See Annex 6.1.
[215] Applications No 55762/00 and 55974/00, Judgment of 13 December 2005) at paras 64-65.
[216] See Annex 6.1.
[217] ECtHR Application No 57325/00, Judgment of 13 November 2007 at paras 198, 203-204 and 207.
[218] See Annex 6.1.
[219] By virtue of Article 10 of EU Regulation 492/2011 on freedom of movement for workers within the EU; and EU Directive 2004/38 on freedom of movement.
[220] Article 27(1).
[221] Article 14.

6.3.3 Access to decent housing

The legal obligations with regards to the right to housing (and elements thereof) are detailed in: the CFR (Articles 24 and 34(3); the ICESCR (Article 11 and General Comment No 4 on the right to adequate housing); the UNCRC (Article 27); the ESC (Article 16) and the Revised ESC (Article 31); and the ECHR (Articles 3 and 8).

Article 27 of the UNCRC states that: '*the right of every child to a standard of living adequate for the child's physical, mental spiritual, moral and social development*'. This provision has been understood by the UN Committee on the Rights of the Child to impose a right to adequate housing.[222] Article 24 of the CFR states that '*children shall have the right to such protection and care as is necessary for their well-being*' and Article 34(3) of the CFR provides that: '*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 provisions establish that the right is not limited to the availability of housing, but include the quality of housing, or as is described by the European Parliament in the proposal for a CG, 'decent' housing. The concept of decent housing could be assessed against the framework proposed in CESCR General Comment No 4 on the right to adequate housing. Article 11 of the ICESCR is composed of distinctive rights, including the rights to water, clothing, food, and 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*.' 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.[223]

Elements of the right to adequate housing can also be understood to fall under the scope of rights under the ECHR, based on for instance Article 8 (private and family life), Article 1 Protocol 1 (right to property), and Article 3 (prohibition of inhuman and degrading treatment). The ECtHR stated in *Yordanoava and Others v. Bulgaria*[224] 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*).[225] Nevertheless an obligation to secure shelter for particularly vulnerable individuals may flow from Article 8 in exceptional cases.

For example, the ECtHR affirms in *Marzari v. Italy*[226] 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 of the ECHR, because of the impact of such refusal on the private life of the individual. The court recalls in this respect that, although 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

[222] For more, see Nolan (2019b).
[223] The right to adequate food and water is discussed below under the right to adequate nutrition.
[224] ECtHR, Application No 25446/06, Judgment of 24 April 2012 at paras 129-130.
[225] (dec.), No 39022/97, ECHR 26 June 2001.
[226] ECtHR, Application No 36448/97, Decision of 4 May 1999.

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 under Article 11 of the ICESCR, the ESC[227] 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 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 (Article 28(1) of EU Directive 2004/83 on the protection of refugees, and Article 13(2) of EU Directive 2001/55 on temporary protection of displaced persons). On the issue of housing, Article 18 of EU Directive 2013/33 on reception standards for those seeking international protection states:

> *'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 Shelter

Under the ESC, the right to housing is protected in a specific article and includes an obligation on states to prevent homelessness. In its case law,[228] the ECSR has determined that children in particular, irrespective of their immigration status, are entitled to shelter on the basis of Article 31 of the ESC. In the case of *DCI v. the Netherlands,*[229] 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. States 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

[227] European Treaty Series – No 163. Strasbourg, 3.V.1996.
[228] It should be noted, however, that the ECSR, in so far as it is not a court, cannot force states to comply with its decisions. It can merely receive and consider communications from individuals, undertake inquiries, and engage in periodic monitoring of states' implementation of their treaty obligations under the ESC.
[229] ECSR, Complaint No 47/2008, Decision of 20 October 2009 at paras 46-48 and 63-64.

for their human dignity and would not take due account of the particularly vulnerable situation of children. The committee has also made clear that Article 31(2) considers that eviction from shelters without the provision of alternative accommodation must be prohibited.[230]

In a later case, the ECSR came to the same conclusion on the basis of Article 17 of the ESC, which provides children with economic, social, and legal protection (Belgium has not accepted the obligations under Article 31 ESC). In *DCI v. Belgium*[231] the ECSR reiterated that although not all the provisions of the charter cover accompanied or unaccompanied minors not lawfully present 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 involved:

> *'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.'*[232]

The ECSR stipulated that Article 17(1) requires states 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 ECSR highlighted at paragraph 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 ECSR 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 ESR.

The ECSR has also found the Netherlands to be in breach of Article 31(2) of the ESR 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.[233]

The right to adequate housing under international human rights law is understood to encompass protection from unlawful forced evictions. This is affirmed in CESCR General

[230] ECSR, ESC, Article 31(2) (Conclusions 2015, January 2016).
[231] ECSR, Complaint No 69/2011, Decision of 23 October 2012 at paras 36-38 and 81-82.
[232] *Ibid.*, para. 37.
[233] Conclusions 2011, the Netherlands. See also *EUROCEF v. France*, decision on the merits, in particular paras 173-177, which discusses shelter.

Comment No 4 on the right to adequate housing (Article 11(1) of the ICESCR) in paragraph 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 CESCR General Comment No 7 on forced evictions. The general comment sets out guidance on the rights of children in this context and highlights at paragraph 4 that: '*the practice of forced evictions may 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. It affirmed that 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.[234] The question of forced evictions has also been addressed in a European human rights law context. For instance, in the case of *Centre on Housing Rights and Evictions (COHRE) v. Italy* (Complaint No 58/2009), the ECSR determined that Italy's law permitting the expulsion of Roma and Sinti constitutes a violation of Article E taken in conjunction with Article 19(8) of the revised charter.[235]

6.3.3.2 Adequacy of housing

The right to adequate housing is expanded upon in the guidance in CESCR General Comment No 4 on the right to adequate housing, which sets out (in paras 7-9) 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, and nor should shelter be seen 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. […]'*

[234] 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 ICESCR. See report of decision in UN treaty database.
[235] See report of decision here.

The right to adequate housing cannot be viewed in isolation from other human rights. The UN Committee on the Rights of the Child links the qualitative elements of the right to housing specifically to the right to health in General Comment No 15 (para. 49), on the right of the child to the enjoyment of the highest attainable standard of health (Article 24):

> *'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.'*

In its work, the ECSR has repeatedly emphasised the interrelationship between housing rights under the ESC and the right to protection from poverty and social exclusion in Article 30 of the revised charter of 1996.[236]

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; it has 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.[237]

6.3.3.3 Equality and non-discrimination

CESCR General Comment No 4 on the right to adequate housing stipulates (in paras 7-9) that 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*,[238] however, that Article 8 of the ECHR does not guarantee a right to be provided with housing.[239]

Children with disabilities have an additional layer of rights to adequate housing, under the UNCRPD. The latter obliges states to identify and eliminate barriers to accessibility related to housing (among others) (Article 9), and to '*ensure access by persons with disabilities to public housing programmes*' (Article 28, 2d). In addition, the UN Special Rapporteur has reported that: '*Unfortunately, even in the wealthiest countries, where there are sufficient resources to ensure the right to housing of persons with disabilities, courts have failed to interpret domestic human rights guarantees of equality consistently with the Convention on the Rights of Persons with Disabilities and refused to apply such guarantees so as to hold Governments accountable for failures to address widespread homelessness and inadequate housing among persons with disabilities*.'[240]

Similarly, as noted above, although the ESC states (in an appendix to the revised version) that the persons covered by Articles 1-17 and 20-31 include foreigners '*only in so far as they are nationals of other Parties lawfully resident or working regularly within the territory of the Party concerned'*,[241] the ECSR has made clear that this should not be read in such a

[236] Nolan (2019a), esp. p. 41.
[237] See Annexes 6.1 and 6.2 for case laws.
[238] ECtHR, Application No 56328/07, Judgment of 27 September 2011 at para. 40.
[239] See Annex 6.1.
[240] UN (2017). See also Annex 6.2 for a summary of relevant case laws.
[241] The appendix provides that: '*Without prejudice to Article 12, paragraph 4, and Article 13, paragraph 4, the persons covered by Articles 1 to 17 and 20 to 31 include foreigners only in so far as they are nationals of other*

way as to deprive child migrants in an irregular situation of the protection of the most basic rights enshrined in the charter. Nor should it be read so to impair children's fundamental rights, such as the right to life or to physical integrity or to human dignity. It has employed this understanding of the appendix when finding that children with an irregular status are owed obligations in terms of Articles 11, 13, 16, and 17 of the ESC.[242]

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*[243] the ECtHR found a violation of Article 14 in conjunction with Article 1 Protocol 1 when the applicant was 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 also established in other instruments, including Article 31 of the EU Directive 2004/83 on the protection of refugees and for economic migrants under Article 6 of the International Labour Organisation Convention No 97 of migration for employment.[244]

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*,[245] the ECtHR assessed whether Article 3 of the 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.[246]

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. In *CEC v. the Netherlands*,[247] the ECSR 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 referred to its established case law and held that access to food and water, as well as to basic amenities (such 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.[248] A similar outcome was reached by the CJEU in *H.T v. Land Baden-Wurttemberg*,[249] in which it 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 EU Directive 2004/83 on the protection of refugees, until their status as a refugee is actually

Parties lawfully resident or working regularly within the territory of the Party concerned, subject to the understanding that these articles are to be interpreted in the light of the provisions of Articles 18 and 19'.

[242] For more, see Nolan (2019a), pp. 34-36.

[243] ECtHR, Application No 33631/06, Judgment of 13 October 2015 at paras 75-76.

[244] ILO (1949). It is worth noting that the proposed EU 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 were a discernible difference in the treatment of children (e.g. migrant children as compared with national children) based on the protected characteristics.

[245] ECtHR, Application No 30696/09, Judgment of 21 January 2011 at paras 252-254, 358-359 and 367.

[246] See Annex 6.1.

[247] European Committee of Social Rights, Complaint No 90/2013, Decision of 1 July 2014 at paras 121-122.

[248] *Ibid*. para. 122.

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

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*[250] 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.[251] The right is established again in the case of *Haqbin*[252] discussed above, where the CJEU affirmed that a child seeking asylum, even though they may have broken the rules of accommodation centres, cannot be denied their fundamental rights to an adequate standard of living, sustenance, and protection of their physical and mental health.

6.3.4 Access to adequate nutrition

The right of children to adequate nutrition overlaps with a number of other children's rights, as is seen in both Articles 24 and 27 of the UNCRC. The right to nutrition is also established in: the TEU (Article 2); the 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.

The right of the child to adequate nutrition is covered in more general terms by Article 24 of the CFR, which provides that '*children shall have the right to such protection and care as is necessary for their well-being*'. Similarly, Article 1 of the CFR provides for the right to dignity, which is: '*inviolable. It must be respected and protected*.' Notably, these provisions are drawn upon in 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 of the UNCRC enshrines the right of children 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 of the 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 that: '*States Parties... shall in case of need provide material assistance and support programmes, particularly concerning nutrition, clothing and housing*.'

Article 11 of the ICESCR also enshrines the right to adequate food. CESCR General Comment No 12 highlights (para. 4) 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 general comment 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 (paras 13 and 21). In relation to the TGs under scrutiny in the FSCG, it asserts that adequate food

[250] CJEU, Case C 562/13, Opinion of Advocate General BOT at paras 156-157.
[251] See case facts in Annex 6.1.
[252] Judgment of 12 November 2019, Case (C-233/18), ECLI:EU:C:2019:956.

must be accessible to everyone, including physically vulnerable individuals, such as infants and young children. It also recognises 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 an EU CG, the general comment says that 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 for physical activity that is in compliance with human physiological needs at all stages throughout the life cycle (para. 9). Food needs to be available to everyone without discrimination (para. 18) and when the right to food is violated a remedy and reparation should be available to the victim (para. 32).

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. CESCR General Comment No 15 (Articles 11 and 12 of the covenant) on the right to water stipulates in paragraph 6 that: '*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*.' The UNCRC has also recognised the right to water as part of the right to a standard of living adequate for the child's development under Article 27, as well as within the express scope of Article 24(2)(c).

6.3.5 Access to free childcare

The legal obligations regarding the right to ECEC are outlined in Article 14 of the CFR on the right to receive free compulsory education, and are further encompassed in children's right under the Article 24(1) to 'such protection and care as is necessary for their well-being'. The right to education is also enshrined in the UNCRC (Article 28) and the ESC (Article 17). Although there is no legal entitlement to access *free* pre-school childcare specifically, there is a right to free elementary and fundamental education (in particular, CESCR General Comment No 7, which specifically addresses ECEC; and SDG 4.2).[253]

As there are differences between the ECEC systems in the different Member States, the FSCG has opted to use the definition of the EU quality framework for ECEC. The framework 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, accordingly, 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*'.[254]

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 EPSR specifically refers to childcare and support to children. Moreover, the 2013 EU Recommendation on investing in children[255] calls for particular attention to be given to how

[253] SDG 4.2 states that the goal is to ensure that, by 2030, all girls and boys have access to good-quality early childhood development, care, and pre-primary education so that they are ready for primary education.
[254] European Commission (2014a).
[255] European Commission (2013), pp. 5-7.

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 living accommodation and environment; and enhance family support and the quality of alternative care settings.

The Council Recommendation of 22 May 2019 on high-quality ECEC systems[256] is based on Article 165 of the TFEU (relating to education, youth, and sport). It also builds upon the Council conclusions of 21 June 2018 examined above, Principle 11 of the EPSR, and SDG 4.2. Developed as a result of the European Commission report on the Barcelona objectives,[257] the Council recommendation is considered as taking a serious step towards children rights' protection in terms of recommending minimum standards at the EU level for ECEC (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 (such as with disabilities, socially excluded, or migrant) and encourages the European Commission to use EU funding (point 11 of the recommendation) to advance this endeavour.

Essential elements in the minimum standards for access to ECEC set out in the annex to the recommendation 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). Eurydice developed indicators highlighting Member States that fulfil the different elements of the quality framework.[258]

A recommendation such as the one examined here is a legal act of the EU, adopted in the exercise of its shared competence in the area of education and youth, but one that has no legally binding force.[259] 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 that the EU institutions can rely upon, and which can be subject to interpretation by the CJEU.

The 2019 Recommendation, which resonates with the proposed aims of an EU 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)*.'[260] The conclusions urge action to improve the supply of adequate, 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

[256] OJ C 189, 5 June 2019, p. 4.
[257] European Commission (2018d).
[258] Parveva *et al.* (2019).
[259] See Article 288 TFEU, first and fifth paras.
[260] (2011-2010) (2011/C155/02).

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 the reconciliation of work and family life in the context of demographic change (11841/11)***

These conclusions invite the Member States and the European 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, opportunities to work part time); (b) the sufficient supply of affordable, high-quality childcare services, and care facilities for other dependants; (c) encouragement to employers to offer their employees childcare and other forms of family support; and (d) consideration of 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'.

- ***Commission report in 2013 on the development of childcare facilities***

The report[261] discusses the availability of high-quality, affordable childcare facilities for young children from birth to compulsory school age as a priority for the EU, discussing the objectives set in this area in 2002 (see above – the Barcelona European Council).

- ***Commission report in 2014 on progress in promoting equality between women and men***

The report[262] addresses, among other things, funding allocated to childcare services and women's participation in the labour market, the provision of affordable and good-quality childcare, early childhood education, and leave entitlements after childbirth.

- ***Commission Delegated Regulation 480/2014 supplementing Regulation 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. ECEC facilities (crèches, kindergartens, and primary schools) 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, the realisation of which may be contingent on appropriate resources being available to domestic authorities so as to enable them to 'progressively realise' such rights. 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 are generally dependent on adults to facilitate enforcement of their rights. Even when individuals are able to pursue their rights through the courts, these are

[261] European Commission (2013b).
[262] European Commission (2014b).

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. European law 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, EU soft law measures in particular have a crucial role to play 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.[263] 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.

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

7. Gaps and challenges and possible key policies and programmes to address them[264]

As has been shown in Chapter 3, the extent to which the four 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 in accessing 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 Member State is different, and thus each Member State will need to decide which areas it needs to prioritise so that it 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 country experts for priority action.

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

7.1 Cross-cutting gaps and challenges and possible action to address them

7.1.1 Gaps and challenges

Although there are gaps and challenges that are particular to each PA 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 PAs and can hinder the access by children from all four TGs to the five key social rights under scrutiny, as follows.

- 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 PAs, 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 a failure to develop a strategic approach to ensuring that all children, especially those in vulnerable situations, have access to the five PAs. 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 inclusive services and the actual practice on the ground. In many cases this is linked to underfinancing of core services, such that their effective delivery is limited and of

[264] This chapter draws heavily on the five FSCG Policy Papers, the four 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. See 'List of FSCG Experts, List of documents generated within the FSCG and References'.

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, fear concerning, or sometimes the reality of, the costs associated with accessing services can be a barrier. Second, the day-to-day struggle to survive on a low income and the fear of stigmatisation can undermine self-confidence and initiative; 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 PAs. Responding to this can require effective child-centred cooperation across PAs 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 there is a risk that those policies are implemented in ways that do not reflect their needs and experiences; this can lead to unintended barriers to their accessing the key social rights.
- Lack of understanding of what constitutes inclusive and accessible services: although 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 Possible action to address the cross-cutting gaps and challenges

Drawing on positive examples in Member States, the FSCG research has identified 15 measures 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 PA: 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' performance. 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: all policies should be tested for compliance with international children's rights instruments and

action taken to ensure there are clear equal opportunities, effective inclusiveness, and non-discrimination and anti-racism frameworks that apply to all PAs 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, it is a prerequisite for these children to access the five social rights under scrutiny that investment is made in comprehensive strategies, involving 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 of children from their families. Similarly, separate schooling arrangements 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 be incentivised to have both private and social elements.
- 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 addressing 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 the same opportunities as other children. Good-quality universal public services play a key role in ensuring all children have access to safety, opportunity and participation.[265] Second, to enable some children to access universal services, specific additional or complementary policies may 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 action 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 social exclusion. This means developing national (and where appropriate regional and local) strategies which emphasise a multidimensional, 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) in order to give them high visibility and make possible effective coordination. This can then provide the

[265] For more on the role of universal public services in addressing inequalities, see Coote (2017).

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: there is a need to improve synergies and integration between different PAs and services for children; and to improve coordination at all levels of governance between national, regional and local child policies. Child-centred approaches and mutual flexibility between agencies on 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, unless those services are 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 measures can help to ensure that mainstream 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, or 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 services 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 multidimensional needs-assessment.
- Set policies for the five social rights under scrutiny in a broader context: ensuring access by children in vulnerable situations to the five PAs 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 2013 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 PAs. 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 when children are at a very early age is one of the keys to preventing barriers developing which hinder children's development. It can help to ensure a positive trajectory which reduces problems of poor health and increases children's 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 support they need so that they are then able to overcome barriers to accessing the five PAs. 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, able to 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 access to them by 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 practice and lessons learned; and (d) include those who are most affected by the system in monitoring mechanisms (i.e. children, disabled person organisations and 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[266]

7.2.1 General gaps and challenges and possible action to address them

7.2.1.1 Gaps and challenges

Although most EU Member States have policies that are designed to provide free healthcare for children, the definition and reality of 'free healthcare' differ greatly between Member States, with some reporting that all healthcare-related services for children are free and others indicating that only some services are free. In Member States 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 a shortage of specialist child health staff, infant nurses and paramedical staff – and this situation is reported as worsening in some Member States. The limited availability of dental care and of mental health services and their

[266] Annex 7.5 summarises suggestions made by FSCG country experts for improving policies in relation to free healthcare.

associated costs, is also a problem in a number of Member States, including some wealthy Member States that lack capacity in relation to mental health and rehabilitation services.

Another barrier is the excessive cost of and co-payment for 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 girls' personal hygiene products – can represent a severe challenge for the budgets of families at risk of poverty or social exclusion, as can the cost of additional food, clothing, or consumables for families of children suffering from chronic diseases. Low-income families can also be particularly affected by the barrier of loss of income caused by taking time off work, and the cost of travel to take children to health services; 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 insufficient 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 access to preventive programmes. In addition, poor coverage of medical services, specifically secondary-level diagnostics, in some rural areas can be a significant barrier to access, as can the 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 Member States 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 a further deterioration in services 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 available – as to the number of children, provision of healthcare services in primary care overall or to children specifically and in estimates of need or of risk. Many sources of data are potentially available within 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 of early diagnostic services for vulnerable families can be a barrier to access and to early intervention services.

7.2.1.2 Action to address gaps and challenges

All Member States should ensure universality of healthcare and affordability of healthcare costs, by following the WHO'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 – a varied socio-political structure, varied funding mechanisms, and varied professional practice patterns – mean that solutions that work in one Member State cannot be simply

transferred and replicated in another. There is no 'one fix for all solutions' and solutions need to be adapted and developed to fit in with existing systems and to be locally specific. Recent guidance is available on this,[267] 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 may be helpful in improving access by children in vulnerable situations to free healthcare. These include the following.

- 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 areas of weakness.
- 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 that are fully free or 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 behaviours.
- Developing multi-service or extended schools, aimed at offering 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 educators 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 (thus facilitating reports to clinicians of the details of children overdue for procedures). The European Centre for Disease Control (ECDC), a European Commission agency, strongly advocates case-based immunisation information systems.[268] The MOCHA project identified the fact that 12 EU Member States had a case-based child public health electronic record system.[269] Further development and adoption of such systems would disproportionately benefit TG children if the records were kept updated, as they identify children whose continuity of preventive healthcare 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

[267] Schloemer and Schröder-Bäck (2018).
[268] Olsson, Gianfredi, and Derrough (2017).
[269] Rigby, Kühne, and Deshpande (2019.

health and developmental events. They also provide an informal means of entitlement whereby a parent can present the 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.[270]

Although many of these measures fall on Member States as the competent bodies for health services, the European Commission could 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 mainstream 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 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 Member States, there are wide local variations in the types of care that are available. Key barriers that arise in relation to mainstream health services include their failure to adapt to the needs of children with disabilities and problems of accessibility. Affordability is also seen in many Member States as a major barrier. Furthermore, in some Member States, 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 Action 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 measures have been identified that, combined with the others identified in Section 7.2.1, may enhance access to healthcare by children with disabilities, as follows.

- Member States with no specific legislation guaranteeing the rights of children with disabilities to free healthcare, or those where policies are conditional or not clearly outlined, should develop laws, norms, and regulations in line with the UNCRC, UNCRPD, the WHO's Universal Health Coverage (UHC), and the EU disability strategy.
- 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 the rights of children with disabilities 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. They should also strengthen 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.

[270] Deshpande, Rigby, Alexander, and Blair (2018).

- 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 exchange of good practice and professional training.

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, such as: 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 Action 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 measures have been identified that, combined with the others identified in Sections 7.2.1 and 7.7, may enhance the access to healthcare of children in institutions by:

- ensuring that health check-ups are in place for all children removed from, or at risk of being removed from, their families;
- ensuring that all children removed from their families have access to mental health services; and
- putting 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

Although in theory nearly all Member States are committed to delivering universal free healthcare to all children, in practice there is often differential treatment between four residence-based categories (i.e. children with citizenship of the Member State where they reside – including children of recognised refugees or stateless persons, 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 and still others having equal access. As well as legal barriers there are often resource problems for those Member States 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 Member States 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 Action 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 measures have been identified that, combined with the others identified in Section 7.2.1, may enhance access to healthcare by children with a migrant background, as follows.[271]

- In Member States where access is limited for some children due to migration status, introduce legal initiatives 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 should 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 and professionalise interpretation and cultural mediation services where needed, to overcome cultural and language barriers at all levels of the health system (mother and child health, reproductive health and mental health).
- Strengthen the health workforce's understanding of cultural sensitivities and health issues affecting refugees and children with a migrant background.
- Invest in health literacy among migrant families to foster healthy behaviours and encourage them to make use of healthcare services.

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 households. Although it is also true for the other two sub-groups, left-behind children and Roma children, these latter 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; 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,

[271] According to the European Commission, 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*'. See European Commission (2017c).

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 heavily represented amongst homeless families (including those living in temporary accommodation, with relatives, or depending on short-term leases) and this creates significant issues of continuity of access and care – generally speaking, disrupted healthcare is less good care.

7.2.5.2 Action to address gaps and challenges

The measures 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 measures have been identified that, combined with the others identified in Section 7.2.1, may enhance access to healthcare by 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[272]

7.3.1 General gaps and challenges and possible action to address them

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 CFR. Thus, Member States have an obligation to provide free compulsory education in an inclusive education system to all school-age children, without exception. Although 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 sometimes only cover tuition but no other 'hidden' costs, such as of textbooks, school trips, canteens, or transport and these additional costs can be a significant barrier to school access for some children in vulnerable situations. School-related costs remain an important issue, especially (but not only) in secondary school. In all EU Member States, 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 Member States, partly as a consequence of budget cutbacks or 'decentralisation' during the crisis. Such shortages translate into absenteeism, overcrowded classes, or a lower quality of education. In some Member States a countries lack of accommodation and/or staff appears to prevent schools from offering "single-shift" (full-day) education,

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

particularly in rural and less developed areas; moreover, due to lack of transport, 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 included on the official (local) population register and therefore cannot enrol in school in practice. In addition, 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, although most Member States promote inclusive education, many systems are in fact partial and often there is also segregated education provision for some children (especially those with disabilities and some of those considered to have SEN) and efforts to progress towards inclusive education are taking place in parallel with segregated education provision. In many Member States, there is strong segregation in 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, into separate schools or classes. In addition, 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 'undesirable' children are enrolled. The risk of discrimination is larger in Member States 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 the uneven quality of schools, with children from these backgrounds being disproportionately confined to disadvantaged schools. Indeed, one of the main problems surrounding the accessibility of 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 Action 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 by 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, transport, textbooks, all-school activities, and meals. This can involve either universal-type provision or else schemes which subsidise school-related

costs, such as of 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; in addition, higher-quality (and better remunerated) teachers should be trained specifically to go beyond their teaching role and provide children with holistic support in their learning development (thus boosting cognitive outcomes as well as the schools' reputation); and
  - developing multi-service or extended schools aimed at offering integrated services (covering healthcare, social care, language stimulation, cultural enrichment and 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 by 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 the 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 competencies for teachers; active parental involvement (especially of minorities) in school matters; and culture-sensitive learning content 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

Although various interpretations of the right to inclusive education are in use in EU Member States, the UNCRPD Article 24 and UN Committee on the Rights of the Child General Comment No 4 set out a framework that must be implemented by EU Member States that have ratified the convention, as well as by the EU as a whole. Of particular relevance to this analysis are the provisions and distinctions in terminology the general comment 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 in mainstream classes without accompanying structural changes to, for example, organisation, curricula, 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 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, although 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 make education really inclusive. Sometimes they are segregated in special units or special classes within mainstream schools and thus not fully included; and in some Member States 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 may exist to their real inclusion. These can include:

- negative attitudes and perceptions and lack of 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 children with disabilities and bullying in schools;

- shortage of necessary specialised support services and specialist staff in mainstream schools; and
- a lack of budget funding for inclusive education.

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 Action 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 measures have been identified that, combined with the others identified in Section 7.3.1, may enhance the access to free education of children with disabilities, as follows.

- 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 and continuing professional development). In addition, it is essential 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 enrolment to 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 Member States 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. Although not very common, this can follow from the fact that some institutions (either for children with disabilities 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[273]

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

7.3.4 Children with a migrant background

7.3.4.1 Specific gaps and challenges

Although the availability and accessibility of 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. In addition, 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 Member States enrolment procedures can lead in effect to the segregation of children with a migrant background in particular, who 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 classroom 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 by schools to adapt to and innovate to meet, the needs of these children, can be a barrier. This may be compounded by a shortage of qualified teachers to work with these children and insufficient knowledge and competence on the part of the teaching and support staff for work with children of recent migrants and refugees.

7.3.4.2 Action 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 measures have been identified that, combined with the others identified in Section 7.3.1, may enhance access to free education by children with a migrant background, as follows.

- 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 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:
  - intercultural education for teachers and students, promoting respect between cultures and supporting teachers in how to work with several different cultures in one classroom;

[273] See also Section 7.7 on deinstitutionalisation.

- valuing minority languages;
- active anti-discrimination policies;
- enhanced pre- and in-service training for teachers in intercultural competencies;
- enhanced parental involvement and culture-sensitive learning content in all subjects; and
- children's rights education.

Measures 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 2017 European Commission communication on the protection of children in migration.

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 Member States (e.g. BG and 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 Member States children returning from migration can also face enormous challenges: they can feel 'uprooted', may not know their parental culture and language, and can feel socially isolated.

A particular barrier facing Roma children is school segregation, either separate schools or separate classes in the same schools. In addition, 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 Action to address gaps and challenges

The measures 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 measures have been identified that, combined with the others identified in Section 7.3.1, may enhance their access to free education.

- In Member States 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 for 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 the 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 the disadvantages they face, through measures such as:
  - introducing Roma teaching assistants/mediators in 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 to promote good-quality education among disadvantaged and Roma children in elementary schools, within an integrated environment, through focusing 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)[274]

7.4.1 General gaps and challenges and possible action to address them

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

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. However, 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 fewer available ECEC places of high quality. The geographical divide may take different forms: in some Member States it is a rural-urban divide, while in others it is precisely the urban metropolitan areas that suffer from shortages. In almost all cases, however, it is in the poorer areas with lower female labour participation that children suffer most from this inequality. In cases of shortage,

[274] Annex 7.4 summarises suggestions made by FSCG country experts for improving policies in relation to ECEC.

there is a risk that private ECEC is taking over, demanding higher parental fees, and possibly focusing on other objectives than providing high-quality services to disadvantaged children. In addition, in those cases, priority is often 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: such as those related to clothes, transport, meals and educational materials. Bureaucratic and administrative complexities in the enrolment of children affect vulnerable families to a larger extent than other families. This is especially the case when the competence for childcare is devolved to local municipalities or regions without a strict national reference frame being in place. In those cases, fees 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 variation in quality, which disadvantages vulnerable families.

The poor quality of some ECEC provision can be a particular barrier.[275] 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 outreach services to Roma children.

In split systems, the ECEC for the youngest children is typically considered as 'childcare' 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 pre-school places and priorities are set that favour children with parents in employment.

A lack of expertise, combined with a shortage of staff from ethnic minorities and staff acquainted with the care of 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. In addition, a lack of intercultural awareness and expertise can lead to discriminatory practices in relation to children from low-income households, Roma children and children with a migrant background.

A lack of flexibility in opening hours, which do not match the needs of parents (i.e. their working hours), can particularly affect single parents, parents with a migrant background and parents in precarious labour contexts as they often work atypical hours and may therefore encounter difficulties in using ECEC.

7.4.1.2 Action to address gaps and challenges

In general, those 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 quantitative and qualitative frameworks; and policies of proportionate universalism, which 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 by 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

[275] For a detailed analysis of structural and process aspects of ECEC systems and their impact on quality, see OECD (2018).

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 quantity would be detrimental for those children whose development is fostered less well at home, and would therefore widen existing educational gaps. As a result, earmarked funds for improving the quantity of ECEC provision 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 the 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 investment in pre-service and in-service training in working with children with special needs, in multilingualism and cultural awareness and in anti-poverty measures. This investment in pre- and post-service training of staff, as well as diversifying the workforce, is important to serve the needs of TGs and improve the quality of provision.
- Reduce fees and subsidise related costs, or provide wholly funded ECEC, for children in vulnerable situations especially those in low-income families. Ways to increase affordability and address indirect costs include free transport and free lunches in school canteens.
- 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, by 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 spatial segregation by allocating more resources to day-care centres in deprived areas where there are concentrations of children from disadvantaged backgrounds.
- Increase the flexibility of provision to facilitate the reconciliation of work and family life.
- Foster cultural change through communication programmes that 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 burdens and a 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 is of critical importance to children with disabilities because: (a) 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 (b) it supports children who have been identified as being at risk or with developmental delays and disability to access the services needed, in health, education, and social protection. In addition to the 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. In addition, in many Member States, professionals lack sufficient sensitisation, knowledge and skills to adequately identify and respond to the needs of children with disabilities and their families.

7.4.2.2 Action 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 measures have been identified that, combined with the others identified in Section 7.4.1, may enhance access to ECEC by 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 the best interests of the child. At EU 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 do not provide for services that are 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 the child's home as possible to ensure that taking advantage of services does not imply family separation.
- Member States that have not already done so should develop coordinating mechanisms between sectors, which in turn can develop multi-sector policies and coordinating structures, helping 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, many children under 3 are still cared for in residential and institutional settings in many Member States.

7.4.3.2 Action 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 measures have been identified that, combined with the others identified in Sections 7.4.1 and 7.7, may 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; their access to ECEC services should be prioritised, or alternatively 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 Member States 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 distant services, as ECEC provision is often not available near refugee camps and asylum locations. Another issue may be that some migrant families 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 Action 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 measures have been identified that, combined with the others identified in Section 7.4.1, may 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 enable a 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. An insufficient number of formal childcare places is a challenge in many Member States, sometimes despite a legal entitlement. This leads to long waiting lists. In addition, wealthy neighbourhoods sometimes 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; lack of knowledge about the financial support schemes available; problems of accessibility (distance to the childcare facilities) for families living in Roma settlements – as a result, providing ECEC to Roma families will more often mean providing segregated ECEC); and care services not adapted to the needs of parents (such as opening/closing hours and school holidays not 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 Action 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 measures have been identified that, combined with the others identified in Section 7.4.1, may 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 covering 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 are designed to increase access for Roma families are accompanied by support and training for staff that increases intercultural awareness and competencies.

7.5 Decent housing[276]

7.5.1 General gaps and challenges and possible action to address them

7.5.1.1 Main gaps and challenges

FSCG experts have highlighted a number of barriers that children in the TGs and their families can face in accessing decent housing. Key barriers include: low income, a lack of affordable privately rented housing, an insufficient supply of social housing leading to long waiting lists and the 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, suffering housing costs overburden, living in overcrowded households and experiencing energy poverty. Many more children living in income-poor households face bad housing conditions than other children. The TG of children living in income-poor households also often cuts across many of the other TGs or vulnerable groups such as children with disabilities, children with a migrant background and children from single-parent households or large families.

7.5.1.2 Action to address gaps and challenges

In considering policies and programmes to improve access of children in vulnerable situations to decent housing, it is important to take into account that housing policies have to address the functioning of a market which has at least three different modes of provision, requiring different but interdependent policies: private ownership, private rental and social housing. This requires that special attention is given to policy measures that affect the market. In this regard, the impact of all possible measures on the market should be assessed both in the short and long term before they are implemented. They should also be assessed to ensure that they address the barriers highlighted above, especially those related to low income, the inadequate supply of affordable private dwellings for rent and the inadequate supply of social housing and of housing in general. It is also important to take into account other factors that can interact with the housing market and affect access, such as the availability of public transport.

Taking account of successful policies which were identified in some Member States during the course of the FSCG research, the following range of measures have been identified that can help to improve access of 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 access by 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 an adequate supply of affordable housing, and security of tenure for low-income households including those with children;

[276] Annex 7.2 summarises the main priorities to ensure access to decent housing identified by FSCG country experts.

  - rebalancing interventions in the housing market away from tax subsidies for home ownership towards addressing housing exclusion;[277]
  - making the private rental market more accessible to vulnerable groups by means of incentive schemes and making landlord-tenant mediation more effective;
  - developing and investing in innovative solutions for affordable housing, such as community-based housing, activation of vacant stock and private/public collaboration;
  - developing services that provide dwellings from the private residential housing stock at a lower-than-market price to low-income tenants. An example of this is 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 possibly using government buildings.
- Address the 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 take account of specific household needs, such as those of families with a large number of children and those of children with disabilities (families should not be penalised for the composition of their household);
  - avoiding eligibility criteria that are too strict and reduce the take-up of schemes; and
  - introducing, where necessary, regulation of maximum rents, under conditions aimed at preventing a reduction in the supply of housing for rental.
- 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 when evictions do occur, ensuring (on the basis of the 'housing first' approach) rapid rehousing, with intensive social support as needed.
- Provide support for utility (water and 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 working with energy providers to ensure the 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 reduce financial pressures on owners with children.

[277] If the tax system is used to address housing exclusion, then specifically targeted exemptions and/or tax deferrals based on the needs of households and addressing inclusiveness should be preferred over general subsidies, such as mortgage interest deductibility, which tend to benefit households with higher incomes more than those with lower incomes.

7.5.2 Children with disabilities

7.5.2.1 Specific gaps and challenges

The families of 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 Action 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 measures have been identified that, combined with the others identified in Section 7.5.1, may enhance the access to decent housing of children with disabilities.

- Make the families of 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 that 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 the households of children with disabilities to allow them to carry out the necessary adaptations, or move them to an adequate dwelling.

7.5.3 Children in institutions

7.5.3.1 Specific gaps and challenges

Families' poor housing conditions 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 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 measures have been identified that, combined with the others identified in Sections 7.6.1 and 7.7, may enhance access to decent housing by children in institutions.

- Member States should ensure that poor housing conditions are never a reason for taking children into care, by 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 the lack of adequate affordable housing stock. However, they are disproportionately affected 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 sub-standard 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 breaks, priority access to social housing and rapid rehousing. 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, a high housing cost overburden and housing deprivation. Newly arrived migrants also often face difficult living conditions in narrow or overcrowded temporary accommodation. Recent arrivals also often face inadequate provision in shelters and reception centres.

7.5.4.2 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 measures have been identified that, combined with the others identified in Section 7.5.1, may 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.[278]
- 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 the quality of reception centres for newly arrived migrants by providing appropriate space for families and playgrounds for children.
- Public authorities should actively combat discrimination in the private rental market by: enforcing anti-discrimination legislation; strengthening and raising awareness of, and accessibility to tenants' rights; and developing transparent complaint procedures and 'practice tests' (mystery calls by the housing inspectorate) to detect discriminatory behaviour.
- Support should be provided for the transition from short-term temporary accommodation into 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.

[278] Standards for reception conditions, including housing, have been established under the EU Directive 2013/33 and guidance from the European Asylum Support Office.

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 the 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 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, in 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 neighbourhoods where their housing is either illegal or on land without established property rights, as itinerant groups have difficulties in finding a legal place to stay. For Roma/Traveller families 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. In addition, 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 both significantly affect Roma. A 2016 report on Roma[279] 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. Even if the precise situation remains difficult to fully apprehend due to a lack of official statistical data at EU level, Roma communities therefore still appear to be particularly at risk of severe housing deprivation in most Member States.

7.5.5.2 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 measures have been identified that, combined with the others identified in Section 7.5.1, may 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 to rehabilitate 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 against Roma in the provision of housing or housing assistance.

[279] FRA (2016b).

- 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.

7.6 Adequate nutrition[280]

7.6.1 General gaps and challenges and possible action to address them

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; marketing that promotes 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 Member States 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 Member States 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*'.[281]

As regards school meals, the FSCG Country Reports show that, although most Member States 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. In addition, only a few school meals programmes cover holiday periods.

7.6.1.2 Action 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 measures have been identified which may improve access by 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.

[280] Annex 7.3 summarises the main barriers and weaknesses in relation to adequate nutrition identified by FSCG country experts and the priorities for action they identified.
[281] Crepaldi *et al.* (2017).

- 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.
- 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 promote breastfeeding facilities in workplaces and public venues.
- 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 the 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, the special dietary needs of some children with disabilities are sometimes not taken into account.

7.6.2.2 Action 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 measures have been identified that, combined with the others identified in Section 7.6.1, may 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 Member States 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.[282]

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 others identified in Section 7.6.1, may enhance access to adequate nutrition by 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 EU Directive 2013/33 on reception standards for those seeking international protection. This increases the likelihood that their income will be inadequate to meet basic needs including nutrition. Second, children with a migrant or refugee background sometimes 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. Third, poor conditions, including inadequate nutrition, in migrant camps and reception centres are an issue in some Member States.

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 measures have been identified that, combined with the others identified in Section 7.6.1, may 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 and 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 for families with a migrant background.
- Remove barriers to and provide effective support 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.

[282] See Lerch and Nordenmark Severinsson (2019).

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 unaffordability. Similar risks are faced by Roma children. In some Member States high percentages of Roma children are vulnerable to undernutrition, especially those living in marginalised communities, due to not always having enough food and to an 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 National Roma Integration Strategies 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 by 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: although all those 12 Member States (except EL) 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. In addition, some other Member States, although having a high number of children in institutions, still lack a deinstitutionalisation strategy (e.g. BE, ES, FR and 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 Member States, public opinion still supports residential care institutions and institutions are still seen as an appropriate care and protection measure. In addition, 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. In addition, there is often a lack of continuous support after age 18.

- 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 Member States, 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 Member States. 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 determining the support and services they need.

7.7.2 Policies that can make a difference[283] [284]

In order to address these barriers and drawing on the positive policies in some Member States, the following specific measures have been identified that may 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 strengthened 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 visiting programmes; training programmes on positive discipline and parenting skills; and housing support or other measures to alleviate the material poverty of families. To

[283] Annex 7.6 summarises suggestions made by FSCG country experts for improving policies in relation to children residing in institutions.
[284] See also OECD (2019).

achieve this focus, invest in training aimed at changing the mentality and social norms among service providers. In addition, emphasise to policy makers that spending money today on prevention saves money tomorrow.

- Expand good-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: that is, 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 multidimensional needs assessments;
  - ensuring children's 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 and 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 their 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. In addition, 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 and by supporting parent groups and parent advocacy networks; foster care networks; and 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[285]

This chapter provides some insights into how extensively and in what ways EU funds have been used to support policies and programmes in favour of children in the four TGs. It is based on consultation with the FSCG country experts, an analysis of eight case studies, and published assessments of the use of EU funds. It is important to keep in mind that this analysis cannot completely reflect the full impact of EU-funded activities that are already ongoing on the ground, and that have been triggered by the operational programmes (OPs). This is in part because some operations not explicitly targeted at vulnerable children may nevertheless benefit them. Future analyses may benefit from available or ongoing evaluations planned as part of the management of EU funds.

The EU has a diversity of funds that can apply to children[286]. The EU funds under consideration here are in the first instance some of the European Structural and Investment Funds (ESIF): the European Social Fund (ESF), the European Regional Development Fund (ERDF), and in some Member States 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.[287]

The ESIF are EU financial instruments for strengthening economic and social cohesion.[288] In the 2014-2020 programming period, the ESIF are concentrated on the Europe 2020 agenda, which is aimed at promoting 'smart, sustainable and inclusive growth' in the EU, and its five target areas. Targets that influence the living conditions of children are: education (rates of early school-leaving 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).[289]

Under the ESF regulations, Member States are asked to earmark at least 20% of their ESF spending for 'promoting social inclusion, combating poverty and discrimination'. Although 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 Europe 2020 strategy is monitored in the European Semester. The Annual Growth Survey (AGS) and country specific recommendations (CSRs) are key instruments in the process of implementation.[290]

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

[285] This chapter draws heavily on the five FSCG Policy Papers, the four 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. See 'List of FSCG Experts, List of documents generated within the FSCG and References'.
[286] EU funds might be either co-managed between Member States and the European Commission or directly managed by the commission (or agencies). Structural funds follow the shared management principle. Most of the funds referred to in this chapter have both direct and shared management components, the latter being more significant in terms of financial volume.
[287] The school scheme has combined 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.
[288] See here for ESIF regulations 2014-2020.
[289] The Europe 2020 strategy is the EU's agenda for growth and jobs for the current decade. See here for information on the European Semester, which provides a framework for the coordination of economic policies across the EU.
[290] See here for information on the European Semester timeline.

and reconciliation between work and private life'.[291] Additionally, TO 11 'enhancing institutional capacity and ensuring an efficient public administration' allows for institutional reforms in this area. Although the TOs of the ERDF and ESF do not refer specifically to children at risk of poverty or 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.[292] In short, the regulations give many opportunities to invest in children, and allow the Member States to draft their respective OPs 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 operation of funds can be extended for three more years, up to 2023, subject to the 'n+3' rule. According to different reports, including the Country Reports prepared within the framework of the FSCG, in most Member States 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 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 FSCG Country Reports, we can say that most Member States are making use of the EU funds for supporting children. Nevertheless, investment in children is not clearly visible in the strategic and monitoring framework of most EU funds.[293] 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.[294] In most Member States there is big gap between the selection and expenditure rates in the different TOs; although in many cases the selection rate reaches 80%, the expenditure rate is below 20%, demonstrating that actual spending is very low and there are substantial delays in implementation.[295]

TO 10 'investing in education, skills and life-long learning' frequently includes priorities to prevent early school-leaving and school drop-out, and improved access to ECEC services, including childcare. However, in many cases it is almost impossible to determine the participation rate for 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 the ESF to address child poverty mainly through four types of measure: social inclusion measures (€21.4 billion); reduction and

[291] Regulation (EU) No 1304/2013 of 17 December 2013 on the European Social Fund, Article 3 (a) vi.
[292] 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 CG.
[293] Brozaitis *et al*. (2018).
[294] European Commission (2018e).
[295] *Ibid*.

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 healthcare and social services of general interest, especially in Bulgaria, Croatia, the Czech Republic, Greece, Hungary, Italy, Poland, Portugal, Romania, and Slovakia (€3.9 billion); and the socio-economic integration of marginalised communities such as the Roma, especially in Bulgaria, the Czech Republic, Greece, Hungary, Italy, Romania, and Slovakia (€1.5 billion). The ERDF is used to address child poverty mainly through three types of investment: almost all Member States invest in education facilities (with Italy, Estonia, Hungary, Poland, Portugal and Spain investing the most, totalling €4.7 billion); measures promoting social inclusion and combating poverty, including alternative community-based care (€11.9 billion); and ECEC infrastructure, mainly in the Czech Republic, Hungary, Italy, Poland and Slovakia (€1.22 billion).[296]

Although 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 is focused on children in vulnerable situations (investment priority 10i). In France, approximately 30% of projects financed by the ERDF and ESF focus on the most disadvantaged sectors of the population, 20% focus on children or youth in vulnerable situations, and almost 6% of the projects financed by the ERDF are aimed at improving the housing situation. In Cyprus, 36% of the OP's budget focuses on measures which target people at risk of poverty or social exclusion, with considerable emphasis placed on children, especially for the purpose of combating education exclusion.

According to the FSCG country experts, many countries (e.g. AT, EE, EL, ES, DK, FR, HR, LT, LV, PL, PT, SE, and 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 refers 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 are newly arrived and did not complete upper-secondary school. In Slovenia, there are small projects for the integration of migrant and refugee youth in schools.

According to the country experts consulted, 17 Member States 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 the social inclusion of 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 (e.g. CZ) have done so under investment priority 9ii (socio-economic integration of marginalised communities such as the Roma), while others also invest under other investment priorities

[296] 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 in assessing how rural zones are (under-)prioritised compared with urban zones.

related to education. Austria has invested a total of €8 million under investment priority 9ii, nearly 6% of the total budget of the 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 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.[297] Similarly Slovakia is investing in the reconstruction of community centres in municipalities with marginalised Roma communities, with the active participation of Roma NGOs.[298] 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 TO 9 (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 Member States are investing in children with disabilities and children living in institutions. Estonia is developing childcare and welfare services for children with disabilities (€54 million planned, 81% absorbed), allocating €6 million to improving the quality of alternative care. €76 million of structural funds has been allocated for the transition from institutional to community-based care in Lithuania, although there are concerns about whether children with disabilities have been taken 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 for projects in 2018 was aimed at providing community-based services for children and young adults, including two components: preventing separation of children by providing support to families at risk of separation; and supporting young care-leavers. This call may complement their ERDF-funded investment aimed at the closure of institutions in Romania.[299] More than €160 million from the ESF, ERDF, and EAFRD has been allocated in Bulgaria to support the 'vision for deinstitutionalisation of children' programme and its action plan.[300]

Although the FSCG country experts 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 how much is invested on specific TGs. In fact, it remains quite hard to decipher how much is spent on the five PAs 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 the FEAD 2014-2020 round to address child poverty, mainly through three types of measure: food support (all Member States, with the exception of Austria, Cyprus, Croatia, and Hungary), with children among the highest share of recipients in Malta (47%) and the Czech Republic (41%); material assistance

[297] 'Successful inclusion of the Roma in Education II' project: for further information see here. See also the 'Inclusion of Roma and Migrants in Schools project' (an Erasmus+ project; agreement concluded in 2016); the contract was signed in 2014 and was supported by €1.3 million – for further information see here.
[298] €28,136,038 contracted and €97,910 spent in 2017.
[299] Opening Doors for Europe's Children (2018).
[300] Nanou *et al.* (2018).

(Austria, the Czech Republic, Greece, Latvia, and Slovakia, with children as a specific group); and social inclusion assistance for the most vulnerable in the EU, including children (Germany and Sweden).[301]

Some Member States have chosen to spend the funds not just on food supplies, but also on essential items for poor families with babies (Cyprus), and on basic educational materials, school supplies, and starter kits for children of deprived families (Austria, Cyprus, Croatia, Ireland, Italy, Luxembourg, and Latvia). Other Member States chose to spend the money on school breakfasts for the most deprived children (the United Kingdom), school lunches (the Czech Republic), school canteens, afternoon openings for social and educational activities (Italy) or recreational activities for children in vulnerable situations (Latvia). Luxembourg invests the funds in social grocery shops. In several Member States food aid is combined with providing information to improve people's access to services (Belgium, Finland, Greece, Italy, and Latvia) or with counselling on balanced nutrition, healthcare, personal care, parenting or debt mediation (Estonia, Finland, Croatia, and Latvia).

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: European Commission (2019c)

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 or over (9%), people with disabilities (5%), and homeless persons (4%) are also key groups of recipients. When looking more closely at specific groups within Member States, assistance is often provided to children, most prominently in Austria, Cyprus, the Czech Republic, and Malta. Migrants and minorities are most frequently targeted in Spain and Belgium with food support, whereas in Austria, almost half of the recipients of school packages are migrants or refugees. Germany focuses its social inclusion activities on deprived EU migrants.[302]

[301] Brozaitis *et al*. (2018).
[302] European Commission (2019b).

8.1.1.3 AMIF

AMIF projects tend to be more small-scale than those of the ESIF and more 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 multiculturalism 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 the AMIF is needed for the provision of services (with few alternative sources of funding), in other Member States it is instead used for innovative projects which are further supported through national budgets if proven successful as described below. Several country experts consulted have 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, a limited absorption capacity, a heavy administrative burden and a lack of management capacity are described as key problems in some cases.

There are many valuable projects providing support to children through the AMIF. By way of examples: in some Member States, funds are more specifically targeted at young migrants, refugees, and unaccompanied minors, to improve their language knowledge and their school participation (Belgium, Cyprus, Greece, and Hungary) or more broadly to improve their integration in education, and in social, cultural, and political life (Slovenia). In Malta, the AMIF is used to provide home support for parents in integrating their children, through extra-curricular activities and summer schools. In Luxembourg, funds are specifically targeted at unaccompanied minors, to improve their linguistic capacities and school integration. Unaccompanied minors are also the focus in Slovenia, where the AMIF is used to support initiatives placing them in foster families. Finland uses the AMIF to support refugees with a negative asylum decision, to provide support for treatment of traumatised refugee children, and 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 4-17 who stay in reception centres. In Member States with high numbers of new arrivals, such as Greece, the AMIF provides emergency support targeted at families and children, to help to increase capacity at times of an 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 measures 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 Member State 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 Member States, mainstream programmes provide direct support for all children and young people, 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 Member States 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 Member State policies; but this is not always the case, due to regulatory constraints. Developing an integrated approach to 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 the 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, by providing the necessary school supplies for primary and secondary school students from families in severe economic distress.[303] Some Member States combine investment in school infrastructure (from the ERDF) with supporting individual children in vulnerable situations in schools (e.g. EE and 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 in 12 Member States in particular, according to the European Commission. Besides the aforementioned case of Bulgaria, in Croatia deinstitutionalisation has been funded by the ERDF. In Romania an ERDF call to proceed with the closure of their old model of institutions, and the opening of family and community-based services, was initially targeted at 50 of these institutions and 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 Member States: in absolute terms because of the amount of the funds they receive, and in relative terms because some Member States prioritise measures in these groups while others don't. Although in the FSCG 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

[303] School textbooks, backpacks, stationery, clothing for sports, etc.

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 Investment in the five policy areas

Regarding the five PAs under scrutiny, adequate nutrition is an area where FEAD funds are being invested in most Member States; around 29% of FEAD beneficiaries are children.[304] 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 Member States use EU funds to invest in access to decent housing, despite the fact that this is eligible for ERDF funding in all Member States. Operations supporting access to healthcare are rather scarce (despite being eligible under TO 9) and are usually combined with other measures or come within the framework of integrated-approach projects.

8.1.3.1 Access to adequate nutrition

In all EU Member States there is currently an FEAD programme that children benefit from. Although in some Member States 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. 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.[305] In Belgium the 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 single-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 been 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 the FEAD.

In many Member States 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.[306] In several countries FEAD funding is complemented by other ESF projects. Other Member States are focusing on reducing overweight and obesity in children and adolescents (e.g. BE), or follow the EU school fruit scheme and the EU school milk scheme by promoting healthy eating habits (e.g. SK).

[304] European Commission (2019c).
[305] Brozaitis *et al*. (2018).
[306] European Commission (2019c).

8.1.3.2 Access to free education

According to the FSCG country experts, it can be concluded that, out of the five PAs, 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 ECEC services, and to primary and secondary education. These measures indirectly target children at risk of poverty or 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.[307]

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 investment 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 'plug in 2.0' programme is investing €10,509,002 in combating 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, and 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 'action for social and school inclusion' project 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 AMIF funds 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 'Escolhas' programme 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.[308]

8.1.3.3 Access to decent housing

Since 2010, including the current programming period (2014-2020), housing measures – such as building social housing, refurbishing houses, and reallocating people living in settlements – have been eligible for ERDF funding if they are combined with integrated services provided to the beneficiaries. Several Member States have planned this type of operation using the ERDF, mainly for Roma people (e.g. CZ, ES, FR, IT, HU, RO, and SK).

[307] Brozaitis *et al*. (2018).
[308] See *Ibid*.

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 the 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 the country experts consulted, 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 by vulnerable groups including children, as is the case with the Roma mediation programmes in Hungary and Romania.

8.1.3.5 Access to free ECEC

Several countries are using the ESIF to invest in increasing infrastructure and improving access to ECEC, focusing on the most vulnerable groups (e.g. Bulgaria, Poland, Lithuania, and Slovakia on Roma, and Estonia on children with disability). In Belgium there is a plan to establish 13 inclusive childcare services in neighbourhoods with a vulnerable population (using the ESF) and to create the infrastructure for six childcare services (€4,195,569 from the ERDF). In Bulgaria, the 'early childhood services' programme 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 the construction, reconstruction, and/or equipping of 113 kindergartens in rural areas. Some Member States have used the FEAD to alleviate indirect school costs, such as meals or school supplies (e.g. Italy). AMIF funds are also used in some cases to increase the quality of staff training and the dialogue with parents in the case of migrant children (Flemish Community of Belgium, France, Slovenia, and Luxembourg).

8.2 Strengths and weaknesses

This section presents the strengths and weaknesses of EU funds in the context of addressing the needs of children in vulnerable situations, based on the consultation with FSCG country experts as well as available data and funds assessments. It provides some insights into the contribution of EU funds and looks at the connection between policies and funds, how funds are focused on the most vulnerable, their implementation, and their sustainability. However, it should be kept in mind that monitoring and evaluating the impact of EU funds require a specific methodology which is beyond the scope of this study.

8.2.1 EU funds contribution

The FSCG country experts stress that there is little information on the use 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 four TGs. Despite these shortcomings, most of the experts do identify a number of funded interventions that may positively contribute to the alleviation of child poverty and the promotion of 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.* (2018) conclude that, although investment addressing child poverty problems is 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 measures focusing on pre-school access (ages 3 to 5), and support from

the FEAD to acquire school materials, proving to be particularly successful. 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 Member States the funds represent up to 3% of their national budgets (maximum absorption capacity) and this additional money allows them to develop policies and programmes in the areas of education, ECEC, and nutrition, which they otherwise could not develop through their own resources. This is especially the case in Member States with less per capita income. Nevertheless, absorption capacity and effective management continues to be a key challenge in some Member States. In other Member States the EU funds complement national budgets in these key areas, boosting the funding of services and enabling them to reach more children; in many cases 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 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 experts consulted have listed a number of funded projects which may improve the situation of the TGs. A few examples are as follows. 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 terms of school attendance and parental engagement.[309] In Luxemburg funds have contributed to better training of staff.[310] In Poland funds have led to more 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).[311] 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*'; the report especially highlights the significance of vocational education and training.[312] 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 'action 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 as having to a large extent reached the intended TG.[313] In the Czech Republic, as well as Estonia, there are indications that EU funds have played an important role in supporting the first steps in implementing inclusive education measures targeting Roma children, children with disabilities, and other children with SEN, 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

[309] Stropnik (2019).
[310] Vandenbroeck (2019).
[311] Brozaitis *et al*. (2018).
[312] Perista (2019). The report cites Figueiredo *et al*. (2013).
[313] Nelson, Palme, and Eneroth (2019), citing Sveriges Kommuner och Landsting (2018).

for ECEC services. Accompanying measures are effective in helping TGs in terms of social inclusion.[314]

8.2.2 Connection between funds and policies

EU funds are aimed at supporting policies and contributing to their effective implementation. Several country experts 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 strategies 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 investment to national strategic policy frameworks (including '*ex ante* conditionality'). The EU institutions also showed great commitment to deinstitutionalisation in the use of EU funds. For instance, the ESF and ERDF both refer specifically to the transition from institutional to community-based care[315] 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 at community-based services and deinstitutionalisation. In Italy the ESF and FEAD are aligned to the national plan against poverty and social exclusion. In the Czech Republic they are aligned with the CSRs. EU funds also work better when they are well connected to mainstream services and may have macro-level effect when addressing the complexity of problems (e.g. Austria, France, Cyprus, and the Czech Republic).

Nevertheless, in many cases the effectiveness of projects may be limited by the fact that they are not **supported by mainstream policy instruments**, for instance in the fields of social, education, 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 by the fact that EU-level priorities on investing in children are not linked to any specific indicators on children's well-being.[316] For instance, according to the FSCG country expert, housing is an area less addressed by EU funding in Romania since there is no national strategy on housing for vulnerable groups. According to many FSCG country experts, their country does not prioritise the PAs under scrutiny or does not even identify investing in children as a priority, and the children in the TGs are not always adequately addressed (e.g. Belgium, Cyprus, Greece, France, Lithuania, and Luxembourg). The *ex ante* conditionalities on disability, non-discrimination, and the fight against poverty and social exclusion can play a positive role if they are properly fulfilled by Member States.[317] This is the case in Italy, in implementing a universal means-tested minimum-income scheme.[318] They also had some positive effects on the strategic and regulatory framework in the areas of inclusion, early school-leaving, health, and the transition from institutional to family-and community-based care in other Member States.

We find many cases where projects are well **connected to local policies**. For instance, the Czech Republic has a coordinated approach to 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 in local policies. In fact, the management of EU

[314] Raitano (2019).
[315] Regulation (EU) No 1304/2013 Article 8, Regulation (EU) No 1301/2013 Article 5.
[316] Brozaitis *et al*. (2018).
[317] This is also the case with the enabling conditions in the draft regulations for the 2021-2027 programming period.
[318] Raitano (2019).

programmes often 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; a 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, and EL).

An EU Ombudsman decision on respecting human rights when utilising EU funds, establishes a positive obligation that EU cohesion policy and the use of EU funds respect and protect fundamental rights.[319] A specific issue concerns the degree to which the use of EU funds complies with the established policy objectives of inclusion, anti-discrimination, and especially **desegregation**.[320] Although this is the case in many Member States, we 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, although there has been clear guidance since 2015 on the use of ESIF funding to foster desegregation, this process has not been fully implemented.[321] 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).[322] Hungary has been criticised for building segregated structures in housing and ECEC for Roma.[323] The best interest of the children is not always respected, and the online consultation identified discrimination and stigmatisation against Roma children, children with disabilities, and children with migrant background as important barriers to the effective use of EU funding. In addition, 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.[324]

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 the 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 FSCG 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, the 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). The 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.[325] In education, the ESPN synthesis report provides examples of 19 direct, and

[319] Decision OI/8/2014/AN.
[320] See the 2015 Guidance for Member States on the use of ESIF in tackling educational and spatial segregation.
[321] Before accession, the EU funded investment in Slovakia in segregated housing infrastructure for Roma citizens of Letanovce via the PHARE programme (SR0103.02). The 2007-13 ERDF funds were used for a renewal and extension of the kindergarten and elementary school in Svinia, a Roma-only segregated school in an ethnically mixed village. Despite the 2015 guidance on desegregation, the Slovak government launched an ERDF-funded call in 2018 which allowed construction of new social housing for Roma in segregated settings.
[322] Written communication with Marek Hojsic, coordinator of the Roma Civil Monitor Project, on 24 April 2019.
[323] See European Commission (2020), pp. 23-26.
[324] See news reports here and here.
[325] Giulio, Philipov, and Jaschinski (2014).

seven indirect, ways in which EU funds are benefiting children; most of them are focused on children in vulnerable situations in general, while others focus on specific groups such as Roma children and migrants, and only four mention children with disabilities.[326]

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 that people at the bottom of the distribution should benefit at the same time as others in society. In practical terms, this means the latter 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, 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.

Although 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 to tackle child poverty effectively. Several country experts 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 Member States 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, and LT). In many cases, data on expenditure specifically related to children are not available (e.g. ES, DK, ES, CR, HR, UK, IT, CY, and SK).

A critical concern in some Member States is the eligibility of funds for undocumented migrants; access is only given to persons with a residency permit, which by definition undocumented migrants do not have. In fact, according to several country experts, 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 Implementation

The ESIF have a reputation for involving a **complex administrative system**. Several FSCG country experts note that a frequent 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 Member States (e.g. Bulgaria, the Czech Republic, Italy, Hungary, Finland, Poland, and Romania). Critical administrative problems 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 non-governmental and communal service providers 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 not being sufficiently taken into account in the programming cycle.

[326] Frazer and Marlier (2017).

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, and social protection). The **multi-funded approach** (i.e. a good combination of ERDF and ESF funding) is considered crucial to address the multidimensional problems of children, especially those belonging to socially vulnerable groups. In fact we can find some positive examples of integrated operations: Belgium provides funding for childcare services (ESF) together with funding of childcare infrastructure (ERDF); Romania invests ERDF and ESF funds in community-based services; Estonia invests in school infrastructure (ERDF) and supporting school attendance (ESF); and Austria and Italy combine ESF and FEAD funding. Nevertheless, EU funding, in most cases, is still directed towards supporting different measures 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 has 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 an impact. In general, as remarked on in the FSCG Country Reports, most Member States continue to develop too many small-scale projects and find difficulties in transforming projects into permanent services (e.g. Italy, Slovenia, and Hungary). Furthermore when projects are implemented by NGOs they tend to be conditioned by annual calls for proposals.

Low **absorption capacity, administrative burden** and lack of **local management capacity** are key problems that can result in low rates of implementation; in many cases, the key issue is not a lack of funds. According to a 2017 ESPN report,[327] the level of ESF OP implementation during 2014-2020 (data from 2017) was very poor. From the total amount programmed for the period (€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.[328]

According to the most up-to-date data (17 December 2019), total planned ESIF investment (EU and national) for the TO 'social inclusion' reached 64.4% and for 'education and vocational training' 49.3%.[329] Nevertheless, ESIF cumulative financial implementation, by TO, reported by programmes up to 30 September 2019 was 30% for the TO 'social inclusion' and 32% for the TO education and vocational training'. The Member States 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 experts, for some Member States under fiscal adjustment programmes (e.g. Spain, Italy, and Greece) and under special control according to an EU

[327] *Ibid*.
[328] *Ibid*., Annex 2.
[329] See European Commission (2019d).

memorandum of understanding, poor implementation is related to the limited capacity of national co-financing, conditioned by their inability to increase the public deficit.[330] Sometimes political instability and corruption also add barriers to effective implementation.

Good governance and stakeholder involvement is a prerequisite for the effective use of EU funds. The engagement of key actors, notably local authorities, equality bodies, and civil society, is very important for the activation of existing resources and their integration in mainstream policies. In fact the code of conduct on partnership within the framework of the ESIF[331] 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 an early stage, from the conception of the project, as it is very important where projects are planned at the national level and implementation is done by local institutions.[332] Despite progress and the existence of positive examples, there is a need for substantial improvement in this area as information, participation, and coordination are insufficient (see aforementioned examples: FR, DE, HU, EL, RO, and PL).

Civil society participation in the implementation of EU funds tends to have increased and is frequent in the FEAD; nevertheless, NGO participation in ESF monitoring committees is still generally very inadequate and is insufficient in project implementation,[333] 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 Member States. It is also frequent in the case of the AMIF. In the ESF, when projects are locally oriented they tend to engage NGOs and are more child-focused (e.g. the Czech Republic). Nevertheless, the complexities of the application process (bureaucracy) and the complexities of administrative requirements potentially deter smaller organisations (e.g. Finland, Austria, and Portugal).[334]

8.2.5 Sustainability

A critical challenge for EU funds is to contribute 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 projects supported depend heavily on ESIF financial resources (e.g. Slovakia) and are not well connected to national policies.[335] 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. the Czech Republic, Poland, France, Italy, and Croatia). Most often such measures are EU-funded projects that are integrated in, and form part of, 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 a lack of coordinated implementation across departments; and 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

[330] The effects of austerity and fiscal discipline on child welfare have been documented extensively. See, for example: Cantillon *et al* (2017).
[331] European Commission (2014c).
[332] Stott (2018).
[333] *Ibid*. for a detailed analysis.
[334] Clark-Foulquier and Spinnewijn (2019).
[335] Gerbery (2019).

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 efficient use of EU funds when addressing children in vulnerable situations. OP mid-term evaluations do not provide information on the impact of investment on children. From the FSCG Country Reports, we learn that 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 housing,[336] healthcare,[337] nutrition,[338] and especially for the TG 'children living in institutions'.[339] 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 programming period, and provide the basis for policies that follow an evidence-based approach.

Sustainability is also related to the duration of the projects. Although many projects and interventions are developed along the seven-year programming period, too often **projects are too fragmented and 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 investment to be successful (Greece, Hungary, and Finland). As has been mentioned, many EU funds cover short-term projects of two to three years, which is too short for them to be sustainable and lift substantial numbers of people out of poverty. Frequently, the efficiency and effectiveness of funded projects is 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 improvement in the implementation.

8.3 Lessons from eight case studies[340]

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 were 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 this 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.

[336] 'Sub-optimal, despite best practices and a wealth of opportunities' in: Clark-Foulquier and Spinnewijn (2019)).
[337] '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' in: Rigby (2019).
[338] *Ibid*.
[339] Vassallo (2019).
[340] This section draws on a more extensive synthesis of the findings from the eight case studies in FSCG (2019b).

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 by EEA grants which focused primarily on children and young people in precarious family situations and in, or at risk of being, in institutions. They were aimed at enhancing the quality of children's welfare and protection systems and/or to improving school attendance and access to pre-school day-care, health, and social care.
- **The FEAD in Germany**: this case study summarised the outcomes of FEAD activities in Germany designed to help recently arrived EU citizens and their families. The projects under review were aimed at improving access to parental support for parents of migrant children of pre-school age, and access by 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 AMIF and the Greek public investment programme, which targeted refugee and migrant children aged 4-15 living in refugee accommodation centres, and was 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, including Roma children, who do not have access to good-quality services, 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.
- **AMIF funding in Belgium**: this case study described a programme, funded by the AMIF in Flanders, which was aimed at improving the enrolment and attendance rates in pre-school education by children aged 2½-6 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 with.
- **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 in addressing homelessness and housing exclusion among 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 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 ECEC.

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 competencies 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 the 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 to shine a spotlight on the 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, preferably from the same community as the disadvantaged children concerned, and paid 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 access by children in vulnerable situations to the five PAs under discussion. As explained, the 2014-2020 ESIF regulations provide many opportunities to invest in children and allow Member States to draft their respective OPs according to their needs and priorities, in agreement with the European 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 online consultation argue 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, Policy Papers, and Target Group Discussion Papers stress 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 could 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 future ESIF regulations, as well as in the multi-annual financial framework (MFF), the needs of children in vulnerable situations and their access to the five social rights under scrutiny need to be better reflected by strengthen economic, social, and territorial cohesion and reduce disparities in levels of development between the various regions and the backwardness of the least favoured regions.[341] The following are some proposals as to how this could be achieved.

- Making investing in children and tackling child poverty and social exclusion one of the objectives of the EU funds, and notably 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 specific ESF+ objectives (Article 4 of ESF+ draft regulations) and across different funds.[342]
- Reserving a specific budget for supporting the access of children in vulnerable situations to the five social rights under scrutiny in line with the European Parliament proposal for a CG (e.g. €5.9 billion). Additionally, Member States could be asked to invest a minimum of ESF+ funds in this priority, according to their respective situation (e.g. ring-fence 5% of ESF+ funds within the 25% ring fence for social inclusion already proposed).
- Being flexible in terms of the operations and measures 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+ OPs – including those addressing material deprivation and the Asylum and Migration Fund (AMF) to show the number of child beneficiaries, the investment made, and the results of the interventions. Consider

[341] As established in Article 174 of the TFEU.
[342] See European Commission (2018f).

expanding the application of the common output indicator 'number of children below age 18' to all ESF+ projects under shared management; these indicators could be split by age where relevant (e.g. under 3, 3-5, 6-11, and 12-17).

An explicit objective of targeting children in vulnerable situations, 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, InvestEU, and Erasmus+) as relevant.

Enabling conditions: Enabling conditions should be strictly monitored. The European Commission in its proposal for the 2021-2027 common provisions regulation (CPR), 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 criteria indicated under each enabling condition.

In relation to the requirement to have in place a 'national strategic policy framework on poverty reduction and social inclusion' prior to the investment of ESF+ and ERDF funds in active inclusion and social integration measures, monitoring should ensure that 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 the social integration of people at risk of poverty or social exclusion, including the most deprived children;
- include measures to promote the shift from institutional to community-based care; and
- include arrangements for guaranteeing that the framework's design, implementation, monitoring, and review are conducted in close cooperation with social partners and relevant civil society organisations.

Additionally, fulfilment of the condition that there is in place a 'strategic policy framework for the education and training system at all levels' (proposed under 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*') should involve paying special attention to the effective provision of '*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, monitoring should confirm that:

- there is no discrimination in access to the school system due to the 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 and lunch canteens) are compensated for by positive measures; and
- 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 investment related to Article 2 1(d) addresses the needs of the children. Especially important in this regard are ensuring: equal access to inclusive and good-quality education; the socio-economic integration of marginalised communities (such as 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; and investment in housing for low-income households or people with special needs.

- When investing in social infrastructure using the ERDF and Cohesion Fund, it should not be used to build institutional care settings (exclusion criteria), or infrastructure 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.[343]

AMF: The proposal for the AMF 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).[344] 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 AMF 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 with existing child protection systems; and
- contribute to guaranteeing 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) from the fund will be distributed throughout the implementation period to address particular needs. This offers increased flexibility to address the gaps identified in the FSCG in relation to the access of children with a migrant background to the five social rights, provided they fall within the scope of the AMF.

InvestEU:[345] InvestEU supports four different policy areas, focusing on where the EU can add the most value by providing a budget guarantee to attract private investment. One of its four policy windows is dedicated to social investment and skills, and is aimed at

[343] Within the 2014-2020 programming period, EU Regulation 1303/2013 explicitly called for a shift from institutional to community-based care. This has been supported by thematic guidance (see draft here). In the new programming period 2021-2027, the requirement for deinstitutionalisation to be given greater priority under the common provision regulation has been proposed by the European Parliament (P8_TA(2019)0096). In its amendment 401, the Parliament suggests that the requirement to have in place a national strategic policy framework and action plan for social inclusion and poverty reduction should include '*measures for the transition from institutional to family- and community-based care based on a national deinstitutionalisation strategy and an action plan*' (the amendments proposed are in bold). In that respect, see also the civil society initiative Community Living for Europe: Structural Funds Watch, which has been vigilant over the use of funds and the often difficult phasing-out of institutions.
[344] See European Commission (2018g).
[345] See further information here.

triggering at least €50 billion in additional investment over the next seven years (2021-2027).[346] The finance provided by the social investment and skills window could be used to support projects involving:

- 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 healthcare 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 with the general objective of supporting the educational, professional, and personal development of people in education, training, youth activities, and sport through life-long learning.

- In the future programme special attention should be paid to making Erasmus+ more inclusive by ensuring outreach to people with fewer opportunities.
- Key action 3 'support to policy development and cooperation' could include measures designed to improve policy developments and cooperation between schools and educational institutions to strengthen inclusive education.

European reform support programme: The programme 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).[347]

Among the key areas of the programme are: reforms in education; the fight against poverty; the promotion of social inclusion; social security and social welfare systems; public health and healthcare systems; and cohesion, asylum, and migration. 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/strategies for children (where 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 CSRs.

In most cases where 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, which will help to increase the alignment between the use of EU funds and

[346] See further information here.
[347] European Commission (2018h).

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 ESIF and this principle stipulates that contributions from the funds must not replace public or equivalent structural expenditure by a Member State. Member States are responsible for their welfare systems, whereas EU funds can only contribute to support their development. Ensuring that children in vulnerable situations can access the five PAs cannot be based on EU 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 the social rights of children in vulnerable situations; stimulating innovative measures and new forms of intervention; and boosting cooperation between different administrative levels and departments, including civil society organisations; and encouraging and supporting national administrations in launching their own national programmes.

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 on poverty and social exclusion should:

- have a strong focus on children, especially those 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, as follows.

- Inclusive approach: this involves inclusive policies, programmes or interventions in the key areas of nutrition, education, ECEC, health, and housing which are addressed at all children. When developing these policies, public institutions should pay special attention to targeting children in vulnerable situations, by ensuring that measures are accessible by them, adapted to their needs, affordable, and sufficient.
- Targeted approach: this involves targeted policies, programmes or interventions in the key areas which are explicitly (but not exclusively) addressed at children in vulnerable situations. They are designed to compensate for their disadvantages by positive or affirmative action. Although they focus on the most vulnerable, it is important to avoid working in parallel with 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: that is, services to children should be universal and addressed at all children, but graduated in intensity according to needs, investing more in 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, while the progressive part of universalism consists of providing, on top of the general policy, additional help to those who need it most, graduating investment 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 multidimensional approach**. The multidimensional 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 the ESIF, for example by combining in the same programme support from the ERDF (for supporting infrastructure for children) with support from the ESF for improving educational services; some examples of the integrated approach have been described in Section 8.2.2.

Member States should also use EU funds to undertake **administrative reforms**, as well as innovations regarding policies with children; for instance, some have been investing ESF and ERDF funds 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 not only investing more but also doing so 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 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; and
- 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 is a wide range of policies and programmes that could usefully be supported by EU funds to increase access by 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 between Member States. Thus it will be important that EU funds are used in a flexible manner and are adapted to the situation in each Member State 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 and to comprehensive strategy with: clear targets, calibrated interventions, resources concentration, sound responsibilities, adequate partnership, coordination, and communication efforts.

8.4.3.1 Coherent planning and design

Most of the FSCG country experts 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 the following.

- **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, ensuring synergy between different EU funds, and concentrating them in the same territorial areas or on the same TGs, will contribute to their impact. Complementarity between funds is crucial; for example, the ERDF could be used to improve public transport, housing, and school equipment/infrastructure, 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 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). A 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. starting with 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 recommended in the European code of conduct on partnership.[348] The related 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

[348] See European Commission (2014c).

experiences, exchanging good practices, and facilitating know-how by strengthening the current transnational platforms.[349]

8.4.3.2 Better governance

A critical concern in many FSCG 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 the ESIF 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 the following.

- **Coordination:** ensuring synergies between different actors and funds (national and EU) in different policy areas.
- **Selectivity**: addressing issues related to the accessibility and availability of high-quality services, particularly for children at risk of poverty or 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.
- **Co-responsibility**: including 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 more 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

FSCG country experts 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 the following.

- **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.

[349] For further information see here.

- **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 by 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 renegotiation of implementation contracts with 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 PA 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 up-to-date data.

8.4.3.5 EU added value

The ESIF offer 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 EU 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 good practice**: 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 solutions for a CG

In this concluding chapter, we do two things. First, we draw some overall conclusions in the light of the evidence collected during the FSCG and synthesised in the earlier chapters. Second, we explore some of the possible solutions for establishing a CG.

9.1 Overall conclusions from the evidence collected in the context of the FSCG

In this section we draw 15 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 (i.e. the four target groups under scrutiny) 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.

(i) Access by children in vulnerable situations to the five PAs 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. In doing so, it is essential that this access is to quality and inclusive services.

(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[350], 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 PAs 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 PAs 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 PAs covered in this study.

[350] See, for example: Pascoe *et al.* (2016); Gregg, Harkness, and Machin (1999); Repka (2013); and Bellani and Bia (2017).

(iv) It is feasible to guarantee access to the five PAs

The evidence documented in Chapter 7 of successful policies adopted in many countries to overcome blocks and barriers to accessing the five PAs 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 PAs should focus on all children in vulnerable situations

Although the FSCG was specifically tasked to look at access by 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 PAs, in the course of the study 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, including children living in poverty. The 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. In addition, the groups of children who have most difficulty in accessing these areas vary across Member States and across the areas. Thus it is logical for the CG to focus efforts on increasing access to the five areas by all children in vulnerable situations and not just the four TGs. However, Member States should then identify those children in vulnerable situations who are most relevant in their situation and focus on them.

(vi) Children who are most disadvantaged need more support to access the five PAs: a twin-track approach is key to increasing access and inclusivity

All the evidence collected by the FSCG shows that the children who are most disadvantaged often require more support to access the five PAs under scrutiny. As is clear from Chapter 7, addressing this requires a two-pronged approach. First, ensuring that mainstream services are universal: all children, including those most in need, should have access to them. Second, where necessary, putting in place additional programmes and support to assist children most in need 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 PAs on its own is not sufficient: mainstream services also need to be inclusive and of high quality so as 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 mainstream services are developed and delivered in an inclusive manner is essential to ensure that access for children in vulnerable situations is effective and meaningful and avoids stigmatisation and segregation. It is also important that these services make particular efforts to reach out to children who are most in need.

(viii) Ensuring access to the five PAs 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 although 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.[351] 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 PAs. 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 PAs requires a comprehensive approach at Member State level

The evidence collected by the FSCG shows that those Member States that 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; and policies and practices to improve data collection and analysis relating to children. Developing a comprehensive strategy based on children's rights can be an important way of ensuring this. It is also important to support a comprehensive approach to universal services for children, which may be

[351] 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 using a children's rights approach; (c) always take the child's best interests as the 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 to Roma children, some migrant or ethnic-minority children, children with special needs or disabilities, children in alternative care and street children and 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 good-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 good-quality services, it focuses 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; and (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 improved 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.

under pressure to ensure adequate delivery in a Member State to ensure that children in vulnerable situations are not the earliest victims of loss of service access or quality.

(x) Primary responsibility for ensuring access to the five PAs rests with Member States, but EU action to support them is 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 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 using to the full two instruments which the EU can mobilise to support and encourage Member States in areas of shared concern: 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 these instruments, but also to bring them together in much closer combination than is currently the case so that they are mutually reinforcing.

(xi) Existing efforts by the EU to support and encourage Member States to ensure access by 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 by children in vulnerable situations to the five PAs under scrutiny have been, while useful, not 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[352] – the European Semester has not sufficiently prioritised tackling child poverty and social exclusion,[353] and EU funds have not been used as extensively or strategically as they could have been (see Chapter 8). Thus we conclude that there is a need for more effective and dynamic use of EU instruments (especially policy coordination and guidance [including research, innovation and knowledge sharing] and financial support)[354] in support of the 2013 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 EPSR and in view of the action plan for the implementation of the EPSR that the European Commission will propose. A new EU initiative, such as a CG, could be an effective way of ensuring that a high political priority is given to supporting children in vulnerable situations and that EU instruments are used more effectively in this regard in the future.

(xii) EU funds have considerable potential to play a more effective and strategic role in supporting access to the five PAs

There is significant potential for EU funds to make a greatly increased contribution to supporting children in vulnerable situations to access the five PAs under scrutiny. There is clear evidence (see Chapter 8) that investment in the 2014-2020 EU funding period was not directed sufficiently at ensuring children's access to these key social rights and implementing the 2013 EU Recommendation (see Chapter 8).

[352] See Frazer and Marlier (2017).
[353] See FRA (2018).
[354] In Annexes 9.1 and 9.2, drawing on the evidence collected, we set out some possible solutions 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.

This was in spite of the fact that the Recommendation specifically identified a role for EU funds in its implementation. A well-focused 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, particularly if Member States are required to develop a strategy to tackle child poverty and promote children's access to their rights to inform their use of EU funds.[355]

(xiii) EU political leadership will be important in encouraging Member States to ensure access to the five PAs

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 European Commission and ensuring its full use of the instruments available is essential

Ensuring access by children to the five PAs 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 Member States to ensure effective access to these five areas, it will be important that related EU measures are mainstreamed across all relevant Directorates-General (DGs) and that there is regular inter-service coordination and cooperation. This is crucial in view of the importance of ensuring that the many DGs concerned[356] work together towards the successful realisation of this new initiative.[357]

(xv) Considerable popular and political demand for a CG

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 European Commission President's political priorities: '*To support every child in need, I will create the European Child Guarantee, picking up on the idea proposed*

[355] In Annex 9.3, drawing on the evidence collected, we set out some possible solutions as to how this might be achieved in the MFF 2021-2027.

[356] 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).

[357] In this regard it is significant and very encouraging that the Commission President has allocated an overall coordinating role in relation to the CG to Dubravka Šuica, Commission 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 DGs and that there is regular inter-service coordination and cooperation.

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 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 online 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.

In the light of these 15 overall conclusions and the evidence collected by the FSCG, Section 9.2 explores the way the EU could usefully stimulate reform efforts and boost the political commitment of Member States to promoting 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 solutions 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 that will require further consideration in subsequent phases of the Preparatory Action for a CG scheme concerning the exact nature and format of such an initiative and the way it should be concretely implemented. Based on the evidence collected during the FSCG, there are nine issues that particularly merit further consideration. These are outlined below. In relation to each issue we set out some of the possible solutions that have been suggested during the course of the FSCG, including discussions at the FSCG closing conference (see 'Annex 9.5: Key points from the FSCG closing conference'), we then set out our policy pointers and suggestions for the way forward in relation to each issue.[358]

9.2.1 Issue 1: Possible legal instruments for an EU CG

The issue and possible solutions

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 PAs 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 possible solutions have emerged during the work of the FSCG in relation to enhancing the legal framework for children in vulnerable situations to access the five PAs 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 is to introduce a new (Council) Recommendation on an EU CG which would complement and build on the existing legal

[358] In the call for tenders related to this EU feasibility study, the European Commission specifically asked for the development of 'policy pointers' and 'recommendations' which could be tested at the FSCG closing conference. The policy pointers and 'possible way forward' presented in this section take account of the very rich discussions at the closing conference.

frameworks and especially the 2013 Recommendation on investing in children. A third possible solution is to explore the possibility of a stronger, hard legal basis which could lead to a Regulation or Directive requiring Member States to achieve the goal of ensuring that all children in vulnerable situations have access to the five PAs.

The first possible solution 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 CG, 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 Member State levels.

The second possible solution, 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 PAs under scrutiny and tackling child poverty and social exclusion. It could provide the necessary impetus for mainstreaming a concern to ensure this access across the European Commission and Member States. 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 – that is, non-implementation does not have any concrete consequences except peer pressure.

The third possible solution, 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 would most likely 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

Although it clearly goes beyond the remit of the FSCG to investigate in detail the best legal basis for establishing a CG, on balance we consider that, on the basis of the evidence available to date, the second option may be the most appropriate and feasible way forward. We consider that the first possible solution 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, 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 PAs. Implementing this would then become a priority for the European

Commission and Member States. This option was strongly endorsed in the concluding session of the FSCG closing conference (see 'Annex 9.5: Key points from the FSCG closing conference').

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 possible solutions

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 good-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 subsequently 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 Member States is to ensure that all children (or only children in vulnerable situations) have access to adequate nutrition. The policy output to be achieved – that is, the operational objective for which the political authorities would be held accountable for – is attaining a situation whereby all children receive a free good-quality school meal every week day. For this, the political authorities have in their hands various policy levers: expenditure on buying appropriate (quality and quantity) food, staff (cooks etc.) and infrastructure (kitchens and canteens).

Policy pointer

Although 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, which 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. In this regard, it is notable that the final panel discussion at the closing conference emphasised the need to identify some very concrete measures that could be implemented and monitored while at the same time encouraging Member States to develop a comprehensive and ambitious approach to ensuring access by children to key services (see 'Annex 9.5: Key points from the FSCG closing conference').

9.2.3 Issue 3: How narrowly or broadly should the terms 'access' and 'free' be understood in the CG?

The issue and possible solutions

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 and of high quality 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 or criteria 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, although 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 account all the ancillary costs of accessing a service, in other words what criteria should be used to define 'access' and 'free'.

Policy pointer

The role of the EU could be instrumental in developing EU-wide quality frameworks and setting common service standards where they do not yet exist, in order to guarantee high-quality services in the five areas to all EU children, whatever their vulnerability and the Member State where they live.[359] Indeed, creating additional places, for instance in ECEC, without also ensuring their quality could have negative effects on children.[360]

In relation to how 'free' should be understood, we consider it essential that ancillary costs that can impede access by children in vulnerable situations should be taken into account and that Member States have policies to ensure that such costs do not act as a barrier to access.

9.2.4 Issue 4: How broad should the scope and coverage be of the CG?

The issue and possible solutions

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 focused.

A further issue that arises given the wide disparity in situations across the EU is whether a CG should focus on all Member States for all five areas under scrutiny or should adopt a more targeted approach.

Policy pointer

The five areas under scrutiny are key social rights for *all* children. Therefore, what is needed in each of these areas is a combination of universal policies that reach all children, some policies aimed at specific groups of children and some more targeted interventions (see conclusion vi in Section 9.1). On balance, we consider that a CG focusing primarily on

[359] See for example: European Commission (2014a).
[360] The 2019 Council Recommendation on high-quality ECEC systems, which includes a European Quality Framework, is an example that could be followed in other areas.

children in vulnerable situations or on children in poverty would have greater impact and added value, but while doing so insisting also on the importance of Member States developing their universal policies for all children. It would also have greater chance of being supported by all Member States. Furthermore, to be consistent with the commitment in the SDGs to 'leave no one behind' and to endeavour '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 focused 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 policies aimed at ensuring that vulnerability does not worsen. Thirdly, some services need to be provided to all/most children, where 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 Member States, a CG should apply to all Member States. 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 possible solutions

In Annex 9.1 we set out some possible solutions 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 cover a range including: enhanced monitoring and reporting at EU level on the ratification and implementation of international frameworks; working with key organisations promoting children's rights (e.g. the European Network of Ombudspersons for Children [ENOC], and FRA), civil society organisations and advocates; documenting the use of legal judgements to enforce rights; supporting efforts to raise awareness of children's rights amongst children in vulnerable situations and their parents; and specific suggestions in relation to specific TGs and PAs. Key questions that arise are: 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; and whether there are others that could also be considered.

Policy pointer

We consider that all the areas put forward in Annex 9.1 are complementary and reinforce each other. We would particularly emphasise the value of reinforced monitoring of the implementation of international and EU obligations, enhanced dissemination of information about children's rights, and strategic litigation to enforce children's rights. We would also stress the important role to be played by children's ombudspersons.

9.2.6 Issue 6: Keeping in mind the need to respect subsidiarity, in what ways might the European Commission use/further strengthen its policy guidance instruments to support Member States' efforts to implement the CG?

The issue and possible solutions

In Annex 9.2 we set out a range of possible solutions 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 measures 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 DGs. Key questions that arise are: which of the many suggested measures documented have the greatest potential to support and encourage the implementation of a CG; and whether there are others that could also be considered.

Policy pointer

Although we consider that all these different measures 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 possible solutions

In Annex 9.3 we set out a wide range of possible solutions as to how EU funds could best be used in future to support the implementation of a possible CG in the 2021-2027 funding period. 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 PAs 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 the European Semester and addressing CSRs 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 and to support the exchange of knowledge and peer learning between Member States; and
- using EU funds to develop some very visible and tangible EU-specific flagship initiatives implementing the CG (see above, Section 9.2.2).

Although 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? Second, 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 implementation be focused (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

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 that face the greatest challenges in this area, we think this would be logical. If used strategically to improve access by children to the five areas, EU funds have the potential to have the greatest impact in these Member States.

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 possible solutions

From the experience to date in implementing the 2013 EU Recommendation on Investing in Children, it is clear that no instrument on its own will be sufficient to support and encourage Member States to ensure the effective access by children in vulnerable situations to the five PAs 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. Although there are several instruments already in existence that are relevant to increasing access by the TGs to the five PAs, they are often too isolated and piecemeal.

Policy pointer

To maximise the impact of the various measures 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, where 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?

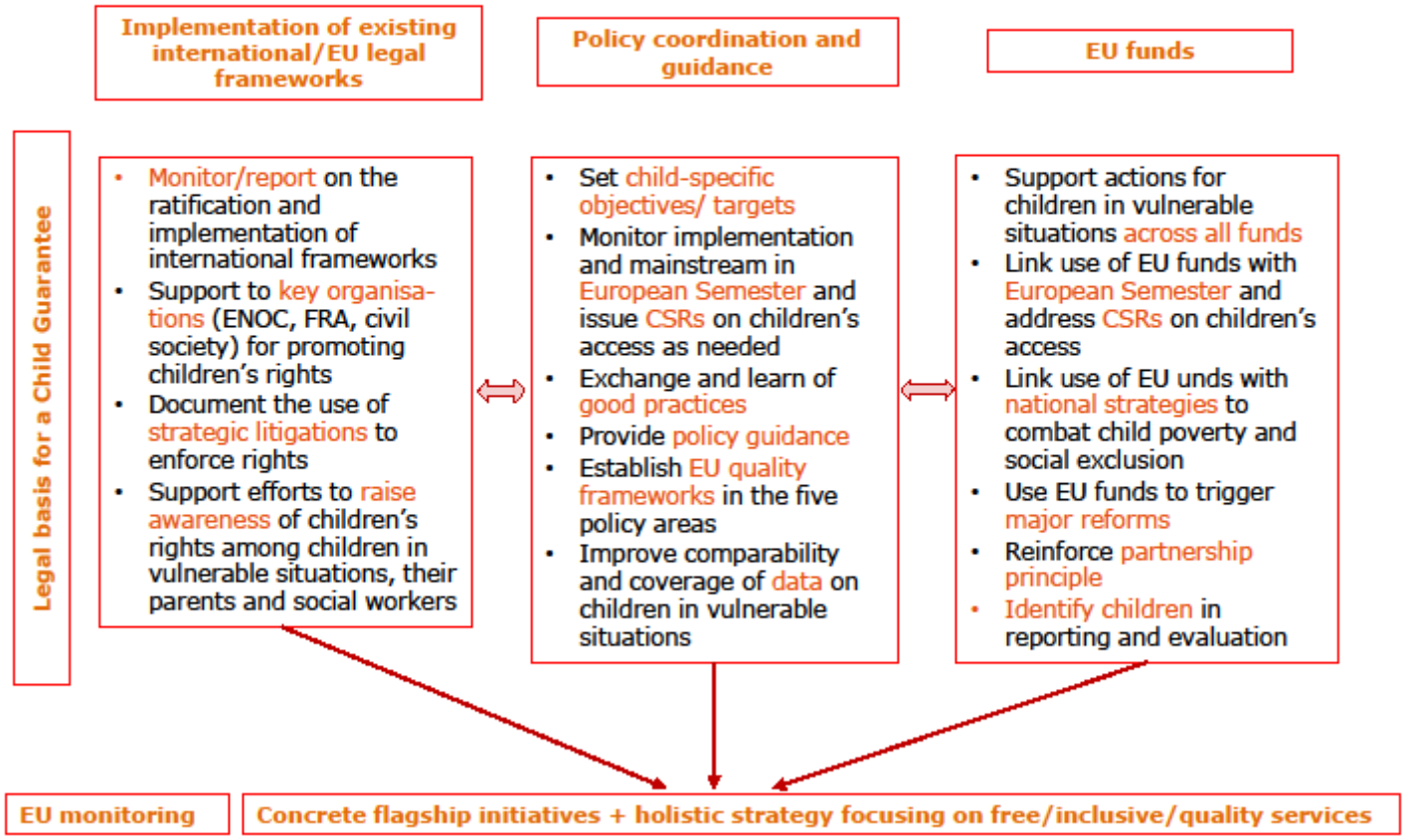
The issue and possible solutions

Given the FSCG's conclusion that ensuring access to the five PAs 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 three-pillar approach advocated in the 2013 Recommendation on Investing in Children is the appropriate approach, one possible solution 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

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 European 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 access by all children in vulnerable situations to essential services with a high-level political declaration/commitment to combating child poverty and implementing Principle 11 of the EPSR. This would also be consistent with the FSCG's overall conclusion on the importance of high level political leadership to make progress (see Section 9.1, conclusion xiii above).

Chart 9.1: Child Guarantee framework of mutually reinforcing EU instruments to support and steer Member States



List of FSCG Experts, List of documents generated within the FSCG and References

1. List of FSCG Experts

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Experts who contributed to the case studies

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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

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FSCG online consultation report	Feasibility Study for a Child Guarantee (2019), *Feasibility Study for a Child Guarantee – Report on the online consultation*. Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.
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FSCG nutrition Policy Paper	Bradshaw J. and Rees G. (2019), *Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition*, Internal document, Feasibility Study for a Child Guarantee (FSCG).
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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, Feasibility Study for a Child Guarantee (FSCG).
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Annex to Chapter 3 (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, and some aspects of nutrition) is the EU-SILC, which is the reference source for this study and more broadly for most comparative statistics on income distribution and social inclusion at EU level. It provides annual data for the 28 EU Member States.

In the FSCG we have produced, each time it was feasible, indicators for the whole population of children and for the TGs identifiable in the EU-SILC, that is:

- 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.[361]

Additional data sources specific to some groups (Roma children and children in institutions) or to some PAs (PISA for education and the 'health behaviour in school-aged children' survey 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 'low-income/socio-economic status children' sub-group. However, data on child-specific deprivation were only collected in the 2014 EU-SILC ad hoc module (and will be collected in future every three or four 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 sub-group.

It is also important to keep in mind some key methodological warnings that are linked to the nature of the EU-SILC (sample survey and 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, the EU-SILC are 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 the Annex to Chapter 3 presents the sample size of each TG available in the EU-SILC, at the Member State 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 than or equal to 50%.

To be on the safe side, we have opted for not publishing any indicator based on fewer than 50 observations; that is, for Member States and groups highlighted in red in the table below. The response rate for all the variables used was also checked and is higher than the Eurostat threshold. Hence, it does not necessitate other precautions.

[361] As explained in Chapter 2, the identification of children with disabilities in standard surveys is not an easy task and the 'limitations of daily activities for health reasons' variable can only be considered as a proxy.

Second, the methodological challenges of the FSCG are linked to the coverage of the surveys used. The most important particularity of the EU-SILC is that the reference population includes only private households and their current members living in the Member States 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 pointed out 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 (age 0-15)	Children (< age 18) living with at least one parent not born in the EU	Children (< age 18) living in single-adult household	Children (< age 18) 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 (ECSR) in *International Federation of Human Rights Leagues (FIDH) v. France*,[362] 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 revised European Social Charter (ESC). The restriction in this instance adversely affects children who are exposed to the risk of no medical treatment. Article 17 is directly inspired by the United Nations Convention on the Rights of the Child (UNCRC). It protects the right of children and young persons, including unaccompanied minors, to care and assistance. The ECSR observed that 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; that is, understood in such a manner as to preserve intact the essence of the right and to achieve the overall purpose of the charter. The ECSR 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 ECSR stated that 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,*[363] 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*[364] that exclusion of children from education due to lack of registration of the parents as regular migrants 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 that 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 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.

[362] Complaint No 14/2003, Decision of 8 September 2004 at paras 29-36.
[363] ECtHR, Application No 5335/05, Judgment of 21 June 2011 para. 57.
[364] Applications No 55762/00 and 55974/00, Judgment of 13 December 2005) at paras 64-65.

In *D.H. and others v. the Czech Republic*,[365] 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 SEN. However, it says that '*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 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.'*[366]

With regards to children and young people with disabilities, the judgment in the case of *Enver Şahin v. Turkey* (No 23065/12), on 30 January 2018, has particular importance for the EU CG in relation to children/young people with disabilities and their universal right to non-discriminatory education in society. The ECtHR 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 reference to 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 with other students. The court 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 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

[365] ECtHR Application No 57325/00, Judgment of 13 November 2007 at paras 198, 203-204 and 207.
[366] *Ibid.*, para. 207.

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,*[367] 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.

In *Bah v. the United Kingdom*[368] there was an attempt to argue, albeit unsuccessfully, that a right to be provided with housing could be found under Article 8 ECHR. Although 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.[369]

In *M.S.S. v. Belgium and Greece*,[370] the court assessed whether Article 3 of the 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 the responsibility of the Belgian authorities not to merely 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 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 of *Centre public d'action sociale d'Ottignies-Louvain-la-Neuve v. Moussa Abdida*,[371] a Nigerian national diagnosed with AIDS submitted an application to the Belgian state requesting leave to remain due to medical reasons. While he was appealing against 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 EU Directive 2008/115 on procedures 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.

[367] ECtHR, Application No 30765/08, Judgment of 10 January 2012.
[368] ECtHR, Application No 56328/07, Judgment of 27 September 2011 at para. 40.
[369] *Ibid.* at para. 52.
[370] ECtHR, Application No 30696/09, Judgment of 21 January 2011 at paras 252-254, 358-359, and 367.
[371] CJEU, Case C 562/13, Opinion of Advocate General BOT at paras 156-157.

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: this was a case of a girl with disability being 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 accommodation at school.

Lujza Tomasko: Lujza was a girl aged 4 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 the lawsuit, the local court ordered the local authority to provide Lujza with community services and in-home support.

Czech Republic

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.

2. International

European Court of Human Rights

Kocherov and Sergeyeva v. Russia: this was a case of parents with mental disabilities being denied custody of their child, solely on the basis of their disability. The child was institutionalised as a result. The Mental Disability Advocacy Centre (since renamed Validity) (MDAC) achieved victory before the ECtHR, confirming violation of the right to privacy.

Blokhin v. Russia: this was 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.

CLR on behalf of Valentin Campeanu v. Romania: this was a case of a young man with multiple disabilities, who had been institutionalised throughout his life, who died in horrific conditions and with a complete lack of care in an institution in Romania. The case concerned mainly the right to seek justice from institutions on behalf of a deceased victim who have no other next-of-kin to act in their interest.

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 of Social Rights

MDAC v. Bulgaria: the case concerned a complete denial of education to children with mental disabilities in institutions in Bulgaria. The ECSR confirmed that inclusive education is a standard also applied under the ESC.

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 ECSR again upheld the standards of inclusive education.

Court of Justice of the EU

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 with disabilities, 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 without children with disabilities. The claimant successfully argued that EU Directive 2000/78 on equal treatment in employment and occupation extends to 'discrimination by association' in so far 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 by the FSCG country experts. Experts were asked to identify up to three priority measures for each TG.

Member State	Education challenges	General policy recommendation	Policy recommendation – educational needs of TGs
Austria	Ethnic gap Early tracking	De-tracking (i.e. ending early tracking which allocates children to academic versus vocational curricula at age 10-14)	Migrants: close ethnic performance gap Children with disabilities: inclusive education
Belgium	Ethnic gap + ethnic segregation Segregated special education Early tracking	Desegregation 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	Desegregation 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 Desegregation	Shift further from targeted to mainstream policies (desegregation, rights-based policies)
Denmark	Segregated special education	Make school funding more equitable	Mainstream education for institutionalised children
Estonia	Ethnic gap		Children with disabilities: inclusive education
Germany	Ethnic gap Segregated special education Early tracking	Desegregation De-tracking	Intensify efforts for refugee children Inclusive education
Greece	Ethnic gap Refugee crisis Extreme under-achievement of low socio-economic groups Affordability	Invest more in (good-quality) education	
Spain	Discrimination against Roma	Reform student grant system	Roma: end discrimination

Member State	Education challenges	General policy recommendation	Policy recommendation – educational needs of TGs
	Affordability		Children with disabilities: inclusive education
Finland	Books and transport not free of charge in secondary education	Free materials at the secondary level	Children in alternative care: more guidance and support
France	Ethnic gap		
Croatia	Affordability	Mainstream extended school day	Reinforce 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 Desegregation More public investment in education	Roma: end discrimination Children with disabilities: inclusive education
Ireland		Reinvest 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	Desegregation	
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	Desegregation De-tracking	
Poland		Reform student grant scheme	Mentoring for left-behind children and their families
Portugal	Roma: cultural barriers/discrimination Affordability for students in vocational training	Make the allowance for school materials available to students in vocational training	Children with disabilities: availability of resources to ensure tailored solutions Roma: end discrimination
Romania	Extreme underachievement of low socio-economic groups Affordability Early tracking	Desegregation De-tracking More equitable funding of schools	Desegregation of Roma education
Slovenia	Ethnic gap + ethnic segregation	Desegregation	Intercultural training of teachers
Slovakia	Extreme under-achievement of low	Desegregation De-tracking	Roma: end discrimination Children with disabilities: inclusive education

Member State	Education challenges	General policy recommendation	Policy recommendation – educational needs of TGs
	socio-economic groups Early tracking Discrimination against Roma		
Sweden	Ethnic gap		
United Kingdom	Affordability Insufficient funding	Increase funding Universal free school meals	Children with disabilities: increase funding

Source: Nicaise, Vandevoort, and Ünver (2019).

Annex 7.2: Main priorities to improve access to decent housing, by Member State

The table below summarises the main priorities to ensure decent housing for children in vulnerable situations identified by the FSCG country experts. Experts were asked to identify up to three priority measures for each TG.

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
Austria	Need for an integrated approach aimed at increased accessibility of decent housing based on: (a) a more rigid and transparent regulation on prices paid in rental dwellings in the private sector; (b) 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	Tailor 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 sub-standard 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-term 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 housing targeting people in vulnerable conditions Long-term strategies and policies are required to ensure non-ghettoisation and non-segregation of refugees and Roma	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 for households raising children Support municipalities to increase social housing capacity Improve the legislation on social housing to better define the roles of the state and municipalities and ensure the follow-up	Specific support is needed to improve access to affordable housing for people and children with disabilities

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
	financing of the acquisition, renovation and operation of social housing 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 young people, e.g. youth housing, colleges, and sheltered housing with a resource person attached	Introduction of compensatory measures for the low integration benefit (which is to be cut even more) to ensure that children are not adversely affected Better guidelines to municipalities and TGs about reasonable expectations for 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 children with disabilities 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 programmes to ease access to housing by migrants and refugees as well as low-income families Combat discrimination and xenophobia against the immigrant population and Roma people, with specific programmes for housing mediation between owners and

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
		migrants and refugees as well as specific campaigns against discrimination in housing
Finland	Accelerate the construction of apartments in bigger towns, especially rental flats for low-income families	Increase availability of 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 Increase the level of housing benefits and ensuring that all local authorities 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 Ensure separate institutional housing for children seekers of international protection Improve living conditions in detention centres
Hungary	Develop 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) Establish 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 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 Introduce 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 support for the establishment of barrier-free

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
		housing environment for every type of disability Invest in developing services helping households to keep children with disabilities in their own community Effective deinstitutionalisation (to effectively non-institutional environments) Effective, needs-based support for the establishment of barrier-free housing environment for every type of disability
Ireland	Increase the supply of affordable housing stock Better policy targeting of vulnerable groups	
Italy	Increase the supply of affordable housing 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 Strengthen alternative care Promote the adoption of independent housing solutions for unaccompanied asylum-seeking children, starting at least six 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 programmes Find alternative housing solutions for 'after social housing' so that social housing is better used to house the 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 Provide help 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	A more effective strategy to create more housing opportunities for low-income households and for refugees e.g. establish a system of guarantees to convince private owners to rent out to refugees Improve the quality of shelters for asylum-seekers

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
Latvia	Develop a uniform housing policy and eliminate regional differences and inequality in granting housing benefits to inhabitants of various local authority areas Address the problem of insufficient social housing Develop affordable good-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 stock 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 children with disabilities
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 'Housing+' programme Support the development of communal housing	Policy instruments supporting families with children with disabilities 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 investment Remedial support to overcome default risks and situations should be developed	A national strategy should be approved prioritising 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 interest rates and a state guarantee for buying a dwelling on the private market should be extended to families with many children, single-parent families and families with children with disabilities Improvements to offer full

Member State	General policy recommendation	Policy recommendation – housing needs of TGs
		accessibility should be subsidised
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 and Spinnewijn (2019).

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 by the FSCG country experts. Experts were asked to identify up to three priority measures for each TG.

Member State	First priority	Second Priority	Third priority
Austria	Calculation of 'objectivised' family budgets, to be used for setting standards for means-tested minimum income benefits.		
Belgium	More structural measures such as binding guidelines, and 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 children living in income-poor households or of food vouchers for guaranteed minimum income 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 help to this group of children (i.e. priority in participating in EU programmes, discount coupons at the canteens)	Social Welfare Services should establish special financial assistance to ensure adequate nutrition (i.e. a part of guaranteed minimum income 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 for households raising children
Denmark	Targeted early interventions for the most vulnerable mothers, ideally before childbirth	(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			

Member State	First priority	Second Priority	Third priority
Finland	Better counselling and advice		
France	Provide access to good-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; eligibility in school should be extended over 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 administrative bodies 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 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 provided at least to pupils of primary school (1^{st}-9^{th} 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	

Member State	First priority	Second Priority	Third priority
Malta	Education programmes	Outreach programmes at home	
Netherlands	Design policies to empower children to exercise healthier lifestyle choices	Reconsider residential water cut-off policies and review current water cut-off practices (in cases where households cannot pay their water costs)	
Poland	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 programmes, 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 programmes in schools and within the communities
Slovakia	Increase adequacy of minimum-income protection.	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 fatty 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 and Rees (2019).

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 by the FSCG country experts. Experts were asked to identify up to three priority measures for each TG.

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Austria	1. Expansion of places available (esp. age <4) 2. Reduce costs (esp. for low-income households) 3. Extend opening hours, reduce closing days	1. Expansion of places available (esp. age <4) 2. Reduce costs (esp. for low-income households) 3. Extend opening hours, reduce closing days	1. Expansion of places available (including ECEC) 2. Reduce costs (esp. for low-income households) 3. Extend opening hours, reduce closing days
Belgium	1. Raise public funding and make ECEC free of charge for disadvantaged groups 2. Integrate childcare and pre-school 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. Remove fees for kindergarten and nurseries for families at risk or for all families 2. Ensure sufficient number of places and legalise alternative services for ECEC 3. Ensure sufficient number of well-trained specialists in kindergartens	1. Develop adaptation models for refugee children and migrant children 2. Ensure good-quality training for specialists working in a multicultural environment 3. Ensure supportive environment and work to integrate the families of refugee children and migrants	1. Ensure accessible environment for children with disabilities 2. Ensure sufficient number of specialists and a suitable environment for working with children with disabilities 3. Ensure legal, financial, and staffing needs of medical care in kindergartens
Cyprus	1. Direct EU funds to ECEC	1. EU policies for free ECEC should be aimed at more appropriate childcare facilities for migrants	1. EU policies for ECEC need to specifically target children with disabilities
Czech Republic	1. Legal right to ECEC for all children should be expanded to ages 0-3 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 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 2. Public ECEC should be made free-of-charge, free meals should be provided 3. Children with disabilities should be given priority in access to ECEC where capacity is scarce

Member State	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, which are particularly burdensome 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 prospective fathers, aimed at change of cultural norms concerning childcare	1. Gradual improvement in accessibility of all public facilities, including ECEC
Germany	1. Continued 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. Continued 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. Public outreach 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 three years to two 2. Lower fees/free ECEC	1. Shorten the duration of home care allowance from three years to two 2. Lower fees/free ECEC	1. Shorten the duration of home care allowance from three years to two 2. Lower fees/free ECEC

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
			3. Prevent 'cream skimming'
France	1. Develop and better distribute public collective services (or private at the same cost) 2. Restore and improve mother and childcare services 3. Follow up and support single-parent families and families with three 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 disabilities 3. Create closer links between the parents of children with disabilities and schools
Croatia	1. 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 guaranteed minimum-income 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 ECEC 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 competencies 3. Additional training of teachers to understand the needs of children with disabilities and availability of expert support
Hungary	1.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 counter general xenophobic attitudes 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		1. Closely monitor and expedite the AIM (access and inclusion model) programme

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	3.Define and apply a measure of childcare affordability and set up a taskforce on fees		
Italy	1. Increase 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 good-quality care for vulnerable groups and families in need	
Lithuania	1. Train ECEC workforce 2. Expand ECEC services in rural communities 3. Expand participation in ECEC of children under age 3	1. Enable enrolment of migrant and refugees children in ECEC system	1. Train ECEC workforce to enable high-quality educational services for children with disabilities 2. Expand participation in ECEC by children with disabilities under age 3
Luxembourg	1. Continue increasing the number of places 2. Adapt the access procedures in order to not discriminate against non-working parents 3. Improve adequacy of information, 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. Improve adequacy of information, to stimulate parents to use ECEC	1. Provide specialised training for ECEC staff
Latvia	1. Provide ECEC at municipal pre-school educational institutions according to the demand 2. Develop ECEC for families with children working irregular hours/time or in other situations	1.Provide ECEC at municipal pre-school educational institutions according to demand 2.Train staff for work with children of recent migrants and refugees	1. Provide ECEC at municipal pre-school educational institutions according to demand 2.Train teaching staff, ensuring compliance of ECEC institutions with needs of children with disabilities and special needs
Malta	1. Better training of staff	1. Include all migrants in compulsory ECEC 2. Remedy lack of staff	1. Introduce home-based support for children with disabilities
Nether-lands	1. More uniformity 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	1. Further develop infrastructure (facilities such as nurseries, kindergartens), well adapted to needs of

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	2. Further develop infrastructure (nurseries) 3. Promote more flexibility in the ECEC use (forms, hours spent in the nursery/kindergartens etc.)	2. Strengthen stakeholders' awareness of need for ECEC	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. Invest in 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.Allocate funding for an adequate provision of ECEC facilities for children under 3 and for improvements in kindergarten facilities 2. Increasing in-kind benefits and services for children attending pre-school education (free hot meals, free field-trips, educational supplies) 3. Offering free public transport 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 transport 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	

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
		integration of children into the new environment	
Slovakia	1. Continue process of extending the network of ECEC facilities 2. Increase participation of the most vulnerable children in ECEC facilities, including children from marginalised Roma communities 3. Increase the number of teacher's assistants		1. Continue process of extending the network of ECEC facilities 2. 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 children with disabilities for ECEC workforce 2. Increase payments for providers to cover extra costs of children with disabilities' 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 by the FSCG country experts. Experts were asked to identify up to three priority measures for each TG.

Member State	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 healthcare 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 healthcare more culture-sensitive 2. Clear information about the dual healthcare system and free basic dental care 3. Invest 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. Create 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 improve work conditions and qualifications of specialists	1. Create 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. Create an integrated database with information about children and their needs 2. Assess individual needs and provide services according to them 3. Establish a national children's hospital with specialised accessible wards throughout the country
Cyprus	1. Assess the health needs of single-parent families 2. Assess the health needs of children with disabilities living in precarious situations	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 2. Develop/improve rehabilitation services dedicated to children nationwide 3. Develop programmes for respite care for parents and carers

Member State	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 healthcare 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 of scaling up community-based services, early intervention services, and support services for informal carers 3. Speed up the deinstitutionalisation 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. Extend range of medical treatments available during the asylum procedure 2. Provide 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 children with disabilities with a single point of contact 2. Improve accessibility of medical practices and medical services 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

Member State	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. Develop mental health services for children with disabilities
Spain	1. Guarantee free access to public mental, dental, and nutritional health for children living in income-poor households 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 children living in income-poor households 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 children with disabilities
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, perinatal care 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

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Croatia	1. Introduce 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. Introduce 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 programmes are needed for improving access to healthcare, 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 counter 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. Improve and extend services aimed 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 6-12 (planned as a first step to free GP care for all under 18) 2. Examine whether entitlement conditions (such as residency clauses) and lack of knowledge are acting as barriers to access 3. Increase income thresholds for medical card entitlement	Examine whether entitlement conditions (such as 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 under 15 3. Total deduction of healthcare payments for	1. Ensure the registration of minors to the national health service and access to preventive care 2. Promote the training of skilled health staff on migration health-related	1. Introduce a comprehensive essential level of services concerning (child) disabilities 2. Move to a child-based approach to disabilities

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	children from personal income taxation	issues and strengthen management of mental health disorders due to difficulties and torture connected to the journey 3. Promote data collection at national level and better coordination between the reception centres and local health services	
Lithuania	1. Increase access to health services for Roma people, first of all by strengthening awareness of available healthcare services 2. Roma adolescents, especially girls, need reproductive and sexual health education, good-quality health services, affordable contraception and social support 3. Pay special attention to accessibility of good-quality outpatient healthcare 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 healthcare 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 healthcare 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 healthcare 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 active outreach by social medical staff	
Latvia	1. Increase funding for the healthcare system 2. Eliminate restricted access to specialised healthcare services in regions 3. Reduce waiting lists for children for state-financed	1. Increase funding for the healthcare system 2. Eliminate restricted access to specialised healthcare services in regions 3. Reduce waiting lists for children for state-financed specialist	1. Increase funding for the healthcare system 2 Eliminate restricted access to specialised healthcare services in regions 3. Reduce waiting lists for children for state-financed specialist consultations

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	specialist consultations and medical examinations	consultations and medical examinations	and medical examinations as well as provision of medical rehabilitation services for children with disabilities 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 healthcare services to children and families with complex health needs	1. Provide local municipalities with the right tools and knowledge to provide appropriate healthcare services to children and families with complex health needs	1. Provide local municipalities with the right tools and knowledge to provide appropriate healthcare services to children and families with complex health needs
Poland	1. Expand access to medical and dental care in schools 2. Develop support to cover costs of medicines for low-income households	1. Revise some articles of the legal acts; making the entitlement clear may be needed	1. Revise/simplify system of disability assessment (make 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 in 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.Strengthen incentives for family practitioners in poor communities and increase per capita financing for children with uninsured parents 2.Make community medical nurses and health mediators, along with integrated community centres a priority – that is, find a sustainable financing mechanism and make their	1.Strengthen incentives for family practitioners to effectively monitor children with chronic diseases/disabilities by increase per capita financing 2.Establish a collaboration framework between family practitioners and specialised medical and social support services	

Member State	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
	presence compulsory, especially in disadvantaged communities 3.Revive the network of school medical offices, to ensure effective epidemiological control and basic preventive care	for early detection and development monitoring of chronic diseases and disabilities 3.Community-level case management to ensure adequate access to healthcare and recovery/rehabilitation services	
Slovenia	1. Provide all children regardless of their health insurance with the best possible healthcare 2. Take steps to ensure an increase in the share of Roma children vaccinated against all diseases	1. UNICEF suggests this issue be solved in accordance with the UNCRC, Article 24 of which guarantees children access to the highest achievable level of health and services provided by healthcare and rehabilitation institutions	1. Better connect the existing network of developmental dispensaries with services and institutions in social care and education
Slovakia	1.Continue projects aimed at building basic infrastructure in marginalised Roma communities 2. Continue and increase support for social/health workers in marginalised Roma communities		
Sweden	1. Improve timely access to primary healthcare in general		
United Kingdom	1. Spend more, at least an extra 4% per year 2. Prioritise public health, mental health, and child health 3. Focus on inequalities in health outcomes	1. Remove practical and bureaucratic barriers to access 2. Ensure that children's access to 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 Member State

The table below summarises the top three priorities for action identified by the FSCG country experts.

Member State	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	Increase the budgets for youth care.[372]	Make inclusive education accessible to children with disabilities from deprived families
Bulgaria	Change attitudes towards children in institutions and continue their integration into educational institutions; eliminate social stigma	Ensure better and more secure working conditions in institutions for children Good-quality, well trained staff	Develop and use the foster care system 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 to fund more foster care programmes	
Czech Republic[373]	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	Recruitment of more migrant families and training of municipal	Early targeted interventions on personal skills, including

[372] The term youth care is used in BE to cover child and youth alternative care. It corresponds to what other countries call child protection.
[373] The Country Report from CZ 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.

Member State	First priority	Second Priority	Third priority
	institutional care; support the staff throughout training	foster care families in cultural sensitivity	self-worth, of children in residential care
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 3	
Finland[374]	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	Expand children's formal participation rights and introduce independent ombudspersons	Regular and effective monitoring of residential care children's homes	Enhance self-evaluation of children's homes
Greece	Full and proper implementation of the new law concerning foster care and adoption	Develop a national strategy on deinstitutionalisation along with the adoption of an action plan to ensure proper implementation	Adopt national quality standards for care, and establish relevant control mechanisms to assure the quality of services provided to children in institutions
Hungary	Implement existing policies: improve the quality of child protection services; more prevention, more reintegration into the family	Modify legal regulations: provide families with social housing – it should be in line with the child protection law, with children not 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 beds in temporary shelters for families	Improve volume and quality of services, ensuring independent living of children with disabilities Extend 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

[374] One of the other suggestions in the Country Report concerns the strengthening of support for young people leaving institutions and foster care.

Member State	First priority	Second Priority	Third priority
Italy	Improve the funding for residential services – some of them remained unpaid for years – favouring informal kinship care	Promote specific projects for supporting care-leavers (a national pilot project is currently active)	Enforce 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 Eliminate the direct provision system	When renewing the Child Care Act, 1991, adopt a rights-centred approach
Latvia	Transfer 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	Develop and implement training programmes for the municipal workforce at the decision-making and managerial level, including analysis of good practices, organisational development, organisational dynamics, and leadership	Develop and implement training programmes for the workforce, including 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-up of the state-run institution into small units, and improve infrastructure	Continuous training of staff to better deal with the specificity of unaccompanied minors	Study the possibilities for family-based foster care for unaccompanied minors, 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	Reinforce instruments that support young people leaving alternative care (institution or foster family)	Strengthen involvement of professional foster carers by increasing their competencies/skills, better supervision, promotion of their role, etc.

Member State	First priority	Second Priority	Third priority
	(large centres sheltering 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	Define tailored solutions for specific cases	Invest in mental healthcare services
Romania	Complete deinstitutionalisation as 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	Develop 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 to increase family retention of children in vulnerable households
Slovakia[375]	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 deinstitutionalising 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,

[375] The SK Country Report indicated four priorities. The fourth one is: pay attention to social conditions in which vulnerable families live, which also contribute to the fact that children leave their families.

Member State	First priority	Second Priority	Third priority
			including jobs and housing
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 and Nordenmark Severinsson (2019).

Annex to Chapter 8

Annex 8.1: Investment priorities related to children in TO 8: promoting employment and supporting labour mobility

INVESTMENT PRIORITIES			Key measures (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's common strategic framework (CSF) 2014-2020.

Annex 8.2: Investment priorities related to children in TO 9: promoting social inclusion and combating poverty

INVESTMENT PRIORITIES			Key measures (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 investment in childcare, elderly care and long-term care		Integrated pathways combining various forms of employability, individualised support, counselling, guidance and 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, combating 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 measures (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 investment that contributes to modernisation and structural transformation Targeted infrastructure investment to support the shift from institutional to community-based care, which enhances access to independent living in the community – with high-quality support infrastructure investment in childcare, elderly care, and long-term care services

INVESTMENT PRIORITIES			Key measures (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 the 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 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's (2012). Common Strategic Framework 2014-2020.

Annex 8.3: Investment priorities related to children in TO 10: investing in education, skills and life-long learning

INVESTMENT PRIORITIES			Key measures (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 very early childhood (0-3) Support learning schemes which are designed 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 investment 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's Common Strategic Framework 2014-2020.

Annex 8.4: Investment priorities related to children in TO 11: enhancing institutional capacity and ensuring efficient public administration

INVESTMENT PRIORITIES			Key measures (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 measures to promote institutional capacity and 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 measures to promote institutional capacity and 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 NGOs, to help them deliver more effectively their contribution to 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's Common Strategic Framework 2014-2020.

Annex to Chapter 9

Annex 9.1: Some possible solutions for enforcing the legal and policy frameworks for children's rights in the five PAs 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 TGs identified by the European 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 FRA makes two recommendations to go a step further:[376]

- '*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*'; and
- '*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*.'[377]

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 may be useful to keep this possibility under review as a complement to other initiatives to enforce children's rights to the five PAs. However, 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 measures 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 measures of Member States' (Article 6 TFEU) in the areas of education (Article 165 TFEU) and healthcare (Article 168 TFEU). Moreover, Article 156 of the TFEU enables the EU to support Member States by 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

[376] FRA (2018), p. 11.
[377] As explained in Chapter 6 (Section 6.2.2), only 20 EU Member States have ratified the 1996 revised ESC and only 13 have agreed to be bound by Article 30.

provision. We 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 as follows.

- 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.[378]
- Build on the existing strategic cooperation with the 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
  - where 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 PAs have been enforced by legal judgements, disseminate these to inspire others[379] and collate materials that will assist those supporting children in gaining access to justice.[380]
- Make sure that EU funds are not used to support measures that lead to the development of segregated services for one particular TG[381] nor lead to discrimination (see also Annex 9.3), by making effective use of a horizontal enabling conditions to ensure compliance with the CFR (as currently proposed in the European Commission's proposal for a CPR post-2020) and also with the UNCRC and the UNCRPD.

[378] 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.
[379] See Chapter 6, especially Annexes 6.1 and 6.2, for some examples of using legal judgements to enforce children's rights.
[380] The ICJ with the AIRE Centre have produced a set of training materials on access to justice for migrant children, which 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 here.
[381] 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.

- Draw on FRA findings in the context of the CG to support the monitoring by the European Commission of policies and programmes of the five PAs from a children's perspective.
- Identify and document existing good practice in the development of instruments that evaluate the child's best interests, as a way of supporting Member States that 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' efforts to promote the value of enforcing international treaties in national legislation.
- In relation to children residing in institutions:[382]
  - promote the implementation, in particular, of 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 the rights of children with disabilities (and all children) and on their role to inform them of their rights (e.g. training of medical staff, teachers and social workers); and
  - support NGOs focusing on disability to collect information on children for UNCRPD reporting.
- In relation to children with a migrant background:[383]
  - document and make full use of all relevant UNCRC general comments on children in migration (especially rights to justice/legal proceedings);
  - support and resource the key role of qualified/trained 'guardians' in supporting children from the first day of life, advocating for their rights and challenging violations (especially undocumented children); and
  - develop training on rights for front-line service providers across the five PAs and give them a role in advising children on their rights.

[382] Although we have highlighted here some suggestions collected during the FSCG in relation to the four TGs identified by the European 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.
[383] These suggestions were put forward at the FSCG fact-finding workshops and are intended to complement the European Commission communication on the protection of children in migration (European Commission 2017c).

- In relation to healthcare:
  - stimulate innovation and knowledge sharing on ways of providing and assuring services to vulnerable and hard-to-reach children, including innovative and digital solutions where appropriate (the Santé and Connect DGs 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 Member States;
  - 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 ways of covering these practical economic barriers to health for children (such as by social welfare coverage or NGO support); and
  - investigate the development of protocols under the provision for carers' rights in the EU Directive 2010/18 on work-life balance for parents and carers, in order to allow short-period paid leave, thereby providing a right to take a child to a health appointment.
- In relation to housing, investigate the possibility of establishing a blanket EU prevention mechanism against eviction of households with children. This could involve:
  - considering consumer legislation at EU level to protect against the unreasonable eviction of families with children;
  - ending the separation of children from their families due to eviction or on housing grounds (as per the Family Act in CZ);
  - prohibiting the eviction of families with small children during the winter; and
  - ending forced evictions (i.e. without due process) and the eviction of families with children if there is no alternative housing available, as per the Swedish 'zero-eviction vision'.

Annex 9.2: Some possible solutions for enhancing policy coordination and guidance in relation to children's access to the five PAs 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 in this area (backed by EU funding – see Annex 9.3), 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 solutions 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.[384] 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[385] with specific objectives to eliminate the barriers to accessing education, healthcare, and other essential services faced by children in vulnerable situations. A possible way forward would be for the European Commission and Member States to agree on an overall EU target (to attract political leadership and increase public awareness)

[384] European Commission (2019e).

[385] In her Political Guidelines for the Next European Commission 2019-2024 the 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; see further information here. In this spirit, a possible target that has been suggested during the course of the FSCG is that the EU should reduce by at least half the proportion of children at risk of poverty or social exclusion in the EU by 2030, to meet SDG 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 (aged 0-17) at risk of poverty or social exclusion should be reduced from 24% in 2018 (most recent figure available) to 12% by 2030. Should the target be set on 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 (whether it should be based on a single indicator or rather a combination of indicators; whether it should be expressed as percentage or rather as absolute figure; etc.) as well as the way the burden of reaching the target should be shared between Member States is outside the remit of this study. On the issue of targeting, see European Commission (2019e). See also *inter alia*: Atkinson, Guio, and Marlier (eds) (2017); Marlier and Natali with Van Dam (eds) (2010); and Atkinson, Marlier, and Nolan (2004).

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 by a strong monitoring framework, based on a portfolio of indicators covering all dimensions that would allow for a systematic screening of the performance of all Member States. 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 (especially for a better understanding 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 and 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 EPSR's implementation could be considered.[386]
  - Develop new and more ambitious Barcelona targets in the ECEC domain, with a focus not only on the quantity of care but on its quality.

- Working together with Member States through the Social Protection Committee, the European Commission could usefully develop **EU quality frameworks and set service standards** for each of the five PAs, 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 practice;
  - developing policy guidance on access by 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.
- 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

[386] In the European Commission communication on the EPSR (European Commission 2017d), benchmarking is proposed as a key instrument to monitor the EPSR'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.

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 a range of 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 EU 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 and 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 on the agenda of the DG for Research and Innovation 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 **DGs**. For instance, in addition to the obvious DGs (i.e. EMPL, EAC, JUST, REGIO) action in relation to the following.
  - 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, remedying the curriculum deficiencies identified by the MOCHA project;[387] and
    - providing guidance on the adoption and effective implementation of a range of policies to support breastfeeding.
  - In relation to **adequate nutrition**, DG SANTE could for instance consider:
    - enhancing the coordination of measures to improve and control food supply – such as sugar taxes and restrictions on the 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.[388]

[387] Blair *et al*. (2019).
[388] See EU Regulation 1308/2013, Articles 22 to 25 and Annex V; EU Regulation 1307/2013, Article 5 and Annex I; and EU implementing Regulation 2017/39.

- 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 and the impact of concrete measures on the ground. The Zaragoza integration indicators and other means could be used to monitor their integration policies.

Annex 9.3: Some possible solutions 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 ESIF are currently not optimally used to support the implementation of the 2013 EU Recommendation on Investing in Children nor to improve access by children in vulnerable situations to the five PAs. 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 MFF and also to support other aspects of the 2013 EU Recommendation that are essential to tackling 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 that 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 the following.
  - Mobilise **all EU funds and financial instruments** and extend the priority for supporting children in vulnerable situations **across all of them** (i.e. the ESF+ in all its strands – shared management, employment and social innovation, and health – the ERDF, AMF, EIB, InvestEU, Structural Reform Support Programme (SRSP) and 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 in particular target vulnerable children and applicants for international protection with special reception and/or procedural needs, contribute to ensure the 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 InvestEU programme 2021-2027[389] could be mobilised via its 'social investment and skills policy window' to attract additional private investment supporting projects in domains relevant to 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; and 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

[389] The InvestEU programme 2021-2027 seeks to attract additional private financing to a wide range of operations and beneficiaries, designed to trigger up to €650 billion in additional investment across the EU. The programme addresses investment gaps in different policy areas which are often held back by persistent market failures. It will aim to support only those projects where financing could not be obtained at all, or not on the required terms, without InvestEU support. It will also target higher-risk projects in specific areas. One of its four policy windows is dedicated to social investment and skills, which seeks to trigger up to €50 billion in social finance with a guarantee from the EU budget of up to €4 billion for the period 2021-2027.

cooperation between schools and educational institutions, with the aim of strengthening inclusive education; and
- 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 and ESF+ funding to establish early-care centres and provide services to the children).
- Explore the potential of **the 'social investment and skills'** window of the **InvestEU** programme to support, through repayable finance, projects promoted by civil society organisations and investors in the area of ECEC and support to children – as well as, where appropriate, to provide advisory support and capacity building to interested stakeholders.
- Significantly **increase and earmark or reserve** a specific minimum percentage of ESF+ funding to be used for supporting children in vulnerable situations. Member States could be asked to invest a minimum of ESF+ funding in this priority, according to their respective situation (e.g. ring fence 5% of ESF+ funding 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 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 CG. Should such earmarking not be possible, it will be even more important that the proposed thematic enabling condition that requires the development of national action plans on poverty reduction places sufficient focus on children (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 OPs as well as in the FEAD and AMIF to show the number of child beneficiaries, the investment made, and the results of the interventions. Consider expanding the application of the common output indicator 'number of children under 18' to the whole of the ESF+ under shared management; this indicator could be split by age when relevant (for instance under 3, 3-5, 6-11 and 11-17).

- Closely link the use of these EU funds to the implementation of the possible CG and connect 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 by national policies with international and European human rights instruments, by making full use of an enlarged horizontal enabling condition that would ensure that: (a) all funded programmes are following **a child rights-based approach** and comply with the CFR (as currently suggested in the Commission's proposal for a CPR post-2020) but also with the UNCRC and the UNCRPD; and (b) 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 CG, would need to identify gaps and set priorities for furthering: (a) children's access to adequate resources; (b) children's access to adequate services (in particular access by children in vulnerable situations to the five PAs); and (c) 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 the ESF+ and ERDF in active inclusion and social integration measures (draft CPR) 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 funds 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[390] and in doing so stress that, in order 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 measures 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 and Roma children.
- Require EU funds to be used in ways that will both **trigger major reforms** in Member States (which will lead to the establishment of appropriate, sustainable and properly funded policies and systems) and also 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 measures 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

[390] In developing guidance for Member States (and European 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, each Member State 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 PAs. 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. Investment 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 necessarily 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 would be helpful if the Commission together with the Member States (through the Social Protection Committee) could also develop specific guidance and support on developing long-term strategies, and design programmes to prevent and end institutionalisation throughout the life course. It would also be useful for it to provide EU policy guidance on early childhood development.

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 are more closely related to the instruments of the European Semester in future and will be used to support policies to respond to **CSRs**, it will be essential ensure a much greater focus in the European Semester on children in vulnerable situations than has been the case to date.[391]
- **Improve access** to and the 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 and 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** – that is, 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.[392]

[391] 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 in providing adequate access to all TGs. See for instance Eurochild (2018).
[392] In this regard the proposals of the Commission for enhancing the partnership principle are welcome.

- 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 assessments and ensuring that *ex post* impact evaluations are prepared as a precondition of EU financing;
  - supporting Member States in 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 Member States.
- Drawing on the findings and suggestions from the FSCG, develop an **indicative list of examples** of the type of action 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 the 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 possible solutions outlined here will be helpful in informing the current negotiations on the 2021-2027 EU funding round 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[393] 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.

[393] See European Commission (2018i) and European Commission (2018f).

Annex 9.4: Some suggestions for using EU funds in support of a CG

The following are some of the many suggestions as to how EU funds could be used in the different PAs 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 for them 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 good-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 by 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 the construction, modernisation and equipment of childcare infrastructure.
- Support financially the realisation of the EU quality framework for ECEC.
- Give 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 and 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 promoting the inclusion of children in vulnerable situations (especially Roma children, children with disabilities, and children from a migrant background) – for example, by providing support for:
  - tutoring and remedial classes;
  - Roma teaching assistants;
  - teacher training that promotes collaboration across different areas of expertise; and
  - improving the physical accessibility of schools.
- Prioritise OPs with an integrated approach that, for example, provide:
  - ESF resources for substantive and organisational changes in education towards 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' that pursue integrated initiatives to meet the multidimensional needs of children in vulnerable situations (e.g. covering healthcare, social care, language stimulation, cultural enrichment and psychological support).
- Prioritise initiatives focused 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 for when parents are not at home.
- Provide support to weaker/smaller NGOs and schools in preparing applications for, 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 and 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 lay the basis of a housing fund available everywhere in the EU for families with children. The fund would facilitate access to housing, for instance by removing barriers to access by families with children to 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 the ERDF and ESF) have great potential to address the housing situation of Roma by focusing investment on housing needs, particularly for the most disadvantaged groups.
- A CG could include an EU-wide 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 that lower-income EU Member States 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 and medicines), and essential out-of-pocket costs for attending appointments, for parents/carers/older children; and
  - for the development or enhancement of child health centres/children's centres/primary care centres, based on the existing deficit against standards and the number of TG children served (though the wider community would benefit too).
- Allocate resources to support training of health service personnel which could:
  - support Member States affected by outward medical migration or impending significant retirement numbers, by helping them to train primary care doctors in child health, with a particular focus on TG children's healthcare needs and the creation of innovative services;
  - support Member States affected by a lack of community child health and hospital paediatric nurses, with a particular focus on TG children's healthcare needs; and
  - support Member States with inadequate child mental health services, by helping them 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 lists of key terms 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 by 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 that enable children to be empowered and act as advocates for better nutrition in their families and communities and that support parents in ensuring healthy food for their children, for example:
  - organising food revolution days in kindergartens;
  - organising cooking classes for children in ECEC settings 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; managing the household; how to reduce overweight and obesity in children and adolescents; and healthy eating habits.
- Under FEAD projects, link the 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 the 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 measures for children with disabilities.
- Ensure that existing funding, such as the ESIF and other relevant EU funds already in use, is aimed at: developing support services for boys and girls with disabilities and their families in local communities; fostering deinstitutionalisation; preventing any new institutionalisation; and promoting social inclusion and access to mainstream, inclusive, good-quality education for boys and girls with disabilities. Funding should not be used in ways that are inconsistent with obligations under the UNCRC and UNCRPD.
- Provide additional funding to support Member States that are committed to developing disability-inclusive policies.
- Set up an independent budget line, with sufficient funding, for guaranteeing that structured dialogue across institutions, agencies, and bodies includes meaningful consultation with and the participation of children with disabilities.
- Provide funding support for priority areas in inclusive education that have a significant impact on the participation of children with disabilities (e.g. teacher education, competence-based curricula, reasonable accommodation and 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 to inclusive education. In addition, if an Erasmus programme targets people with disabilities, this TG would need to be directly involved in planning, implementation and monitoring. The application procedures that are in place for the Erasmus+ should be improved in order for them 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 on the integration of third-country nationals, with a particular focus on children, including through AMF support. For this, it is important to:
  - ensure the AMF funding results in durable solutions;
  - introduce the term 'unaccompanied child' in AMF guidelines; and
  - rename the fund as the AMIF (Asylum Migration and Integration Fund).
- Use EU funds to support comprehensive integration plans including support for undocumented migrants and unaccompanied minors and prohibit their 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 European Commission Communication on the protection of children in migration; the Global Compact for Safe, Orderly and Regular Migration; and the Global Compact on Refugees.
- Promote family- and community-based care for children in migration and ensure that no EU funding is used in any way to support the detention of children.
- Invest at least 20% of the 'neighbourhood, development and international cooperation instrument' 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 can be used during 2021-2027 to support the transition from institutional to community-based care across all Member States (not just the 12 currently specified). This could include support for developing:
  - preventive and family support measures;
  - gatekeeping measures;
  - comprehensive and inclusive childcare reforms;
  - good-quality foster care and kinship care;
  - leaving care support;
  - care quality standards; and
  - the capacity of the workforce (e.g. social workers, foster carers and responsible public authorities).
- Specify in regulations that the ERDF and Cohesion Fund 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 the 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.

Annex 9.5: Key points from the FSCG closing conference

1. Opening session

The context for the conference and its objectives were set in the opening session. The moderator, Eric Marlier (LISER), explained that the conference provided an opportunity to present and discuss the findings of the intermediate report of the FSCG, which is the first phase of a preparatory action agreed between the European Commission and the European Parliament. The FSCG has examined the feasibility of establishing a CG which would, as proposed by the Parliament in 2015, ensure that every child at risk of poverty in Europe, including refugee children, has access to free education, free ECEC, free healthcare, decent housing, and adequate nutrition. At the request of the Commission, the FSCG has focused on four groups of children in particularly vulnerable situations: children in precarious family situations, children with a migrant background (including refugee children), children with disabilities, and children in alternative care.

Nicolas Schmit (EU Commissioner for Jobs and Social Rights) emphasised the unacceptably high level of child poverty, which jeopardises the future prospect of the children and leads to a vicious cycle of poverty. He stressed that the development of a CG is part of his political mandate and the mandate for the whole European Commission. He situated the CG in the context of the Commission's wider strategy to fight poverty and social exclusion which lies at the heart of the European Social Model. A CG can contribute to the implementation of the EPSR (especially Principle 11 on child poverty) and the 2013 EU Recommendation on investing in children. He thanked the various experts involved in the FSCG, praised the quality of the study, and took note of its teachings. He stressed that the intention is to be ambitious, to mobilise all possible resources, and to involve all stakeholders, especially Member States, in the development and implementation of the CG. He explained that the design of the CG will be guided by ambition, innovation, and pragmatism: '*By ambition, because we need to rise to the challenge for the sake of the future generations. By innovation, because we need social innovation, because we have to better understand the best ways out of poverty and because so often one size does not fit all. And by pragmatism, because we need Member States to be committed and local communities to be on board. We need to listen carefully and look at the broader picture in order to invest adequately in services and infrastructures*.' He stressed that EU policies can support Member States' policies, in particular by providing financial support via the 2021-2027 MFF, which can play an important role in supporting Member States in implementing a CG. He also stressed that the European Semester will certainly have a key role to play in giving more prominence to the issue of child poverty and in monitoring the situation in all the Member States. The Commission intends to build on and deepen the first phase of the preparatory action over the course of the next year with the aim or ensuring that a CG is in place in 2021, which will be a real commitment that will be effective on the ground.

Margareta Mađerić (State Secretary, Croatia), speaking on behalf of the Croatian Presidency of the EU Council, also emphasised that the child poverty rate in the EU is unacceptably high, and that there is a clear commitment by the Member States to promote children's rights and the well-being of children. She said that the initiative to establish a CG, in addition to existing EU financial instruments, can help to ensure that all children (especially children at risk of poverty or social exclusion) have access to universal and targeted services. In line with the 2013 EU Recommendation, she stressed the importance of Member States developing national strategic policy frameworks for poverty reduction and social inclusion. She stressed the importance of political will at EU and national levels, as well as the importance of encouraging mutual learning and exchange of best practice in the design, implementation, and monitoring of public policies to prevent poverty and social exclusion among children.

A short movie, *Voices of Children*, showed interviews with some of the children who had participated in focus groups as part of the FSCG. The movie showed very concretely the importance of listening to children's voices in the context of the CG.

2. Key figures – what the data tell us

Anne-Catherine Guio (LISER) presented the main findings of the FSCG on the numbers of children in each of the four TGs studied, and the extent to which they lack access to each of the five PAs under scrutiny. Although a large amount of evidence was mobilised, this empirical analysis highlighted many data gaps and imperfections. Most TGs are hard-to-reach groups and are not satisfactorily covered in mainstream surveys, or even not covered at all. The detailed analysis of child-specific information also illustrated that, when available, child-specific data are crucial to measure the specific living conditions of children, as these may differ from those of their parents. This calls for (more) investment in the use/collection of such data.

In terms of the numbers of children in each TG at the EU level (keeping in mind many data limitations and the fact that these TGs overlap):

- the number of children in residential care is around 300,000;
- in relation to disability, around 5% of children face limitations in daily activities;
- in relation to children with a migrant background, about 16 million children have one parent born outside the EU; and
- in relation to children in precarious families, 21.7 million in the EU-28 are in income poverty or suffer deprivation (EU-SILC 2014, ad hoc module on material deprivation) but data on the number of children left behind or Roma children are not available.

Anne-Catherine also presented various charts illustrating national problems of access by all children and some/all TGs (depending on data availability) in each of the five areas. The available evidence shows that across the EU many children in the four TGs lack access to one or more of the five areas. It also shows that the extent to which the four TGs have access to these five areas differs widely between Member States.

This is illustrated in the table below, which presents, at Member State level, a few selected indicators of access to the different areas.

Proportion of children suffering from access problems in each dimension (%) and risk ratios (poor children versus all children)

%, all children	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK
Education costs	14	17	33	53	17	6	10	8	67	31	2	7	42	43	28	22	22	11	28	24	12	15	27	43	5	23	24
Fruit and vegetables	1	2	40	2	3	2	1	7	5	2	0	3	4	23	3	3	7	1	10	2	0	3	3	15	0	1	10
Healthcare costs	0	3	2	1	3	0	:	2	2	0	2	:	2	0	0	2	2	1	2	1	:	2	1	7	:	:	1
Housing costs	7	7	18	3	11	12	9	4	47	13	6	6	5	10	5	9	7	9	5	2	5	5	7	12	7	5	8
Housing deprivation	7	4	23	1	4	3	4	5	8	2	1	3	8	27	1	8	14	3	22	3	1	12	7	30	3	7	8
Childcare attendance	18	53	9	28	7	30	72	27	21	46	33	51	16	16	34	29	20	61	28	40	62	12	48	16	53	45	1

Risk ratio	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK
Education costs	2.5	3.1	1.8	1.4	3.1	3.7	2.3	3.1	1.3	1.7	1.8	1.9	1.8	1.4	1.6	1.8	2.1	2.5	1.6	2.2	2.9	2.5	1.9	1.6	2.0	2.2	2.3
Fruit and vegetables	1.0	3.2	1.4	1.0	3.5	1.0	1.0	2.8	1.9	1.0	1.0	3.1	3.0	1.9	2.5	2.3	2.5	1.0	2.0	1.0	1.0	2.8	2.2	1.4	1.0	1.0	2.8
Healthcare costs	1.0	3.1	2.4	2.9	0.9	1.0	:	1.9	1.9	1.0	1.8	:	1.1	1.0	1.0	2.7	1.8	1.0	2.0	1.0	:	1.0	4.1	1.6	:	:	1.0
Housing costs	4.6	4.0	2.3	4.1	5.6	3.9	5.8	4.8	1.8	3.1	4.8	4.0	4.3	4.4	4.0	3.4	3.4	3.0	4.0	3.0	5.5	5.4	3.8	2.6	5.1	5.6	3.8
Housing deprivation	2.2	3.5	2.4	4.7	1.9	2.9	3.0	1.6	1.9	2.7	1.0	2.2	2.1	1.4	2.6	1.6	2.1	2.6	1.8	3.4	3.8	1.6	2.2	1.7	2.9	2.1	3.3
Childcare attendance	1.4	1.5	1.6	1.5	1.4	1.1	1.0	1.0	1.1	1.2	1.6	1.8	4.2	1.2	1.9	1.4	3.9	1.0	1.2	1.1	1.5	2.6	1.1	1.1	1.1	1.0	1.0

Notes and sources: (white cells are those where data are not available).

- In the lower part of the table, the risk ratios are the ratios between the proportion of children in income-poor households who suffer from a problem of access and a similar proportion for the whole population of children. A risk ratio of 2 means that children in income-poor households have twice the risk of suffering from a problem than the total population of children.
- Education costs: the proportion of children living in a household declaring that the payment of education costs is a burden or a heavy burden. Source: EU-SILC 2016, ad hoc module on public services.
- Fruit and vegetables: the proportion of children living in a household where there is at least one child lacking fruits and vegetables daily for affordability reasons. Source: EU-SILC 2014, ad hoc module on material deprivation.
- Healthcare costs: the percentage of children living in a household declaring unmet medical needs for at least one child. Source: EU-SILC 2017, ad hoc module on health.
- Housing costs: the proportion of children living in a household where the total housing costs (net of housing allowances) represent more than 40% of the total disposable household income (net of housing allowances). Source: EU-SILC 2017, core survey.
- Housing deprivation: the proportion of children suffering from severe housing deprivation, defined as: (a) living in an overcrowded household; and also (b) 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. Source: EU-SILC 2017, core survey.
- Childcare attendance: the participation rates in ECEC for children aged 0-2. Source: EU-SILC 2017, core survey.

The first part of the table shows in red or in orange Member States with the highest share of children facing problems of access, and in green those with the lowest share, by PA. Some Member States face challenges in almost all the dimensions (e.g. Romania, Bulgaria, Hungary or Greece). Others have a majority of green cells; that is, relatively low percentages of children facing problems of access (Denmark, Sweden, Finland). Other Member States show a mixed picture depending on the dimension. This table clearly shows the diversity of challenges within the EU.

The lower part of the table illustrates the degree of inequality between children in income-poor households and the whole population of children. A figure close to one indicates no difference between the children in income-poor households and the whole population of children. The higher the ratio, the higher the inequality of access. The table clearly indicates that even in Member States with a low proportion of children facing problems of access, there may be significant inequality between the children living in income-poor households and the whole population of children. This means that all Member States have to step up their efforts.

3. Key gaps and barriers, priorities for action and good practice

Hugh Frazer (Maynooth University) focused on the main gaps and barriers that children in vulnerable situations face in accessing the five PAs, and on the key policies and programmes that can help to prevent and overcome these gaps and barriers. His input was complemented by inputs from FSCG policy experts for each of the five areas who added further policy suggestions and presented concrete examples of good practice in several Member States: Gwyther Rees (University of York, UK) on free school meals; Pedro Perista (Centre for Studies for Social Intervention, Portugal) on free inclusive education in Portugal; Michael Rigby (Keele University, UK) on free healthcare; Marietta Haffner (Delft University, the Netherlands) on affordable decent housing; and Michel Vandenbroeck (University of Ghent, Belgium) on free and available good-quality childcare. The main points from the six presentations, including the case studies, are integrated in Sections 3.1-3.3 below.

3.1 Overarching issues

A number of gaps and barriers were identified that cut across all five areas and all four TGs, and the following key measures to address these were highlighted:

- investing in raising public/political awareness;
- proofing all services for consistency with children's rights;
- facilitating strategic litigation to enforce children's access to rights;
- ending policies and programmes which segregate, separate, and isolate children;
- developing comprehensive, strategic action plans;
- enhancing inter-agency coordination;
- ensuring policies/services are inclusive and child-centred across the five areas under scrutiny, and are based on listening to children and parents;
- developing an overall approach to tackling child poverty and social exclusion which also covers adequate income support, well-resourced social/child protection services, and children's participation;
- emphasising early intervention and prevention;
- developing monitoring and accountability systems, including developing data on access to all five social rights by all children (especially those in vulnerable situations); and
- resourcing civil society.

3.2 Access to free healthcare

In relation to access to free healthcare, it was emphasised that each Member State's health system is different: thus few initiatives are easily transferable, and solutions need to be locally specific. However, several measures were identified that could help to improve access to healthcare:

- agreeing on the basic elements that should be covered by a promise of free healthcare and thus having a baseline for monitoring;
- increasing investment in children's health services where needed;
- putting in place regular health check-ups (especially during the first years of life and regularly at school);
- introducing exemption or reimbursement schemes to cover co-payments;
- investing in and improving (mental) health and rehabilitation services adapted to the needs of TG children;
- investing in health literacy for all children (and their parents);
- developing multi-service or extended schools offering integrated services (including healthcare and dental care);
- emphasising early detection, prevention, and outreach (especially for mothers and babies);
- enhancing professional training and developing workforce skills in relation to children's health;
- exploring the potential role of nurses (e.g. in strengthening the care delivery team);
- making mainstream healthcare provision more responsive to the needs of TG children;
- developing child e-health networks to spread rural cover, and centres of expertise to retain local health professionals; and
- developing unique record identification to improve coordination across services.

3.3 Access to free education

In relation to access to free education, a range of key measures were highlighted that could help to improve access:

- establishing a legal definition of school-related costs and determining who is responsible for what cost;
- reducing financial barriers to accessing education, for instance providing free school books;
- giving all migrant/refugee children the right to access the educational system;
- prioritising the enrolment of children with disabilities in the regular education system;
- developing equity funding strategies for disadvantaged students;
- investing in teacher training and incentives for more inclusive schooling;
- fostering desegregation of schools and classes by promoting inclusive education and (as in Portugal) establishing a juridical regime for inclusive education;
- combining universal measures that target all students (with the aim of promoting participation), and learning and selective measures aimed at students evidencing needs that have not been met by universal measures;
- ensuring a truly intercultural education system;
- developing partnerships between schools/parents/local communities/social services; and
- developing all-day schools where children receive free integrated education services.

3.4 Free ECEC

In relation to access to free ECEC, a number of key measures were identified to address gaps and barriers and improve access:

- addressing a lack of places by: prioritising increased investment in the youngest children (under 3); increasing the number of places according to the economic and social needs of municipalities (as in Flanders [Belgium]); favouring steps towards unification of split ECEC systems under an integrated approach for children aged 0-6 as part of the public education system (as in Sweden); increasing the availability of provision; taking account of geographical disparities (i.e. priority funding for disadvantaged areas); and developing priority enrolment for children in vulnerable situations;
- reducing/exempting fees and subsidising related costs (e.g. free lunches/breakfasts);
- putting in place quality standards;
- developing a well-trained and paid workforce to deal with cultural/socio-economic diversity;
- legislating to make ECEC an entitlement for all parents and children;
- countering spatial segregation by prioritising resources to deprived areas;
- increasing the flexibility of provision (reconciling work and family life);
- fostering 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' and which involve staff from diverse cultural backgrounds;
- prioritising early intervention and outreach to parents from the birth of children with disabilities;
- addressing non-take-up (often due to administrative burden and/or unclear regulations); and
- encouraging parental participation in ECEC.

3.5 Access to decent housing

In relation to access to decent housing, a number of key measures were identified that could help to address gaps and barriers and improve access:

- establishing an enforceable right to access adequate housing for children and their families;
- developing a comprehensive strategy on access to housing and on fighting homelessness, including temporary (collective) housing for the homeless;
- ending ethnic segregation;
- increasing/subsidising the supply of affordable and social housing and giving priority access to children and their families;
- generating more funds to increase the availability of affordable housing – for example, through increases in recurrent property taxes and through the introduction of land value taxation;
- addressing the issue of affordability through measures such as: improving housing allowances and their targeting; avoiding over-strict eligibility criteria; implementing stricter/more comprehensive regulation of maximum rents; and subsidising shared equity schemes allowing people to move from renting to owning;
- increasing legal protection in eviction processes for children and their families;
- providing support for utility (water, electricity, and heating) bills;
- introducing targeted exemption from house-ownership taxes;

- supporting households with children with disabilities to adapt their dwelling;
- combating discrimination on the private rental market; and
- supporting the provision of housing for asylum-seekers.

3.6 Access to adequate nutrition

It was stressed that adequate child nutrition is critical to healthy development, particularly at birth and during infancy. In addition, if school-age children are hungry they will not learn successfully. Several key measures that can help to improve access to adequate nutrition were identified:

- ensuring adequate income-support systems for families with children, and using social transfers to mitigate the impact of income poverty on child nutrition;
- providing free healthy meals in education and care facilities and at schools in view of the potential direct benefits (e.g. very broad reach; potential for non-stigmatising targeted provision; provision of healthy food) and also indirect benefits (e.g. school attendance and achievement) – interesting examples that were highlighted included the universal provision in Finland, the targeted provision in Greece, the school fruit scheme in Slovenia, and the holiday meals scheme in Hungary;
- developing educational activities on healthy food;
- encouraging healthy lifestyles (e.g. exercise);
- developing food banks and meal-at-home programmes;
- monitoring children's health and nutritional status on a regular basis;
- promoting mother and child health including breastfeeding;
- supporting healthy food in schools/ECEC centres, taxing fatty food and lowering taxes on healthy food; encouraging 'no fry' zones round schools to limit the availability of high-fat fast food;
- ensuring that nutrition policies adequately address the nutrition needs of children with disabilities and children with particular dietary needs in general, while respecting cultural diversity;
- establishing nutrition standards for alternative care settings; and
- ensuring the quality of food for children in the asylum system.

3.7 Overall conclusions

Three main conclusions emerged from this session:

(i) there is clear evidence as to which policies and programmes work to address gaps and barriers and to ensure access to the five key social rights under scrutiny;

(ii) there is no one, quick solution: a comprehensive approach is needed in each PA; and

(iii) a specific focus is needed on children in vulnerable situations to ensure their access – this is consistent with the commitment in the SDGs that 'no one will be left behind' and to 'endeavour to reach the furthest behind first'.

4. Civil society perspectives

One session of the conference focused on civil society perspectives, with contributions from Caroline Costongs (EuroHealthNet), Jana Hainsworth (EU Alliance for Investing in Children), Alfonso Montero (ESN), Freek Spinnewijn (FEANTSA), and Brikena Xhomaqi (Life-long Learning Platform). The session's participants argued for a number of key elements, as follows.

Political priority key: There was a strong emphasis in this session on the extent of child poverty in the EU and the need for more urgent political action. It was suggested that a CG could provide a real political push to tackle the problem, and that a CG could play an important role in strengthening and empowering families in vulnerable situations, investing in communities and reforming services to make them more integrated and inclusive. There was a call for increased political will to be reflected through an enhanced prioritisation by the EU. Several speakers argued for a recommendation from the Council which would then trigger national and sub-national measures to reduce child poverty, addressing both income poverty and services. It was strongly emphasised that this could then be reinforced by developing an action plan to implement it, and by developing effective monitoring frameworks with better systems of data collection and benchmarking of progress – something considered helpful to prioritisation and accountability.

Integrated, child-centred approach needed: As child poverty is a multidimensional problem, it was stressed that it requires a multidimensional response. It was argued that it is important to develop integrated strategies that put the best interests of the child at the centre of all measures concerning children, and that cut across the fragmentation and segregation of services into silos of health, education, and social welfare, including housing. The 2013 EU Recommendation on investing in children provides a good basis for an integrated approach that combines measures to increase access to resources, access to affordable good-quality services, and children's right to participate.

Early intervention: Some speakers insisted on the importance of the early identification of at-risk children so that they could be provided with (or directed to) the right forms of support.

Sustainable funding: Some speakers argued for an explicit financing scheme within the 2021-2027 MFF that could help to develop and enhance service infrastructure that addresses child poverty through integrated approaches at (sub-)national levels.

Monitoring access: It was stressed that children have a right of access to the five rights under discussion, and that this could be reinforced by linking a CG with the EPSR and extending the scope of the related scoreboard used for monitoring the implementation of the EPSR. Most speakers called for adequate monitoring of children's access. The role of the European Semester was also discussed. One of the speakers, however, insisted on the fact that all the monitoring should not be through the Semester, to preserve its efficacy ('the Semester cannot do everything').

Role of civil society organisations: Civil society organisations can play a key role through expanding civil society partnerships by building on what works, strengthening community engagement, and expanding models of co-production.

Combine ambition with pragmatism: There was quite a lot of discussion on how broad or focused a CG should be. Although the importance of ensuring universal services for all children was stressed, it was suggested that a CG could increase its impact by giving particular attention to the most vulnerable in order to ensure that no one is left behind.

Housing: It was stressed that, as with the other four PAs, the intervention of a CG in the housing domain should be framed within a Council recommendation and an action plan to implement the CG. Two concrete and practical examples of outputs that could be aimed for by the CG in the housing domain were suggested: (a) commit to making sure that in the framework of deinstitutionalisation no child becomes homeless; and (b) make sure that no child lives in a cold home.

Healthcare: It was stressed that there is clear evidence of a socio-economic gradient, with health problems getting worse with every step down the socio-economic ladder, and that there is a need to work to flatten the gradient to make sure all children have the best possible health outcome. It was argued that an approach based on ***proportionate universalism*** is needed – whereby there are universal policies in place for good-quality services but also additional targeted support for those children with specific needs. The point was made that a CG should not just focus on the most vulnerable cases, as this would miss out a huge number of children who would otherwise risk sliding down the scale and getting into bigger health problems later on in their life. A proportionate universal approach would be aimed at the best outcomes for everyone and avoid the development of poor services for the poor; it would also avoid stigmatisation. It was stressed that addressing health inequalities needs to do more than just improve access to healthcare as it requires an integrated approach addressing all factors – such as social protection policies, housing, education, and working conditions. In relation to healthcare, five key areas where highlighted which a CG should invest in: (a) community-based primary care; (b) strong prevention and health promotion; (c) health literacy among families and children; (d) universal health coverage; and (e) reimbursement of co-payments.

Life-long learning approach: It was emphasised that the first five to seven years of an individual's life are key to develop their social and emotional abilities, in particular tolerance and respect for others. Access to free education and training and ECEC is vital; but it is important not just to confine this to formal education but also to support the development of informal learning settings. Community-based life-long learning systems are an early intervention that best serves and engages with marginalised communities. Getting closer to these children and bringing their education and social life together is very important. A life-long learning perspective is also essential. '*If we do not invest in the education and training of staff and adults that are taking care of these children, we will not solve the problem*.'

5. EU and other international legal frameworks

One session of the conference focused on the EU and other international legal frameworks informing the proposed CG. There were two main interventions: Helen Stalford (University of Liverpool) presented the main findings of the FSCG and Benoît van Keirsbilck (Defence for Children International) outlined some measures which could improve the enforcement of legal obligations. Two discussants, Bruce Adamson (ENOC) and Grigorios Tsioukas (FRA), then strongly endorsed the two presentations and made several suggestions for the development of the CG. The following conclusions can be drawn from these presentations and discussions.

There is a broad landscape of children's rights upon which an EU CG could rest

Helen Stalford presented the main EU and other international legal frameworks informing the proposed CG. She explained that EU children's rights provision spans a range of binding legal measures and supportive interventions and is firmly grounded in the principles and provisions of the UNCRC and other international human rights instruments. She emphasised that the EU has become something of a leading light in the protection and promotion of children's rights globally. Articles 3(3), 3(5), and 6(1) of the TEU contain explicit commitments to the protection of the rights of the child, both between the Member States and also in external action. In addition, there are other non-child-specific provisions that are relevant in relation to the integration of those with disabilities (Article 26(1)) – family rights (Article 7), social security and assistance (Article 34(3)), and healthcare (Article 35). The CFR has introduced explicit references to children's rights at EU constitutional level: the right to receive free compulsory education; prohibition of

discrimination on grounds of age; and prohibition of exploitative child labour. In addition, Article 24 enshrines key principles of children's rights (i.e. the right to protection and care as necessary for well-being; the right to express views freely; child's best interests as a primary consideration in all measures relating to them; and right to maintain personal relationship/contact with both parents).

This is backed up by jurisprudence which has reinforced the position that all EU measures have to be interpreted in a manner that is compatible with upholding children's rights as expressed in the CFR and with upholding children's rights as expressed in international children's rights law, in particular the UNCRC.

EU legal competence in the fields covered by the CG

Helen Stalford and Grigorios Tsioukas explained how competencies are divided between the EU and its Member States in the fields covered by the CG. This sharing of competencies depends on the areas.

In so far as the principles of conferral and subsidiarity delineate EU action in the field of the fight against poverty, which is not among the areas where the EU may adopt directives (Article 153(2) TFEU), there is not much space for an EU horizontal legislative measure covering in one single instrument all the TGs and PAs of a future EU CG. Combating child poverty and delivering on a future EU CG fall primarily within the responsibility of Member States.

However, they explained that there is space for EU *legislative* action in areas relating to children's rights if the EU can share competence to take action; that is, where Member States cannot address that issue acting alone. This can cover areas such as migration, poverty caused by cross-border mobility, and trafficking. In such areas, the EU does not just have the option or possibility of legislation; it has a legal obligation to minimise the effects of its own laws and policies on child poverty. This is the case if the area concerned does not fall within the EU's exclusive competence, if the objectives of the proposed action cannot be sufficiently achieved by the Member States, and if the action can, therefore, by reason of its scale or effects, be implemented more successfully by the EU.

Grigorios Tsioukas insisted on the importance of not neglecting such options for hard law provisions in targeted areas where the EU has the competence to legislate, in the context of the CG.

- Some legislative measures on specific groups of children and PAs are possible. This is already the case with children in asylum procedures. Other measures could be linked, for example, to measures falling within the area of gender equality (Article 157 TFEU – childcare and participation of women in the labour market) or consumer protection (Articles 114 and 169 TFEU – housing rights/evictions).
- It is also possible to have legislative measures adopting incentives to contribute to achieving good-quality education (Article 165 TFEU) or to protect and improve human health (Article 168 TFEU).

Both Helen Stalford and Grigorios Tsioukas explained that in other areas the EU has *a supporting competence*: action is limited to interventions that support, coordinate or complement the action of Member States. These include: protection and improvement of human health (e.g. cross-border healthcare; the European Monitoring Centre for Drugs and Drug Addiction; and the EU action plan on childhood obesity 2014-2020); education (e.g. Council Recommendation on high-quality ECEC systems; and migrant intervention programmes); and young people (EU youth strategy 2019-2027 – mainly 16+).

All speakers in the session converged towards the idea that, from a legal point of view, the EU can play a major role in supporting and complementing action by Member States in all areas related to combating child poverty and the CG; that is, that there is a legal basis for the EU to act in this way in these areas. This could be done by providing guidance (including addressing recommendations to Member States); encouraging cooperation; setting objectives; ensuring coordination and monitoring by Member States (for instance through the use of the European Semester mechanism); and by funding policies aimed at combating child poverty and implementing the CG.

A Council recommendation establishing the CG was proposed as a valuable step in the direction of concrete action based on setting objectives, policies, and measures supporting Member States' monitoring of implementation and evaluation of results.

It was also suggested that all EU legislative initiatives and measures relevant to the well-being of children should take into account the CG dimension, in particular EU funding regulations.

Measures which could improve the enforcement of legal obligations

Benoît van Keirsbilck then outlined some measures which could improve the enforcement of legal obligations and the role of the EU. He stressed that the four TGs looked at by the FSCG should not be looked at in isolation from the rights of all children, and also that the focus should be on the entire family. He emphasised that the appropriate approach is one based on children's rights rather than a humanitarian approach, and that there are legal obligations which should be enforced. Although recognising that many tools will be needed to implement a CG (see above), he argued for complementing this with a focus on the enforcement of children's rights. He explained that this requires regular evaluation and monitoring, and complaint mechanisms that should lead to redress in the case of the non-application of children's rights. He stressed that this is an area which needs more attention and that it will be important to ensure a link between the EU and other international standards, as the EU legal framework only protects access to the five key social rights to some extent. In particular, he highlighted the relevance of the ECHR, the ESC, the UNCRC, and other UN initiatives which have relevant monitoring mechanisms. He stressed the potential of the EU and CoE working together on fighting child poverty. He also highlighted the potential of the collective complaints system at the level of the ECSR and the importance of its ratification by all EU Member States.

At the level of the UN Committee on the Rights of the Child, he discussed the importance of the different monitoring mechanisms – in particular, the reporting and the individual complaints systems. Here again, he deplored the fact that some Member States had not ratified the individual complaint system.

He further argued that it is important that the EU and Member States support strategic litigation using these complaint mechanisms and support the implementation of the related jurisprudence.

For the future, the following suggestions were made by Benoît van Keirsbilck, Bruce Adamson, and Grigorios Tsioukas:

- the EU should ratify the UNCRC, the revised ESC of the CoE (including Article 30 on the right of protection against poverty and social inclusion), and the complaints mechanisms for the ESC, UNCRC, and ICESR;
- the common legal standards enhancing a comprehensive and rights-based approach to child poverty should be reflected in the CG – complying with the CFR and taking inspiration from the UNCRC and the revised ESC;

- the participation of children and young people is essential – the European Commission's support for the European network of young advisors is very important in this regard; and
- to increase children's access to justice, independent children's rights institutions such as ombudspersons for children can play an important role through strategic litigation and the use of judgements as part of broader policy work. This could be supported by a system for documenting and disseminating examples. The EU could provide Member States with technical support in this domain.

They also suggested other important elements:

- the development of better tools for children's rights-based budgeting;
- the collection of sufficient, reliable, and appropriately disaggregated data on children in vulnerable situations;
- more mainstreaming across the European Commission and the European Parliament's intergroup on children's rights;
- better education programmes on children's rights for parents and children; and
- the creation of an ombudsperson for children at EU level.

6. The role of EU funds

José-Manuel Fresno (Fresno Social Services) outlined how EU funds could be used to improve access by disadvantaged children to the five social rights under scrutiny. He highlighted the main ways EU funds have been used in the 2014-2020 period that are relevant to children. The ESF has been important for: supporting social inclusion measures; reducing and preventing early school-leaving; promoting equal access to early-childhood, primary, and secondary education; promoting access to affordable, sustainable, and high-quality services; and the socio-economic integration of marginalised communities such as the Roma. The ERDF has helped develop education facilities, promoting social inclusion including the development of alternative care, and developing ECEC infrastructure. The FEAD and AMIF have also supported children in vulnerable situations. Positive innovations in the way EU funds have been used to support disadvantaged children have included: a micro-territorial approach; the development of integrated multi-fund programmes; support for administrative reforms; the promotion of intergovernmental cooperation and civil society participation; and reinforced attention to school drop-out and ECEC. The key weaknesses that have been identified in the use of EU funds are: lack of data and systematic evaluations on interventions targeted at or affecting children's rights; EU-level priorities on investing in children not linked to specific indicators on children's well-being; complex administrative systems (both EU and Member States!) and low absorption capacity in some Member States; an insufficiently clear focus on vulnerable children; limited connection between the use of EU funds and the development of national policies, and between the use of funds and national strategic policy frameworks; and the use of EU funds not being (sufficiently) embedded in local policies.

In the light of this, recommendations for enhancing the use of EU funds in the future include: combining targeted and mainstreaming approaches; placing a special focus on children in vulnerable situations; encouraging a multidimensional approach which combines the different funds (e.g. using the ESF for human resource development and the ERDF for infrastructure); building projects from the local level and avoiding top-down approaches; ensuring the active involvement of stakeholders, especially civil society organisations; avoiding using EU funds as compensation for a lack of national funds, but rather using them as a trigger to encourage greater investment by Member States; encouraging a strategic approach; and getting better knowledge of what is working by

developing robust evaluations and exchanging knowledge between Member States. In conclusion the key point is how to use more funds for the CG and how to invest those with more intensity.

Loris Di Pietrantonio (European Commission) then outlined the Commission proposals for the use of ESF+ after 2020. He stressed that using EU funds to address poverty, and more specifically to support children, goes back a long time and this provides a good base on which to build. He also emphasised strongly the need to be realistic and recognise that although the size of EU funds may seem large, when one looks at the number of people at risk of poverty it is only 'a drop in the ocean' and the main responsibility for funding policies and programmes for children in vulnerable situations must rest with Member States. However, it has been proved by experience that the drop in the ocean can lead to waves and can leverage real change on the ground. Using EU funds as a lever and combining them with policy recommendations, for instance from the European Semester, can have a real impact. Looking to the future, it is proposed that the ESF+ will have an endowment of €101.2 billion and there will be important enabling conditions attached this – for instance Member States will be required to have in place national strategic policy frameworks for social inclusion. 25% of the ESF+ budget will be addressed at social inclusion and there will be requirements to spend 2% on material and social integration measures and at least 4% on targeting the most deprived. In addition, at least 10% of the ESF budget will have to be spent on young people. Other important measures foreseen are money for transnationality, so that Member States with common problems such as child poverty can cooperate and conduct pilots together. The EPSR with its 20 principles will be a key guide for the programming of the ESF+ on the ground. The use of EU funds will also be linked to addressing CSRs issued in the course of the European Semester process. Promoting partnership will also be a key tool in ensuring that funds are used effectively in favour of children in vulnerable situations.

Following the two presentations a discussion with the audience was started with a presentation by Marta Mlejnková (FEAD Managing Authority, Czech Republic) who described a Czech OP providing food and material assistance to people in need. One objective is to provide nutritious meals to vulnerable children in schools and kindergartens and the other two objectives are to provide food and material assistance to those in need, 40% of whom are children up to age 15.

In the ensuing discussion with the audience a number of points were emphasised:

- consultation with children and families, schools, neighbourhoods, and communities should be at the heart of how EU funds are used – involving families and ensuring the participation of parents as well as children in the development of programmes is essential, as they are specialists in their own needs;
- ensuring that EU funds are deployed in the right direction and are used to promote real inclusion in the community (e.g. by investing in social housing that is accessible and not in segregated settings for older or disabled people or minorities) is essential – using policy coordination (based on evidence, analysis, and guidance) to complement the use of EU funds is key to ensuring the funds are used in a sustainable and strategic way;
- enabling conditions will have to play a key role in the future and should not just be a 'tick box' exercise at the beginning – they will have to be checked continuously during the implementation of programmes, and if they are not being fulfilled the European Commission should intervene;
- encouraging integrated approaches will be vital if EU funds are really to drive links with the European Semester and CSRs – the Commission noted that several CSRs already emphasise the need for an integrated approach;

- greater insistence on the involvement of civil society in the delivery and monitoring of EU funds is needed – the Commission has stressed the importance of civil society participation in the monitoring and design of programmes and will do its best to guarantee this on the ground;
- ensuring an implementation mix which would allow large projects as well as small grassroots projects will be important – the Commission pointed out that in fact at present most projects do not exceed the €50,000 bar; and
- there is a need to improve, and make more transparent, the planning approach in Member States to how EU funds are used – so that those responsible are really aware of the new regulations, and to avoid inertia and Member States just continuing to do the same as they did in the previous period; key to this will be better analysis of the situation.

7. The scope of a CG

The concluding session of the conference moderated by Fintan O'Toole (Irish Times) focused on the question of what should be the scope of an EU CG. The panellists were Brando Benifei (Member of the European Parliament), Domna Michailidou (Deputy Minister of Social Affairs, Greece), Juliane Seifert (State Secretary, Ministry for Family Affairs, Senior Citizens, Women and Youth, Germany), and Frank Vandenbroucke (University of Amsterdam). Setting the scene for the discussion, Fintan O'Toole stressed that one of the things that emerged from the previous sessions about the CG is that it is not going to transform children's lives if it does not become something which is capable of being a political project in the broadest sense. In considering the scope of a CG there are three tensions (but not contradictions) arising from the day's discussion that are worth discussing:

- first, on the one hand the EU has a clear role to play to act on child poverty but on the other hand child poverty is not primarily an EU competence;
- second, there is an absolute need for the CG to be understood by EU citizens as a universal project which we as Europeans take ownership of, but at the same time it needs to be sharply focused on particular groups in particular need; that is, there is a tension between a universal mission statement and the need for a sharp focus on the most vulnerable; and
- third, should we be talking about outcomes or outputs and how do those two things fit together so that the CG can become a sharply defined political instrument?

The following are some of the key points that emerged from the discussions between the panellists and also with the audience.

No clash of competencies

All four speakers agreed that there is no clash of competencies between the EU and national levels but rather they are complementary. Indeed Juliane Seifert stressed that given the high levels of child poverty in the EU: '*There should be a huge interest of the EU and all Member States to work on it and therefore it is important to cooperate and to push the debate forward, to improve it*', and Domna Michailidou said that: '*It is one of these matters where there is no real tension in the definition of competence between Europe and countries. One of those where it is complementary*'. It was emphasised that ensuring that every child can make it is a question of social justice and social cohesion for our societies and is crucial in our times. It is a question for our successful future and we can only solve it if we all work together and cooperate together from local to regional, national, and EU levels.

Use EU funding to incentivise action

Brando Benifei stressed that, from the European Parliament's perspective, a CG is a way of creating a framework for supporting children in vulnerable situations through the ESF+ because what we have been doing up to now is not sufficient. This should be a key part of the 2021-2027 MFF. However, during the discussion it was also emphasised that the EU cannot and should not finance the child infrastructure in Member States. Instead, EU funds should be used to help Member States to take steps forward in developing their policies and programmes for children. As part of a CG, EU funds can help incentivise Member States to develop policies and programmes and to foster cooperation. But to do this, Frank Vandenbroucke insisted on the importance of an operational methodology that would allow what EU funding means for children – its impact on them – to be measured. He expressed his disappointment that this cannot be done today.

Need for both comprehensive strategic thinking and understandable and tangible policy levers to create accountability

Most panellists argued that a CG should be supported by a clear legal framework such as a Council recommendation, as is the case with the Youth Guarantee. Brando Benifei argued that such a recommendation would not be overly burdensome but would give a clear direction on what to do. Frank Vandenbroucke also felt a fully-fledged Council recommendation would be helpful in developing an overall perspective. He explained that it would encourage Member States to think strategically and comprehensively, and this would avoid the pursuit of policies that go against the results we want to achieve. At the same time, he stressed this needs to be complemented with some very concrete elements (see below).

Need for understandable and tangible policies

Frank Vandenbroucke stressed that the CG risks failure if it is not based on understandable and tangible policy inputs that people can relate to (e.g. ensuring that children have access to free compulsory education). He argued that there is a need to both think big and be practical. Thus, while supporting universalism and monitoring outcomes, he suggested to not shying away from being selective in the different policy domains so that there are tangible measures that people can understand. He explained: '*Member States should be called upon to think strategically. That is the importance of reissuing of the Recommendation. If they think strategically and comprehensively, they should not pursue policies against the result we want to achieve*.' He then argued that if some key policy domains are selectively chosen, within which the kind of policy levers that should be in movement are defined in a very generic way, it is more difficult for Member States to go against it. From his point of view, what is really needed is creative thinking on how the CG can formulate the kind of soft instructions to Member States that are tangible, and respect diversity and subsidiarity, but, at the same time, still create some accountability.

Domna Michailidou also agreed on the need to make the CG concrete and measurable by setting specific objectives such as free access to pre-education and early-education centres, or options for deinstitutionalisation, or free and inclusive education for the most vulnerable migrant groups or Roma. Setting specific objectives can lead to measurable targets. The EU could then develop a toolkit for Member States on all available possible options to go about fulfilling each measurable target.

Importance of exchange and learning

The potential of the CG to facilitate opportunities for exchange and learning between Member States about what works in the five PAs was emphasised by all the panellists. It was stressed that this can be very helpful to Member States in taking concrete steps forward.

Investing in children is a question of European values

A lack of public awareness and understanding of the nature and scale of child poverty was highlighted as one of the barriers to making progress. Panellists felt that one of the advantages of establishing a CG would be that it could open debate and increase awareness of the need for, and benefits of, action on child poverty both for children and society. However, they explained that for this to happen there is a need for a CG that is not seen as just rhetoric, but as something that engages with the feasible and overcomes fatalism; that is, the CG needs to move beyond speaking to policy makers and to be sufficiently tangible in terms of formulation to speak to and mobilise people. As explained by Juliane Seifert, support for investing in policies (e.g. day-care for children) can also be increased by collecting evidence that shows the benefits and returns from such investment for children, for parents, and for the society and economy. But some panellists emphasised that, although returns on investment may help to convince ministers of finance, in terms of the general public what may work best is a narrative that stresses that things such as free decent healthcare for everybody, or compulsory education that is accessible and basically free to all children, are part of the European way of life and are fundamental European values.

Involve parents and children from vulnerable groups

It was also argued that a CG should encourage the participation of children and parents from vulnerable groups at local and national level.

Conclusion by the moderator

Concluding the session, the moderator highlighted the three following points.

- '*The future is now. Children are citizens now, not just future citizens. Including their voice will be a critical part of making the CG a powerful project.*
- *While it is crucial to focus on groups who are excluded, marginalised, suffering, vulnerable… there has to be a point of pride of every child to say: I have a guarantee from the community I live in which says there are certain levels below which I will not fall. There is a floor under every child. The ownership of that has to be not just about the vulnerable and marginalised but about all children as citizens now.*
- *A CG, if it is properly framed around values and owned by the political system, can be one of the things that the EU can rally around as a sense of what is European identity. One of the primary values is that every child has the right to a decent life*.'

8. Way forward

Joost Korte (Director-General for Employment, Social Affairs and Inclusion, European Commission) ended the conference with some conclusions and comments on the way forward. He began with five key points, as follows.

- The number of children at risk of poverty in the EU is unacceptable so European action is both needed and is the right thing to do. Although there are differences between Member States, all Member States need to step up their efforts. However, at EU level we have to ask the question: 'Should we come up with something that applies to everyone or should we be more targeted?'.
- It is difficult to reach the children concerned. One needs to go through their families (or their schools). A CG needs to be part of an overall anti-poverty strategy.
- We need to decide the exact rights we should guarantee. Most of them exist but the point is to check why these rights are not being enforced and are not working.
- The CG can draw on existing good practice and become an exercise in people learning from each other.

- Regarding the added value of EU action, as well as emphasising values, we need to deepen our understanding of the return that comes from the investment that is needed in our children.

He also strongly insisted on the importance of the political support of the Member States.

Looking forward, he said the plan is to move along on two strands: the governance framework for the CG, and funding.

Governance framework: Putting in place a governance framework which will make sure that the CG becomes something that is real is the first strand that the Commission needs to address. He argued that the most logical framework for the CG would be to come with a proposal for a Council recommendation which would set out the contents of a guarantee but would not be legally binding. Once this is agreed, the Commission could ensure that Member States are held to account for what they have approved. He explained the importance of thinking more deeply about monitoring its implementation, which did not really happen with the 2013 EU Recommendation on investing in children. He also reminded that a lot more could be done through the European Semester, and by fixing targets and indicators, as well as through the action plan for the implementation of the EPSR, which is another important commitment of President Von der Leyen. There are five or six principles in the EPSR that have a direct bearing upon the CG.

Funding: The funding available is part of the current negotiations over the MFF. The European Parliament has proposed an extra €6 billion for the ESF, but on the other hand there are proposals on the table to cut the ESF+ budget by €3 billion. If the overall envelope for the ESF is cut, the choices about priorities will become more difficult. However, he argued that children are important and he expects there is going to be an interesting discussion; clarity will come before the summer.

Concluding, he said that the Commission expects to come forward with concrete proposals on the CG next year. He emphasised that it will be important to develop these collectively with participants and profit from their wisdom and help. He thanked everyone very much for their interest and support.

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