



Feasibility Study for a Child Guarantee

Target Group Discussion Paper on

Children living in Precarious Family Situations

EUROPEAN COMMISSION

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Target Group Discussion Paper on Children living in Precarious Family Situations

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

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

For more information on the Feasibility Study for a Child Guarantee, see: https://ec.europa.eu/social/main.jsp?catId=1428&langId=en.

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List of official countries' abbreviations and other acronyms

Official countries' abbreviations

EU countries prior to 2004, 2007, and 2013 enlargements (EU-15)		EU countries that joined in 2004, 2007 or 2013	
BE	Belgium	2004	enlargement
DK	Denmark	CZ	Czechia
DE	Germany	EE	Estonia
IE	Ireland	CY	Cyprus
EL	Greece	LV	Latvia
ES	Spain	LT	Lithuania
FR	France	HU	Hungary
IT	Italy	MT	Malta
LU	Luxembourg	PL	Poland
NL	The Netherlands	SI	Slovenia
AT	Austria	SK	Slovakia
PT	Portugal		
FI	Finland	2007	enlargement
SE	Sweden	BG	Bulgaria
UK	United Kingdom	RO	Romania
		2013 enlargement	
		HR	Croatia

Other acronyms

AROP	At risk of poverty		
AROPE	At risk of poverty or social exclusion		
CERD	Convention for the Elimination of Racial Discrimination (UN)		
CESCR	International Covenant on Economic, Social and Cultural Rights (UN)		
CoE	Council of Europe		
CRC	Convention on the Rights of the Child (UN)		
CSF	Common Strategic Framework		
CSR	Country Specific Recommendations (of the European Semester process)		
EAFRD	European Agricultural Fund for Rural Development		
EC	European Commission		
ECEC	Early childhood education and care		
EPSR	European Pillar of Social Rights		
ERDF	European Regional Development Fund		
ESF	European Social Fund		
ESIF	European Structural and Investment Funds (includes ERDF/Cohesion Funds and ESF/Youth Employment Initiative)		
EU-SILC	EU Statistics on Income and Living Conditions		
FEAD	Fund for European Aid to the Most Deprived		

FRA Agency for Fundamental Rights (EU)
FSCG Feasibility Study for a Child Guarantee

GMI Guaranteed minimum income

HBSC Health Behaviour in School-aged Children

IP Investment Priority

IPR Integrated Pedagogical System (Hungary)

NGO Non-government organisation

NRIS National Roma Integration Strategy

OP Operational Programme

PA Policy Area

PF Precarious families

PISA Programme for International Student Assessment (OECD)

SDG Sustainable Development Goal

SEN Special educational needs

TG Target group

TO Thematic Objective

UHC Universal health coverage

UNICEF United Nations Children's Fund

WHO World Health Organisation

Context of the paper, authorship and acknowledgements

Following the call in 2015 from the European Parliament to introduce a Child Guarantee and the subsequent request to the European Commission (EC) in 2017 to implement a Preparatory Action to explore its potential scope, the Commission launched a feasibility study in 2018 that is aimed at examining and making proposals as to how a specific programme could best be developed in order to fight poverty and social exclusion amongst the EU's most disadvantaged children (i.e. children living in precarious family situations, children residing in institutions, children with a migrant background [including refugee children], and children with disabilities) and to ensure their access to the five key policy areas (PAs) identified by the European Parliament, (i.e. free healthcare, free education, free early childhood education and care [ECEC], decent housing, and adequate nutrition).

This Feasibility Study for a Child Guarantee (FSCG) has been commissioned as a key part of the Preparatory Action agreed between the EC and the European Parliament. The FSCG is managed by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in collaboration with Eurochild and Save the Children.

The FSCG is a combination of 28 Country Reports, five Policy Papers (one on each of the five PAs identified by the Parliament) and four Target Group Discussion Papers (one on each of the four Target Groups [TGs] identified by the Commission). This work is also being complemented by specific case studies highlighting lessons from international funding programmes, an online consultation with key stakeholders, and focus group consultations with children.

Each TG Discussion Paper examines in detail issues in relation to the access to the five PAs of children in the TG and reviews and assesses the strengths and weaknesses of existing approaches and policies at the national and EU level. It draws heavily on the analysis presented in the FSCG Inception Report¹ that was prepared by the FSCG Core Team, on the findings from the 28 FSCG Country Reports, on the five FSCG Policy Papers and on the results of the FSCG online consultation, as well as on the academic literature and consultation with key experts.

The draft TG Discussion Papers constituted important resources for the four TG fact-finding workshops that were organised in September and October 2019 as part of the FSCG. The papers were then finalised following the workshops. Discussions at these workshops together with the findings of the various FSCG reports will feed into an Intermediate Report, which will provide the basis for discussion at a concluding conference in early 2020. The final outcomes of the study will then be summarised in the Final FSCG Report.

The authors of the four TG Discussion Papers are grateful to Hugh Frazer, Anne-Catherine Guio and Eric Marlier (FSCG Core team), the Country and PA Experts (the list of these experts is provided in the Annex), Eurochild and Save the Children, as well as the fact-finding workshops' participants for their helpful comments and suggestions. All errors remain the authors'. The EC bears no responsibility for the analyses and conclusions, which are solely those of the authors.

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

1 Summary

Children in precarious family situations remain at risk of destitution throughout Europe and face barriers to accessing basic rights. Public policies and services in Member States are, slowly and at different speeds, adapting to these emerging situations of precariousness by expanding coverage of universal mainstream services as well as devising targeted interventions to reach out to the most deprived.

In the context of the European FSCG, this study enquires into one of the four defined target groups (TGs), specifically children in precarious family situations. Based on 28 Country Reports, it reviews the access of children from this TG in five policy areas: nutrition, education, healthcare, housing, and ECEC. The definition of the TG is discussed as a combination of factors involving household composition, economic fragility, and social risk. Children with severe and multiple disadvantages risk not being detected under sector-focused interventions, or else the latter might not be able to provide the much needed integrated responses. In effect, this leads to situations where children with severe and multiple disadvantages do not find the professional assistance they need. The TG is then pragmatically defined and broken down into four sub-groups which are present in different degrees in EU Member States. These are: economically deprived children, children in single-adult households, children left behind by EU-mobile parents, and Roma children.

In general, the TG faces a number of barriers in both equal access, equal treatment, and equal outcomes. Economically deprived children have consistently worse indicators in terms of educational performance and health outcomes. Some children of single-parent households, specifically those that are poorer and with low work intensity, suffer a greater risk of exclusion and cannot access or afford services. So-called 'left-behind' children might be exposed to social strain and abandonment, which is not compensated for by the economic advantages of remittances. They are not yet on the radar of social policy responses. Roma children face multiple deprivation due to both social exclusion and discrimination. However, the severity of the situation varies widely across Member States.

The policy responses in Member States are diverse. Mainstream services are readjusted to reach out to the most deprived; and specific targeted support schemes are set up, such as subsidised school meals, special desegregation strategies in schooling, integrated community-outreach health interventions, social housing and rent subsidy schemes, and enforced incentives to participate in early childhood care. Local context matters, but a common European debate on policy options emerges.

Beyond the sectoral approaches, integrated responses are most effective. The Country Reports identify common patterns, namely a combination of guaranteed minimum income (GMI) schemes, personalised social services based on case management, and locally integrated service innovation in co-production with civil society and private actors.

EU Funds play a role in financing services for children in precarious family situations, which is decisive in some countries. Country Reports describe a wide area of interventions focused on children, with mixed results. Delays in execution and administrative burdens are common. Experiences in implementation hint at necessary improvements. Among these are: a combination of hard and soft intervention, with joint ESF and ERDF funding complemented by a flexible FEAD approach; the need to better integrate operational priorities into national policy frameworks, in order to complement them rather than compensate for their deficiencies; the advantages of stable, larger-scale interventions; the advantages of co-design of policies and co-responsibility in implementation with civil society actors; the requirements of value-for-money and evidence-based intervention design; and the opportunities to foster systematic peer-learning across the EU.

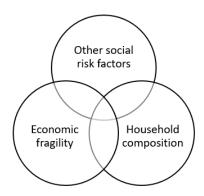
2 Definition of the target group and international human rights obligations

'Children living in precarious family situations' is a broad concept which potentially encompasses different risks.² Conceptually, we can identify three broad factors that may lead to family precariousness (see Diagram 1).

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

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

Diagram 1: Broad factors that may lead to family precariousness



In the existing literature, terms such as 'severe and multiple disadvantage'; 'complex needs'; or 'deep', 'chronic' or 'extreme' social exclusion, point towards interlinked problems – such as unemployment, poor skills, low incomes, poor housing, high-crime environments, bad health (including chronic mental health conditions) and family breakdown – that *in combination* become a reason for entrenched social exclusion.³ Whilst families and their children might cope with just one of these and over a limited time, an accumulation of problems and a prolonged exposure overstretches their resilience. This means that each individual person and each individual child is excluded differently depending on the particular combination and duration of disadvantages which they face. A recent stream of research, around 'adverse childhood experiences' (ACE), shows how early exposure to trauma determines the child's future, with long-term impacts on health and well-being: increasingly, childhood poverty is identified as having a scarring effect on future life prospects.⁴ Policies and social programmes targeted at populations using a group-based

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² For the sake of brevity, 'Children living in precarious family situations' will be referred to in the remainder of the report as 'Children in precarious situations'.

³ Duncan and Corner 2012; OECD 2015.

⁴ Tomer 2014.

approach (by sector) and responding to only one of the risks, are therefore potentially not able to respond well and miss those who have multiple needs. For instance, family environments which expose children to criminal behaviour, substance misuse, mental illness, homelessness, and domestic violence/abuse constitute a particular vulnerability, which often determines intergenerational transmission of exclusion. Furthermore, in recent academic and social policy debate, new forms of vulnerability have been detected: for example, there are children, most often adolescents, who are involved in caring for other household members, due to issues of mental health, substance abuse, disability or chronic disease. Although policy attention has increasingly focused on this group under the heading of 'young carers', it is challenging to determine the size of this group, as well as the impact of their situation on their lives, opportunities, and welfare situation. Another vulnerable group is children with imprisoned parents, who show a consistent risk of lower educational outcomes, worse health status, and low self-esteem, as well as more deviant behaviour.6 These newly identified types of precariousness and vulnerability risk not being detected by the classic division of the European welfare states, and therefore are not yet conceptualised and statistically measured. In contrast, a multi-sectoral perspective of a 'child protection system', which would be cross-cutting through welfare and other state services, is gaining traction only gradually.8 In the EU, a common set of principles on effective child protection systems has been agreed, although monitoring is still weak.9

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

- **Precariousness related to economic fragility:** children who are child-specifically deprived; live in an income-poor household; live in a low socio-economic status household; etc.
- Precariousness related to household composition: children living in single-adult households; 'left-behind' children of EU-mobile citizens; teenage mothers; children living in households consisting of two adults and three or more children; children who are caring for sick or disabled household member(s) (young carers); children with imprisoned parents; etc.
- Precariousness related to (other) social risk factors: children living in a household where there are mental health problems, substance abuse or domestic violence; children living in segregated areas (areas with a high level of economic deprivation, low education levels, and violence/crime), especially groups such as Roma children; etc.

As can be seen from this **non-exhaustive list**, the TG 'children living in precarious family situations' covers a very wide range of households and groups. It is not possible to cover all of them in the FSCG. Therefore, for the purpose of this study, a pragmatic choice was

⁵ Leu and Becker 2017; De Roos et al. 2017; Kallander et al. 2018.

⁶ Heinecke and Eklund 2017; Manby et al. 2014; Sharratt 2014; Murray and Farrington 2012; Phillips and Bloom 1998.

⁷ Lord Beveridge (1942) identified five 'giant evils': want, disease, ignorance, squalor and idleness. The response of the Fordistic welfare state was to set up public policies in five respective sectors, namely minimum-income schemes, healthcare, education, housing, and the employment service. In a self-referential process, these sectors have since determined the framing of 'need', as well as the respective statistical reporting. In other words: if all you have is a hammer, everything looks like a nail. Oosterlink et al. (2017) distinguish between these classical 'elephants' of post-war social protection, which need to relate to the 'butterflies' of social innovation through locally embedded and collective responses to social exclusion by civil society initiatives and local state institutions, much of which were born in the seventies.

⁸ The United Nations Children's Fund (UNICEF) defines a child protection system as: 'the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it [...]. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including routine referral systems, a necessary component of effective child protection systems.' (UNICEF 2008). See Wulczyn 2010; UNICEF, UNHCR, Save the Children, and World Vision 2013.

⁹ European Commission 2015; FRA 2015.

made which takes 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 will primarily consist of **four sub-groups**.

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

These groups will be defined in detail in the next Section. The remaining part of this Section lays out the main international frameworks that either oblige or orient the action of the EU and its Member States.

The EU and its Member States are obliged to respect, protect, and promote children's rights deriving from a number of conventions.

EU legal instruments enable the EU to support Member States in their responsibility to fight child poverty. ¹⁰ These include the following.

- The Treaty of the European Union (TEU) lays out the values of the EU in Article 2, such as respect for human rights, and, in Article 3(3), makes explicit reference to the protection of the rights of the child.
- The Treaty on the Functioning of the European Union (TFEU), Article 4, defines shared competences for social policy; Article 151 calls for proper social protection and harmonisation of social systems; Article 153 calls for combating social exclusion by policy co-ordination, amongst other methods; and Articles 6, 165, and 168 stipulate competences in other areas related to child well-being, including education and health.
- The EU Charter of Fundamental Rights makes explicit references to the rights of the child, for example in Article 24 which establishes the right of children to protection and care as well as participation; and makes specific reference to child-related rights such as education (Art.14), prohibition of child labour (Art.32), family (Art.33), social security (Art.34), and healthcare (Art.35), amongst others.

The EU has developed several instruments that are especially relevant to realising the rights of children and combating child poverty and social exclusion, despite their non-binding character. These include the 2010 'Europe2020' Strategy; ¹¹ the 2011 Agenda for the rights of the child; ¹² the 2013 EU Recommendation on 'Investing in children: breaking

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¹⁰ Much of the policy work on 'Investing in Children' is debated in the European Platform for Investing in Children (EPIC) (see: https://ec.europa.eu/social/main.jsp?catId=1246). For a discussion of the EU as a children's rights actor, see Iusmen and Stalford 2016; and Iusmen 2018.

¹¹ COM(2010) 2020, Europe 2020: A strategy for smart, sustainable and inclusive growth.

¹² COM(2011)60.

the cycle of disadvantage';¹³ and the 2018 European Pillar of Social Rights (EPSR), particularly Principle 11 thereof.¹⁴

In addition to these overarching frameworks, there are a number of other 'soft law' instruments, including the Open Method of Coordination that allow for policy co-ordination and peer learning, including on child rights issues. ¹⁵ Moreover, the European Semester focuses mainly on economic and employment policies, but it has increasingly issued Country Specific Recommendations (CSRs) in relation to tackling poverty and social exclusion, including child poverty. ¹⁶

Article 30 of the Council of Europe's (CoE) European Social Charter (ESC) introduces the right to protection against poverty and social exclusion; and Article 16 and Article 17 introduce the right to the social, legal, and economic protection of the family, as well as of children. The CoE Strategy for the Rights of the Child identifies poverty, inequality, and exclusion as being among the main challenges for children's rights. 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). 18

The UN Convention on the Rights of the Child (CRC) of 1989 represents a landmark document, reinforcing fundamental child protection safeguards and shifting the attention towards contemporary child rights principles, such as the *best interests of the child* (Art.3) and *child participation* (Art.12). Having been ratified by the EU itself and all EU Member States, including most of its optional protocols, the period review mechanisms provide a systematic opportunity to monitor child rights.¹⁹

The UN's 2030 Agenda for Sustainable Development, and the related Sustainable Development Goals (SDGs), have provided, since their approval in 2015, for a common yet localised set of objectives, together with means of verification through the related indicators. The EU, both Member States and the Commission, has only slowly moved to translate the agenda into local strategies and targets. Although the multilateral SDG framework does not constitute a set of legally binding commitments and standards, and avoids the rigid human-rights methods of periodic review, shadow reporting and government response, the soft power of target-setting and measurement might, in the medium term, generate some policy focus. In terms of child rights, the SDGs treat child concerns in a cross-cutting manner and allow for disaggregation by age on issues such as poverty (SDG1), hunger (SDG2), health and healthcare (SDG3), education (SDG4), gender equality (SDG5) and others. On the other hand, a specific target on violence against

¹³ 2013/112/EU: Commission Recommendation of 20 February 2013, Investing in children: breaking the cycle of disadvantage. Available at: http://data.europa.eu/eli/reco/2013/112/oj.

¹⁴ European Commission Recommendation establishing the European Pillar of Social Rights, C(2017)2600; Principle 11 – 'Childcare and support 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.'

 $^{^{15}}$ On policy co-ordination and a follow-up of the 2013 Recommendation on Investing in Children, see Frazer and Marlier 2013.

 $^{^{16}}$ See Janta et al. 2018 for a tabulation of CSRs relevant to child rights.

¹⁷ Council of Europe Strategy for the Rights of the Child (2016-2021). Available at: https://rm.coe.int/168066cff8.

¹⁸ https://www.coe.int/en/web/conventions/full-List.

¹⁹ The CRC has been ratified by all EU Member States. Its three Optional Protocols have been ratified by most of them: on the involvement of children in armed conflict (no exception); on the sale of children, child prostitution, and child pornography (all except IE); and on a communications procedure (all except AT, BG, EE, EL, HU, LV, LT,MT, NL, PL, RO, SE, UK).

²⁰ European Commission 2019a; European Parliament 2019.

²¹ UNICEF 2016; Office of the High Commissioner of Human Rights 2017; Child Rights International Network 2017.

children has been added in the 'governance goal' (SDG 16) whose Target 16.2 is to 'End abuse, exploitation, trafficking and all forms of violence against and torture of children.' In response to strong evidence and growing recognition that the early years are critical for human development, the WHO, together with UNICEF and the World Bank, has lately launched the "Nurturing Care Framework".²²

Apart from the issues related to social rights and social exclusion, a number of legal frameworks refer to civil rights and non-discrimination. In the context of this study, these are particularly relevant in terms of discrimination against Roma. The most important amongst these are: the UN Convention for the Elimination of Racial Discrimination (CERD)²³ and the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance²⁴ at global level; the European Commission against Racism and Intolerance (ECRI) of the CoE; and the EU's Equality Directive.²⁵

Many of the above-mentioned rights frameworks might apply to all of the groups within the scope of the FSCG, including children with disabilities, refugee or migrant children, and children living in institutions. There are, however, some specific guarantees derived from international obligations that have a particular relevance for the children covered by this report, identified here as 'living in precarious family situations'. These are specifically as follows.

- Children who experience child-specific deprivation or live in an incomepoor household: ensuring fundamental social and economic rights for children living in poverty has been defined in a range of norm sets, such as the International Covenant on Economic, Social and Cultural Rights (CESCR), SDG Target 1.3,²⁷ and the EPSR, to name but a few. The challenge consists of linking minimum-income guarantees and access to universal services for children with objectively verifiable monitoring frameworks for rights accomplishment.
- Children living in single-adult households: although there is no specific rights framework for this group, it becomes more and more clear that social policy has to respond to the increasing diversity in family models and life-styles. Much of this debate is also reflected in the target-setting and measurement framework of SDG 5.4 on unpaid care work.²⁸
- **'Left-behind' children of EU-mobile citizens:** the topic of the rights of children left in their countries of origin by migrant parents has emerged recently in the context of SDG Target 10.7 and the Global Compact for Safe, Orderly and Regular Migration (Intergovernmental Conference in Marrakesh, 2018). However, specific attention should be given to intra-EU mobility in the context of the slowing down of the economic and social convergence of living standards in the EU.
- **Roma children:** frameworks of non-discrimination such as the CERD, the EU's Equality Directive, and SDG Target 10.3 need to be taken into consideration, given the twin disadvantages of social exclusion and discriminatory practices that most Roma children suffer.

²⁶ See FSCG Inception Report 2018.

²² WHO 2018; for more information see: www.nurturing-care.org

²³ www.ohchr.org/EN/HRBodies/CERD.

²⁴ https://www.ohchr.org/EN/Issues/Racism/SRRacism.

²⁵ FRA 2018.

 $^{^{27}}$ 'Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.'

²⁸ This theme was specifically reported on in the 2017 monitoring cycle of the SDG High Level Forum. It will also be taken up during the Finnish EU Presidency in the second half of 2019.

3 Overall situation of the target group in Member States

From all the children living in precarious family situations, four sub-groups have been selected. This Section assesses the relative size of these sub-groups in order to better understand precarious family situations and their overall poverty or social exclusion situation in the Member States. It also assesses the extent to which the four sub-groups face problems of access to nutrition, education, healthcare, housing, and ECEC. It is based on analytical work undertaken for the FSCG, namely 28 Country Reports, five policy papers, and the web consultation.²⁹ It also draws on available national, EU, and other international research in relation to work with 'precarious family situations'.

3.1 Relative size of the target group and overall poverty/social exclusion situation in the Member States

3.1.1 Sub-group 'Low-income/socio-economic status children'

In the EU portfolio of commonly agreed indicators, most poverty indicators are broken down by age. This is the case for the at-risk-of-poverty rate ('AROP' indicator).³⁰ As child poverty skyrocketed in all EU Member States in the wake of the Great Recession 2007-2017, applied social scientists and policy-makers deliberated on measures to better capture child poverty, in terms of both statistics and policy responses.³¹ Using child-specific indicators usefully complements the picture provided by household-centred indicators of poverty that may not adequately reflect the specific situation of children.

In March 2018, two indicators of child deprivation were agreed at EU level. They are now part of the EU's monitoring instruments. The first indicator is a child deprivation rate. The second an indicator of child deprivation intensity. The adoption of these child-specific indicators is an important step towards honouring the commitment by the EC and Member States to include (at least) one indicator on 'child well-being' in the EU portfolio of social indicators and to improving the EU toolbox needed for monitoring progress in the implementation of the 2013 EU Recommendation on 'Investing in Children: breaking the cycle of disadvantage' (see Section 2). The data on child deprivation were collected in an ad hoc module of the EU-SILC (EU Statistics on Income and Living Conditions) 2014 and will be collected every 3-4 years from 2021.

• The **child deprivation rate** is the percentage of children aged between 1 and 15³² years who suffer from the enforced lack of at least 3 items out of a list of 17 (unweighted) items – 12 items specifically focused on the situation of children and 5 items related to the household where they live.³³

²⁹ See in the references a comprehensive list of all reports generated so far by the FSCG exercise.

³⁰ In line with the EU definition, the at-risk-of-poverty rate (AROP) of children is the proportion of children living in households whose equivalised income is below 60% of the national median household equivalised income. Thus it measures monetary poverty as the relation of household income to median national income levels (40% for 'extreme' and 60% for being at risk). The 'AROPE' indicator on the risk of poverty and social exclusion is a composite measurement, which adds to the AROP indicator the dimension of material deprivation and work-intensity in the household.

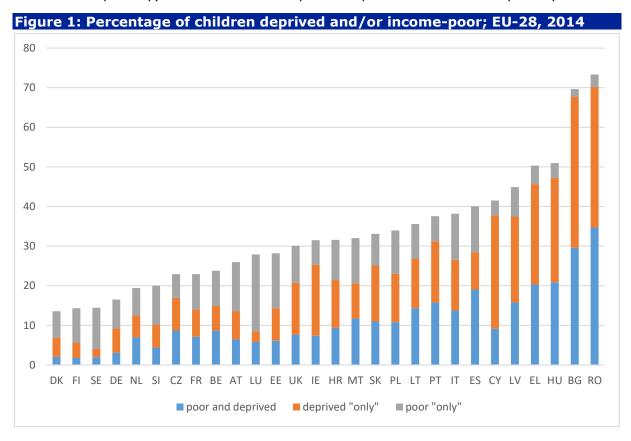
³¹ Eurostat 2012; Atkinson 2015; Cantillon et al. 2017.

³² For most 'children's items', the information relates to children aged between 1 and 15 (i.e. children's items are collected in households with at least one child in this age bracket). Therefore, the child-specific deprivation indicator (rate and intensity) covers only children aged between 1 and 15.

³³ For the individual child: some new clothes; two pairs of shoes; fresh fruit and vegetables daily; meat, chicken, fish daily; suitable books; outdoor leisure equipment; indoor games; leisure activities; celebrations; invite friends; school trips; and holiday. For the household: replace worn-out furniture; avoid arrears; internet access (adults); home adequately warm; car. For a discussion of this indicator, see Guio et al. 2017.

• The **child deprivation intensity** is the average number of enforced lacks among deprived children (aged between 1 and 15); that is, among children lacking at least 3 items out of the 17 retained items.³⁴

Child income poverty and child-specific deprivation are only imperfectly correlated. Figure 1 provides an estimation of the proportion of children confronted with 'economic fragility', as defined by the union of both indicators; that is, children suffering either from income poverty only (and not from deprivation), or from child-specific deprivation only (i.e. not from income poverty) or from both child-specific deprivation and income poverty.



Note: Percentage of children (aged 1-15) who lack at least 3 items (out of 17) and/or who suffer from income poverty, EU-28 Member States, 2014.

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

Figure 1 shows the degree of overlap between the two problems and the relative weight of each of them. For example, in Luxembourg and in Nordic countries the proportion of children suffering from income poverty among those who are income-poor and/or deprived is high, whereas in east European countries the prevalence of child deprivation is proportionally larger. This is due to the fact that the income-poverty rate is a relative measure (i.e. the income-poverty threshold varies from country to country) whereas the child-specific deprivation indicator is a more absolute measure (based on the same basket of items in all EU countries). Reaching the income-poverty threshold in these countries does not allow an escape from child-specific deprivation. It is therefore important to combine both indicators to adequately capture the diversity of economic fragility in the EU countries. Figure 2 presents, for each Member State, the share of children suffering from child-specific deprivation and the share of income-poor children.

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³⁴ In this report, the information covered by these 17 items is used at the aggregate level (child-specific deprivation rate and intensity) to quantify the proportion of children suffering from economic vulnerability. In order to analyse the situation in each of the policy areas of the FSCG, deprivation can be measured as well at the level of individual items, to analyse (for example) aspects of adequate nutrition or education costs.

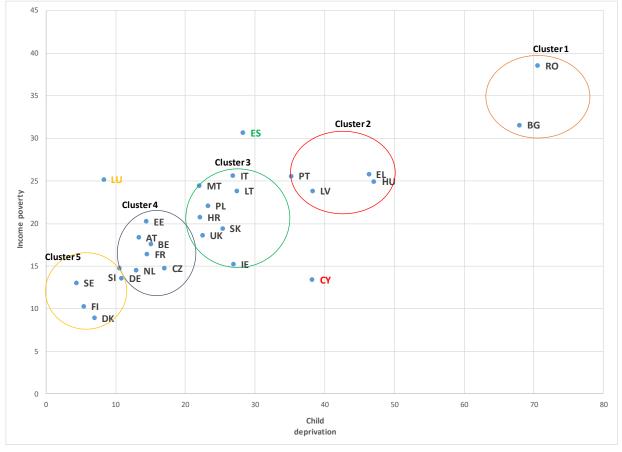


Figure 2: Percentage of deprived and income-poor children; EU-28, 2014

Note: Percentage of children (aged 1-15) who lack at least 3 items (out of 17), and percentage of children who suffer from income poverty, EU-28 Member States, 2014.

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

In this figure, Guio et al. (2018) use a hierarchical cluster analysis to identify five main clusters of countries, as follows.

- **Cluster 1** consists of Bulgaria and Romania, the two EU countries which suffer the most from both child deprivation (around 70% in both countries) and income poverty (32 and 39% respectively).
- Cluster 2 consists of Cyprus, Greece, Hungary, Latvia, and Portugal, which are characterised by a high prevalence of child deprivation (between 35 and 47%). Cyprus differs from the other countries in this group in terms of income poverty, with 13% (one of the lowest rates in the EU) as against around 25% for the other countries.
- **Cluster 3** contains countries with a medium-to-high rate of child deprivation (22 to 28%): Croatia, Ireland, Italy, Lithuania, Malta, Poland, Slovakia, Spain, and the UK. This group is heterogeneous in terms of income poverty (there is a 2:1 ratio between Ireland and Spain).
- Cluster 4 includes Austria, Belgium, the Czech Republic, Estonia, France, Germany, and the Netherlands. They suffer from a low-to-medium level of child deprivation rate and income poverty.
- **Cluster 5**, the cluster with the lowest share of deprived children, consists of the Nordic countries, Luxembourg, and Slovenia. They are also characterised by low levels of child income poverty (except for Luxembourg, where it is high [25%]).

This clustering is based on aggregated macro-data (i.e. it focuses on national shares). It shows a large heterogeneity of national situations in the EU, even within clusters.³⁵

3.1.2 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 resource perspective, a single-adult household is more vulnerable (it has less possibility of pooling employment risk among adults in the household than households with more than one adult). From a needs perspective, single-adult households face fixed costs (housing, childcare, healthcare etc.) which generally represent a higher share of their household's resources than for households with more than one adult. They also face more difficulties in reconciling work and family life and are therefore more likely to opt for part-time employment or inactivity. Single-adult households also face more emotional and organisational challenges than two-adult households. They face time constraints because of the additional responsibilities of running the household and going to work, and they may have less time to spend with their children. Finally, they may also face a higher degree of social instability, which makes them more vulnerable to self-esteem issues and emotional problems.

However, recent research suggests that a binary division between single-parent households and traditional family models is inadequate, as it does not capture either the heterogeneity of single-parent households or the exposure to risk of poverty and social exclusion.³⁶ The diversity of new family constellations, longitudinal (life-course) developments, and flexible childcare arrangements need to be considered. Similarly, social policy frames have to be scrutinised against an implicit assumption of the 'appropriateness' of family arrangements and stigma.³⁷ In any case, specific higher risks for children in single-parent households seem to be associated with low income, wealth, and educational status on the part of the mother, a low mother's age at birth, and a low work-intensity.³⁸

Figure 3 presents the proportion of children living in single-adult households in EU countries. It shows the large diversity of family arrangements in the EU, with 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 UK. It also shows that the proportion of children in single-adult households confronted with income poverty and/or child-specific deprivation is very high (at least 50%) in most countries. This risk is the lowest in Denmark, Finland, and Slovenia, but remains non-negligible and much higher than for two-adult households.

³⁵ Countries with similar child deprivation rates may perform very differently in terms of income poverty. This means that the socio-economic composition of child deprivation depends to a certain extent on the national context. Using econometric analyses, Guio et al. (2018) show that, in order to explain child deprivation, variables related to the household's 'longer-term command on resources' (current household income, parents' education, household labour market attachment, burden of debts, migration status) need to be combined 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 28). They highlight that the impact of explanatory variables differs between countries. In the richest countries, the relative impact of the variables related to household costs and debts is the largest, whereas in the most deprived countries the impact of variables that capture or directly influence households' ability to generate resources 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: i.e. household income, (quasi-)joblessness, housing cost burden, and single parenthood do not have the same impact on child deprivation across countries, meaning that the socio-economic composition of the group of children living in vulnerable situations differs between countries.

³⁶ See the research assembled in the monograph Nieuwenhuis and Maldonado (eds) 2018.

³⁷ Single parenthood is not usually a permanent status. See the research undertaken within the EU-funded project on 'Families and Societies – Changing families and sustainable societies: Policy contexts and diversity over the life course and across generations', co-ordinated by Stockholm University (Vono de Vilhena and Oláh 2017), available at: familiesandsocieties.eu.

³⁸ Cantillon et al. 2018; Zagel and Hübgen 2018.

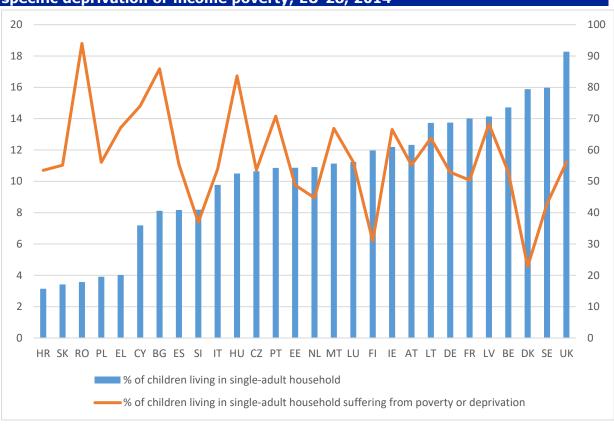


Figure 3: Percentage of children in single-adult households and their childspecific deprivation or income poverty; EU-28, 2014

Note: Percentage of children (aged 1-15) living in single-adult households (left-hand scale) and, among them, proportion of children who lack at least 3 child-specific items (out of 17) or who suffer from income poverty (right-hand scale), EU-28 Member States, 2014.

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

3.1.3 Sub-group 'Left-behind children of EU-mobile citizens'

In the FSCG, the notion of 'left-behind children' refers to children of EU-mobile citizens who are living outside their home countries (either one parent or both) and who leave the children in their respective countries of origin. Sometimes, left-behind children are also referred to colloquially in European institutions as 'Euro-orphans'. There is a whole range of patterns that is to be considered. Some mobility flows are circular and seasonal. In some cases, one of the parents does not leave. If both parents leave, the factual situation and the legal condition of the children are varied. Although in some cases children are integrated into the wider family, including grandparents, in other cases there are situations of abandonment. Furthermore, it needs to be stressed that this situation only affects some of the EU countries.³⁹

In the international literature the syndrome of 'left-behind children' has been treated primarily in the Asian context, particularly children in (western) China, 40 and south/south-

³⁹ A major research project on east European migration patterns, both abroad and rural-urban, was undertaken in 2012, compiling the situations in 25 countries – covering new member states, accession countries, and the wider eastern neighbourhood. See Bélorgey et al. 2012 (available at: https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1778).

⁴⁰ Chen et al. 2017; Meng and Yamauchi 2015; Zhou et al. 2015; Wen and Lin 2012; Chang et al. 2011.

east Asia. 41 Similarly, analyses are available for central Asia 42 and Africa 43 as well as global comparative perspectives. 44 Research on Europe, whether EU45 or non-EU46 countries, is scarce and rather focused on measuring the impact on children's health and psychological well-being, rather than on policy advice. 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. 47 The notion of 'transnational families' has been coined, acknowledging that migration does not end with settlement and that migrants maintain regular contacts across borders.⁴⁸ Most of the studies reveal mixed positive and negative impacts of migration on children. While the findings confirm that access by migrant households to increased income through remittances has a positive impact on children's perceived health and nutritional status, the absence of parental care has a major bearing on the children's well-being, and can have an impact in the wider context through family disintegration, including child abandonment. Critical approaches question conventional analyses that focus solely on economic factors, namely remittances, and underestimate the social costs that emigration imposes on the overall well-being of families left behind, and on sending communities in general.⁴⁹ In European migration there is a strong gender dimension. In terms of the target for labour migration, a clear 'crystal wall' is apparent, with women undertaking care work and men working in construction. Similarly, the impact on the gender roles of left-behind children is different according to whether the father or the mother migrates. The impact on left-behind girls seems to be higher.

There are no (hard) data at EU level, and very little data at national level, on the number of left-behind children of EU-mobile citizens. EU-funded projects have focused on providing applied tools to facilitate transnational parenting, rather than to establish hard data on EU labour mobility that generates left-behind children.⁵⁰ Similarly, larger EU-funded research consortia have not yet taken on the specific question of left-behind children.⁵¹ Two recent political initiatives, in the wake of the Parliamentary Assembly of the CoE⁵² and the Bulgarian Council Presidency,⁵³ have highlighted the issue. However, no action, either in generating evidence or in terms of policy formulation, has yet followed.

Sparse evidence indicates that the Member States with the greatest numbers of left-behind children are Bulgaria and Romania, as well as, to a lesser extent, the Baltic States and some areas of Poland and Greece.⁵⁴

⁴³ Mondain and Diagne 2013.

⁴¹ Cortes 2015; Adhikari et al. 2013; Madaniou and Miller 2011.

⁴² Catrinescu et al. 2011.

⁴⁴ Démurger 2015; Antman 2012; Garza 2010.

 $^{^{45}}$ Sănduleasa and Matei 2015; Tomsa and Jenaro 2015; European Migration Network and OECD 2013; COFACE 2012.

 $^{^{46}}$ Gassmann et al. 2013; Vanore et al. 2015; Giannelli and Mangiavacchi 2010.

 $^{^{47}}$ For a comprehensive meta-evaluation see Fellmeth et al. 2018. Again, most of the identified research focuses on internal migration in China.

⁴⁸ Bélorgey et al. 2012; COFACE 2012.

⁴⁹ Garza 2010.

⁵⁰ See the outcomes of childrenleftbehind.eu, a European network of non-governmental organisations, centres for social studies, universities, and individuals who co-operate 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.

⁵¹ See for example reminder-project.eu.

⁵² A recent motion of 24 April 2018 for a resolution on the 'Impact of labour migration on left-behind children' in the Parliamentary Assembly of the CoE called generally to take note of the phenomenon, to monitor its prevalence, and to adopt measures, without specifying further action or commitments. See: assembly.coe.int/nw/xml/XRef/Xref-DocDetails-EN.asp?FileID=24659.

⁵³ During the Bulgarian Presidency of the Council of the EU (https://eu2018bg.bg), a request was made that a partnership be sought with other European countries to create a unified tracking system for travelling children and their families, in order to ensure that they receive education and adequate care, no matter in which EU country they are (BG Country Report).

⁵⁴ See Bélorgey et al. 2012, Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe (VT/2010/001), Synthesis report.

Table 1: Country evidence on numbers of left-behind children				
	Data on left-behind children	Data source		
Bulgaria	Every 4th child in Bulgaria belongs to a family in which at least 1 parent is working abroad. The worst situation is in north-western Bulgaria – the poorest and most rapidly depopulating region in the EU, where children from such families comprise 43.8% of the total.	Bulgarian School of Politics 2018 survey		
	Some locations in the mountains and in the north of the country face situations where the majority of children live with relatives because their parents work abroad or elsewhere in Bulgaria.	Bélorgey et al. 2012		
Estonia	The exact number of left-behind children is unknown, because parents do not need to inform any authority that they are working abroad.	Anniste 2019, Estonia Country Report		
Latvia	Increasing concern regarding left-behind children but no precise numbers, 'suggesting, however, that the number runs to thousands'. In 2006, 'The Plan for the improvement of the situation of those children whose parents have gone abroad' was approved by government.	Bélorgey et al. 2012 Krišjāne and Lāce 2012		
Lithuania	Estimates of the number of children with 1 – or both – parents living in the UK, Ireland, Norway or some other western European country have varied between 10,000 and 20,000. Nobody knows the exact number. There are data available from the 2007 survey by the Lithuanian ombudsmen on children's rights (below) but no one knows whether this figure is different today.	Poviliūnas and Sumskiene 2019, Lithuania Country Report		
	A 2007 survey by the Lithuanian ombudsmen on children's rights found that 5% of Lithuanian children have at least 1 parent living abroad. The survey of 651 educational institutions found 4,039 children had been left without any parental care, living with grandparents, relatives, older brothers and sisters, friends or, in a small number of cases, even living alone. Among the 195,000 children surveyed with 1 or both parents in migration, more than one-half were cared for by a parent (64%) and about one-third (28%) by a grandparent(s). The results of the survey show that approximately 36% of children who stayed behind experience noticeable changes in behaviour.	Children's Rights Ombudswom an and the Ministry of Education and Science survey, 2007		
	In 2017 there were 2,331 children in Lithuania who had been assigned temporary guardianship at the request of parents when 1 or both of them left the country. Approximately 9,500 children are left behind in Lithuania.	European Migration Network and OECD		
Poland	In 2008, the number of left-behind children was estimated at 1.1–1.6 million, based on the share of children (26-29%) who reported experiencing parental migration, defined as a separation from at least 1 parent in the previous 3 years.	Topińska 2019, Poland Country Report		
	However, about 40% of cases could not have been treated as the result of 'true' migration (because the separation lasted less than	Nationwide representativ		

2 months), bringing the estimate down to 660-960,000. Only 3% of children experienced parental migration that was longer than a year.

In 2014, the share of children experiencing parental migration was 7 percentage points lower than in 2008. This indicates that the population size of children left behind by migrating parents shrank. The decrease might have resulted both from the declining overall level of out-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.

e surveys commissione d by the Ombudsperso n for Children and conducted in 2008 and in 2014 (Walczak 2008, Walczak 2009, Walczak 2014) (Interviews carried out with school teachers and children/stud ents in primary and secondary schools)

Romania

During 2010-2018 the number of families in which parents left abroad for work increased by 21%, and the number of left-behind children increased by 12%.

In 2018, around 95,000 children were left behind. In 19% of cases both parents had left, and in 14% of cases a sole parent had left – meaning that, overall, one-third of the children were left without any parent, and two-thirds were left behind with 1 parent.

The proportion of children left behind without any parent decreased from 43% in 2010 to 33% in 2018. The overall proportion of these children who end up in the children's special protection system is about 4% over the entire period, with 2-3% for those coming from families with 2 parents in which only 1 parent left, 4-6% for children from families with 2 parents who both left, and 10-11% for the children coming from single-parent families. These children make up between 5.3% (in 2010) and 7.4% (2015) of the total children in alternative care, and between 3.4% (2010) and 4.8% (2017) of the children in residential care.

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.

Around 159,000 children with parents who left to work abroad, and this number does not include the children who dropped out

Statistical data from the National Agency for the Protection of Children's Rights and Adoptions (ANPDCA) on the number of families in which 1 or both parents left for work abroad

Pop 2019, Romania Country Report

Data obtained by

of school or are not enrolled at all; it also does not include preschool-age children.	the Ministry of Education at County School Inspectorates
Studies cited by Save the Children estimate a number of 170,000 children in middle school (5th to 8th grade) with parents who left to work abroad; another estimation hits 350,000 in 2008, of which about 126,000 without any parental presence.	Save The Children citing previous studies ⁵⁶
350,000 left-behind children in 2007, representing 7% of the total population aged 0-18: a) 126,000 with both parents abroad; b) one-half of the children under the age of 10.	Zilei, 2008 (A study done in 2007 by Gallup Romania, at the request of UNICEF and the organisation Alternative from Iasi).

Source: Various FSCG Country Reports.

However, even in these countries the exact number of left-behind children and their situation of poverty and social exclusion is unknown, due to either: non-registration of the status of parents working abroad (e.g. EE, LT, RO); or the non-use of services by family members taking care of the children (e.g. BG, LT).

Grouping of countries according to the extent of the challenges they face in relation to poverty and social exclusion is complex. While few data are available on their rates of poverty and social exclusion, it has been reported in Bulgaria, Romania and Estonia that this group of children face greater challenges of poverty and social exclusion. However, in Poland, survey evidence on this group of children in 2014 found their material status to be 'good'.⁵⁷

Only the Bulgaria and Romania Country Reports tackled challenges in relation to the assessment of the different policy areas, with the Bulgaria 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).⁵⁸

https://www.salvaticopiii.ro/ce-facem/protectie/copii-cu-parinti-plecati-la-munca-in-strainatate.
 PL Country Report citing nationwide representative surveys commissioned by the Ombudsperson for Children and conducted in 2008 and in 2014. It might be noteworthy that the PL Country Report describes a rather distinct pattern of rather short-term circular migration, as opposed to BG and RO. Similarly, the peak of parental migration seems to be before 2008 in PL, decreasing since then, while it remains steady in RO and BG.

⁵⁵ https://www.salvaticopiii.ro/ce-facem/protectie/copii-cu-parinti-plecati-la-munca-in-strainatate.

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

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

Table 2: Country clusters for left-behind children					
Countries that report severe issues, in terms of access to services, child protection (including abandonment), impact on psycho-social welfare or economic situation of left-behind children.	BG, RO				
Countries that detect issues in relation to parental migration but report mixed impact, measures being taken, and increasing political response to the problem.	CZ, EE, LT, PL				
Left-behind children are explicitly not considered to face extra challenges in relation to poverty and social exclusion.	DK, EL, FI, FR, HU, IT, SE, UK				
Countries that did not report on the situation of these children at all or have no evidence.	AT, BE, CY, DE, ES, HR, IE, LU, LV, MT, NL, PT, SI, SK				

3.1.4 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, 59 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*. 60 There are a number of political and methodological difficulties in defining the *Roma* which affect the identification and sampling of respondents in surveys targeting this particular population group.' 61

There are no official census or statistical data on Roma and Roma children in most EU countries. 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. The Annex provides figures on the total number of Roma living in European countries, their share of the total population and their demographic profile, highlighting their comparatively younger age profile.

Within the EU Member States, a distinction should be made according the status of mobility of Roma. In general, there are three types of situation (see below) which determine their

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⁵⁹ Descriptive glossary of terms relating to Roma issues, version dated 16 November 2011.

⁶⁰ 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.

⁶¹ To obtain representative population samples, surveys use census data and other official sources, such as population registers, when they are disaggregated by ethnic groups. This type of background information concerning population characteristics, such as age structure, gender, and geographical distribution, is not only used for mapping the localities where Roma live to build a sampling frame, but also to verify if the sample is representative for the target population in respect to these characteristics once the survey is completed. See the methodological discussion of the UNDP/WB/EU Survey in Ivanov and Kagin 2014 and Till-Tentschert et al. 2016.

⁶² See Annex for a CoE estimation of population sizes per country and some references to the methodological difficulties. See: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combatting-discrimination/roma-and-eu_en.

⁶³ See Ivanov and Kagin 2014 and Till-Tentschert et al. 2016.

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 the EU': Roma from the EU making use of their right to freedom of movement within the EU.
- 'Migrant Roma' from third countries outside the EU, such as the western Balkan countries and Turkey.

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

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

It is difficult to determine the exact size of the Roma population in each Member State. Evidence shows that Roma are present in all EU Member States, with the largest proportions of the total population being found in Bulgaria, the Czech Republic, Hungary, Slovakia, and Romania.

Furthermore, evidence shows that children represent a large percentage of the Roma population, as shown in Table 3.

Table 3: Distribution of Roma across various household types with and without children; selected EU countries, 2011, %

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

Source: FRA Roma Pilot Survey 2011.

Even if the information on the exact size of the group is missing, specific surveys on minorities, reports from international organisations (CoE, EU, and EU Agency for Fundamental Rights [FRA]) and national reports make it possible to identify problems of access by the Roma population under a number of policy areas.⁶⁴ The EC's Roma integration indicators scoreboard (2011-2016)⁶⁵ presents the situation of the Roma population in 9 EU countries, based on 18 indicators in 4 main thematic areas (education, housing, employment, and health) and the cross-cutting area of poverty. The scoreboard is based on the very useful surveys conducted by the FRA in 2011 and 2015-16. Nevertheless, it needs to be taken into account that these surveys, in some countries, may be mainly focused on the most visible Roma, frequently those at most risk of exclusion. Figure 4 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.

98 98 95 100 92 90 90 82 78 80 65 70 60 50 39 40 31 26 25 30 21 15 20 10 0 BG C7 FI ES HR HU RO SK At-risk-of-poverty rate of Roma children below the national 2014 threshold At-risk-of-poverty rate of all children in 2014 (EU-SILC)

Figure 4: Income poverty rate of Roma children; selected EU countries, 2014, %

Note: Income-poverty rate of Roma children compared with the rate for all children in 2014, EU Member

States, 2014, %.

Source: FRA 2017. Data: EU-MIDIS II, 2016 and EU-SILC 2014.

⁶⁴ See Annex for a CoE estimation of population sizes per country and some references to the methodological difficulties. See: https://www.coe.int/en/web/portal/roma and https://ec.europa.eu/info/policies/justice-andfundamental-rights/combatting-discrimination/roma-and-eu en.

⁶⁵ European Commission 2017.

The EC has promoted the EU Framework for National Roma Integration Strategies (NRIS), launched in 2011 with an EC Communication and reinforced in 2013 with a Council Conclusion. 66 The issue of Roma inclusion has also been taken up during the European Semester process. Mentions in the analytical part of the Country report ("recitals") or CSRs related to Roma children are displayed in Figure 5. 67

Figure 5 Countries receiving recital or CSR related to Roma children				
Family/child recital in 2017	Family/child CSR in 2017	Family/child CSR in 2018		
BG, CZ, HU, RO, SK	BG, HU, RO, SK	BG, HU, RO, SK		

Source: Janta el al. 2018.

3.2 Overall situation of the target group in terms of adequate nutrition in the Member States

Inadequate nutrition, or according to the World Health Organisation (WHO), malnutrition, can be expressed as three broad groups of conditions:⁶⁸

- 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).

Children without access to adequate nutrition may suffer from hunger, developmental problems or obesity. Beyond availability and affordability, health behaviour towards healthy food intake is important.⁶⁹

3.2.1 Nutrition of 'Children confronted with economic fragility'

According to the evidence gathered for this study, children who experience material deprivation or are at risk of poverty face more difficulties in accessing adequate nutrition. The Health Behaviour in School-aged Children (HBSC) Study, a WHO collaborative crossnational exercise, documents a significant difference between children of less affluent families, both in health-related behaviour (such has having breakfast, eating fruit, consumption of sugary drinks, and high-fat diets), risk behaviour (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying etc.) and health outcomes (such as obesity/overweight). Children with low family affluence show substantially higher rates of obesity and overweight than children with high family affluence. Similarly, HBSC data show that children with high family affluence eat fruit and vegetables significantly more often than children with low family affluence. Thus, dietary behaviour is linked to the socioeconomic status of families, with less healthy nutrition going in tandem with low socioeconomic status. According to the Belgium Country Report, which confirms these

⁶⁶ Council of the European Union 2013. A comprehensive review had been undertaken in 2018 in the context of the mid-term review. See European Commission 2018b.

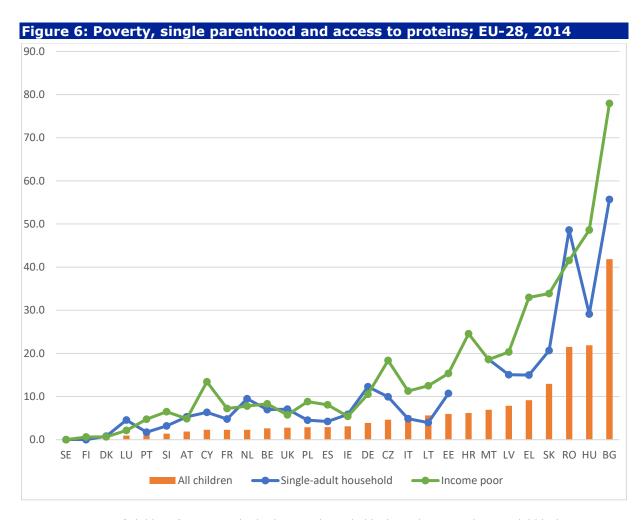
⁶⁷ The "recitals" of the CSRs introduce the country-specific context in which the recommendations are made. They provide an overview of the country's situation in areas covered by the European Semester, including child poverty and well-being. The recitals provide important policy pointers to strengthen efforts in the particular policy areas in each of the MS, although they might not be prioritised and elevated to a level of proper CSR.

⁶⁸ For a detailed definition and references see the FSCG policy paper on nutrition (Bradshaw and Rees 2019).

⁶⁹ For a detailed discussion see the FSCG Inception report (2018) and also the FSCG policy paper on nutrition (Bradshaw and Rees 2019).

⁷⁰ WHO 2016.

findings, this is also related to non-reimbursement of the medical costs for dieticians. Health behaviour is closely linked to the affordability of nutritious and healthy food. As demonstrated in Figure 6, proteins via a main course ('meat, chicken, fish or equivalent vegetarian food') are not affordable on a daily basis for some income-poor families, particularly in eastern European countries.



Note: Proportion of children (1-15 years) who live in a household where there is at least 1 child lacking proteins daily for affordability reasons, EU-28 Member States, all children and available TGs, 2014. No data on children's limitation in daily activities in EU-SILC 2014. Figures based on a sample size lower than 50 observations are not presented. Countries are ranked according to the percentage of all children suffering from the problem.

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

3.2.2 Nutrition of 'Children living in single-adult households'

In a number of Member States, data show that children living in single-adult households face greater challenges in accessing adequate nutrition than in other households, usually due to the unaffordability of daily proteins and fruit and vegetables. As described in the Country Reports, a substantially higher share of children living in single-adult household lack sufficient protein in their diet than overall average (e.g. AT, CZ, FR, LU) and lack fruit and vegetables in their daily diets.⁷¹ In Denmark, while the share of children living in single-

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⁷¹ In CZ the share of children in single adult households who lack sufficient protein in their diet is almost twice as high as the average of all household types, in LU this share of children is more than four times higher. The share of children who suffer lack of fruit and vegetables is approximately three times higher than average in the CZ and twice as high in ET. Experts in FI and RO note that in their countries children living in single-adult households are not at greater risk of inadequate nutrition.

adult households that cannot afford daily proteins in their diet is very low (2.4%), it is still over twice the share of children in other households.

3.2.3 Nutrition of 'Left-behind children of EU-mobile citizens'

In most countries, no specific information is available on access to healthy food by left-behind children.

3.2.4 Nutrition of 'Roma children'

According to the Country Reports, Roma children face challenges in accessing nutrition in a number of EU Member States (e.g. BE, BG, CZ, ES, HU, IE, RO, SK).

Data from some countries presented in the Country Reports show that high percentages of Roma children are vulnerable to undernutrition, especially those living in marginalised communities, due to not always having enough food (e.g. IE)⁷² and insufficient intake of fruit and vegetables (e.g. ES, HU). In some Member States, small percentages of Roma children are reported to go to bed hungry (e.g. CZ, HU). For instance, in Hungary although the percentage of Roma children in settlements going to bed hungry daily or frequently is low, it is experienced by 2.5 times as many Roma aged 11, and 1.5 times as many Roma aged 13, than it is for the general child population.⁷³

Data in some countries show that higher percentages of Roma children go to school without having breakfast (e.g. ES, HU): however, this does not necessarily imply a problem of malnutrition in all such countries, as in some Member States Roma children may be receiving breakfast at school as a result of their disadvantaged status.⁷⁴

The Romania report highlights the situation as particularly worrisome, with inadequate nutrition as well as a lack of prophylaxis as 'the foremost causes to future health issues for Roma children'. 40% of Roma children were reported to be undernourished and less than 50% (compared with the national average of 92%) of Roma children were given vitamin D3 as a prophylaxis for rickets.⁷⁵

There is also evidence that in some countries Roma children suffer from overweight due to poor diets. For instance, in Spain 16.1% of Roma under the age of 18 were reportedly overweight. In Hungary 1.5 times as many Roma children regularly consume sweets (1/3 of all Roma in settlements) and twice as many Roma children regularly consume sugary drinks (2/3 of all Roma in settlements). In Belgium, Roma children are more likely to have unhealthy diets and to go to school without breakfast.

Table 4 presents one specific (important) aspect of child deprivation: the proportion of children living in households in 8 Member States with someone going to bed hungry several times a month. These figures clearly illustrate the high risk of economic precariousness of Roma children.

⁷⁴ For instance, in Hungary according to the HU Country Report.

⁷⁸ BE Country Report.

⁷² The IE Country Report states that 50% of Roma households do not always have enough food and remarks that cases of malnutrition are reported by service providers among young Roma children. It also highlights that problems in the diet of Traveller children expose them to risks and disadvantages, according to the All-Ireland National Traveller Health Study.

⁷³ FRA 2016b.

⁷⁵ RO Country Report citing the National Health Survey 2014.

⁷⁶ ES Country Report citing 2006 data.

⁷⁷ HU Country Report.

Table 4: Material deprivation of Roma children – hunger; selected EU countries, 2016, %

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

Note: Proportion of Roma respondents aged 0-15 with someone in their household going to bed hungry at least 4 times in the past month because there was not enough money or food; 2016, %.

Source: FRA 2017. Data: EU-MIDIS II, 2016.

3.3 Overall situation of the target group in terms of problems of access to free education

Education in the context of this study is understood as compulsory education, which normally includes primary and secondary schooling. Vulnerable groups have lower performance, lower school grades and test scores; differ in the kind of track entered in high school; have lower final educational attainment; and demonstrate a higher rate of school drop-out, early leaving or absenteeism. Critical elements of service provision are whether the education system is inclusive, equitable, and of the same quality for all. In that sense, school segregation, early leaving, and social mobility (for example due to class-based early tracking) are indicators of inequalities, discrimination, and failure to reach out to the most vulnerable and compensate for disadvantages. From a conceptual perspective, three types of educational strategies to level the playing field for disadvantaged children can be identified: strategies for equal opportunities, equal treatment, and equal outcomes.⁷⁹

One of the main problems surrounding the accessibility to good-quality education is school segregation. 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.

3.3.1 Education and 'Children confronted with economic fragility'

Children in situations of economic fragility have lower academic performance than their peers, as mentioned above.

School fees and other school-related costs remain an important issue, especially (but not only) in secondary school. In all EU countries, without exception, income-poor people are more likely than the average to find it difficult to afford formal education costs. This is shown in detail in Figure 7.

⁷⁹ For a discussion on policies to foster the right of children to education, and ensuring equitable access to good-quality education, see the FSCG policy paper on education (Nicaise et al. 2019).

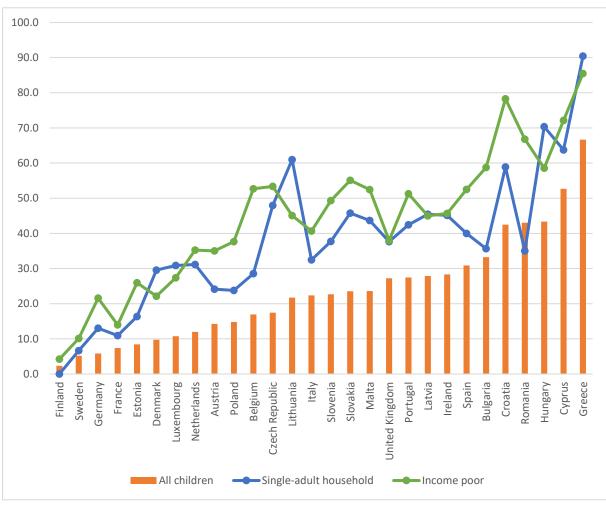


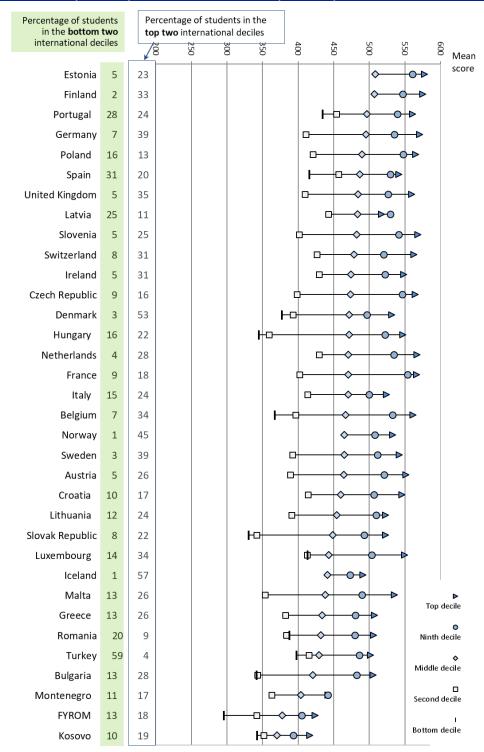
Figure 7: Difficulties in affording the costs of formal education; EU-28, 2016, %

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

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

Children's educational attainment is related to parents' income and socio-economic characteristics. School performance is significantly associated with family socio-economic and cultural status. As shown by Programme for International Student Assessment (PISA) tests, detailed in Figure 8, children aged 15 living in households with the lowest socio-economic and cultural level (belonging to the first fifth of the most disadvantaged households) fail significantly more often to reach the minimum skills in maths and reading compared with their peers of the highest socio-economic and cultural levels.

Figure 8: Mean performance in science, by international decile on the PISA index of economic, social, and cultural status; EU-28, 2015



Note: Deciles divide the sorted data into ten equal parts, so that each part represents 1/10 of the sample or population. International deciles refer to the distribution of the PISA index of economic, social, and cultural status across all countries and economies.

Source: OECD 2016, PISA 2015 Results (volume 1), Excellence and equity in education, Table I.6.4a. Stat-link dx.doi.org/10.1787/888933432757.

Children from a disadvantaged background exhibit higher rates of school absenteeism, school failure, and school drop-out.⁸⁰

3.3.2 Education and 'Children living in single-adult households'

As with children in situations of economic fragility, children living in single-adult households face greater difficulties in accessing good-quality education than their peers in many countries. The PA report on education also mentions research showing that children of divorced parents have lower school grades and test scores, have lower school engagement, differ in the kind of track entered in high school, have lower final educational attainment, and are less likely to continue to full-time upper secondary education even where the parental separation did not affect their school grades.⁸¹

Inability to cover the cost of formal education is considered the main barrier to education (especially in HU,⁸² ES, HR, PT; but also in AT, BE, DK, EE, IT),⁸³ where expenses often weigh more heavily on the household budget of poor single-adult households. In Romania, however, it is reported that a higher proportion of children in poor single-parent households attend school than children from other types of poor household, because such households live preponderantly in urban areas with more access to educational establishments.⁸⁴

3.3.3 Education and 'Left-behind children of EU-mobile citizens'

Access to educational services for left-behind children is reportedly an issue in Romania and Bulgaria, with a special risk for those who are displaced from their homes and are living with relatives (e.g. RO) and those who remain alone at home or in the care of older siblings (e.g. RO). Access to education for children with no appointed legal guardian in Romania is considered particularly worrying, as this status sometimes means that they do not have access to educational services.

In Romania, left-behind children of emigrants tend to have poorer educational outcomes.⁸⁵ In Bulgaria, it is also reported that those left-behind children who travel with their families on a seasonal basis often struggle to continue their education once they return, due to a lack of lack of mechanisms for validating knowledge or making up for missed educational time.

In Poland, while survey evidence considered the material status of left-behind children to be good, it noted the development of adverse behaviour in schools, with a higher absence rate among older children, aged 14-18, whose parents both migrated.⁸⁶

3.3.4 Education and 'Roma children'

One of the most problematic cases of inequality in education is observed with regard to Roma children. Roma children are among the most deprived ethnic minorities in Europe, facing social exclusion and unequal access to employment, education, housing, and health.⁸⁷

⁸⁰ Reducing school drop-out rates to less than 10% is one of the Europe 2020 headline indicators. It is measured for young adults between 18 and 24 years of age. For a more detailed discussion refer to the FSCG policy paper on education (Nicaise et al. 2019).

⁸¹ FSCG policy paper on education (Nicaise et al. 2019).

⁸² Where 69.7% of children living in single-adult households found it greatly or moderately difficult for them to cover the costs of formal education (EU-SILC 2016).

⁸³ EU-SILC 2016 and AT, BE, DK, EE, ES, HR, HU, IT, LU, PT Country Reports.

⁸⁴ RO Country Report.

⁸⁵ Tufis 2008.

⁸⁶ PL Country Report.

⁸⁷ FRA 2016a.

In eastern European countries and other countries with larger Roma populations the issue of school segregation is reported frequently.⁸⁸ This has two dimensions – either separate schools, or separate classes in the same schools.⁸⁹ A particularly worrisome issue is the higher risk of enrolment of Roma children in special education programmes and even special education schools for children with disabilities (e.g. BE, BG, CZ, SI, SK, HU, LT, PL).⁹⁰ Another dimension of segregation is the high concentration of Roma in some mainstream schools.

Roma enter compulsory schooling at a comparatively late age, and are more likely than non-Roma not to attend to school and to leave early. ⁹¹ This is depicted in Figure 9 and Figure 10.

Figure 9: Roma and non-Roma children – school enrolment; selected EU countries, %

	Roma	Non-Roma
BG	40	83
CZ	45	81
EL	9	88
ES	21	78
HR	35	86
HU	28	72
PT	(20)	74
RO	22	80
SK	33	74

Note: Enrolment rates of Roma in ISCED level 3 (upper secondary education), compared with the general population, by age group and EU Member State (%); UNESCO's 2011 International Standard Classification of Education (ISCED).

Source: Euro-MIDIS II, FRA 2016b https://fra.europa.eu/sites/default/files/fra-uploads/fra-2016-eu-minorities-survey-roma-selected-findings-en.pdf.

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⁸⁸ Reported as an issue in the BG, CZ, ES, HU, HR, RO, and SK Country Reports. This is also reported in LT, despite not being a country with a large Roma population.

⁸⁹ For instance the HR Country Report notes that segregation in schools is particularly prominent in areas where there is a high share of Roma in the population, such as Međimurje County where almost 45% of Roma children attend classes with Roma children only.

 $^{^{90}}$ For instance the SK Country Report cites Slovakian Ministry of Finance data from 2019 showing that 18.5% of children from marginalised Roma communities were transferred to the special educational stream.

⁹¹ The most recent evidence is compiled in FRA 2014; for a detailed discussion see Van Den Bogaert 2011, 2019; Klaus and Marsh 2014.

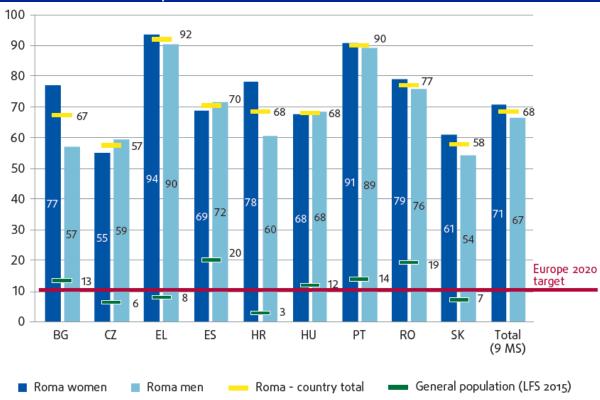


Figure 10: Early leavers from education and training - Roma and non-Roma; selected EU countries, %

Note: Aged 18-24 years, by EU Member State (%).

Source: Euro-MIDIS II, FRA 2016b.

Another issue raised by Tomaševski (2001) is the need for education to be adaptable to the needs of working children, to the extent that they cannot be liberated from this burden. Children in precarious family situations are especially vulnerable to the risk of not receiving sufficient, good-quality education due to the need for them to work in order to contribute to the family income. This is an issue that goes unnoticed due to the invisibility of child labour.

In addition, Roma children involved in circular migration are faced with issues of consistency in their education, as they spend limited and unco-ordinated periods of schooling in several countries.

3.4 Overall situation of the target group in terms of problems of access to free healthcare

In the context of this study, access to healthcare is defined as universal health coverage (UHC) with: free services that ensure the child receives appropriate consultation with a suitably qualified health professional, with relevant necessary follow-up action; receipt of preventive healthcare services; treatment for illness including medicines; and ongoing care to maximise potential where a long-term condition exists. However, finding statistical evidence in this area is challenging, as European healthcare systems are diverse in their organisation, governance, and financing; as well as competences are purely national, if not regional.⁹²

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⁹² For a detailed discussion see the FSCG policy paper on healthcare (Rigby 2019). Some indicators on children's unmet medical needs are available in the EU-SILC: see FSCG Inception Report, 2018). The localisation of the SDG agenda, particularly Target 3.8 to 'Achieve universal health coverage, including financial

3.4.1 Healthcare and 'Children confronted with economic fragility'

All EU Member States show a social gradient in health outcomes.⁹³ Some of this can be attributed to differential access to healthcare services and the specific barriers facing vulnerable people. 94 Despite their variety of organisational forms, European healthcare systems are of universal character. Since 1945 there has been an extension of coverage in the three dimensions of persons covered, services provided, and cost-sharing. This steady extension of the right to healthcare has slowed in the wake of the Great Recession. The Country Reports document serious shortcomings in healthcare provision and barriers for disadvantaged groups to access them. The systemic issues listed below have an even greater impact on economically deprived children.

Two-class medicine. Many European systems have a two-class system, where better-off families can afford to buy into parallel insurance schemes, while still profiting from public healthcare systems. In the public system, long waiting times constitute access barriers (see e.g. Country Reports in CY, CZ, EL, FI, 95 FR, HR, IT, LV, SK) as well as a lack of personnel in some areas (e.g. CZ).

Co-payment of medicines. Out-of-pocket payments for prescribed pharmaceuticals represent a severe challenge for the budgets of families at risk of exclusion (e.g. AT, BE, CY, CZ, LT, LV, NL, PT, SK).

Disease prevention and health promotion. The HBSC Study documents significant disadvantages for children of less affluent families, both in terms of health-related risk behaviour (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying) and health outcomes (such as subjective health status, injuries, obesity/overweight, and mental health).96 Many health promotion programmes do not reach out to the most vulnerable and give further advantages to the better-off. Thus, the principle of 'proportionate universalism', which guarantees universal access to services whilst offering the most appropriate solutions differentially across the social gradient, is not applied.97

Children confronted with economic fragility suffer disproportionately from system weaknesses, due to affordability, acceptability or accessibility issues.

Amongst these are the following.

Rehabilitation. In most countries, child- and youth-specific rehabilitation institutions are still underdeveloped.

Child and juvenile mental healthcare. In general, coverage of comprehensive mental healthcare services for children is still sparse in Europe. In those countries that do have them in place, there are reports of relatively long waiting lists (e.g. BE).

Dental care. The degree to which dental care for children is provided, including prevention and dental health education, varies.

Coverage in remote rural areas. Medical services, and specifically secondary-level diagnostics, frequently do not reach rural areas.

risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all', provides for defining tracer interventions that make UHC measurable and comparable.

⁹³ Marmot 2017.

⁹⁴ Nolte and McKee 2004.

⁹⁵ For non-acute sickness (FI Country Report).

⁹⁶ WHO 2016.

⁹⁷ Marmot 2017; Carey et al. 2015.

3.4.2 Healthcare and 'Children living in single-adult households'

For many countries, being in a single-parent household does not seriously increase the risk of insufficient healthcare access (in around one-third of EU countries, this risk is however significantly larger than for the total population of children). Poor single-parent households are more at risk of experiencing problems of unmet medical needs (e.g. Belgium, Cyprus, and Ireland have between one-quarter and one-fifth of all children living in a household with at least 1 child with an unmet medical need).⁹⁸

It is further reported that children from single-parent families, especially those confronted with economic fragility, are at greater risk of future health problems and adverse health and social outcomes in adulthood (e.g. DE, ES, IE).

3.4.3 Healthcare and 'Left-behind children of EU-mobile citizens'

In those Member States with higher incidences of left-behind children, access to medical care is considered unsatisfactory for children living with family members because their parents are labour migrants (e.g. BG, RO). For example, in Bulgaria, very often, children do not receive care until their condition is poor enough to need hospital care, and they then have to be transferred to bigger cities or the capital.

In Bulgaria this is reportedly due to the fact that the system fails to identify these children as being at risk, with the result that they receive 'no support from adult authorities, the rights of their guardians are often not settled, so getting social benefits or performing medical procedures or medical care, if necessary, is limited and even impossible' (BG). In Romania, the main factor hindering healthcare access is thought to be 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. It is also mentioned that children without a legal guardian are particularly at risk, since they have no access to emergency healthcare and social benefits (RO).

3.4.4 Healthcare and Roma children

The health of Roma children is substantially worse than their peers. They face both economic and cultural barriers to accessing healthcare services. These barriers are rooted in the organisation of health systems, discrimination, culture and language, health literacy, service-user attributes, and economic factors. Co-payments for medicines are often prohibitive in some countries. Discrimination against Roma may mean that healthcare is not sought for Roma children, or that there are delays in contacting health services in the case of disease. Access to sexual and reproductive health services is uneven, and often hampered by prejudice against Roma.⁹⁹

The healthcare-seeking behaviour of Roma is different due to their exclusion and discrimination. Rather than accessing healthcare through the primary healthcare system, some Roma opt for entering it through emergency wards. Some Roma show a lack of trust in healthcare providers, which might be historically justified and reinforced by the discriminatory behaviour of health personnel.

In addition, the following barriers are reported.

- Lack of access: in Ireland, nearly one-half of the Roma and Traveller population is without access to medical cards or general practitioner care.
- Low use of health services: for example, due to lack of knowledge of existing (free) health services (e.g. BE, EL, FR, PL).

⁹⁸ See FSCG policy paper on healthcare (Rigby 2019).

⁹⁹ The practice of forcefully sterilising Romani women, widespread across many European states from the 1930s to the 1960s, has been banished. However, recent populist discourses by prominent politicians on enforced birth control for Romani citizens gives rise to caution (see Crosby 2019).

 $^{^{100}}$ George et al. 2018; McFadden et al. 2018; Belak et al. 2017.

- Low vaccination rates (e.g. BE, PT, RO).
- Health inequalities despite access (e.g. BE, BG, ES, HU, IE, PT): for instance, in Ireland, the Traveller population reportedly has significantly lower life expectancy and higher infant mortality rates.
- Higher incidence of disease (e.g. BG, PL): in Bulgaria there are reports of epidemics
 of preventable diseases and infections in Roma ghettos/settlements due to poor
 housing conditions.
- In addition, Roma children involved in circular migration are faced with issues of consistency in their medical care (for example, under- or over-vaccination).

3.5 Overall situation of the target group in terms of problems of access to decent housing

Roughly speaking, there are four dimensions that determine the presence or absence of decent housing. ¹⁰² These dimensions particularly apply to the needs of children.

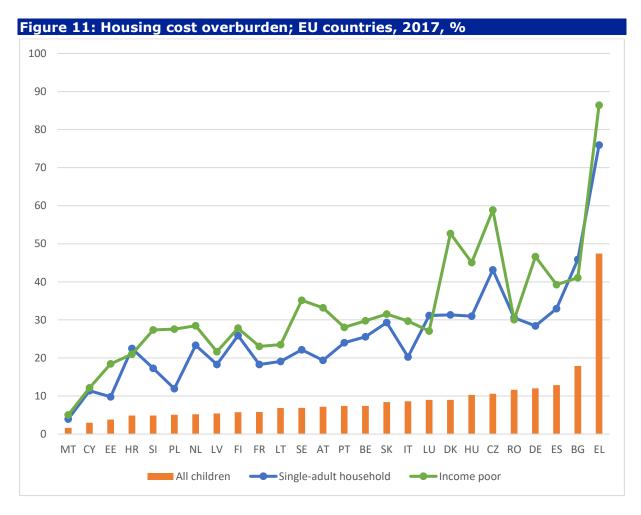
- Housing adequacy refers to the quality of the dwelling (such as the capacity to keep it either warm or cool, free of damp and moisture, with access to water, electricity, and modern sanitation) as well as the space per person (to avoid overcrowding).
- Housing affordability refers to the burden of housing costs, be it rental or mortgage payments.
- **Spatial segregation** refers to a territorial concentration of socially excluded persons, including ethnic ghettoisation, involving a lack of services and/or exposure to high rates of crime.
- **General access and protection** refers to the avoidance of forced evictions or outright homelessness. Discrimination due to ethnicity may also result in disadvantage in accessing housing.

3.5.1 Housing and 'Children confronted with economic fragility'

Households confronted with economic fragility spend a high share of household expenditure on housing. In Figure 11 this fact is displayed by Member State.

¹⁰¹ EPHA 2018.

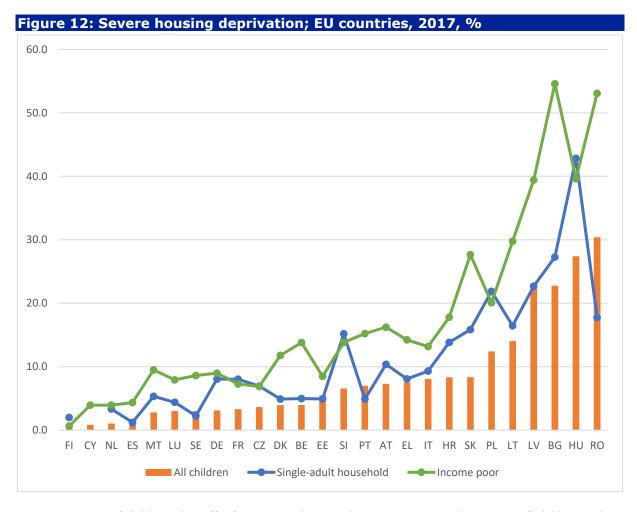
¹⁰² For a detailed discussion see the FSCG policy paper on housing (Clark-Foulquier and Spinnewijn 2019).



Note: Proportion of children in households confronted with housing cost overburden, EU Member States, all children and available TGs, 2017, %. Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children.

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

As shown in Figure 12, income-poor children are the most at risk of severe housing deprivation (FSCG Inception Report, 2018) in EU Member States. In Cyprus, Netherlands, Belgium, Malta, Slovakia, and Denmark income-poor children are 3 to 4 times more likely to suffer from housing deprivation than children as a whole.



Note: Proportion of children who suffer from severe housing deprivation, EU Member States, all children and available TGs, 2017, %. Figures based on a sample size lower than 50 observations are not presented. Countries are classified according to the incidence for the total population of children. Source: EU-SILC 2017, UDB version November 2018, own calculations. No data available in the UDB for UK and IE.

The proportion of children living in an overcrowded household in 2017 was higher for income-poor children than for the general population in all EU countries for which data are available (FSCG Inception Report, 2018). Around 80% of income-poor children suffer from overcrowding in Bulgaria, Latvia, and Romania. In most countries, children from this group are also proportionally more likely to suffer from insufficient heating (all countries, except Finland).

The Country Reports document the following issues as the main barriers to decent housing for this group of children.

- **Lack of affordable privately rented housing** (and especially low-cost housing) due to high demand and rising prices (e.g. AT, CZ, ES, FI, FR, HU, IE, LV, MT, NL, SK, UK). This is especially the case in urban areas, where poor households remain more exposed to price fluctuations in the housing market than other households (e.g. AT, FR, LU, NL).
- Accessibility of social housing is a barrier for this group due to an insufficient supply of social housing (e.g. AT, BE, CZ, FR, HR, IE, LT, LU, LV, NL, SI, UK), leading to long waiting times for some of those most in need. Unco-ordinated approaches (e.g. BE, CY, HU, LV), including discretionary access, uneven geographical distribution (HU) and insufficient quality of some social housing (HU, IT, LV103)

 $^{^{103}}$ LV Country Report, citing the Ombudsman's 2018 summary, Latvijas Republikas tiesībsargs, 2018.

undermines confidence in the system. In the case of Greece there is a complete lack of social housing schemes.

• **Housing benefits** and rent subsidies are often not sufficient to cover actual housing costs (e.g. AT, BE, CY, HU). In some countries, very strict criteria limit access to housing benefits for vulnerable groups (e.g. AT, DE, HU, UK). Non take-up in some countries indicates administrative barriers based on stigma (e.g. HR).

3.5.2 Housing and 'Children living in single-adult households'

In many countries, children from this group are living in inadequate housing – with a higher prominence of issues such as overcrowding (e.g. AT, CZ, FI, HR, HU, IT, SI) and insufficient heating (e.g. AT, CZ, DK, ES, FI, HR, HU, PT).

For children living in single-adult households confronted with economic fragility, both affordability of housing and accessibility of social housing can act as barriers to adequate housing and living conditions. For example, in Slovenia, a new Resolution on Family Policy 2018-2028 'The Society Friendly to All Families' (2018) stresses the particularly risky position of single-parent families and the need to support them in the area of housing. 104

3.5.3 Housing and 'Left-behind children of EU-mobile citizens'

No specific data have been reported in terms of access by left-behind children to decent housing.

3.5.4 Housing and 'Roma children'

In many countries, Roma children still suffer from inadequate or very poor housing and living conditions, which have – among other things – a negative impact on their health status, inclusion in the educational process, and social integration.

Although of minor importance compared with the wide majority of Roma who are sedentary, certain groups of Roma/Traveller have a mobile lifestyle. In these cases Roma rights activists have claimed safe and decent sites for mobile dwellings, including access to water and sanitary facilities.

Roma households, and especially those in marginalised communities, are living in substandard housing (e.g. BE, BG, CZ, EL, ES, FR, HR, IE, LT, PL, PT, RO, SI) – with a greater prominence of issues such as overcrowding (e.g. BE, CZ, HR, IE); insufficient heating (e.g. CZ, IE); and unsanitary conditions (e.g. BE, CZ, EL, FR, HR, IE, PL, PT). ¹⁰⁵ In Brussels in Belgium, on the other hand, it is reported that the housing situation of Roma families has improved, with increasing numbers buying their own house or moving to better housing conditions after having gained more certainty about their residence situation and acquiring a better income. Housing deprivation among Roma living in socially excluded/marginalised rural or urban communities or settlements is extremely high in some countries (e.g. CZ, HR, RO). Some marginalised Roma households have no access to a water supply (e.g. HR, PT, RO, SI) and 73% in Croatia do not have access to a sewerage system.

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 (e.g. BG, FR) and itinerant groups have difficulties in finding a legal place to stay (e.g. BE). However, legal protection against forced eviction, repossession, harassment, and other threats is not guaranteed in practice.

¹⁰⁴ SI Country Report.

 $^{^{105}}$ Frequently cited issues are the lack of sewerage, bathing facilities, running water and drinking water; sometimes lack of electricity, leaking roofs, overcrowding. In some cases sanitary problems such as mould or problems with rats.

The Country Reports document the following issues as the main barriers to decent housing.

- Due to financial strains, Roma often cannot access standard rental housing (e.g. CZ, ES).
- Discrimination and prejudice also act as an extra barrier to accessing private housing for Roma families (e.g. CZ, ES, IE, PT);¹⁰⁶ and in some cases access to social housing is limited by discretionary criteria (e.g. RO).
- An insufficient supply of social housing, as reported in many countries (mentioned above in Section 3.5.1).
- Housing benefits: limited coverage of some schemes, with a lower take-up (SK).

3.6 Overall situation of the target group in terms of problems of access to free early childhood education and care

ECEC covers all regulated arrangements that provide 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; and pre-school and pre-primary provision. There are formal and informal settings for childcare. Evidence firmly suggests positive effects of attending early childcare on the development of children, especially children from disadvantaged backgrounds. ¹⁰⁷ In general, investments in early education seem to lead to higher rates of return than later interventions. ¹⁰⁸

3.6.1 ECEC and 'Children confronted with economic fragility'

All EU Member States face lower enrolment rates for children from poor families, compared with the general population. This is also the case in countries with generous welfare systems and high overall enrolment rates. Inequalities in the use of ECEC are most conspicuous for the youngest children and this is the case in most EU Member States, but particularly in split systems. While differential take-up between high- and low-income groups (or the so-called Matthew effect) is a general feature of ECEC, the degree to which take-up differs varies significantly across countries. In most countries with high enrolment rates (DK, EE, IE, MT), inequality is low. Exceptions are some high-enrolment countries (e.g. FR, NL). In contrast, countries that lack available spaces and have low overall enrolment rates are also marked by higher inequality (e.g. AT, BG, IE, LT, PL, RO, UK).

Access to formal childcare services is constrained by the affordability of these schemes in many countries, even where such schemes are subsidised (e.g. AT, BE, CZ, CY, FR, HR, IT, LV, NL, RO). In particular, in Italy 40.3% of households whose children receive formal care find it moderately or very difficult to afford these services, compared with the 15% average. Even in countries such as Denmark, Finland, and Luxembourg which are heavily subsidised or offer free places and which do not report low ECEC participation rates – affordability issues are still considered a barrier to children from low-income families participating in ECEC.

¹⁰⁶ Frazer and Marlier 2011.

¹⁰⁷ Oláh 2015; Dykstra et al. 2016; Vono de Vilhena and Oláh 2017; European Commission 2018.

¹⁰⁸ For a more detailed discussion see the FSCG policy paper on ECEC (Vandenbroeck 2019).

¹⁰⁹ According to the ad-hoc EU-SILC module on public services collected in 2016.

 $^{^{110}}$ In Denmark, although there is reportedly no difference in the uptake of services by low-income families, 11% of respondents still report that they are not using formal childcare more because of financial reasons (according to the 2016 EU-SILC module).

 $^{^{111}}$ In Finland it is reported that, despite heavy subsidies, 22% of families have some problems of affordability, and experts report this is most probably low-income families.

¹¹² The LU Country Report says that, despite the possibility of free ECEC places (through childcare vouchers for ages 1-3), there are still a number of parents who mention the cost of childcare as a serious barrier.

Other access barriers to use of childcare by disadvantaged groups include the influence of: legal entitlements to childcare (see Section 4.5.1 below) and knowledge of the financial support schemes available; accessibility (distance to the childcare facilities); and adaptability of the care services to the needs of parents (such as opening/closing hours and school holidays adapted to working patterns and needs). The Country Reports document significant geographical disparities: in Italy, enrolment for the children aged below 3 is a mere 1.2% in Calabria, compared with 25.6% in Emilia Romagna. In Spain there are also significant disparities across the Autonomous Communities; and in France and Belgium it is also documented that in many cities the wealthier neighbourhoods have more subsidised places. The children aged below 3 is a mere 1.2% in Calabria, compared with 25.6% in Emilia Romagna. In Spain there are also significant disparities across the Autonomous Communities; and in France and Belgium it is also documented that in many cities the wealthier neighbourhoods have more subsidised places.

A fundamental dimension is availability: despite a legal entitlement in some countries, there is an insufficient number of public formal childcare places in many countries (e.g. AT, BE, BG, CZ, DE, EL, FI, HR, LV, RO) leading to long waiting lists and limited access for children from work-poor families. In some countries wealthier neighbourhoods have access to more facilities than poorer neighbourhoods, perpetuating social inequalities (FR). Rural areas have a shortage of ECEC facilities, especially in Romania where such services for children aged 0-3 are mostly unavailable; and in areas where ECEC facilities exist, they are sometimes of inadequate quality. Due to the aforementioned problems of affordability and availability of formal childcare services, in some countries a large proportion of children from disadvantaged groups (especially aged 0-3) are cared for informally (for example, more than one-half of such children in Cyprus).

On top of these barriers, the varying quality of the available childcare and pre-school services as between centres, municipalities, and regions is also considered a factor that may be hampering use of childcare, especially for children from families confronted with economic fragility (e.g. BE, DE, DK, EL, HR, RO, UK). When the responsibility for ECEC is divided between different policy levels (national, regional, municipal), there is a need for co-ordination. When there is a lack of coherence, this is often to the detriment of equal access for TGs.

In some countries (DE, ES, MT, RO, UK), early education is conceived of as 'childcare' designed to enable women to reconcile work and family life. This means that priority is given to employed women, thereby often reinforcing social inequalities.

Disadvantaged parents often lack the necessary information to enrol their child or to benefit from the reductions or allowances they are entitled to. There is a need for more outreach and information to parents of vulnerable backgrounds who may be less familiar with ECEC institutions, rules, and regulations. Administrative barriers arising from online application procedures or the need to navigate diverse funding schemes (e.g. in Flanders, Slovakia, England) may be a significant for some parents.

3.6.2 ECEC and 'Children living in single-adult households'

The Country Reports present evidence of the specific difficulties facing children living in single-adult households in relation to access to ECEC. Even in countries with more universal systems of ECEC, there is evidence of persistent problems in access to ECEC services, with lower rates of utilisation of childcare services among single-parent households (e.g. BE, FI). However, children living in single-adult households are not considered so vulnerable

¹¹³ The BE Country Report claims that for some disadvantaged groups a lack of awareness is one of the reasons for their children being under-represented in day-care.

¹¹⁴ AT, DE, and FI Country Reports.

¹¹⁵ Summarised in FSCG ECEC policy paper (Vandenbroeck 2019).

¹¹⁶ BE Country Report.

¹¹⁷ The RO Country Report refers to a lack of adequate physical characteristics of the facilities (small, crowded spaces, lack of proper heating systems, lack of inside toilets).

¹¹⁸ While many countries do not have specific data on this, they recognise affordability issues for this group as discussed below.

in all countries. In Austria it is reported that single-parent household usage of ECEC services was higher than the average¹¹⁹ and in Denmark it is reported that despite a lack of concrete data on the matter, it is reasonable to assume that usage by single-parent households would be higher due to childcare needs and the particularly generous rules specifically for this group – meaning that low usage due to lack of economic resources is unlikely.¹²⁰

The unaffordability of such services is the most commonly cited barrier, with a number of countries reporting that single-parent households find it more difficult to afford formal ECEC services than other groups (e.g. BE, CY, FI, IT, LU). For instance, in Cyprus, high childcare costs for young children (0-3 years old) from disadvantaged backgrounds are reported, which can amount to almost one-third of the disposable income of a low-income single-parent family.¹²¹

The unavailability of flexible ECEC services is another potential barrier for this group (e.g. CY, FI). For ECEC services to be accessible to children living in single-adult households, day-care facilities need to be more accessible and adaptable for single parents, who need greater flexibility of service opening times, for example.

Unaffordability paired with the unavailability of flexible childcare services acts as a barrier to single-parent families' use of ECEC and may discourage single parents, particularly mothers, from working since it makes it more difficult for them to do so. 122 As a result, in some countries there is evidence that single mothers make use of home care allowances for longer than mothers who are not from single-adult households. 123

3.6.3 ECEC and 'Left-behind children of EU-mobile citizens'

Not reported on in any of the Country Reports.

3.6.4 Sub-group 'Roma children'

Roma children face far greater challenges than the general population in accessing ECEC in some countries. Studies have shown a far lower participation rate of Roma children in ECEC, and low kindergarten and crèche enrolment rates, in many countries (e.g. BE, CZ, EL, FR, PT, RO, SI, SK): however, a slight improvement in enrolments has been detected in Portugal, Greece, and Croatia in recent years – though numbers remain low.

Evidence gathered in the FRA EU MIDIS II survey shows that Roma children are less likely to attend childcare, both public and private, than other children. Figure 13 illustrates the low attendance of Roma children in Bulgaria, Czech Republic, Greece, Croatia, Portugal, Romania, and Slovakia. Interestingly, Hungary and Spain show high levels of integration, only slightly below the national average.

121 CY Country Report.

122 CY Country Report.

¹¹⁹ AT Country Report: 58% compared with the 47% average.

¹²⁰ DK Country Report.

 $^{^{123}}$ For instance in Finland, twice as many single mothers (21%) make use of the home care allowance for two years than mothers with a spouse (10%): FI Country Report.

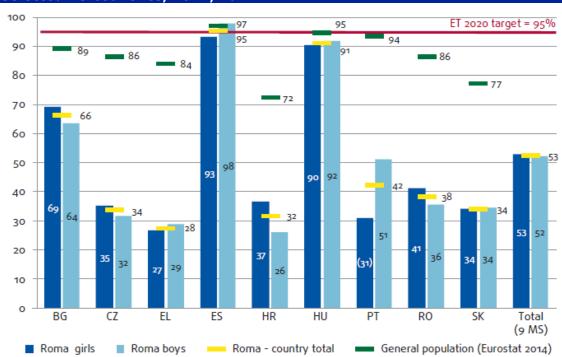


Figure 13: Participation in early childhood education, Roma vs non-Roma; selected EU countries, 2014, %

Notes:

- Out of all persons aged between 4 years and the country-specific starting age of compulsory primary education in Roma households (n=1,776); weighted results.
- Survey question filled in by respondent for all children if they regularly attend public or private childcare (including nursery, preschool, etc.)
- ^c Different age groups for participation in early childhood education in countries: 4-6 years in Bulgaria and Croatia; 4-5 years in remaining countries.³⁰ Age is calculated on annual basis, hence the figures do not consider earlier or delayed start in primary education of an individual child.
- ^d Eurostat: Education and Training 2020 target -educ_uoe_enra10 (downloaded 20/10/2016) using data from education facilities' registers.

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

Economic barriers (e.g. CZ, HR, SK) and access barriers – including lack of transport (e.g. HR, RO, SK), insufficient places (e.g. CZ, RO) and complicated application procedures (e.g. SK) – are the most common causes cited for such low participation rates amongst Roma children, especially those in marginalised communities.

Some Country Reports also suggest cultural issues as a reason for non-attendance, pertaining to Roma parents' low interest in, or resistance towards, ECEC due to the tradition of bringing up young children at home within the family (e.g. FR, PT, SI, SK). Additionally, discrimination against the Roma population is still identified, both in literature and by key stakeholders in some countries, as a barrier to ECEC participation (e.g. PT).

4 Description and assessment of main policies and programmes in place in the Member States and recommendations for improvements

In the following Sections 4.1-4.5, we describe the national policies and programmes that are in place for the TG of children living in precarious family situations in the Member States. This is done succinctly for each of the five policy areas identified in the FSCG. In Section 4.6 we discuss integrated and comprehensive approaches. In Section 4.7 we explore the cost of services. The analysis builds on the 28 Country Reports and five Policy Papers. 124

4.1 Description and assessment of main policies to ensure adequate nutrition and recommendations for improvements

4.1.1 Nutrition policies for 'Children confronted with economic fragility'

The following policies have been identified in Country Reports as ways to remedy the lack of access to healthy and nutritious food in Member States.

School meals. Amongst the main specific measures to ensure access to sufficient and healthy nutrition are school meals. Sweden is one of the few countries in the world that offers free school lunches for all children in primary and secondary education and offers free lunches and sometimes also breakfast in childcare facilities. According to the Swedish Educational Act, school meals should not only be free, they should also be nutritious and must follow nutrition guidelines issued by the National Food Agency. A healthy diet and its impact on the environment are also part of the curriculum in primary education, where basic cooking skills are also taught. 125

In most of the countries there are some support schemes for pre-school, primary or secondary school canteens, which do not necessarily entail universal provision. These are either universal or targeted toward low-income groups, certain age groups or particular categories of school; while others are pilot schemes or other partial initiatives. In many cases, national legislation establishes a threshold at which subsidies are paid. In many countries, ECEC-level school meal support schemes are not guaranteed by either state- or regional-level legislation. Fees for school meals, together with school fees, make ECEC unaffordable for those most in need and for whom it might have the best impact. However, many municipalities have devised programmes for subsidising meals within ECEC provision, in either targeted or universal schemes. Although school canteens, and progressive charging rates for them, provide some remedy, this is no solution for the periods without school, which amount to 22-33 weeks per year according to Member State - a syndrome which has been dubbed 'hungry holidays' in the UK. The design, adequacy, and coverage of school meal subsidy programmes vary between countries. In France, 7 out of 10 pupils access some sort of subsidy. In some countries, there are cut-off thresholds, whilst others have established scales that progressively link incomes with rates of subsidy. Means-testing is either attached to other social welfare schemes – and therefore simplified - or a specific mechanism is in place to request school meal support. The fluid co-ordination between national, regional, and municipal welfare schemes eases or obstructs access to subsidies and increases non-take-up. In some countries (e.g. BG, FR), rural communities (and overseas territories) face challenges in administering access to food support schemes. In Slovakia, criticism of free lunches points to a lack of capacity of school canteens to meet new demand and to the fact that the amount of financial subsidy per lunch (€1.25) is too low to provide healthy food. 126 In the UK, the means-test for free school meals for children over the age of 7 is reportedly drawn so tightly that it effectively

 $^{^{124}}$ See in the References annex a comprehensive list of reports generated during the FSCG exercise.

¹²⁵ SE Country Report.

 $^{{\}color{blue} {\tt https://newsnow.tasr.sk/economy/remisova-ficos-proposal-of-free-lunches-for-schoolchildren-ill-advised.}}$

excludes most children in low-paid families.¹²⁷ In the Czech Republic in 2015, the Ministry of Labour and Social Affairs, in co-operation with regional authorities and schools, launched the initiative 'Lunches to Schools', which provided food to the poorest children aged 3-15. However, the initiative generated less interest than expected due to administrative burdens for parents associated with the measure and the resistance of some schools. A new call was announced at the end of 2018 that simplifies the conditions for applicants.

Table 5: Country cluster on nutrition policies for 'Children confronted with economic fragility'

Countries with targeted approaches to free or subsidised school meals for low-income groups	e.g. BE, CY, CZ, EL (schools in disadvantaged areas); IE (schools in disadvantages areas); LV (some localities targeting poor families); PL (means-tested); PT (free or subsidised depending on child benefit income band); SK (primary children from low-income households); UK (means-tested after age 7).
Countries with universal (free or subsidised) school meals	e.g. BG, CZ (subsidised); EE (free); FI (free and subsidised); FR (subsidised); HR (free 128 and subsidised); HU (free at primary level and subsidised at secondary level); LU (subsidised); LV (free only for 1st to 4th grade only); PT (free or subsidised depending on child benefit income band); RO (free snacks/meals programmes); SE (free); SK (pre-school); UK (free for all up to age 7).
Countries that have mainstream policies aimed at improving child nutrition habits	e.g. AT, BE, CY, DE, ES, LU, MT, PT, SI.

Source: FSCG Country Reports.

Healthy food and food habits. Besides issues of the quantity, affordability, and accessibility of food, more attention is given to its quality. This is a response to evidence on inequalities in health showing that less-affluent strata in society have both worse health outcomes, namely higher rates of obesity, and more unhealthy behaviour. The incidence of preventable diet-related non-communicable diseases, obesity, and all other forms of malnutrition is strongly influenced by social factors. Amongst the measures taken are: (1) support for healthy food in schools; (2) taxes on high-sugar and 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; and (3) public programmes for family counselling and nutritional health. Similarly, municipalities work to ensure that permanent and reliable access is provided to adequate, safe, local, diversified, fair, healthy, and nutrient-rich food for all.¹²⁹

Health promotion. Health-promoting interventions related to nutritious and healthy food, as well as physical activity, are implemented in various countries, within general 'healthy living' strategies. In some Country Reports, while the political will to improve healthy habits through public action is acknowledged, the implementation sometimes fails. This is principally due to a lack of specific budgets (such as contracting of nutritionists – e.g. BE), different levels of responsibility and accountability, or lack of trained human resources that could convey messages and behavioural patterns to children, in particular amongst teaching staff (e.g. PL).

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¹²⁷ UK Country Report.

¹²⁸ According to the HR Country Report all primary schools are obliged by law to offer meals; but not all do so, and parents whose children take meals usually pay a subsidised fee.

¹²⁹ Many municipal initiatives in urban areas are subsumed under the umbrella of the Milan Urban Food Policy Pact (MUFPP), to which municipal governments can adhere (milanurbanfoodpolicypact.org). See Cunto et al. 2017.

Food banks. A significant number of countries report a trend towards an increasing use of food banks during the last 10 years, showing that a growing number of households experience a lack of sufficient food (e.g. BE, CZ, ES, FR, FI, HU, NL, PL, UK). Food aid is provided in cash and in kind.

Non-stigmatising design of food aid. Subsidies to school meals and food aid (in cash and, particularly, in kind) might have a stigmatising effect and generate non-take-up. In response, in-kind donations and food vouchers are being replaced by a 'credit card' system which allows for greater choice and a more dignified access to basic needs (e.g. ES).

Mother and child health. For very young children, there are programmes to promote breastfeeding and baby-friendly hospitals (e.g. FR, HU). In many countries (e.g. CY, EL, IE) policies are being developed or applied to strengthen efforts to promote exclusive and continued breastfeeding by providing access to information materials and raising awareness concerning the importance of breastfeeding. Similarly, food supplements for pregnant women are offered. Pregnant and breastfeeding women are eligible for community-based food canteens (e.g. HU). The importance of breastfeeding and the risks of formula feeding are emphasised in a number of countries (e.g. HU, IE, MT).

Minimum-income schemes. Beyond specific policy measures for improving access to food, many Country Reports suggest that benefits systems and minimum-income standards are insufficient to ensure that children have a healthy diet. The Reports call for adequate national minimum-income schemes, targeted particularly at children, in order to ensure dignified access to good-quality nutrition for children.

4.1.2 Nutrition policies for 'Children living in single-adult households'

No specific policies are mentioned in the Country Reports for this group in terms of nutrition, except in Latvia where it is reported that some local governments have sought to help children from single-parent families by granting them a lower payment rate for meals in schools.¹³⁰

4.1.3 Nutrition policies for 'Left-behind children of EU-mobile citizens'

No specific policies are articulated for this group.

4.1.4 Nutrition policies for 'Roma children'

As seen above in Table 5, access to affordable good-quality food for Roma children is an issue of concern in some countries.

Most policies in the first group of countries call for integrated approaches that include nutrition status and healthy eating as an outcome. Nutrition and food security are not mentioned as policy targets in the NRIS. These integrated approaches must consider housing, access to water, and improvement of segregated areas. Similarly, health education within educational settings and health-promotion activities from healthcare service providers, particularly in community interventions, make for a meaningful crosscutting intervention. Although the nutritional situation of Roma children is worrying, it is important that targeted programmes do not reinforce the segregation and stereotyping that exists in some cases.

The children of EU-mobile Roma are also considered to be specifically vulnerable in terms of nutrition. ¹³² No specific policies exist for this group.

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¹³⁰ LV Country Report.

¹³¹ For instance, according to the SK Country Report, in Slovakia the main weakness of existing policies aimed at nutrition relates to the access by children in marginalised Roma communities to basic infrastructure (including water and sanitation).

¹³² Roma Civil Monitor 2018.

4.2 Description and assessment of main policies to ensure access to free education and recommendations for improvements

This section describes and assesses the main policies to ensure access to free, good-quality education for children living in precarious family situations, and examines recommendations for improvements.

4.2.1 Education policies for 'Children confronted with economic fragility'

Strategies to guarantee equal access to good-quality education for disadvantaged children can be distinguished between their entry points: strategies for equal opportunities, equal treatment, and equal outcomes.¹³³ The Country Reports display a wide range of policies that increase equality in all its dimensions. These are:

- reducing financial barriers to accessing education;
- increasing the quality of education, establishing educational standards, and investing in the school system;
- teacher training and staff incentives for more inclusive schooling;
- · desegregation of schools and classes;
- embedding schools in local communities and offering special support programmes for vulnerable pupils;
- involving parents and working with them;
- providing solutions for rural schools; and
- · supporting multi-ethnic classrooms.
- involving parents and working with them.
- delinking school performance of pupils from the economic, social, and educational status of their parents

The following paragraphs give examples from Member States for each of these policies.

Reducing financial barriers to accessing education. In order to support children from low-income families, governments cover education and education-related costs. In most EU countries compulsory education is free, and tuition fees are waived or minimal (or hidden). Furthermore, some schemes subsidise school-related costs, such as books, uniforms, school canteens or transport. For example, in Luxembourg school books and materials, as well as school transport, are free of charge. However, the scale and types of this support often depend on the financial capacity and priorities of each local/regional government. For example, in Belgium free primary schooling includes 'materials and activities strictly necessary for the achievement of the final objectives and development goals'; additionally in the Flanders Region, there is a maximum yearly contribution for parents that schools can charge, which is set by law. In Belgian secondary schools, the costs of such materials and activities are not covered, though solidarity funds exist in many

¹³³ Nicaise 2000. In this context, equal opportunities refer to exogenous determinants conditioning children's equitable access to education; equal treatment stands for the absence or elimination of endogenous barriers within education; and equal outcomes strategies aim to bring all children to the same level despite unequal starting positions, through positive discrimination in favour of the disadvantaged.

 $^{^{134}}$ Article 13 of CESCR ensures free primary education and the progressive realisation of free secondary education. However, a number of 'hidden schemes' via uniforms, text books or excursions charge parents with financing individual centres (see the 2015 report on by the Children's Commission on Poverty in the UK).

¹³⁵ LT Country Report. In Croatia, some cities and municipalities also provide free textbooks either universally or to particular categories of disadvantaged pupils, and subsidised home-to-school transport. However, this depends on the financial resources of the units of local government and/or their political will; and there are therefore uneven practices across Croatia (see HR Country Report).

¹³⁶ BE Country Report. For Flanders see also: https://onderwijs.vlaanderen.be/nl/schoolkosten-maximumfactuur-en-bijdrageregeling-in-het-kleuter-en-lager-onderwijs.

schools for socio-economically disadvantaged families.¹³⁷ In the Netherlands, parents are only asked to pay a voluntary contribution for special activities and events outside the curriculum, with the amount varying by school.¹³⁸ In Spain, while study grants are available to help cover formal education costs, not all low-income families apply for study grants. In fact, close to 25% of students in the lowest income quintile do not receive study grants despite meeting the economic requirements, for a number of important reasons including: priority of academic record over need;¹³⁹ bureaucracy involved in the application process; delay in grants payments; and tough economic thresholds and exclusion conditions.¹⁴⁰ In general, there is a varied set of subsidies and allowances for school transportation, food, text books, and school materials.

Increasing the quality of education, establishing educational standards, and investing in the school system. In France, as part of the Poverty Action Strategy adopted in 2018, the halving of class sizes in primary schools in disadvantaged neighbourhoods is part of a policy aim to correct inequalities. ¹⁴¹ In Germany, a 'social index' for each centre is being discussed, which would channel additional funds to schools with a higher population of disadvantaged groups. ¹⁴² In Slovakia, primary schools with pupils with identified special educational needs (SEN) due to their socially disadvantaged background (the main criterion being income) are provided with extra funding to improve material conditions related to the education of socially disadvantaged pupils, or to pay for teacher's assistants or other pedagogical staff. ¹⁴³

Teacher training and staff incentives for more inclusive schooling. In Hungary, an exodus of motivated teachers to middle-class centres is observed, which could be countered by specific incentives to teach in remote or more disadvantaged centres. Only in one-half of EU countries are teachers entitled to extra allowances for teaching students with SEN in mainstream classes and/or teaching in a disadvantaged, remote or high-cost area, 144 and there are calls for this to change.

Desegregation of schools and classes. In order to foster inclusive education, Slovakia amended their education laws to include a new principle that children with SEN that are the result of growing up in a socially disadvantaged environment cannot be placed in special schools or special classes; ¹⁴⁵ and similar measures have also been adopted in the Czech Republic ¹⁴⁶ On the other hand, some countries, such as Belgium and Germany, seem to deepen discriminatory practices by using their selection and school tracking mechanisms to segregate students by socio-economic background: students from socio-economically disadvantaged backgrounds usually end up in schools with high shares of disadvantaged pupils or in the less valued technical and vocational tracks. ¹⁴⁷ The age at which children are separated into different tracks ranges from 10 (e.g. AT, DE) to 16 (e.g. DK, ES, FI, PL, SE, UK). ¹⁴⁸

 139 In Spain a minimum grade (5 above 10) is required to get a scholarship. The award of the scholarship depends on the family's income.

¹³⁷ BE Country Report, which remarks further that `currently, there is an ongoing study about this subject. The results are expected to be published in the Spring of 2019'.

¹³⁸ NL Country Report.

 $^{^{140}}$ ES Country Report citing the new National Strategic Plan on Childhood and Adolescence (III NSPCA) 2018-2021.

¹⁴¹ FR Country Report.

¹⁴² DE Country Report.

¹⁴³ SK Country Report.

¹⁴⁴ Eurydice 2018.

¹⁴⁵ SK Country Report.

¹⁴⁶ SK Country Report. CZ Country Report, with amendments to the education laws ensuring that pupils with 'mild mental disorders' are now educated in mainstream schools.

 $^{^{147}}$ BE Country Report, DE Country Report. For instance, in Germany, reports show that 46% of pupils with social and economic disadvantages attend schools with high shares of disadvantaged pupils.

 $^{^{148}}$ This is highlighted in the FSCG Inception Report, 2018, Figure 4.23.

Embedding schools in local communities and offering special support programmes for vulnerable pupils. Belgium has been applying equity funding strategies for disadvantaged students in order to equalise educational outcomes since the 1990s, for instance offering support for schools with many pupils from disadvantaged groups (through increased teacher/student ratios and increased resources) and measures to counter the socio-economic and ethnic segregation between schools (legislation regarding school registrations and discrimination). 149 In Luxembourg municipalities, together with schools, are obliged to present an annual plan for local pre-school accompaniment in collaboration with socio-educational services in order to give a better start in life for all children and deliver better facilities for working parents. However, a representative of ECEC services suggests that educational innovation and new experiments have not been welcomed by all primary schools, which are the responsibility of local authorities.¹⁵⁰ In Bulgaria in 2018, for the first time, the Ministry of Education allocated nearly 24 million BGN (€12 million) to schools and kindergartens to work with children and students from vulnerable groups (vulnerability determined by the parents' educational status). With the additional funds, additional hours were spent on teaching the Bulgarian language, and the appointment of more than 200 educational mediators and other professional staff. Such funds are to be provided to secondary schools from 2019 onwards.151

Involving parents and working with them. Ireland has educational welfare officers who work with young people (and their families) experiencing difficulty with school attendance. While they work with all schools, they also work in schools with the highest concentration of disadvantage, ¹⁵² where they are responsible for operational management of two school-based support services – the Home School Community Liaison Scheme and the School Completion Programme. ¹⁵³ Besides these supportive approaches, more punitive measures are applied. In some countries, social benefits to households are conditional on school attendance. In Romania, universal child allowance, means-tested family allowance, and minimum income are all conditional upon children's participation in education.

Delinking school performance of pupils from the economic, social, and educational status of their parents. In Cyprus, the successful implementation of the 127 all-day optional and special primary schools (37.5% of the total number of schools), has led to their extension to all-day optional pre-school education and to the creation of all-day compulsory schools. The all-day schools operate on the basis of two time zones: until 3:05pm and until 4pm; and attending 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). 154 In Germany, the Länder, with support of the Federal State, have supported the expansion of all-day schools with the aim of reconciling the needs of work and family life more effectively, as well as supporting pupils from a disadvantaged social background. However, though the number of all-day schools has increased considerably to cover high demand, not all of them meet the requirements for good-quality all-day schools. 155 In Sweden municipalities are obliged to offer recreation centres after school hours for children up to age 13, which allows parents to combine parenting with gainful employment. 156 In the Netherlands, funding is provided to school governors and local municipalities to tackle educationally disadvantaged pupils.

¹⁴⁹ For more information, see for example the decree of 'gelijke onderwijskansen' (GOK) of the Flemish Community and the decree of 'encadrement différencié' (ED) of the French Community.

¹⁵⁰ LU Country Report on the Plan d'encadrement périscolaire.

¹⁵¹ BG Country Report.

¹⁵² Schools in the 'Delivering Equality of Opportunity in Schools' (DEIS) programme; through these measures, significant successes have been recorded in closing the gaps in academic achievement and school completion between DEIS and non-DEIS schools.

¹⁵³ IE Country Report.

¹⁵⁴ CY Country Report.

¹⁵⁵ DE Country Report.

¹⁵⁶ SE Country Report.

Primary schools receive funding partly based on a combination of the (socio-economic) characteristics of children, their parents, the local area, and the school; secondary schools receive funding depending on the number of pupils from postcode areas associated with a strong presence of low-income households, households receiving social welfare support, and non-western immigrant households. 157

4.2.2 Education policies for 'Children living in single-adult households'

Specific policies were not commented on in any of the Country Reports. However, in Poland it was reported that, although children from single-parent families are amongst the groups in that should be given priority in the school admissions process, there are no specific rules or policies to ensure this. 158 Calls for extra educational support of students from singleparent families are also mentioned, for example, in the Czech Republic Country Report. All-day schools are generally acknowledged to support the work-life reconciliation of single mothers, as well as fathers.

4.2.3 Education policies for 'Left-behind children of EU-mobile citizens'

While the situation of left-behind children has come to the attention of policy-makers and service providers (e.g. BG, EE, PL, RO), specifically in terms of educational performance, school drop-out, and self-harming or conflictive behaviour, no specific policies are yet articulated for this group.

The Bulgaria report calls for the use of innovative educational methods, and for resource support to be considered for children living with their parents temporarily or for longer periods abroad, using digital resources and web-based learning platforms. It is necessary for the state to start recognising children whose parents work for short or long periods abroad as a specific group at risk, and to target specific support measures in the community and school to counter dropping out and social exclusion. The Poland report claims that such support should be comprehensive, covering legal, social, and psychological aspects, and it should target both children and their family members.¹⁵⁹ It also mentions a potential EU policy on a 'unified tracking system for travelling children and their families' (which was requested during the Bulgarian presidency of the EU Council).

4.2.4 Education policies for 'Roma children'

All EU Member States have an NRIS. 160 This includes 'education' as one of the four priority sectors. However, mainstreaming into sector policies often remains difficult: responses are often self-standing, small-scale projects, and delegated to civil society. 161 In each Member State, the response varies according to the respective situation of the autochthonous Roma population, its size, and the degree of inclusion. Little policy attention has been given to schooling the children of Roma EU nationals moving between the EU, and to third-country migrant Roma.

The following approaches towards integration into mainstream education can be observed.

Ending segregation. Despite political and legislative efforts in many countries, including some targeted efforts within the NRISs, ethnic segregation still constitutes a significant barrier to accessing education for many children from Roma families or marginalised communities. Discrimination regarding Roma pupils in the education system is still reported throughout Europe. Some countries are trying to tackle discriminatory practices in school admissions leading to Roma segregation. In order to encourage the inclusion of Roma in mainstream education, in some countries such as Slovenia mainstream schools are paid

¹⁵⁷ NL Country Report.

¹⁵⁸ PL Country Report.

¹⁵⁹ PL Country Report.

¹⁶⁰ Except Malta, which does not have an autochthonous Roma population.

¹⁶¹ European Commission 2018b.

additional hours to work with their Roma pupils and are entitled to extra allowances for each Roma student they have. Additional education staff are also envisaged for mainstream primary schools depending on the number of Roma pupils enrolled. Instead of desegregation, in Hungary there is reportedly a practice of churches taking non-Roma or non-disadvantaged children out of local state-run ghetto/settlement schools in order to teach them separately in new local schools. This social (and indirectly in many cases, ethnic) selectivity is actually promoting educational inequality. The problem of Roma referral to special schools, for example, is evidenced in Poland, where Roma pupils' insufficient knowledge of the Polish language sometimes leads to them failing psychological tests (which are only in the Polish language) and being placed in special schools. In Slovenia, it is also reported that learning difficulties that may arise from Roma's socioeconomically unequal status in society are often classified as mild intellectual disabilities, which is a weakness of the existing system.

Working with teachers. In some countries, in order to tackle Roma segregation in schools and classes, it is considered essential to develop 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.¹⁶⁷

Working with parents. The value of education, particularly for girls, is a topic which, according to many reports, needs to be established in dialogue with parents (e.g. EL, HR). Many Roma still consider that more useful skills for income generation are acquired outside institutional settings. To counter that, the education system has to be able to prove its value in the school-to-work transition. In Romania, since 2007, school mediators in Roma and poor communities have been working to increase awareness regarding the importance of education and incentivising families to send their children to school, yet their number decreased, during the administrative decentralisation of education competencies. In 2015 the Ministry of Education announced its intention to revive and develop the network of school mediators; unfortunately, there are not enough data in regard to their number and the effectiveness of the provision. In 2017, the Czech Ombudsman's office published a leaflet in the Czech and Roma languages which provides guidance to parents on how to protect children from the refusal of primary school admission, in order to try to fight discriminatory practices concerning the access of Roma children to mainstream education. In 2015 is a topic with the content of the content of

Compensating for disadvantages. The Slovenian government funds social incubators, which are important centres of extracurricular activities, as well as learning assistance for young and adult Roma within their communities. ¹⁷⁰ Many countries have programmes in place which introduce Roma teaching assistants/mediators in the school systems (e.g. HR, LV, PL, SI). These assistants 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; and positive results are reported. ¹⁷¹ However, there are often not enough assistants to meet the real need, and it is sometimes reported that there is a need for better training for these assistants. ¹⁷² Other countries (e.g. CY, EL) have

¹⁶² SI Country report, based on the Organisation and Financing of Education Act (2016).

¹⁶³ SI Country report, citing the Rules on Norms and Standards for the Implementation of the Primary School Programme (2007).

¹⁶⁴ HU Country Report.

¹⁶⁵ PL Country Report.

¹⁶⁶ SI Country Report.

¹⁶⁷ PT Country Report.

¹⁶⁸ RO Country Report.

¹⁶⁹ https://www.ochrance.cz/diskriminace/aktuality-z-diskriminace/aktuality-z-diskriminace-2017/na-dentumen-andre-skola-te-odmarel-nenechte-se-ve-skole-odbyt.

¹⁷⁰ Child Rights International Network, 2014.

¹⁷¹ See HR Country Report, and LV Country Report citing 2018 Ministry of Culture data.

¹⁷² See PL Country Report.

established '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. They aim to promote the children's equitable inclusion in education as well as to reduce secondary school drop-out rates and combat low access to higher education. Recently the Greek Secretariat for the Social Integration of Roma, in co-operation with the Ministry of Education, developed a National Action Plan for the integration of Roma children into the educational process. This is to be achieved through various measures and interventions in and outside school units so as to support Roma children's educational attainment. ¹⁷³ In Hungary, one of the most comprehensive and important tools for Roma education is the Integrated Pedagogical System (IPR). Schools applying IPR are supported by the National Educational Integration Network. The Network's primary goal has been the promotion of good-quality education among disadvantaged and Roma children in elementary schools, within an integrated environment. IPR focuses on modern, competence-oriented and student-centred educational methods, effective classroom management, and effective organisation of schools. By 2014, one-quarter of primary schools had already used this method – 1,600 schools and 300,000 students, one-third of them from disadvantaged families. 174

Integrated approaches. Learning, concentrating in school, and doing homework need a proper environment which is determined, amongst other things, by children's housing situation, health status, and security of meeting daily needs. Therefore, teachers have to be aware of the living conditions of their pupils and reach out to communities. Similarly, community-based work and social services have to be able to enter into dialogue and meaningfully connect with sector policies.

4.3 Description and assessment of main policies to ensure access to free healthcare and recommendations for improvements

Under the CRC, all children have guaranteed access to healthcare. This section describes and assesses the main policies to ensure access to healthcare for children living in precarious family situations, and formulates recommendations for improvements.

4.3.1 Healthcare policies for 'Children confronted with economic fragility'

Policy recommendations include the following.

Population coverage. All children should be ensured access to healthcare, and work should be done to eliminate the barriers to this, both socio-cultural and financial. Part of this is to formally include both parents and children in health insurance coverage. 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 full vaccine coverage. Some countries report a social bias in accessing these preventive examinations (e.g. RO). The geographically uneven distribution of healthcare infrastructure and services impedes access to primary healthcare in rural areas as well as specialised services, specifically diagnostics, beyond greater city limits.

Service coverage. The catalogue of treatments fully covered by insurance should be expanded. Amongst the additional services to be covered and mutualised is dental care for all children (BE, ES, HU). Many Country Reports refer to the need to design community-based mental health services, which includes early detection and prevention. More investment in mental healthcare for children is needed in many countries. Some specialised medical care services have long waiting lists in some countries (e.g. BE, EE, FI, HR, UK). Investment should move upstream from intervention to prevention, and target specific vulnerable groups.

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¹⁷³ In particular, in the school year 2017-18, the following actions were implemented: (a) the reduction of the number of pupils from 25 to 15 in mainstream classes (attended mainly by pupils belonging to vulnerable groups) in 52 primary education schools; (b) the placement of social workers in these schools; and (c) the pilot operation of 'parent schools' in some of these schools.

¹⁷⁴ HU Country Report.

Service integration and community intervention. Integrated strategies for improving child and adolescent health should be developed at local level and interlinked over the lifecourse (e.g. DE). There is a call for hospitals to be avoided as the frontline medical solution, instead targeting non-hospital services and primary healthcare (e.g. FR). In general, dense primary healthcare coverage and targeted community-health interventions will include vulnerable and economically deprived groups. In the Netherlands, key responsibilities and tasks have been shifted from national level to municipalities at local level. Schools are also important 'gatekeepers' to child healthcare services, and they often work closely with local health professionals.

Healthcare workforce. A motivated and well trained health workforce should be retained. In some countries there is a shortage of child health staff, paediatricians, infant nurses, and paramedical staff (e.g. CZ, HU, PL, RO). This is due to labour migration and poaching of professionals by better-off countries. Incentives, either monetary or in career prospects, will support staff retention. Similarly, it is more difficult to cover remote rural areas with paediatric services (e.g. EL). Overall, the specialised identity and respective professional council structures of paediatrics need to be strengthened (e.g. BE)

Healthcare financing. High co-payments for medicines are particularly burdensome for poor households (e.g. ES, PL). In Croatia, the need to pay for child medications that are not covered by health insurance has been reported as a problem by poor families. ¹⁷⁵ The same difficulties of co-payment apply to ophthalmologic, orthotic, and orthopaedic devices (e.g. FR). In Belgium, the first consultation in a community mental healthcare centre through referral by a health professional is free for children.

Health reporting. In general, data about health outcomes, inequalities in health, and children's access to healthcare is sparse. Policy-oriented reporting on health inequalities of children could be improved. Remedies call for improved transparency and standard reporting disaggregated by social and ethnical population profiles (e.g. BG). The governance of the healthcare system has to consider social accounting procedures to the general public and specific marginalised groups and their representatives. The PA report calls for the use of a personal identifier to track a child's history and needs across service providers. This is important in order to avoid key information in the early years not being passed between service providers. The PA report also mentions that many countries also have child-based public health electronic record systems. Some countries are able to monitor all children, by actual or virtual systems. This could be important for sharing innovations and solutions between countries.¹⁷⁶

4.3.2 Healthcare policies for 'Children living in single-adult households'

No specific policies are mentioned in the Country Reports for this group. 177

4.3.3 Healthcare policies for 'Left-behind children of EU-mobile citizens'

No specific policies are articulated for this group.

4.3.4 Healthcare policies for 'Roma children'

All EU Member States have an NRIS.¹⁷⁸ This includes 'healthcare' as one of the four priority sectors. In that respect, each country is supposed to have a strategy in place. However, most frequently health interventions are reduced to specific self-standing interventions, often in project format parallel to mainstream sector provision and staffing that do not succeed in entering – sensitising and adapting – ordinary healthcare service provision.

¹⁷⁵ HR Country Report.

 $^{^{\}rm 176}$ FSCG health policy paper (Rigby 2019).

¹⁷⁷ The BG, CY, and PL Country Reports explicitly state that no such policies exist. All other Country Reports neglected to mention single-parent households when speaking of health policies.

¹⁷⁸ Except Malta, which does not have an autochthonous Roma population.

Similarly, there is no systematic monitoring of the health strategies aimed at improving healthcare provision for the Roma population and reducing health inequalities, no robust epidemiological data is generated, and standard health reporting is blind towards the Roma minority.¹⁷⁹

Furthermore, the Country Reports document the following issues and their policy responses.

- Extension of health insurance coverage to the Roma population remains a main objective. Although all children have guaranteed access to healthcare under the CRC, the coverage of the parents would ensure better coverage for children as well.
- Mother and child health programmes and, breastfeeding and child-friendly hospitals and home visits to pregnant women have proven to increase child health.
- Health education, health promotion for Roma and preventive services still do not reach out to Roma populations, particularly in segregated areas. This includes access to adapted and acceptable sexual and reproductive health. Some progress has been made with specifically designed outreach programmes which have a high protagonism by Roma, in terms of active participation, and a voice in the design, implementation, and monitoring of the programme.
- In Bulgaria, health promotion and disease prevention in minority communities is facilitated through health mediators. In Romania, in the absence of a health mediator in the community, the chances of accessing healthcare services are extremely limited. In HU, the ambitious project 'Together for a better health, for us, by us' supports a network of non-government organisations (NGOs) seeking to integrate, improve, and extend the role of Roma health mediators.
- Much attention has been given to the vaccination of Roma children. Whilst in some countries there might still be a gap in vaccination rates, in other countries a fixation with this issue might have led to over-attention, and the profession should move on to promoting more complex socio-epidemiological analyses and interventions. Promising engagement strategies include specialist roles, outreach services, dedicated services, raising health awareness, training for staff, and collaborative working.¹⁸⁰

4.4 Description and assessment of main policies to ensure decent housing and recommendations for improvements

This section describes and assesses the main policies to ensure access to decent housing for children living in precarious family situations and formulates recommendations for improvements.

4.4.1 Housing policies for 'Children confronted with economic fragility'

Given the exclusion of economically vulnerable households with children from access to decent housing, the following measures are listed. They include measures taken and those that are proposed.

Comprehensive public policy on housing. Some countries lack a comprehensive strategy on access to housing (e.g. BG, EL, HR, HU, LV, RO), or have one in place that is insufficient to eliminate the barriers for children confronted with economic fragility (e.g. in LU the concrete measures remain too weak to really influence the private [rented] housing

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 $^{^{179}}$ See Roma Civil Monitor: 2^{nd} cycle monitoring process: Synthesis report on Health (forthcoming). Available at: cps.ceu.edu/roma-civil-monitor.

¹⁸⁰ McFadden et al. 2018.

market). This also includes the lack of rigorous data on the overall housing situation, sub-standard housing, level of rent/mortgage payments, and security of tenure.

Stricter and more encompassing regulation of maximum rents. Some countries are bringing in stricter tenancy laws to tackle the issue of rising rent prices. For example, in German a bill presented in 2018 provides for: a tightening of the 'rent brake' and a limit on the 'modernisation premium' paid by tenants; regulation of the calculation of living space; and an obligation on landlords to provide information on the previous rent to future tenants. ¹⁸²

Expansion of social housing. Although some countries lack national-level social housing programmes (e.g. EL, HR, HU, PT, RO), most are committed to the creation of more social housing to combat shortages and meet the housing needs of vulnerable groups, especially those with children. However, long waiting lists for social housing are still reported due to unmet demand in most countries: as long as 20-30 years in some municipalities (e.g. LT).¹⁸³ In some countries, policies attempt to blur the boundary between social housing and the private market: in Belgium, 'agences immobilières sociales' are agencies that provide dwellings from the private residential housing stock at a lower price to low-income tenants; 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.

Housing policies and rules for the allocation of social municipal housing are often not uniform and social housing allocation criteria and procedures often vary between municipalities. While they often prioritise economically fragile families with children – for example low-income tenants – many regions or municipalities lack social housing policies targeting vulnerable families (e.g. BG, CY, LV, SK). Some of those targeting low-income families might, for example, prioritise parents with permanent work contracts or with a minimum period of local residence, or they might exclude households in debt, which can make it difficult for other vulnerable households to access good-quality, affordable housing (e.g. BE, CZ, HU, RO, SK) and give rise to discriminatory practices (e.g. HU, RO).

Design of public policies for housing subsidies. There is a policy mix of public support schemes in housing, with housing allowances as the most prevalent type of measure, followed by social rental housing and support to home-buyers. In general, housing allowances are perceived to be insufficient (HR, PO, PT, RO) as well as poorly targeted, either too restrictive or unable to reach the poorest quintile. This leaves a great number of disadvantaged households ineligible for the allowance. Some countries offer subsidies when acquiring or building a house (e.g. BE, HU, LV, PL) and for improving the quality of dwellings (all types of renovation subsidies, e.g. BE, EE, LV). A number of Country Reports call for a shift of public policies from subsidies for home-owners to supporting tenants (e.g. BE, CY, ES).

Poverty-reducing effect of housing allowances; increase coverage and take-up of housing benefits. Housing benefits and rent subsidies are available in order to tackle the affordability barrier for this group. However, coverage differs, sometimes considerably, between countries, regions, and municipalities (e.g. AT, HR); in some cases it is not sufficient to cover actual housing costs and should thus be increased (e.g. AT, HU, IT, PT). Romania currently has no adequate housing benefit system in place, with only a winter heating aid and no other housing benefits, subsidies or tax credits available to help families in precarious conditions to live under decent conditions. Is In some countries, however, take-up of the different available benefits and subsidies by economically vulnerable families with dependent children is hindered by the strict eligibility criteria of some of the schemes (e.g. HU, LV, PL, SK) – for example, only providing housing benefits to recipients of

¹⁸² DE Country Report.

¹⁸¹ LU Country Report.

¹⁸³ LT Country Report, citing The National Audit Office 2017.

¹⁸⁴ RO Country Report.

minimum income benefits (e.g. SK); only providing home-buyer subsidies for those with a work contract providing social security (e.g. HU); or the exclusion of public workers from the highest level of subsidies (e.g. HU). In Hungary, for instance, it is reported that such preconditions mean that home-owner subsidies are designed for middle- and upper-middle status households, while low socio-economic status households have either poorer chances to access them, or are explicitly excluded from eligibility.¹⁸⁵

Organised detection of sub-standard housing situations and rehabilitation plans. Housing codes set standards for the quality of housing, and local authorities usually inspect new and existing buildings to ensure that these requirements are met (e.g. BE, ES, NL) – though the need to 'rehouse' families living in sub-standard housing is often not enforceable (e.g. BE). There is a surge in support for housing rehabilitation designed to improve energy efficiency, which contributes to long-term savings and reduces the carbon impact. In Estonia, the state provides renovation support for families with three or more children, which covers 90-100% of the renovation costs. However, much of these programmes do not sufficiently consider the burden of the initial investment for low-income households.

Increase the legal protection of children and their families in eviction processes. Examples of this include creating specific funds for vulnerable groups with children who have lost their home due to eviction (e.g. ES, SE), or allowing evicted persons with dependent children who have lost their dwelling because of unpaid mortgage bills to remain there on a rental basis (e.g. ES)¹⁸⁷ or until the local authority grants the tenant other suitable accommodation (e.g. LV). There are also policies for persons in situations of exclusion that are designed to strengthen the protection of mortgage payers, allow debt restructuring and social rental, and suspend evictions without prejudice to mortgage foreclosure proceedings (e.g. ES).¹⁸⁸

Support for utility (water, electricity) bills, and mediation mechanisms for managing payment default as well as debt management. Energy poverty schemes are set up, for instance through cash transfers, to relieve immediately some of the financial burden associated with the heating costs of lower-income households, or through subsidies to improve long-term energy efficiency: for example, targeted winter heating assistance (e.g. BG) and social benefits for heating fuel and an electric energy benefit for vulnerable groups (e.g. PL, though the electric energy benefits are considered very low189). Such benefits and subsidies also exist for electricity costs, for example in Spain, where there is an electricity bill discount for vulnerable households. However, although such schemes are relatively common, they are often not sufficient to respond to the needs associated with insufficiently warm houses. 190 Other mechanisms exist such as protection from disconnection in the case of non-payment of utility bills (PA report on housing). For example, in the Netherlands, households have to apply for debt counselling in order to prevent the disconnection of utilities. In Hungary, the number of households under threat of eviction due to mortgage debt can be estimated at 45,000, and 17.5% of the population live in households with arrears. In various countries, debt settlement mechanisms, debt counselling and measures to prevent evictions have been put in place.

Revise taxation schemes related to housing ownership. Targeted exemption from house-ownership taxes or council tax is a means for municipal government to decrease financial pressure on owners with children (e.g. ES, HU, LT). Some policy responses aimed at improving general access to home-ownership have included temporarily decreasing

¹⁸⁵ HU Country Report.

¹⁸⁶ EE Country Report.

¹⁸⁷ ES Country Report; see Social Housing Fund, Royal Decree 1/2015 for more information.

 $^{^{188}}$ ES Country Report; see Law 1/201354, which applies to families in which the mortgage debtor is unemployed or has used up their social benefits.

¹⁸⁹ PL Country Report.

 $^{^{190}}$ FSCG policy paper on housing (Clark-Foulquier and Spinnewijn 2019).

value added tax on new housing purchases and providing tax refunds for new construction (e.g. HU). However, these are generally only available for households financially able to purchase or build new housing, thus excluding those who are confronted with economic fragility and cannot afford such expenses. In the United Kingdom a generally regressive bedroom tax' has been introduced which adds to the financial stress on low-income families.

4.4.2 Housing policies for 'Children living in single-adult households'

Single-adult households with children are entitled to housing support following general rules, though some of the above-mentioned policies for vulnerable groups are especially inclusive of single-parent families at risk of exclusion.

For instance, in Portugal single-adult households with dependent children are among the priority groups for social housing allocation in many municipalities. Single-adult households may also benefit from a social housing allocation or the above-mentioned housing allowances if they fall into the prioritised groups considered economically vulnerable. However, preconditions for access to housing benefits and subsidies that discriminate against low socio-economic status households – such as the requirement for legal work contracts in order to obtain social assistance for home-owner subsidies (e.g. HU) – may also act as a barrier to access for single-adult households in some countries due to their higher risk of low socio-economic status.

Indebtedness is an issue that is more acute in single-parent households. In Germany, more than 1 person in every 6 who went to debt counselling because of financial difficulties was a single parent. In Belgium the risk of indebtedness is higher for single-parent households. In Spain, the policies aimed at strengthening the protection of mortgage payers, debt restructuring and suspended eviction proceedings, apply to single-parent families with at least two dependent children.

As explained in the FSCG Policy Paper on Housing, an analysis of the characteristics of households evicted from rented housing in Europe showed that single parents (mostly mothers) with children were generally the second most numerous household type to be evicted. They constituted 27% of all evicted households in Sweden, 25% of all households with a notice to quit in the French regional survey, 22% of all households with a second summons from the bailiff in Dutch social housing, and 19% of all court cases for eviction in rented housing in Denmark (14% of those actually evicted). In Germany, single parents were clearly overrepresented, in comparison with their share of the total population, with 14% of all prevention cases. Some specific policies have been put in place to protect households with children from eviction.

4.4.3 Housing policies for 'Left-behind children of EU-mobile citizens'

No specific policies are articulated for this group.

4.4.4 Housing policies for 'Roma children'

All EU Member States have an NRIS. 193 These include 'housing' as one of the four priority sectors.

A main issue for Roma children is the existence of segregated areas. These exist both in urban settings, as Roma suburbs, as well as in rural settings, where some villages show a significant share of Roma population, most often segregated from other villagers. Policy responses call for the development of intensive community-based social work in Roma suburbs, providing support and promoting integration (e.g. BG, HU, IE, IT, PL, RO, SI). Long-term strategies should aim for an end to ethnical segregation.

¹⁹¹ For more information see the Home Creation Programme and the Family Home Allowance programme.

¹⁹² Kenna et al. 2016.

¹⁹³ Except Malta, which does not have an autochthonous Roma population.

Some policy responses encourage local authorities to include Roma settlements in their spatial plans, and involve the rehabilitation of such settlements (e.g. SI). Other policy responses call for the relocation of Roma from rough/irregular accommodation, on a voluntary basis and in close co-operation with local authorities, as well as the provision of appropriate social support services (e.g. EL). In spite of the relative success of some social integration policies in urban housing, there are still areas of residential exclusion (e.g. ES). In addition the competences required usually fall within the scope of municipalities; consequently the implementation of measures to improve the situation in Roma settlements is dependent on the political will of each municipality (e.g. RO, SI).

In order 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, specific programmes should be developed for housing mediation between house-owners and Roma as well as specific campaigns against discrimination in housing, 194 In Ireland, for example, legislation prohibits discrimination in the provision of housing on the basis of membership of the Traveller community and receipt of housing assistance. 195

Roma Rights activists call for greater measures to increase the availability of social housing and emergency housing support to Roma households. 196 Some localities have allocation procedures for social housing in place that include Roma households as a priority, for instance prioritising membership of the Traveller community in Dublin City Council (IE).

4.5 Description and assessment of main policies to ensure access to free early childhood education and care and recommendations improvements

This Section describes and assesses the main policies to ensure access to good-quality ECEC for children living in precarious family situations, and examines recommendations for improvements. It draws heavily on the FSCG Policy Paper on ECEC.

ECEC may have different meanings in different Member States, but generally it covers all services for children from birth to compulsory school age (around age 6 in most Member States). In most countries, this includes two separated systems of provision (split systems): childcare for the youngest children and pre-school settings for children from approximately age 3 (2 in France; 2½ in Belgium) to age 6. A small number of countries have a unified system of ECEC (unitary systems) that covers the entire age range from age 0 or 1 to compulsory school age; for example, Denmark, Slovenia, and Sweden.

In the case of ECEC, most countries assign the competencies to the municipal level, albeit within a regulatory and financing framework which involves regions and national governments. This adds complexity to the issue. Furthermore, both need and service provision vary widely between rural and urban settings. Whilst in rural areas coverage is challenging, in urban areas socio-spatial segregation is an issue.

4.5.1 ECEC policies for 'Children confronted with economic fragility'

Evidence suggests a paradox in ECEC for children from a disadvantageous economic background. While it is more effective in providing opportunities, it is less used by families suffering low income or economic fragility. As well as the barriers discussed in the previous Section, the lower enrolment of economically fragile groups is explained by the following characteristics of existing policies.

Some Member States take different approaches to increasing the participation of vulnerable groups, namely: increasing the scale of provision; increasing flexibility; promoting inclusion and countering special segregation; reducing fees and subsidising

¹⁹⁴ ES Country Report.

¹⁹⁵ Equal Status Acts (2000-2015).

¹⁹⁶ Roma Civil Monitor (2018)

related costs; ensuring quality standards; and fostering cultural change. A more drastic measure is to make early childhood education compulsory.

Establishing a 'system'. Many countries have advanced in legislating entitlements or modernising the ECEC system. Some countries have established ECEC as an entitlement for all parents (and their children). All children in Slovenia and Sweden, for instance, are entitled to childcare from the end of parental leave. Ambitious plans call for the expansion of places over the coming years, such as in France where an additional 175,000 ECEC places are to be created over the next five years. Some Member States introduced quality standards and/or central monitoring systems (e.g. SK). Much effort goes into increasing the expertise of the ECEC workforce¹⁹⁷ as well as preparing them to deal with issues of diversity: in central European states Roma assistants are recruited, while in some western European states more effort is invested in ensuring a multicultural and bilingual offer. In all countries, funding mechanisms to make ECEC affordable have been reinforced, often based on a *proportionate universalism* which ensures and guarantees access for all whilst compensating those in a weaker financial position through subsidies.

Extending the offer. Over the last decade, in line with the 2010 Barcelona targets for ECEC, the number of public childcare places has increased in many countries in order to meet high demand (AT, BE, EE, EL, FR, LU, PL). For instance, in the Brussels Capital Region of Belgium, the government has committed €16 million to provide new day-care places for children aged 0 to 3, to deal with the extreme shortage in the region: with priority given to increasing the number of places in accessible, collective day-care facilities in areas with the lowest number of places. ¹⁹⁸ The aim is to guarantee the accessibility of day-care to children of impoverished families. ¹⁹⁹ In Sweden, municipalities are obliged to offer childcare for children from the age of 1 to the age of 6; and in Denmark, from the age of 6 months until the start of primary school. In some countries, a legal entitlement to day-care for children from the age of 3 to the start of schooling has been enacted, although the rapid extension of provision led to loss in quality.

Making early childhood education compulsory. In some countries there is a shift towards lowering the official starting age for compulsory schooling. In Luxembourg, for example, the compulsory school age had recently been set at 4 years.

Increasing flexibility. In order to help people reconcile work and family life, a number of arrangements are needed. In some countries only part-time or half-day places for children are provided (e.g. DE). Similarly, a choice between formal (institutionalised) and informal but regulated arrangements (informal childminders, licensed baby-sitting services etc.) is offered in many countries (e.g. LU, NL). In some countries, in addition to formal ECEC services, parents may also choose to receive a care allowance that they can use to finance day-care that they organise themselves (e.g. DK). Flexibility of service provision in terms of opening hours differs greatly between centres, cities, and municipalities, though some offer services with long opening hours and with opening hours adapted to help parents working in shifts and at atypical hours (e.g. DK).

Reducing fees and subsidising related costs. There are significant financial barriers for disadvantaged groups in access to ECEC. The responses are varied and range from universal free education (e.g. LU childcare vouchers that pay for all ECEC up to 20 hours) to fee waivers and/or subsidies for vulnerable groups (e.g. DK). In Sweden, universal services are combined with selective, needs-based services for vulnerable groups. While some countries provide funded ECEC for children living in precarious family situations (especially low-income families), others may be increasing inequalities by prioritising working families (with both parents working) for formal childcare subsidies or free placements, to the detriment of children who have parents in situations of unemployment (e.g. ES, UK). Some countries also offer tax refunds on day-care services on top of any waivers or subsidies offered; however, payment of these can sometimes be up to a year

¹⁹⁷ See European Commission, University of East London and University of Ghent 2013.

¹⁹⁸ http://www.bruzz.be/nl/actua/cartografie-wijst-op-groot-tekort-aan-kinderopyang.

¹⁹⁹ http://www.bruzz.be/nl/actua/vgc-bouwt-twee-nieuwe-creches-en-breidt-er-eentje-uit.

after the expense, which does little to alleviate the costs for low-income families at the time of payment (e.g. BE, NL, UK). However, for families on a low income, co-payments for childcare – even with waivers and subsidies – may imply a substantial financial burden which hinders access to ECEC by children from this group (as detailed above in Section 3). Furthermore, in some countries, such as the Netherlands, low awareness of the day-care subsidies available among employers also prevents eligible parents from fully accessing them.²⁰⁰

Promoting inclusion and countering spatial segregation. Provision of ECEC is usually very localised, which leads to a concentration of disadvantaged groups in the same centres. Strategies to counter this include the definition of a 'social index' which would channel more resources to day-care centres in deprived areas (e.g. DE). In Flanders in Belgium, special day-care schemes are offered for vulnerable families (e.g. unemployed, working or following education/training). The latter have priority access to crèches, at least until a quota of 20% is reached. Despite this, however, some day-care centres still struggle to convince families to take up ECEC services, especially in segregated areas.

Ensuring quality standards. Quality standards in childcare differ regionally and locally and even between centres. Many countries have taken action to ensure quality standards (e.g. DE, IE, LU, SK).²⁰¹ For example, in Germany efforts have been stepped up to improve joint strategies and joint action for a uniform structure and quality standards between the federal, Land, and local governments through The Pact for Child Day-Care.²⁰² Mechanisms are required for staff qualification, attendant-child ratios, and oversight procedures. There seems to be a selection process that leads to children of poorer households ending up in lower-quality centres. Similarly, in Slovakia, a new law defines the conditions for childcare services for children under age 3, including: the maximum number of children per play room; the required qualifications of staff; material equipment and facilities; and the obligation to report administrative data.²⁰³

Fostering cultural change. In many countries leaving the youngest children (age 0-3) in the care of 'strangers' encounters entrenched resistance, specifically amongst disadvantaged groups (e.g. BG, ES, RO). This is challenged through communications programmes. High-quality provision can also generate trust amongst parents, who will then spread the word to their peers.

4.5.2 ECEC policies for 'Children living in single-adult households'

The most commonly cited reason for problems in accessing formal ECEC is economic barriers. For ECEC services to be accessible to children living in single-adult households, day-care facilities need to be more affordable.

Reducing fees and subsidising related costs. Again, responses to the significant financial burden of ECEC on single-adult households vary between universal free education to means-tested fee waivers (e.g. DK), subsidies (e.g. CZ, HR), and tax rebates (e.g. BE). Some countries/regions/municipalities also have a policy of prioritising single-parent households during the admission processes for public ECEC services (e.g. CY, HR, PL). On the other hand, in the UK, upfront payment of support for childcare costs related to the new universal credit is deemed to have decreased demand by single mothers for ECEC and discouraged their labour market integration (UK).

Increasing flexibility. ECEC also has to be available, accessible, and adaptable to meet the specific needs of single-adult households: 'for a single parent, it is more difficult to be flexible with their time and to find a day-care place that is accommodating to, e.g., shift

²⁰¹ See the European Study on Competence Requirement in Early Childhood Education and Care (CoRe). European Commission, University of East London and University of Ghent 2013 https://download.ei-ie.org/Docs/WebDepot/CoReResearchDocuments2011.pdf

²⁰⁰ NL Country Report.

²⁰² DE Country Report.

²⁰³ SK Country Report on the Act on Social Services No 448/2008.

work or other atypical forms of employment'.²⁰⁴ In that sense, it is decisive whether the offer is for a half or full day, and whether ECEC services are offered during school holidays.²⁰⁵ Similarly, a choice between formal (institutionalised) and informal but regulated arrangements makes it easier for single mothers (and fathers) to adapt their care schedules and manage their work-life balance. However, many countries are still lacking policies to ensure such flexibility in ECEC services. In Latvia, despite the positive results of a project that provided 'Flexible Provision of the Child Supervision Service to Employees Working Irregular Hours', no policy actions have been taken to integrate these results in the policy planning documents or development of policy measures.²⁰⁶

Ensuring quality. The quality of ECEC provision also determines the demand for it from single-adult households. In the United Kingdom, a shift in focus from high-quality early years education towards affordable childcare for working families could damage social mobility.

4.5.3 ECEC policies for 'Left-behind children of EU-mobile citizens'

No specific policies are articulated for this group in the Country Reports.

4.5.4 ECEC policies for 'Roma children'

Promoting inclusion and countering special segregation. Some countries are enacting local level integration and support activities to stimulate the inclusion of Roma children in ECEC. An example of such measures is the introduction of Roma assistants in ECEC (e.g. LV, SI). In Ireland, the policy now targets an inclusive approach whereby children from different backgrounds (including Traveller and Roma) are educated side-by-side with other children, with the National Traveller and Roma Inclusion Strategy committing all relevant departments and agencies to promoting the participation of Traveller and Roma children in the free pre-school scheme. Mention is made of promoting the Access and Inclusion Model (AIM) – which is designed for children with a disability – within the Traveller and Roma communities, but this has not subsequently been taken up.²⁰⁷ In order to encourage the inclusion of Roma in mainstream ECEC, some countries have special norms and standards in place in order to offset some of the extra costs of including Roma children in these classes; for instance in Slovenia, where the number of children per pre-school class is smaller if the group includes Roma children.

Reducing fees and subsidising related costs. Some countries/regions/municipalities have a policy of prioritising Roma households during the admission processes for subsidised public ECEC services (e.g. CY).

Ensuring quality and providing necessary support. There are projects in place aimed at improving the quality of ECEC for Roma.²⁰⁸ Some countries also offer special support to Roma in ECEC. In Slovenia, for example, Roma assistants help children overcome emotional and linguistic impediments prior to inclusion in kindergarten;²⁰⁹ and in Latvia they work in inclusive classes in public pre-school settings, providing moral and psychological support to Roma children, stimulating their motivation and adaptation to the social environment in co-operation with Roma families and the school.²¹⁰

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²⁰⁴ FI Country Report.

²⁰⁵ CY Country Report.

²⁰⁶ LV Country Report.

²⁰⁷ IE Country Report.

²⁰⁸ For instance the 'A Good Start – The EU Roma Pilot' Project in Slovakia (SK Country Report).

²⁰⁹ However, according to the SI Country Report the position of Roma assistants has not yet been systematised (assistants are currently employed only through the projects).

²¹⁰ LV Country Report.

Fostering cultural change. Some countries recognise the need for continued social work with Roma parents to raise awareness of the benefits of ECEC, in order to encourage the use of available ECEC services and avoid misunderstandings or mistrust (e.g. SK).²¹¹

4.6 Extent of integrated, comprehensive and strategic approach and recommendations for improvements

The EU Recommendation on *Investing in children: Breaking the cycle of disadvantage*, proposed by the Commission (February 2013) and endorsed by the EU Council of Ministers (July 2013), has provided a clear framework for the Commission and EU Member States to develop policies and programmes to promote the social inclusion and well-being of children especially those in vulnerable situations. This text calls for:

- access to adequate resources (support parents' participation in the labour market and adequate benefits schemes);
- access to affordable good-quality services; and
- a guarantee of children's right to participate.

This Section aims to discuss the best way to ensure an overall integrated, comprehensive and strategic approach to meeting the needs of children in precarious family situations. It examines how best to ensure effective co-ordination in both the planning and the delivery of services across policy areas so that they are mutually reinforcing and meet the needs of children in precarious family situations in a holistic way.

4.6.1 Policy co-ordination

Concerns in relation to children's rights normally cut across the standard 'sector structure' of government. In many countries interdepartmental co-operation is inhibited by protective attitudes, differing organisational cultures, and fear of interference (see e.g. BG, CY, CZ, DE Country Reports). On the other hand, child protection systems are, by definition, multi-sectoral. The challenge of integrating child-related issues into whole-of-government action is solved in a number of ways. In the United Kingdom there is a junior Minister for Children located in the Ministry of Education. Belgium has the Flemish (KRC) and French (DGDE) Children Rights Commissioners. Recently Spain, in June 2018, instituted a High Commissioner for the Fight against Child Poverty. Ireland has a Minister for Children and Youth Affairs with a brief to ensure cross-government co-ordination on policies for children. In Luxembourg, education, youth, and childhood issues are under one Ministry and an inter-ministerial committee for youth and childhood has been set up.

Besides these high-level - but often low-power - figures, a number of countries (e.g. UK, BG, DE, EE, ES) have specific child strategies, as well as youth strategies. Some countries (e.g. BE) have launched specific action plans against child poverty, often as a specific response to the EU Recommendation. In general these have limited impact on mainstream policies, as well as insufficient reporting frameworks (e.g. AT). In some countries (e.g. BG), there is still a lack of fully integrated information systems that allow comprehensive tracking of child development and support when needed. Furthermore, competencies for child well-being are spread between state, regional, and municipal levels. Whilst in some countries this has led to a successful division of labour (e.g. SE), in others it creates overlaps, disorder, and confusion for service-users (e.g. ES). In Germany, a federal early childhood intervention programme has been conceptualized, piloted, evaluated and scaled up nationwide. It has been initiated in 2006 by the former federal Minister for family affairs, Ursula von der Leyen, and is aligned with the Nurturing Care Framework launched during the 71st World Health Assembly in May 2018 (WHO 2018). It is rigorously monitored and benefits from a funding architecture that includes all three administrative levels in Germany (Renner et al. 2018).

²¹¹ SK Country Report on the 'A Good Start - The EU Roma Pilot Project'.

 $^{^{\}rm 212}$ UNICEF, UNHCR, Save the Children, and World Vision 2013.

On the other hand, many countries have special Child Ombudsmen (e.g. EL, LU, PL, regionally in UK) which work to safeguard child rights: providing mechanisms for complaints or being able to act on their own initiative; and in some cases also working at policy level (e.g. LU). Similarly, government action and public service provision is often scrutinised by civil society coalitions on child rights, who monitor the human rights reviews and send shadow reports. Amongst these are (to highlight just a few): the Spanish Children's Rights Coalition; combatpoverty.be in Belgium; the Bulgarian National Network for Children; and the Danish National Council for Children and Children's Rights and Living Conditions. These coalitions serve as standard bearers for child rights, produce stocktaking on an annual or situational basis, and have persistently professionalised their analytical capacity, advocacy skills, and media outreach.

4.6.2 Child participation

Child participation, a foundational element of the UN CRC, has gained ground and has been institutionalised in some countries through different means. In Ireland, the National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 is aimed at ensuring that children and young people have a voice in their individual and collective lives in their communities, in education, over their health and well-being, and in legal settings. In Bulgaria, the recent National Strategy for the Child 2018-2030 envisages child participation mechanisms. However, child and youth involvement - including the involvement of children as an interested party in policy-making on children - is rare and sporadic, and it is still not possible to talk about a systematic approach and mass appeal. Cyprus has set up several bodies with responsibility for representing children's views, including the Children's Parliament, the Commissioner's Youth Advisory Team, and the Pancyprian Co-ordinating Committee for the Protection and Welfare of Children. In Denmark, according to the Law on Social Services, both children and their families must be involved by municipalities in finding out what programmes and measures may benefit them. However, the law does not stipulate how this must take place and is therefore difficult to enforce.

4.6.3 Integrated approaches

Current social policy debate identifies three social protection measures to counter social exclusion of children.²¹³ These are: (1) a robust and 'smart' income protection system that links 'activation' and 'inclusion'; (2) social investment in public services - in general, and specifically in social services that provide personalised assistance to children at risk, based on comprehensive case management, early detection, and early intervention;²¹⁴ and (3) territorially contextualised and integrated pro-poor interventions supported by locally embedded civil society and social work.²¹⁵ The three of them need to be interrelated.

(1) Income protection systems. Child poverty is countered by universal GMI schemes, or child benefit/child income support schemes.²¹⁶ These are developing at different speeds throughout Europe, some of them expanding, others shrinking.²¹⁷ They are part of the Universal Social Protection (USP) envisaged in SDG Target 1.3. Albeit the competencies are fully with the Member States, the EU has been involved in various ways. The Parliament has issued a number of calls for a European Framework Directive on a Minimum Income. 218

²¹³ Nieuwenhuis and Maldonado (eds) 2018; Cantillon et al. 2017; OECD 2015.

²¹⁴ Frazer 2016.

²¹⁵ Oosterlynck et al. 2013.

²¹⁶ Cantillon et al. 2019; Cantillon et al. 2017.

²¹⁷ Luxembourg undertook a major reform of the minimum income scheme which (1) has been based (partly) on a reference budget study including the cost of children, and (2) resulted in a system where the benefit is calculated per person (adult/child) in the household. See LU report p. 18: 'In order to improve the situation of children and single parent households, the amount per child amounts to €225.59 per month (€726.61 for an adult), with an extra €66.70 per month and per child for children of single parent households.

²¹⁸ European Parliament 2010; European Parliament 2017; European Economic and Social Committee 2019.

The right to adequate minimum-income benefits is enshrined in the EPSR, in Principle 14.219 Two peer reviews within the open mechanism of co-ordination have recently been conducted.²²⁰ In Member States, the situation relating to the minimum income of households with children is diverse. In Austria, recent reforms envisage lower benefit levels for children. Similarly, in Denmark benefit ceilings and work demands were introduced which have pushed a large number of children into relative poverty. In some countries the GMI is deemed to be inadequate to provide a satisfactory nutritional diet (e.g. CY, DE, DK, FI). In the Czech Republic, benefits have not been uprated for more than ten years and no guarantee has been given of their future level. In Spain, no income guarantee exists for children, and benefits are fragmented, discretional, and inadequate. In Finland, basic social security benefits are lower than the average citizen's assessment of the minimum level needed for basic security. In Hungary, only a small number of persons who are at risk of poverty and social exclusion are entitled to receive the GMI. In Italy, the amount available under the recently introduced universal minimum income scheme (REI) is going to increase with the introduction of the 'Citizenship Income' as of May 2019. In Estonia, child allowances and family benefits have increased considerably in recent years. In Latvia, some local governments support families with children by establishing a higher GMI level for children. In the Netherlands, low-income households can apply for subsidies that fall under the Participation Act that constitutes the Dutch safety net. In Poland, income thresholds are set for access to benefits, taking into consideration the level of a so-called 'social intervention threshold' calculated for selected family/household types in relation to a subsistence basket of consumer goods.

- (2) Investment in social services and social workers. Social services have been established as the sixth pillar of the welfare state and provide in-kind provision of social protection.²²¹ In the Czech Republic, the Strategy for Social Inclusion 2014-2020 has put the spotlight on social work and has generated calls for a comprehensive legal instrument specifying the prerequisites and conditions for social workers, and the conditions governing professional growth and professional status (including the setting of, and legally binding compliance with, relevant ethical principles). Bulgaria is in the process of modernising its social services workforce, but a pay rise for education staff has generated friction with health staff and social workers. In Denmark, corporate governance structures, made up by care professionals and institutions, ensure debates on quality standards and working conditions. In the Netherlands, a specific funding line to combat child poverty has been channelled primarily through municipalities and an explicit guideline is to improve cooperation between municipalities and five specific civil society organisations.
- (3) Integrated pro-poor interventions at municipal or local level. Integration of different service structures, and particularly a preventive approach, is frequently coordinated at local level and requires an approach which is closest to the life circumstances of children at risk. In Germany, only at the municipal level has the departmentalised system been broken up and a more holistic view of social problems and social interventions adopted. The Federal Programme "Frühe Hilfen" has provided a framework for successful cross-sectorial cooperation as well as coordination between administrative levels (Renner at al. 2018). In 2017, Romania launched a strategy for community-integrated centres, piloting the approach in 180 communities diagnosed as marginalised. Despite some initial delays, in 2019 local authorities in big cities have established these centres, which facilitate co-ordination between the activities of different professionals in charge of local social interventions, including social workers, psychologists, medical staff, and health and school mediators.

Apart of these three building blocks for integrated and strategic approaches, a number of instruments are exposed in the Country Reports.

²¹⁹ See Cantillon 2018.

²²⁰ European Commission 2018f and European Commission 2019b.

²²¹ Kahn and Kamerman 1976 in reference to Beveridge 1946; see European Social Network 2018.

A child poverty impact assessment has been introduced in some countries which requires all new legislation to be scrutinised against their impact on child poverty and well-being (e.g. BE, ES). Little experience of their impact could be gathered so far.

Some innovative projects are conducted such as The *System of Timely Intervention/Youth Teams* in the Czech Republic. Some of these are funded by European Funds. However, integration of lessons into mainstream service provision and upscaling of new practices remain a challenge. Some of this can be attributed to the different staffing structures in pilot projects, both in terms of staff remuneration and person-per-beneficiary rate, which do not compare to standards in mainstream services. A strategic approach of rolling out and upscaling preventive interventions at municipal level is reported in the 'Leave no child behind' programme in Germany. Based on a model conceptualised in a single city, a regional programme has been developed to foster equal opportunities for development, education, and social participation through 'municipal prevention chains'. The project has been expanded to other municipalities on an annual basis and is periodically evaluated. In Romania, from 2011 to 2016, UNICEF conducted a pilot project on integrated community centres and intervention teams in order to establish types of services that could constitute a minimum package of community social services. It evaluates how to scale up the findings at national level and integrate them into sustainable service provision.

(4) Integrated approaches toward Roma inclusion

Given that most issues of exclusion are interlinked as well as rooted in discrimination, integrated approaches toward Roma inclusion are often identified as the most promising route. The majority of NRISs claim to implement integrated multi-sector approaches. However, often this runs the risk of side lining Roma integration in mainstream policies, pushing them into 'Roma silos' and making it harder to make standard service provision more inclusive and less discriminatory.²²³

The FSCG online consultation within this project inquired whether the EU should also take other forms of action in favour of disadvantaged groups. ²²⁴ Co-ordinated approaches towards Roma inclusion attracted less support than other measures. However, support still reached 80%, albeit slightly below the near-consensus of around 90% for the other measures. Furthermore, the consultations reveal that state actors in countries with higher Roma populations (e.g. BG, CZ, HU, RO) deem EU co-ordination less necessary, as compared with both domestic civil society and state actors in other Member States. Asked whether Member States should be encouraged to develop co-ordinated approaches to the integration of Roma children in society, only 64% of state actors in these countries agreed, compared with 74% in other countries. In contrast, other actors in these countries, such as civil society actors or service-providers, nearly all agreed on the need for EU engagement – 92% in Bulgaria, Romania, the Czech Republic, and Hungary – even more so than their peer organisations in the other countries (81%). ²²⁵ This hints at the fact that the EU role in Roma integration is more contested in these countries.

4.7 Costs of services (exploratory)

In terms of public finance, it is difficult to calculate spending on child rights in annual state budgets. The UN CRC General Comment No 19 on Public Budgeting for the Realisation of

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²²² The Programme 'Kein Kind zurücklassen! Kommunen in NRW beugen vor' (KeKiz) is run by the Regional Government of Nord-Rhein Westfahlen, supported by Bertelmann Foundation and financed by the ESF. Find more information on the Project here: www.kein-kind-zuruecklassen.de<u>www.kein-kind-zuruecklassen.de</u>.

²²⁴ FSCG Report on the online consultation (2019).

²²⁵ Note: 'national actors' include national authorities; regional/local authorities; and managing authorities of EU structural funds; 'other actors' include children's ombudspersons, national/regional/local child protection agencies, social services, researchers and academics, professional consultancies, self-employed consultants, non-governmental organisations/platforms/networks, social partners, and Churches and religious communities. The number of observations are: 13 for state actors in BG/CZ/HU/RO, compared with 74 in other EU countries; and 25 for 'other actors' in BG/CZ/HU/RO, compared with 136 in other EU countries.

Child Rights gives a very general orientation on public expenditure on child-related issues. ²²⁶ UNICEF has recently embarked on a specific line of work on public finance for children (PF4C). ²²⁷ So far, not much of the rather academic work on child rights budgeting has been used for policy advice or advocacy purposes. As a rule, the above-mentioned national policy documents (national child protection policies and the like) and child poverty action plans are not accompanied by budgetary estimates. At global level, efforts are increasing to identify national spending on integrated child protection systems, or parts of them such as systems and programmes for preventing violence against children. ²²⁸

At EU level, Eurochild has launched a project that is aimed at visualising the social and economic return on investing in children.²²⁹

In the Country Reports a number of approaches are proposed, as follows.

- From a sector perspective, the annual unit cost for service provision coverage can be calculated, such as the cost for primary education for a child, or the cost for comprehensive healthcare packages.
- Interesting models emerge from countries with traditionally low coverage of social services. In Romania, UNICEF calculated a number of scenarios to provide minimum coverage of child protection services, based on their integrated community social service package, and estimated the necessary costs to extend the model at the national level.
- From a family perspective, a number of countries calculate the expenditure families have to shoulder for a child going to school (e.g. 'school costs monitor' in Flanders, Belgium).
- Municipalities in countries with highly decentralised competencies, such as the Nordic countries, are accustomed to calculate unit costs for service provision, including for direct service provision or contracting out (e.g. DK, SE). DK has shifted towards not only counting expenses, but also including benefits. This is the rationale of the new Danish socio-economic model (SØM) which can provide economic analysis of the economic costs and benefits of particular social investment schemes.²³⁰
- A number of domestic reports are identified that provide simulations of social investments to lift children out of poverty. In Austria a 'minimum child income' is calculated.²³¹ The Spain report discusses the costs and benefits of a universal, as against a targeted, child benefit scheme.²³² In Italy, budgetary costs are estimated for increasing the generosity of minimum-income schemes in order to overcome the absolute or relative monetary poverty threshold.²³³ In the United Kingdom, the costs of closing the poverty gap was reviewed.²³⁴
- Some child rights organisations attempt to identify financial mechanisms to track investment in children throughout the state budget (e.g. BG) or to establish the 'traceability' of public investments in children (e.g. ES).
- In a number of EU countries, reference budgets have been estimated, following either a common EU approach or a specific national methodology. Other researchers or rights activists calculate the 'cost of the child', on either a monthly,

²²⁶ UN CRC 2016.

²²⁷ UNICEF 2017; Garcimartin et al. 2018; Cummins 2016.

²²⁸ Martins (forthcoming).

 $^{^{\}rm 229}$ See: eurochild.org/projects/childonomics.

²³⁰ Kvist 2018.

²³¹ For AT see Fuchs and Hollan 2018.

²³² For more details, see Save the Children Spain 2019.

²³³ Baldini and Daveri 2018.

²³⁴ Bradshaw and Keung 2019.

²³⁵ Goedemé et al. 2017.

annual or life-cycle basis. The Belgium child rights and family advocacy organisation 'Gezindbond' calculates the minimum extra income that a family must have per child per month to maintain the same standard of living as a childless couple with the same basic income. Studies on the 'costs of a child' in Cyprus find that a family with an additional child aged 0-13 has to increase its expenditure on average by 20% so as to maintain its living standard. In Estonia, econometric models calculate the 'cost of raising a child'. In France, the national union of family associations measures family expenditure by putting together standard budgets according to family structure. Similarly, judges establish monthly costs for alimony payments. In the Netherlands, consumer rights organisations calculate the average expenditure as a proportion of household disposable income as: 1 child 17%, 2 children 26%, 3 children 33%, and 4 children 40%. In Portugal, a study established in 2008, that a lower-middle class family spent €236.45 per month per child, on average, while an upper-middle class family spent €678.88.

- Recent public financial management reforms have involved a shift from paying for activities to paying for outcomes. This enforces a change of perspective, including a whole set of outcome measures (e.g. BG). In Slovakia, an analytical unit ('Value for Money') was established in the Ministry of Finance, with strong institutional support, to produce official reviews of sectoral policies.
- The European system of integrated social protection statistics (ESSPROS)
 methodology collects data on social expenditure; that is, social spending geared to
 families (expressed as a percentage of GDP or in thousands of euros). This
 reallocates various social transfers (in kind and in cash) to families/children, but
 spending in other social policy areas such as health and housing (which may also
 assist families) is not included.
- Many reports point towards oversight mechanisms, such as the Supreme Audit Office in Poland, for accessing meaningful data on child-related expenditure.
- The Eurochild project 'Childonomics' makes the point that if more investment is channelled into universal services, and high quality and accessibility specifically for the most vulnerable groups are guaranteed, much spending can be avoided downstream. A Child Guarantee can help ensure these services are established and strengthened, but it therefore needs to be reflected in national policy frameworks and budgets.²³⁶

²³⁶ See: eurochild.org/projects/childonomics.

5 Use of EU Funds and potential for a Child Guarantee

When referring to EU Funds, we need to take into account that the EU has a diversity of financial instruments. While some of them are managed directly by the EC – as in the case of the Community Programmes (i.e. Erasmus+) – others are managed by the Member States – as in the case of the Structural and Investment Funds (ESIF). Both can apply to the Child Guarantee to a different extent. The EU Funds under consideration here are in the first instance some of the ESIF: the European Social Fund (ESF), the European Regional Development Fund (ERDF), and in some countries the European Agricultural Fund for Rural Development (EAFRD); additionally, and given the relevance for children living in precarious family situations, we consider the Fund for European Aid to the Most Deprived (FEAD).

The ESIF are financial instruments of the EU for strengthening economic and social cohesion.²³⁷ In the Programming Period 2014-2020, the ESIF are meant to be concentrated on the EU 2020 Agenda, which is aimed at promoting 'smart, sustainable and inclusive growth' in Europe, and its five target areas. Targets related to a Child Guarantee are education (rates of early school-leavers below 10%), poverty and social exclusion (at least 20 million fewer people in – or at risk of – poverty/social exclusion) and indirectly employment (75% of people aged 20–64 to be in work).²³⁸

Under the ESF regulation, Member States are asked to earmark at least 20% of their ESF spending for 'promoting social inclusion, combating poverty and discrimination'. While this target is a great achievement in itself, Member States tend to allocate this funding to the active inclusion priority, which is often interpreted very broadly, thus leaving an open question as to the extent to which it clearly targets populations experiencing poverty and exclusion. The EU 2020 Strategy is monitored in the European Semester. The Annual Growth Survey and CSRs are key instruments in the process of implementation.²³⁹

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 children living in precarious family situations. TO 8 'promoting employment and supporting labour mobility' is also related as it seeks to promote 'equality between men and women and reconciliation between work and private life'. ²⁴⁰ Additionally, the TO 11 'Enhancing institutional capacity and ensuring an efficient public administration' allows for institutional reforms in this area.

At first sight, the TOs of the ERDF and ESF do not refer specifically to children at risk of poverty and social exclusion, even if 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. Nevertheless, when reading in detail the investment priorities and their key measures, we can find many references to children, including those at risk of poverty.

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²³⁷ European Structural and Investment Funds Regulations 2014-2020 (see: ec.europa.eu/regional_policy/en/information/legislation/regulations).

²³⁸ The Europe 2020 strategy is the EU's agenda for growth and jobs for the current decade. See: ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/framework/europe-2020-strategy_en.

²³⁹ European Semester timeline: ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline_en.

²⁴⁰ Regulation (EU) No 1304/2013 of 17 December 2013 on the European Social Fund, Article 3. (a) vi

In the tables in the Annex we refer to the investment priorities for the relevant TOs that allow for developing programmes, projects, and measures with children living in precarious family situations, as follows.

- Table 7: Investment priorities related to children in Thematic Objective 8: Promoting employment and supporting labour mobility).
- Table 8: Investment priorities related to children in Thematic Objective 9: Promoting social inclusion and combating poverty).
- Table 9: Investment priorities related to children in Thematic Objective 10: Investing in education, skills and life-long learning).
- Table 10: Investing priority related to children in Thematic Objective 11: Enhancing institutional capacity and ensuring an efficient public administration).

The current programming period of the ESIF is seven years, beginning in 2014 and ending in 2020. The implementation of Funds can be extended for three more years, up to 2023, subject to the rule n+3. According to different reports and to the Country Reports prepared within the framework of the FSCG, in most of the countries the planning process has been delayed, as well as implementation. This means that the information provided for this report is necessarily limited, as in many cases intermediary evaluations are not available. Several cases refer to what is planned under the Operational Programmes (OPs) but not necessary implemented. Furthermore, there are frequent inconsistencies between what was planned and the effective implementation. Implementation is usually delayed in many countries and is not necessarily fully coincident with what has been planned, as the OPs may be amended. Many operations that have been approved have not yet been developed. Additionally, data is usually available late, in some cases a year after implementation.

The FEAD is designed to support the most deprived people and covers all Member States. The definition and targeting of these groups are the responsibility of Member States. The FEAD helps to provide material goods, thus giving Member States greater flexibility and diversity in the type of material assistance they can provide to tackle the worst forms of poverty. In addition to providing food and basic material assistance, the FEAD also gives advice and guidance to promote social inclusion and cohesion. It can provide two types of assistance. According to the mid-term evaluation, the share of children receiving FEAD help was 29%, either directly or through their families.²⁴¹

5.1 Extent of use

This Section documents how extensively and in what ways EU Funds (in particular the ESF, ERDF, and FEAD) have been used to support policies and programmes in favour of children living in precarious family situations.

Allocation of funds and spending rates

Based on the Country Reports, we can say that most countries are making use of the EU Funds for supporting children living in precarious family situations: only 3 countries, the Netherlands, the United Kingdom, and Luxembourg, have not reported measures funded by the ESIF or FEAD for this group. The spending rates are still very low. In the Czech Republic the selection and spending rates by TO by September 2018 were as follows: the TO 8 selection rate was 78% and the spending rate was 35%; as for TO 9, the selection rate was 48% and the spending rate was 14%; and for TO 10, the selection rate was 80% and the spending rate was 6%.²⁴² In Estonia by the end of September 2018, 87% of the budget for social inclusion had been selected and 18% spent. In Poland by November 2018, it had reached approximately 20% in education, only 16% in social inclusion, and 27% for the employment projects. The selection rate in Spain for the TOs 8, 9, and 10 was 74%, 49%, and 64% respectively: but the spending rate was 13%, 11%, and 13% respectively.

²⁴¹ European Commission 2018d.

²⁴² Ibid.

The situation is similar in many other countries. The conclusion is that actual spending is very low and there are substantial delays in implementation.

In fact, an overview of the 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 planned. Although it had more than doubled in 12 months, it still represented a low execution rate, especially if compared with the previous programming period. 243

The intensity of EU Funds is different in absolute and relative terms as between countries: in absolute terms because of the amount of the funds they receive, and in relative terms because some countries prioritise actions in these groups while others don't. Although in the Country Reports many projects and interventions have been reported for children living in precarious situations, it is difficult to know the total amount invested. The size of the projects varies considerably. We can find many small projects of less than €1 million, alongside large-scale projects. While some projects are developed on an annual basis, others are multi-annual, and some for the full programming period of seven years.

While some projects are targeted at children in poverty or at risk of exclusion, many other projects do not necessarily target these children – although they may well benefit them. In Austria, 48% of funding of the ESF OP is dedicated to measures enhancing educational and qualification levels (TO 10). Of this, two-thirds (or 32% of the total funds) are planned to be spent under Investment Priority (IP) 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. This evidently signals a strong focus on children and young people at risk of exclusion.

In France, about 30% of projects financed by the ERDF and ESF are contributions to the most disadvantaged sectors of the population; almost 20% of projects are related to training for young people and young adults, with a central position for combating early school-leaving, along with an almost equal focus on support for apprenticeships and vocational training. Improving housing, mainly concerning thermal insulation and rehabilitation of whole neighbourhoods, accounts for almost 6% of the projects financed by these Funds.

In Cyprus, the third axis 'Combating Poverty and Social Exclusion' of the National OP for "Employment, Human Resources and Social Cohesion" is relevant to vulnerable children, and accounts for 36% of the OP's budget. This axis includes actions which target in general people at risk of poverty and social exclusion, but considerable emphasis has been placed on children, especially for the purpose of combating education exclusion.

In the Czech Republic, EU Funds serve as source of financing for many measures aimed at vulnerable children. The key instrument is the ESF, which includes OPs on employment and on research, development, and education; a significant role is also played by the ERDF and the Integrated Regional Operational Programme (IROP). Between 2014 and 2020, Poland has planned to spend as much as $\\ensuremath{\in} 12.2$ billion in total on enhancing employment (TO 8), social inclusion (TO 9), and education (TO 10); promoting sustainable and quality employment (TO 8) has been seen as the most important objective, with planned spending of $\\ensuremath{\in} 5.2$ billion or 42.5% of the total for all three TOs; social inclusion and combating poverty (TO 9) comes next ($\\ensuremath{\in} 4.7$ billion or 39% of the total); funds for education/training (TO 10) are earmarked at $\\ensuremath{\in} 2.3$ billion or 18.5%.

Objectives, approaches, and types of measure

We can find different approaches to investing EU Funds to the benefit of children living in precarious situations: some projects are focusing on actions explicitly targeted at these children to compensate for their disadvantages; others invest in inclusive policies (i.e. education or social policies) aimed at all children; others follow a territorial approach. The

²⁴³ European Commission 2018e.

approach will depend on individual country decisions, but also on the EU money they receive. For instance, in some countries a substantial proportion of all investments in education, employment or social inclusion is provided by EU Funds. Lithuania is a beneficiary of significant support and can receive up to &8.4 billion by 2020. This represents around 3% of GDP annually (the maximum absorption capacity set by the EU for the country) over the period 2014-2018, and 70% of public investment; this situation is similar in many other countries (e.g. BG, EE, LT, LV, RO).

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 TOs of the ERDF and ESF do not refer specifically (and only) to the problems of children defined as the TGs of this analysis. Categories of intervention include a broad spectrum of investments in: social and public service infrastructure; staff competence development; and the access to, and availability of, good-quality services in education, health, and social services. An example of a territorial approach is the Czech Republic, which follows a co-ordinated approach to socially excluded localities with the aim of tackling social inclusion across several policy fields: it also has community plans for social services development, integrated plans for city development, crime prevention plans in regions and municipalities, and municipal and regional plans for Roma integration. The programme started in 2015 in the excluded Roma communities, and 70 municipalities should become involved by 2020. Similarly, Romania develops integrated, communitybased services, specially targeting the Roma population and marginalised communities. Many projects that are focused on employment or equal opportunities may benefit children in precarious situations: in Cyprus, there are measures that, even if they do not directly target vulnerable children, may affect them in an indirect way by providing employment opportunities to their parents or by supporting gender equality and the reconciliation of work and family life. In many countries, mainstream programmes provide direct support for all children and youth with the emphasis on vulnerable children and early schoolleavers.

Integrated approach and integrated operations

Several countries follow an integrated approach when providing support to children living in precarious family situations. Most of them confirm that it is very important to connect the EU Funds with country policies, but this is not always the case due to regulatory constraints. Developing an integrated approach for the inclusion of children frequently confronts two obstacles: the eligibility of some expenditures and the difficulty of combining different funds, notably the ERDF and ESF, in the same operations.

Lithuania is an example of ERDF and ESF funds being combined to combat poverty and social exclusion, improve access to social housing for the most vulnerable groups of residents, and develop/improve community-based services for families (involving a transition away from institutional care). Lithuania uses the ERDF (Measure No 08.1.2-CPVA-R-408 'Development of the Social Housing Fund') to provide municipal social housing; the budget is €49.9 million from the ERDF and at least €8.8 million from local municipalities. It uses the ESF (Measure No 08.4.1-ESFA-V-416 'Integrated Services for the Family') to provide integrated services, ensuring access by poor families to services closer to their place of residence, and to help them balance their family and employment duties; the budget is €21.16 million (of which €19.16 million in EU funding). The expected results are that 15,000 families will benefit from social services. In Italy funds for TO 10 are allocated to strengthen the free school canteen service in disadvantaged areas, and to allow for the afternoon opening of social and education activities. Complementing this, €150 million is allocated to tackle material deprivation among children and adolescents at school, providing primary and secondary school students from families in severe economic distress with the necessary school supplies (secondary school textbooks, backpacks, stationery, clothing for sports, etc.). Some countries combine investment in school infrastructures (ERDF) with supporting individual vulnerable children in schools (e.g. EE, SK).

Support for administrative reforms.

TO 11 is aimed at enhancing institutional capacity and ensuring efficient public administration. Combating child poverty requires in many cases 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 are financed from EU Funds for administrative improvements: 9.89% of funds will be invested in the educational system with the objectives of improving pupils' achievement in general education, the quality and labour market relevance of higher education, and vocational education and training, as well as increasing researchers' abilities. This is complemented by €4 billion (48% of the total) of funding allocated to families (to improve energy efficiency for over 54,000 households) and children (to improve childcare and education infrastructure accommodating 42,000 children). A specific measure, 'Improvement of the System of Social Services', aims to improve the quality of social services through the implementation of a social services quality management (EQUASS) system in 120 social care institutions $(\in 1.5$ million of ESF funding). 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 aim is to reduce the number of socially excluded localities and their inhabitants; to increase the availability of social housing; and to improve the availability, quality, effectiveness, and sustainability of social services.

Investments in the five policy areas

Regarding the five policy areas identified as relevant for the Child Guarantee, adequate nutrition is an area where FEAD funds are being invested in most countries; around 29% of FEAD beneficiaries are children. 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 precarious situations. Only some countries use EU Funds to invest in access to decent housing, despite the fact that this is eligible for ERDF funding in all countries. Operations supporting access to healthcare are rather scarce (despite being eligible under TO 9) and are usually combined with other measures or within the framework of integrated-approach projects. For example, in Slovakia there is a project 'Health Regions' included in the 'Housing and infrastructure' programme, which includes measures related to land ownership, access to drinking water, and the development of municipal waste-separation systems.

Adequate nutrition. In all the EU countries there is currently a FEAD programme, and in all the countries children benefit from this programme. Although in some countries no specific measures for children are chosen for funding, children are also part of the TG (e.g. BE, EL). In fact, the FEAD normally supports families in precarious situations, meaning also children in economically fragile families. In Austria, the programme provides basic material only (no food). In Luxembourg, the FEAD is being used to support social grocery shops run by NGOs (85% of the budget) in collaboration with the Ministry of Family, Integration and the Greater Region, a service which in 2017 benefited 3,764 children (4,843 households). Service countries invest FEAD funds in social inclusion (e.g. DE, DK, NL, SE). 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, which is 26.38% of the total number of beneficiaries receiving food support. In Ireland in 2017, there was an FEAD pilot project intervention

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²⁴⁴ European Commission 2018d.

²⁴⁵ LU Country Report. For more information see: https://mfamigr.gouvernement.lu/fr/leministere/attributions/solidarite/aides-alimentaires.html.

specifically targeting children, with 4,000 school starter kits delivered for various groups of children whose families received food assistance under the FEAD.²⁴⁶

In many countries food support is provided together with accompanying measures. The most frequent measures are: advice on food preparation and storage; cooking workshops; educational activities to promote health nutrition; personal cleanliness advice; redirection to other services (social or administrative services); individual coaching, psychological and therapeutic support; and advice on managing the household budget (European Commission 2018d). In several countries FEAD funding is complemented by other ESF projects: the Cyprus 'Baby Dowry' scheme provides food, clothing, and other essential goods (bed cots, baby chairs, etc.); and parents attend lectures designed to enhance their parental skills, and receive other support measures.

There are some interesting projects on child nutrition supported by other EU programmes. In Belgium, a pilot project funded by the EU Health Programme (2014-2020) focuses on reducing overweight and obesity in children and adolescents (European Joint Activities on Reduction of Overweight and Obesity in Children [JANPA] 2015-2017). The European School Fruit Scheme was introduced in Slovenia in the school year 2009-10: it focuses on the development of healthy eating habits by paying for the free distribution of fruit and vegetables in schools. The target population is elementary school pupils (age 6-16). Entire schools are included in the scheme. An important factor in the success of the scheme is a well organised system of school meals, providing fruit and vegetables on a daily basis.

Type of assistance provided by FEAD				
Operational programme	Type of assistance	Member States		
Type I	Food only	Belgium, Bulgaria, Estonia, Spain, Finland, France, Malta, Poland, Slovenia, the United Kingdom (10)		
	Basic material only	Austria (1)		
	Food and basic material	Cyprus, Croatia, the Czech Republic, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Latvia, Portugal, Romania, Slovakia (13)		
Type II	Social inclusion	Germany, Denmark, the Netherlands, Sweden (4)		

Source: Commission Staff Working Document: Mid-Term Evaluation of the Fund for European Aid to the Most Deprived (European Commission 2018d)

Access to free education. Based on the Country Reports, we can conclude that, out of the five policy areas, education is the one receiving most support from EU Funds, notably the ESF. There is a variety of programmes in place in this area covering access to education, preventing early school-leaving, and supporting the transition to vocational training. In Estonia, about €495 million is budgeted for investments in education. In Hungary, education and employment receive around three times more funding than social inclusion programmes. The TGs of EU-funded projects based on the ESF and ERDF (although there are no concrete data) are primarily children in low socio-economic status households and Roma children. Additionally, in some countries there are projects that focus on supporting inclusive education through improvements to the professional skills and competences of school staff, together with the construction and reconstruction of kindergartens, funded by the ESF and ERDF (e.g. SK: €19,452,642 contracted and €460,197 spent in 2017).

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 Bulgaria, the priority is improving access to education by creating a supportive environment for the education of children and pupils

²⁴⁶ Brozaitis et al. 2018.

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 earlychildhood, primary, and secondary education. This will be complemented by €21,214,980 from the FEAD, providing parcels containing basic educational materials (e.g. school bags, stationary supplies, painting materials). Belgium's regions are investing ESF funds in reducing the number of early school-leavers and instilling a culture of life-long learning. Two projects will be developed, one on the relevance of education and the other on dual vocational training in compulsory education, at a total cost of €21,417,353. In Cyprus, the project 'Actions for Social and School Inclusion', is investing a total budget of €29.9 million in tackling low educational performance, school exclusion, and early school-leaving. Another project will be developed for the provision of free breakfasts to students in public schools, 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 (TO 10 - Investment Priority 10i) and in the provision of vocational education and training (TO 10 - Investment Priority 10iv). In Italy, a large portion of ESF funding is allocated to measures aimed at preventing dropping out, improving students' and teachers' skills, and easing the transition between school and work (€600 million). The programme 'Escolhas' in Portugal is aimed at reinforcing support for local community projects that promote the social inclusion of children and youngsters from vulnerable socio-economic backgrounds, in particular immigrant and ethnic minority backgrounds.²⁴⁷ 'Plug in 2.0', in Sweden, is an ESF-funded project led by Sveriges Kommuner och Landsting for the period 2015 to 2018, investing €10,509,002 in combatting early school leaving.

Access to decent housing. Since 2010, including in the current programming period (2014-2020), housing measures (building social houses, refurbishing houses, reallocating people living in settlements) have been eligible for ERDF funding if they are combined with integrated services provided to the beneficiaries. Several countries have planned this type of operation using the ERDF, mainly for Roma people (e.g. CZ, ES, FR, IT, HU, RO, SK). In the Czech Republic it is expected that over €110 million will be allocated for this purpose with a target of 5,000 flats for the whole programming period.

Access to free ECEC. Several countries are investing ESIF funds in improving ECEC, focusing on the most vulnerable groups. In Belgium there is a plan to establish 13 inclusive childcare services in neighbourhoods with a vulnerable population (ESF) and to create 6 childcare services infrastructures with a minimum capacity of 300 places in the same neighbourhoods (€4,195,569 from the ERDF). In Bulgaria, a new grant application procedure was launched in December 2018 aimed at supporting the early inclusion of children from vulnerable groups in pre-school education; and the programme 'Early Childhood Services' is aimed at preventing social exclusion and reducing child poverty by investing in early childhood development and integrated early childhood services, targeting vulnerable groups of children up to age 7. In Croatia, the activities funded include the extension of kindergarten working hours, development of new programmes, and staff capacity-building (from educators to cooks). In Hungary, the EAFRD is used to finance construction, reconstruction, and/or equipping of 113 kindergartens in rural areas (including towns with fewer than 5,000 inhabitants). In Slovakia, the measure 'Early inclusion in educational processes - setting up conditions for inclusion in pre-school education' is designed to include Roma children in ECEC at the age of 4.

Investment in the four sub-groups

While many projects and programmes are targeted at 'low-income/socio-economic status children' and 'Roma Children', none explicitly refers to 'Left-behind children of EU-mobile citizens' and very few to 'Children living in single-adult households'. In Croatia in the school years 2016-17, 2017-18, and 2018-19, there were 82 funded projects, with awarded funds totalling HRK 67.12 million (€8.9 million), providing free meals to children from single-parent families and from households with three or more children.

²⁴⁷ See Brozaitis et al., 2018.

Most of the aforementioned programmes and projects target to a certain extent the **sub-group 'Low-income/socio-economic status children'**; in some cases they are mainstream programmes with a special focus on families in poverty or at risk of exclusion, and in other cases they are developing specific measures for this group. Additionally, other measures related to employment, equal opportunities, and social inclusion have a direct impact on 'Low-income/socio-economic status children'; for example, Belgium is also investing in reinforcing social inclusion and reducing the number of children at risk of poverty. The ESF is supporting these efforts, mostly through projects to help parents find work and stimulate the social economy. In Italy, child well-being is mostly supported under the TO 'social inclusion', with 88% of ESF co-financing earmarked for social services linked to the implementation of minimum-income schemes under a national plan against poverty and social exclusion.

Sub-group 'Roma children'. Many Member States invest ESF and ERDF funds in supporting Roma. Several countries have done so under IP9ii 'Socio-economic integration of marginalised communities such as the Roma' (e.g. CZ), while others also invest under other IPs related to education. Austria has invested a total of €8 million under IP9ii, nearly 6% of the total budget of ESF. In Spain the 'Promociona' programme, managed by the Fundación Secretariado Gitano, has been of particular importance in the improvement of Roma children's education. In 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, such as: inclusion of Roma assistants in elementary schools, 'Enhancing social and cultural capital in the areas where the Roma live'²⁴⁸ (€4 million from 2010 to 2014), and the project 'Inclusion of Roma and Migrants in Schools: Trainings, Open Discussions and Youth Volunteering Activities' (RoMigSc).²⁴⁹

Roma associations are implementing numerous projects with the economic support of the ESF in the field of education. For example, in Slovenia in 2011-2014 the ESF funded the projects 'Acquiring knowledge together – achieving the objectives of the Strategy for Education of Roma in the Republic of Slovenia'²⁵⁰ and 'Successful Inclusion of the Roma in Education II'. These projects covered various activities, including the funding of meals, school materials, and books for Roma and poor children; free transportation to school; and extra financial support to schools with Roma children. Similarly Slovakia is investing in the reconstruction of community centres in municipalities with marginalised Roma communities, with the active participation of Roma NGOs.²⁵¹

5.2 Effectiveness

This section assesses the impact of EU funds and whether or not they have supported the development of more effective policies and programmes and improved delivery of services for children in precarious family situations (at national, regional or local level) so as to ensure access under the five PAs.

Country Reports stress that there is very little information on the effectiveness of EU funds allocated to children living in precarious family situations, due to the lack of data or specific evaluations. Several countries have reported positive findings: for example, Poland considers that a positive impact of this funding is the increase in the number of formal care places in nurseries/children's clubs (for children aged 0-3) and in kindergartens/centres of pre-school education (children from age 3 to school age). Other positive effects noted in Poland include: changes in the (female) labour market participation rate; reductions in

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²⁴⁸ Government of the Republic of Slovenia: Slovenian Development Strategy 2030, Ljubljana, December 2017

²⁴⁹ See: romigsc.eu (Erasmus+ project, agreement concluded in 2016).

²⁵⁰ Contract was signed in 2014; was supported by €1.3 million. See: www.mgrt.gov.si/en/media room/news/browse/4/article/11987/9700.

²⁵¹ €28,136,038 contracted and €97,910 spent in 2017.

²⁵² Brozaitis et al. 2018, WiseEuropa and evalu 2017.

poverty/social exclusion; a considerable increase in the number of childcare facilities; and a visible increase in interest by village residents in using formal childcare. The Portugal report also emphasised that evaluation studies show that ESF funding has undoubtedly contributed to 'the evolution of enrolment rates in primary and secondary education, for the decrease, to residual figures, of drop-out in primary education and for the decrease of early school leaving'.²⁵³ The report noted that in the 'Escolhas' programme in Portugal there is some evidence of the internalisation, by children and families, of the worth of education and training in contrast to what authors Saint-Maurice et al consider to be traditional and entrenched attitudes that devalue education.²⁵⁴ Similar results have been reported in Slovenia, where Roma assistants who support multiculturalism and bilingualism in classrooms have improved attendance. The Country Report from Slovenia stresses that field social work projects have targeted locations where Roma have worse living conditions; the analysis also showed that there are significant regional differences in strong representation of marginalised Roma communities: accumulated problems in these microterritories could be handled by the spatially focused social work. In Cyprus, the 'Actions for Social and School Inclusion' project is considered to be an effective intervention; and the 'Baby's dowry' project (co-funded by the state and EU with a budget of €3.6 million) has also received positive comments in the press.

The 'Plug in 2.0' project has been evaluated in Sweden. ²⁵⁵ The project has to a large extent reached the intended TG. The proportion of unemployed people among the participants was 64% before the intervention; after participating in the project, the percentage of unemployed youths had decreased to 10%, despite several of the participants lacking a high school degree. Participants reported that their belief in the future had improved after participating in the project, and their general well-being seems also to have improved. An evaluation of the Swedish 'Young future 2.0' project also showed positive impacts; a large proportion of the participants managed to establish themselves in the labour market, mostly in professions similar to those of the age group in general.

Country Reports refer to some critical conditions for the effectiveness of projects and EU funding, as follows.

Connecting projects to national policies, and involving stakeholders. Several Country Reports point out that projects are most effective when they are well connected with national policies (especially National Inclusion Strategies or National Roma Strategies) and mainstream services. A frequent risk is that of creating alternative structures, instead of supporting and expanding the capacity of mainstream services. This may be the case when creating ECEC services in parallel with support for alternative forms of care (e.g. opinion in the CZ national report). In this sense, several reports stress that there is room to improve the synergy between national and EU social investments.

In general, the efficiency and effectiveness of ESF funding are still limited because the projects funded are often not embedded in local policies: the system is 'too centralised', which hampers effectiveness; management of EU programmes takes place at regional level, while childhood and adolescent issues are dealt with at local and department level (e.g. FR). Instead of a great number of short-term projects with changing goals and TGs, it would be more effective to strengthen the regular planning and funding of service provision (DE report). Frequent mistakes in the design of projects are: 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 policy.

The ex-ante conditionalities may play a positive role if they are properly fulfilled by Member States. Ex-ante conditionalities played a crucial role in encouraging Italy to implement a

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²⁵³ PT Country Report citing Figueiredo et al. (2013), Estudo de avaliação do contributo do QREN para a redução do abandono escolar precoce, IESE/Quaternaire Portugal.

²⁵⁴ Saint-Maurice et al. 2013.

²⁵⁵ SE Country Report citing Sveriges Kommuner och Landsting (2018).

universal means-tested minimum-income scheme (*Reddito di inclusione* [REI] in 2018; *Reddito di cittadinanza* [RdC] since 2019: see Section 3.1 and 4.6). They also had some positive effects on the strategic and regulatory framework in the areas of inclusion, early school-leaving, and health in other countries; nevertheless, none of their implementation requirements specifically mentions children at risk of poverty and social exclusion and, in particular, those living in material deprivation.

The engagement of key actors, notably local administrations and civil society, is also very important for the activation of existing resources and their integration in mainstream policies. This engagement needs to be at the early stage, from the conception of the project. NGO participation in FEAD-funded projects is common: Belgium has involved 700 organisations in managing FEAD projects, which allows for greater outreach. In Spain FEAD funding is distributed through an extensive network of NGOs, and the same applies in other countries. If projects are locally oriented, they tend to engage NGOs more and be more child-focused (e.g. CZ)

A focus on need and on the most vulnerable groups. EU-funded projects are not always designed effectively to tackle child poverty. Several funding schemes are too general to allow an assessment of their impact on improving the situation of children. Reaching children living in precarious family situations remains a challenge. In several countries only a small proportion of the funds goes to projects that explicitly target children/young people at risk of exclusion (e.g. BE). On the other hand, countries which allocate most of the budget under TO 9 (education) to general education do have children as the main TG. In Estonia about €222 million (50% of the funding under TO 10) has been allocated to the reorganisation of school networks designed to reflect demographic changes and is based on the principles of inclusive education, ensuring equal access to high-quality education. In this and similar cases the challenge is how these policies are inclusive of the most vulnerable children.

Adequate interconnection between funds. Policies aimed at tackling the needs of children living in precarious family situations require, on most occasions, an integrated approach – an adequate interconnection both between national and EU funds, and between the different line Ministries (education, employment, social protection). Furthermore, when social exclusion is conditioned by territorial factors (urban segregation, rural isolation) this is still more necessary. The multi-funded approach (i.e. a good combination of ERDF and ESF funding) is considered crucial to address the multi-dimensional problems of children, especially those belonging to socially vulnerable groups. Nevertheless EU funding, in most cases, has been – and still is – directed towards supporting different measures and actions that are implemented in a fragmented way, without ensuring synergy or close co-ordination (EL).

Effective management. The Structural Funds have a reputation of involving a complex administrative system. Several Country Reports note that a major problem with EU funding and programmes aimed at children is not a lack of funds but complex management requirements. Complex management is partly related to EU rules, but mainly to the internal implementation mechanisms in individual countries.

Critical administrative limitations that limit effective management are related to the following (e.g. BU, CZ, FI, PO, RO):

- Lack of administrative capacity, and under-qualified staff.
- Lack of information on the available opportunities, and associated eligibility criteria, for local institutions to apply for EU funding (e.g. PL).²⁵⁶
- Lack of co-ordination between different EU Funds directed at the same objectives (e.g. the timing of the calls under the different OPs).

²⁵⁶ E.g. in Poland the distribution of food products did not pursue the rules of the Programme; stakeholders were not properly informed about the Programme; and some other problems. http://federacja-socjalnych.pl/images/PDF/Sprawozdanie-roczne-za-2016.pdf.

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- Administrative burdens associated with implementation of the measures, resulting in delays and economic inefficiency. Simplified mechanisms for service providers, namely non-governmental and communal, to access funding are unclear and not properly applied.
- The sustainability of the projects is uncertain after EU funding expires.
- The lack of a strategic approach, especially at the regional level, which results in wasted financial resources or even compromising EU financial support (e.g. LV in school reconstruction).
- Short-term projects that last two or three years at most, which is too limited a timeframe to have a significant impact.
- Fragmented interventions: different actors developing small, short-term projects.
- Substantial delays in the planning process, and in reimbursement of expenditures (the payment in advance, usually 4% of the project cost, is too low).
- Despite a system of evaluation being envisaged in the programme cycle, in most cases monitoring and evaluation systems do not change the project during its life, and the results of the evaluation/educational research are not sufficiently taken into account.

Absorption capacity continues to be a problem especially in some countries (e.g. BU, CZ, RO) and this is detrimental to sustainability, as it discourages the further development of institutions when they no longer depend on EU funding. Other countries, mainly those that have been subject to fiscal constraints, implementing organisations, such as NGOs and third sector organisations, find difficulties in advancing payment or pre-financing (e.g. ES, IT, PT).

Nevertheless, it is important to notice that, despite the aforementioned constraints, EU funding in general terms often facilitates new policy agendas and new policy approaches, including innovative measures.

Duration, scale, and sustainability. The effectiveness of projects is measured in terms of their duration (long term), scale (a critical mass that makes impact) and sustainability (continuity after EU support is finished). A major barrier regarding the effective use of EU funds in the long run is that projects are still short-term in nature (lasting two or three years at most, which is too limited a timeframe to achieve an impact) and in many cases with insufficient investment to achieve impact(e.g. HU). In general, as remarked on in Country Reports, most countries continue to develop too many small projects and find difficulties in transforming projects into permanent services (e.g. IT, SI).

Nevertheless, there are many cases where measures supported by EU funds have been followed by real change – in legislative, financial and/or policy terms (e.g. CZ, PL).

Alignment with fundamental rights. A specific issue concerns to the degree to which the use of EU Funds complies with the established policy objectives of inclusion, anti-discrimination, and desegregation. In Slovakia, for example, EU funding (since before the country's accession) has been used to reproduce segregation. Since 2015, there has been clear guidance on the use of ESIF funding to foster desegregation. Nonetheless, the current call for the development of social housing enables the construction of segregated housing – despite this being explicitly prohibited by the ESIF Desegregation Note. Moreover, the Slovakia authorities are currently seeking to revise the OPs to enable the construction of elementary schools in segregated settlements. In the Czech Republic, the first calls to support social housing did not include the anti-segregation provision, so it is likely that there will be such projects. But following EC intervention, the new calls include

²⁵⁷ www.ec.europa.eu/regional_policy/en/information/publications/guidelines/2015/guidance-for-memberstates-on-the-use-of-european-structural-and-investment-funds-in-tackling-educational-and-spatialsegregation.

a provision saying that construction of new social dwellings in segregated areas is not eligible (the calls include a list of such areas). This indicates that this guidance is not sufficiently enforced by the EC.²⁵⁸ The EU Ombudsman decision OI/8/2014/AN, on respecting human rights when utilising EU Funds, establishes a positive obligation that European Cohesion Policy and the use of EU Funds respect and protect fundamental rights.²⁵⁹

5.3 Recommendations

This Section provides summary information on the types of measures that should be funded as a priority in the different countries on the basis of recommendations in the Country Reports, and can be used when considering the possibility of a Child Guarantee scheme.

Priorities for the future use of EU Funds Children living in precarious family situations 1. Adequate Belgium: free school meals. nutrition Bulgaria: financial provision of programmes for good-quality and healthy nutrition of children at risk through educational and social services. Cyprus: promotion of healthy eating with a priority given to the participation of children. Czech Republic: free school meals; increase in social work, particularly in socially excluded localities. Greece: awareness-raising campaigns on adequate nutrition; establish appropriate public health nutrition monitoring mechanisms for children in schools. Spain: free public school meals; public programmes for family counselling and nutritional health; new forms of access to food. Finland: screening, counselling, and tutoring projects. France: extend distribution of food to services (nutrition education, cookery demonstrations, support for self-production of food). Croatia: healthy eating awareness campaigns. Hungary: extend FEAD funding to pregnant mothers in need (providing vitamins and minerals); extend community meals programme (eligibility in primary schools, free meals in secondary schools). Italy: improve the availability of free school canteens; strengthen financing of minimum-income schemes. Luxembourg: continue the use of FEAD funding to support social grocery shops and intensify the accompanying measures of the programme. Malta: increase education on how to avoid child obesity. Poland: promote healthy nutrition. Portugal: widen the scope of FEAD funding. Romania: provide the hot meal programme in all schools; expand nutritional support in poor communities through local social cantinas. Sweden: introduce new methods that can increase the awareness and knowledge of parents about nutrition-related issues (obesity).

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²⁵⁸ Written communication with Marek Hojsic, co-ordinator of the Roma Civil Monitor Project, on 24 April 2019. See: www.cps.ceu.edu/roma-civil-monitor.

²⁵⁹ See: <u>www.ombudsman.europa.eu/en/decision/en/59836.</u>

2. Free education

Austria: address children before compulsory school.

Belgium: upgrade vocational education and dual vocational training; train teachers in social and intercultural issues.

Bulgaria: fund programmes related to provision of school materials to children (clothes, shoes, teaching aids, transportation costs, etc.).

Cyrus: improve the affordability of good-quality education for low-income groups.

Czech Republic: support inclusive education, and increase access to secondary and tertiary education.

Denmark: help with homework (e.g. cafés with teachers and mentors); strengthen bridge-building projects between primary education and vocational education and training.

Greece: strengthen support for the participation of Roma children in formal compulsory education; focus on measures aimed at their desegregation; assess the impact of 'reception classes' in so-called 'Zones of Educational Priority' on access to education by vulnerable children.

Spain: increase school grants, tutoring, remedial classes, and support for disadvantaged students; give extra resources to disadvantaged schools.

Finland: support children in transitions between different school levels.

France: maintain programmes to combat early school-leaving.

Croatia: provide after-school programmes where parents are not at home; provide additional financial assistance to pay for textbooks and out-of-school activities.

Hungary: promote measures to reduce the selectiveness of the education system; promote measures to change teaching methods; provide teachers and students with language skills and wider perspectives (cultural diversity, anti-discrimination).

Italy: increase projects for preventing children dropping out.

Lithuania: promote inclusive education; prevent dropping out by children living in precarious family situations.

Luxembourg: train educational staff to better respond to the needs of vulnerable children.

Latvia: provide individualised support to those at risk of early school-leaving.

Malta: strengthen measures to reduce early school-leaving.

Poland: develop policy instruments to make all classes/school events accessible to children from poor families (options include: additional scholarships, free textbooks in secondary school, free transport).

Portugal: provide community-based local development interventions.

Romania: give systematic support for after-school programmes; extend the 'Motivated teachers in disadvantaged schools' programme.

Slovakia: support activities focused on inclusive education.

3. Free healthcare

Belgium: provide selective support for disadvantaged children to alleviate health-related costs.

Bulgaria: fund access to specialised paediatric care outside major cities, in rural and remote areas, for children of labour migrants; provide disease prevention in minority communities through health mediators; provide specialised care and support for new-borns and children up to 3 years.

Cyprus: assess the health needs of single-parent families; assess the health needs of children with disabilities living in precarious situations.

Czech Republic: increase the capacity of social work services in socially excluded localities; take specific measures such as health-social assistants in socially excluded localities.

Estonia: reinforce mental health services for children by ensuring enough child psychiatrists and other experts in mental health; improve access to healthcare, including early diagnosis and intervention programmes.

Greece: fund healthcare infrastructure for children across the country; promote information campaigns for Roma people on access to healthcare services.

Spain: introduce specific programmes for mental, dental, and nutritional health; finance provision of glasses, prostheses, medicines through FEAD.

Croatia: provide additional financial assistance for obtaining medicines prescribed by doctors but not covered by health insurance.

Hungary: improve the accessibility of existing services; make mental health services available and accessible in the whole country; provide health promotion and prevention programmes.

Italy: promote greater diffusion of centres of paediatric care in disadvantaged areas.

Lithuania: extend availability of community-based mental healthcare services, provided by well trained professionals.

Luxembourg: use ESF funding to train healthcare professionals to respond better to the needs of vulnerable children.

Poland: develop dental and basic medical care in schools and kindergartens.

Portugal: extend mental healthcare services.

Romania: finance and support preventive health measures and screening in schools, along with the development with community health workers.

Slovakia: improve the health of children, and tackle the social conditions that undermine it, in marginalised Roma communities.

4. Decent housing

Austria: address housing issues more actively through ERDF-funded projects.

Belgium: increase social housing and develop social rent agencies.

Bulgaria: legalise residential buildings in Roma neighbourhoods; provide sewerage and management; improve access to social housing.

Cyprus: confront rising housing costs.

Czech Republic: support social housing programmes for low-income groups.

Greece: extend the relocation plan for Roma people from rough/irregular accommodation to appropriate social housing complexes.

Spain: provide public programmes to ease access to housing by low-income families.

France: end the practice of social hotels.

Croatia: improve Roma housing conditions.

Hungary: improve and extend desegregation programmes; review the national regulation of housing to promote an increase in the social housing stock.

Italy: invest in public housing; develop plans to favour Roma access to decent housing.

Lithuania: provide variety in social housing supply, adjusted to the needs of recipients; provide special social housing programmes for Roma people.

Latvia: provide access to affordable good-quality housing; improve access to social housing.

Malta: assist families before falling into material deprivation.

Poland: improve the development of social housing and low-rental flats.

Portugal: provide social housing and rent subsidies in the private sector.

Romania: elaborate a specific national housing strategy for vulnerable groups.

Slovenia: provide Roma children, in the south-east in particular, with decent housing (particularly sanitation) and safe water.

Slovakia: improve housing conditions and basic infrastructure for children in marginalised Roma communities; increase institutional support for NGOs engaged in helping the most vulnerable groups with housing.

5. Free ECEC

Belgium: provide free ECEC; train staff in social and intercultural issues.

Bulgaria: eliminate crèche and kindergarten fees; provide municipal programmes to help access by vulnerable groups to ECEC.

Cyprus: direct EU funds to ECEC and especially to vulnerable children.

Czech Republic: support the capacity of kindergartens (0-3); give preference in access, or guaranteed access, to ECEC by low-income groups and children from single-parent families.

Estonia: ensure free ECEC to all children.

Greece: increase availability and capacity of ECEC places; increase the resources regarding subsidised ECEC services for Roma children.

Spain: build ECEC centres; introduce ECEC fee waiver for low-income families.

Finland: provide screening, counselling, and tutoring projects.

France: establish a programme to encourage the creation of collective crèches.

Croatia: include all children in kindergartens; provide two-year pre-school programme for Roma children.

Hungary: enhance parenting skills; implement modern pedagogical methods and a renewed professional approach; introduce measures to enhance co-operation between the various professional actors involved.

Italy: increase the number of free childcare places for children aged 0-3.

Lithuania: organise good-quality training for staff working with vulnerable children and families, to equip them with the necessary knowledge, skills, and methodologies.

Luxembourg: use ESF funding to train ECEC staff to respond better to the needs of vulnerable children.

Latvia: support the increased availability of ECEC services provided by municipalities; provide more diverse ECEC (for non-standard working hours, in emergency situations).

Malta: ensure free ECEC even if one parent is working or in training.

Poland: promote ECEC for the youngest children; support kindergartens.

Portugal: extend the number of places in the public system.

Romania. expand the 'Every child in kindergarten' programme.

Slovakia: continue extending the network of ECEC facilities.

Coherent planning and design

Most of the Country Reports have stressed that, in order to increase the impact of EU Funds on children living in precarious family situations, there is a need to improve the planning and design of OP projects and operations. Several suggestions have been made in the Country Reports, as follows.

- Outreach to the most vulnerable groups. Services should actively reach out to the most disadvantaged groups in order to minimise non-take-up and to guarantee effective equal opportunities. This requires a clear analysis and identification of precariousness related to social risk factors such as: children living in a household where there are mental health problems, substance abuse or domestic violence; children living in urban segregated areas (areas with high levels of economic deprivation, low education levels, violence and crime, low education levels, economic deprivation); and left-behind children.
- Integrating 'hard' and 'soft' interventions (ESF and ERDF). To gain impact the different EU Funds should adopt a more co-ordinated/integrated approach in the same physical areas or with the same TGs. For example, ERDF funds could be used to improve public transport, housing, schools, and ECEC, while the ESF could be used to invest in human resources, and the FEAD in supporting basic needs.
- **Size matters.** In order to ensure sustainability, it would make sense to concentrate funding on a few national programmes with a longer-term focus. These programmes should be embedded in national and local policies, in order to guarantee synergies, and improve impact and sustainability. Projects should be bigger and better adapted to the nature and complexity of problems (sensitive to children's' situations and needs).
- Whole-of-government approach. The co-ordination between the different ministries and bodies in charge of children's' policies and programmes should be guaranteed from the beginning (i.e. from the planning process) so as to avoid working in silos. Integrated interventions for children and adolescents require the engagement of key departments (education, employment, healthcare, social protection, housing).
- **Be smart and keep on learning.** More investment is needed in developing models and methodologies that can guarantee effectiveness, increase flexibility. ESF resources could be spent on the development of networks for improving knowledge, transferring experiences, and facilitating know-how.

Better governance

A critical concern in many national reports is that managing authorities do not build projects in close co-operation with the key actors. The governance principle under the ESIF Regulations establishes that the body responsible for managing ESIF funds should work in close co-operation with all the key actors. This means that public authorities at all levels, social partners, 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.

- **Co-ordination:** ensuring synergies between different actors and funds (national and European) in different policy areas.
- **Selectivity**: addressing issues related to the accessibility and availability of high-quality services, particularly for children at risk of poverty and social exclusion.
- **Co-production**: taking into account the growing importance of private actors (for-profit companies and NGOs) in the provision of services; the involvement of various client organisations that are the potential beneficiaries of improved services is of critical importance.
- **Co-design**: recognising the role of civil society in promoting and supporting the fulfilment of children's rights, child protection, and the activities of child rights

networks; establishing effective partnership principles for NGOs, securing NGO involvement in preparation, planning, monitoring, implementation, and evaluation; securing grants to child rights organisations and children's networks that help implement the EU's commitment to children.

- **Co-responsibility**; involving the civil society and anti-poverty organisations in the management of EU Funds.
- **Social accountability**; providing better and transparent information on the use of EU Funds.
- **Participation and ownership**; putting more emphasis on stakeholder involvement in order to improve the dissemination of successful interventions, with the emphasis on development of participatory practices.

Building capacity

Several national reports have insisted that in many cases there is a lack of institutional capacity, which may limit the effectiveness of EU Funds. The quality of projects must improve. Building capacity is a critical challenge that can be improved by different means, as follows.

- **Value for money**: better identification of effective policies following the value-formoney principle. In this sense there is a need to work on socio-economic investment that can give an impetus to the adoption and implementation of policies backing child interventions.
- **Efficient public services**: ensuring that relevant civil service administrations, including regional and local authorities, have the necessary knowledge, means, and resources to carry out EU-funded interventions effectively.
- Grounded in values: revising or reorganising the current system of interventions, including alternative care, so that it can be more efficient always in the best interests of the child.
- **Co-production**: 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.

EU added value

The ESIF are supposed to provide European added value to national interventions. This added value consists of additional money that supports measures the Member States would not otherwise develop by themselves. Added value consists also in identifying common social challenges that are at the heart of the European Social Model and need to be achieved by all the countries. The European added value is supported in common rules and in the open method of co-ordination. In order to increase the added value of EU funding there needs to be action in the following areas.

- **Complement, not compensate**: not replacing national financing where policies are deficient (as frequently occurs); and instead creating balance, synergy, and complementarity between EU funding and national funding.
- Innovate: promoting innovations that can be transferred to national policies.
- **Scale up**: identifying, evaluating, and scaling up successful interventions in order to integrate them in national policies and mainstream service provision.
- **Connect Europeans**: fostering the international exchange of learning about working methods, transferring of know-how, etc.
- **Transfer practices**: engaging stakeholders in the diffusion of successful methods/interventions.
- **Systematise**: feeding innovations into the legislative process at the national level.
- Scrutinise: improving the evaluation of the effectiveness of funding.

• **Investigate**: integrating the evaluation findings in the process of developing evidence-based policies.

Improving implementation and organisation

In the previous Section several recommendations have been provided by national reports for improving implementation. Critical elements are:

- ensuring the flexibility of programmes to support children in vulnerable situations;
- ensuring continuity of programmes programmes should be developed with a longterm perspective, and interruptions due to annual renovation of implementation contracts to service providers should be avoided;
- reducing bureaucracy, administrative burden, and time-consuming administrative issues;
- avoiding delays in both planning and implementation;
- improving co-ordination among the different OPs;
- ensuring complementarity and giving priority to measures addressed at the same
 TG or the same policy area in order to create scale and foster synergies;
- investing in programmes planned from the local level through community-based local development methods; and
- improving information systems that facilitate updated data.

Barriers and Policy Proposals for Target Group Children in Precarious Families (PF)

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Childcare refers to services for children aged 0-3, and pre-school to services from age 3 to compulsory school-age;

formal and informal settings for childcare, public and private				
ECEC Barriers	ECEC Proposals			
 Lack of services (in particular ages 0-3) Limited availabilty of services, notably in rural and sub-urban areas where PF live Increased privatisation and fees, unaffordable to PF Indirect costs: transport, meals, clothes unaffordable to PF Administrative criteria disadvantaging unemployed people (PF) Bureaucratic constraints disadvantaging parents with low education (PF) Lack of quality (training, curriculum, environment, group size) Lack of quality/adaptability to cultural specificities and needs of TGs (e.g. language/inclusion) Lack of flexibility (e.g. time), disadvantaging PF Segregation in services for children in PF Lack of information about availability of services or schemes for PF Unaffordability of services, leaving access only to low-quality services (e.g. childminding) 	 Focus funds on improving access for children aged 0-3 Proportionate universalism in services' funding (universality + additional funds for PF) Free or means-tested fees and alleviation of indirect costs Legal entitlement for all children, thus access criteria not disadvantaging PF Quality standards for all types of services (as legal entitlement) Information about services targeted at PF Training/adaptability of services for TGs (e.g. culturally sensitive approaches/training for teachers, SEN, as well as management) Integration of welfare interventions, i.e. ECEC, housing, social safety nets etc. 			
 Lack of information about available schemes for PF 				

EDUCATION

Primary and secondary compulsory education, publicly funded or (partially) subsidised and accredited provision; for children aged 6 to 17 (depending on the country)				
Education Barriers	Education Proposals			
 Problematic access to education in rural areas and sub-urban areas where PF live 	 Focus public funds on inclusion and alleviation of indirect costs (free transports, meals etc.) 			
 Discrimination in access by TGs (in particular Roma with limited or not legal entitlements, or imposition of language tests) 	 Proportionate universalism in services' funding (universality + additional funds for PF) 			
 Indirect costs/constraints: transport, tuition fees, meals, clothes, books, unaffordable to PF 	 Multi-service schools in disadvantaged areas where PF live, with comprehensive curricula, appropriate infrastructures, well-trained teachers, focus on intercultural and inclusive pedagogical practices, ICTs, arts, sports etc. 			
 Lack of quality (training, curriculum, environment/infrastructures, group size) Segregation (e.g. referral to special schools, socio-economic and ethnic segregation, early tracking, ability grouping) Lack of quality/adaptability to cultural specificities and needs of 				
	 Minority languages and make use of language diversity for learning 			
	Participation of children and parents in school activities			
TGs (e.g. language/inclusion)	Anti-discriminatory campaigns, policies in schools			
	 Eradicate discriminatory enrolment procedures (e.g. legal entitlements for all children) 			
	 Desegregating education: legal entitlements to avoid special schools and discrimination; reduce early tracking and selection; additional funds for desegregation and support teachers/staff 			

NUTRITION

Access to sufficient and adequate food to prevent hunger, developmental/physical problems or obesity

Adequate food: having breakfast, eating fruit and vegetables, intake of proteins, limited consumption of sugary drinks and high-fat diets, and not having risky behaviour (use of tobacco, alcohol or cannabis; sexual behaviour; fighting and bullying); from birth to age 17					
Nutrition Barriers	Nutrition Proposals				
 Limited access to proteins via main courses (meat, chicken, fish or equivalent vegetarian food) and daily fruit/vegetables, due to lack of financial resources at household level 	 Public schemes for pre-school, primary or secondary school canteens (with healthy food) – universal, targeted toward low- income groups, or both 				
Fees for school meals, together with schooling fees, unaffordable for PF	 In-kind donations and food vouchers replaced by 'credit card' system which allows for greater choice and a more dignified access to basic needs to avoid stigma 				
School meals lacking quality/attention to balanced diets	 Public schemes to provide permanent and reliable access to 				
 Means-tested schemes too tightly drawn, excluding children in PF 	adequate, safe, local, diversified, fair, healthy and nutrient-rich food for all.				
 Some means-tested schemes increase stigmatisation and generate non-take- up 	Food banks: aid provided in cash and in kind for PF				
Public financing is limited to ensure adequate good-quality daily meals	 High taxes on sugar and fatty food, and lower taxes on healthy basic food 				
Lack of information/consciousness among PF about nutrition,	Regulating the vending of unhealthy products in public premises				
and about programmes (e.g. in schools) and structures (e.g. sports centres) to promote healthy food habits and physical	 Public programmes for family counselling and promoting healthy habits, as well as physical activity 				
activity	 Promote breastfeeding programmes (including campaigns/sensitisation) and baby-friendly hospitals and cities; offers of food supplements for pregnant women 				
	 Synergies with other welfare policies, in particular minimum- income schemes, education, good-quality housing, targeting PF 				

HEALTHCARE

Access for all children to good health services – from health promotion to prevention, treatment, rehabilitation, and palliation;

from birth to age 17				
Health Barriers	Health Proposals			
 Limitations on access for PF to preventive and specialised examinations, and vaccinations, due to lack of services in some areas (rural and sub-urban where PF live) as well as mental care Limited treatments covered by insurance High cost of co-payments for medicines is particularly burdensome for PF Shortage of specialist child health staff, paediatricians, infant nurses, and para-medical staff Lack of information/consciousness about health issues among PF 	 Public funding to ensure equal access for all children in particular; routine examinations and full vaccination through expansion of public healthcare centres; also community-based primary health centres targeting potential health issues among PF (including reproductive health). Increase access to health insurances, and expansion of treatment coverage Free medicines Increase access to mental health programmes for children Incentives, either monetary or in career prospects, to support staff retention and employment in PF areas Health mediator programmes and community outreach programmes in PF areas 			

HOUSING

Access to decent housing, including common resources, safe drinking water, energy for cooking, heating, and lighting (energy poverty), sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services; from birth to age 17				
Housing Barriers	Housing Proposals			
 Housing costs overburden, limiting access (rental and ownership) for PF children (rent, water, electricity, maintenance, taxes etc.), meaning that costs represent more than 40% of disposable household income Lack of social housing schemes to increase access to housing for PF, and long waiting lists limiting access In some cases, absence of targeting (through access criteria) PF Favouring those on permanent work contracts or with a minimum local residence period, or excluding households in debt, thereby disadvantaging PF 	 Stricter tenancy laws to tackle the issue of rising rent prices Promote (through subsidies) and regulate to ensure the habitability and safety of housing, along with rehabilitation Increase funds for social housing schemes for PF (also rehabilitation) Social housing schemes criteria favouring PF with children Promote also subsidies for home-owners to support PF tenants, and for PF to become owners Subsidies for housing costs, e.g. electricity, water 			
 Discriminatory practices in criteria for housing, disadvantaging TGs Eviction practices for PF Quality of houses (dwelling space, etc.) lower for PF Rough/irregular accommodation for specific PF (e.g. Roma) 	 Legal entitlements vis-à-vis evictions of PF with children Tax policies on housing favouring PF Housing integration programmes for specific PF (e.g. Roma), e.g. housing rehabilitation through legalisation of settlements; connection to public utilities; access to social housing and subsidies to access private market (along with monitoring and punishing discriminatory behaviour by owners) 			

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Background documents generated within the FSCG

FSCG Inception Report	Feasibility Study for a Child Guarantee – Inception report (2018). Available at: ec.europa.eu/social/main.jsp?catId=1428
FSCG Online consultation	Feasibility Study for a Child Guarantee (2019). Feasibility Study for a Child Guarantee – Report on the online consultation. Available at: https://ec.europa.eu/social/main.jsp?catId=1428&langId=en.
FSCG Nutrition policy paper	Bradshaw, J., and Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Nutrition. Internal Document.
FSCG ECEC policy paper	Vandenbroeck, M. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Early Childhood Education and Care. Internal Document.
FSCG Education policy paper	Nicaise, I., Vandevoort, L., and Ünver, Ö. (2019). Feasibility Report for a Child Guarantee: Policy Area Report on Education. Internal Document.
FSCG Housing policy paper	Clark-Foulquier, C. and Spinnewijn, F. (2019). Feasibility Study for a Child Guarantee: Policy Area Report on Housing. Internal Document.
FSCG Healthcare policy paper	Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy Area Report on Healthcare. Internal Document.
AT report	Fink, M. in co-operation with van-Linthoudt, J-M. (2019). Feasibility Study for a Child Guarantee: Country Report – Austria, Internal document.
BE report	Nicaise I., Vandevoort, L., Juchtmans, G., Buffel, V., Ünver, Ö., Van den Broeck, K., and Bircan, T. (2019). Feasibility Study for a Child Guarantee: Country Report – Belgium, Internal document.
BG report	Bogdanov, G. (2019). Feasibility Study for a Child Guarantee: Country Report – Bulgaria, Internal document.
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EE report	Anniste, K. (2019). Feasibility Study for a Child Guarantee: Country Report – Estonia, Internal document.
EL report	Ziomas D., Mouriki A., Capella A., and Konstantinidou D. (2019). Feasibility Study for a Child Guarantee: Country Report – Greece, Internal document.
ES report	Rodríguez Cabrero, G. and Marbán Gallego, V. (2019). Feasibility Study for a Child Guarantee: Country Report – Spain, Internal document.
FI report	Kangas, O. (2019). Feasibility Study for a Child Guarantee: Country Report – Finland, Internal document.

FR report	Legros, M. (2019). Feasibility Study for a Child Guarantee: Country Report – France, Internal document.
HR report	Zrinščak, S. (2019). Feasibility Study for a Child Guarantee: Country Report – Croatia, Internal document.
HU report	Albert, F. (2019). Feasibility Study for a Child Guarantee: Country Report – Hungary, Internal document.
IE report	Daly, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Ireland, Internal document.
IT report	Raitano, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Italy, Internal document.
LT report	Poviliūnas, A. and Sumskiene E. (2019). Feasibility Study for a Child Guarantee: Country Report – Lithuania, Internal document.
LU report	Swinnen, H. (2019). Feasibility Study for a Child Guarantee: Country Report – Luxembourg, Internal document.
LV report	Lace, T. (2019). Feasibility Study for a Child Guarantee: Country Report – Latvia, Internal document.
MT report	Vassallo, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Malta, Internal document.
NL report	van Waveren, B., Groot, J., Fase, D., Willemijn Smit, W., Dekker, B., and van Bergen, K. (2019). Feasibility Study for a Child Guarantee: Country Report – the Netherlands, Internal document.
PL report	Topińska, I. (2019). Feasibility Study for a Child Guarantee: Country Report – Poland, Internal document.
PT report	Perista, P. (2019). Feasibility Study for a Child Guarantee: Country Report – Portugal, Internal document.
RO report	Pop, L. (2019). Feasibility Study for a Child Guarantee: Country Report – Romania, Internal document.
SE report	Nelson, K., Palme, J., and Eneroth, M. (2019). Feasibility Study for a Child Guarantee: Country Report – Sweden, Internal document.
SI report	Stropnik, N. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovenia, Internal document.
SK report	Gerbery, D. (2019). Feasibility Study for a Child Guarantee: Country Report – Slovakia, Internal document.
UK report	Bradshaw, J., Rees, G., Glendinning, C., and Beresford, B. (2019). Feasibility Study for a Child Guarantee: Country Report – The United Kingdom, Internal document.

Annexes

Estimation of size of Roma population

It is not possible to establish any rigorous number for the size of the Roma population. First of all, the very concept of 'Roma' is a construct, which is often determined by majority society. It also does not reflect the diversity within the Roma population. Much criticism has been raised against the methodologies to estimate overall figures of Roma and establish ranges of population sizes. However, and considering the severity of all disclaimers, the following Table 6 might give a rough orientation about the population sizes of Roma in Europe. Furthermore, the size of the minority in relation to the mainstream population is calculated.

Table 6: Estimated sizes of Roma populations per country				
Country	Official number (last census)	Estimated figures	Average estimate	Proportion of population
Romania	535,140 (2002)	1,200,000 to 2,500,000	1,850,000	8.8%
Spain	No data available	600,000 to 800,000	700,000	1.6%
Bulgaria	370,908 (2001)	500,000 to 800,000	650,000	8.6%
Hungary	190,046 (2001)	400,000 to 800,000	600,000	6.0%
Slovak Republic	89,920 (2001)	320,000 to 520,000	420,000	7.8%
France	No data available	300,000 to 500,000	400,000	0.6%
United Kingdom	4,096 (2001)	Up to 300,000	300,000	0.5%
Czech Republic	11,718 (2001)	150,000 to 300,000	225,000	2.2%
Greece	No data available	80,000 to 350,000	215,000	1.9%
Italy	No data available	120,000 to 160,000	140,000	0.2%
Germany	No data available	70,000 to 130,000	100,000	0.1%
Portugal	No data available	40,000 to 50,000	45,000	0.4%
Sweden	No data available	40,000 to 50,000	45,000	0.5%
Poland	12,731(2002)	20,000 to 60,000	40,000	0.1%
Ireland	24,000 (2002)	32,000 to 38,5006	35,250	0.8%
Croatia	9,463 (2001)	30,000 to 40,000	35,000	0.8%
Belgium	No data available	20,000 to 30,000	25,000	0.2%
Austria	No data available	20,000 to 25,000	22,500	0.3%
Netherlands	No data available	5,000 to 40,000	22,500	0.1%

 $^{^{260}}$ Farkas 2017 and Till-Tentschert et al. 2016 discuss the options for collection of ethnic data in a coherent and comprehensive manner. Similarly, SDG targets 10.3 and 16.b call for a measurement of discriminatory practices.

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²⁶¹ Surdu, Mihai, and Kovats 2015; Acton et al. 2016.

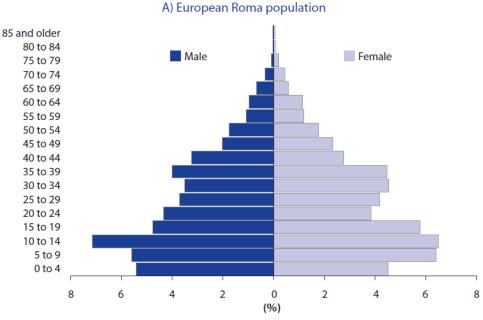
8,205 (2000)	8,000 to 15,000	11,500	0.5%
No data available	Approx. 10,000	10,000	0.2%
3,246 (2002)	7,000 to 10,000	8,500	0.4%
No data available	1,000 to 10,000	5,500	0.1%
2,570 (2001)	2,575 to 4,000	3,287	0.1%
No data available	Approx. 1,500	1,500	0.2%
456 (2011)	1,000 to 1,500	1,250	0.1%
No Roma/Travellers	100 to 500	300	0.1%
No data available	300,000 to 3,500,000	1,900,000	2.7%
182,617 (2002)	450,000 to 1,000,000	725,000	0.5%
108,193 (2002)	400,000 to 800,000	600,000	8.1%
47,600 (2001)	50,000 to 400,000	225,000	0.5%
53,879 (2002)	80,000 to 250,000	165,000	8.1%
1,261	80,000 to 120,000	100,000	3.4%
12,280 (2004)	18,691 to 150,000	84,345	2.4%
8,864 (1991)	20,000 to 60,000	40,000	1.0%
No data available	10,000 to 70,000	40,000	0.4%
No data available	Approx. 35,000	35,000	0.5%
2,875 (2003)	20	20,000	3.3%
No data available	2,300 to 11,000	6,650	0.1%
1,744 (1989)	Over 2,000	2,000	0.0%
	No data available 3,246 (2002) No data available 2,570 (2001) No data available 456 (2011) No Roma/Travellers No data available 182,617 (2002) 108,193 (2002) 47,600 (2001) 53,879 (2002) 1,261 12,280 (2004) 8,864 (1991) No data available No data available 2,875 (2003) No data available	No data available 3,246 (2002) 7,000 to 10,000 No data available 2,570 (2001) 2,575 to 4,000 No data available 456 (2011) 1,000 to 1,500 Roma/Travellers No data available 182,617 (2002) 450,000 to 1,000,000 47,600 (2001) 53,879 (2002) 400,000 to 3,500,000 12,280 (2004) 1,261 80,000 to 120,000 12,280 (2004) 8,864 (1991) 20,000 to 400,000 No data available No data available No data available 2,875 (2003) No data available 2,300 to 11,000 2,300 to 11,000 2,300 to 250,000	No data available Approx. 10,000 10,000 3,246 (2002) 7,000 to 10,000 8,500 No data available 1,000 to 10,000 5,500 2,570 (2001) 2,575 to 4,000 3,287 No data available Approx. 1,500 1,500 456 (2011) 1,000 to 1,500 1,250 No Roma/Travellers 300,000 to 3,500,000 1,900,000 182,617 (2002) 450,000 to 1,000,000 725,000 108,193 (2002) 400,000 to 800,000 600,000 47,600 (2001) 50,000 to 400,000 225,000 53,879 (2002) 80,000 to 250,000 165,000 1,261 80,000 to 120,000 100,000 12,280 (2004) 18,691 to 150,000 84,345 8,864 (1991) 20,000 to 60,000 40,000 No data available Approx. 35,000 35,000 No data available 2,875 (2003) 20 20,000 No data available 2,300 to 11,000 6,650

Source: Council of Europe; Eurostat; own calculations. Data retrieved from a historic website of the Council of Europe (2007 – bit.ly/2GpFFAD).

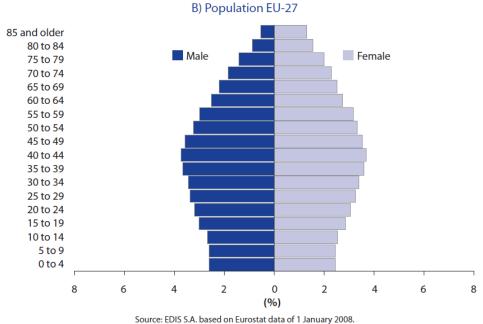
The collaborative work of Wikipedia has compiled a number of academic sources on Roma population per countries (see: en.wikipedia.org/wiki/Romani_diaspora).

The demographic profile of the Roma population is of particular relevance to this study. Once again, the above disclaimers apply to attempts at establishing rigorous data; however, the following chart (Figure 14) might provide an approximation.

Figure 14: Age pyramid of Roma population compared with overall European population



Source: EDIS S.A, based on the European Survey on Health and the Roma Comunity, 2009.



Source: EDIS S.A. Dased on Eurostat data of 1 January 2

Source: de la Parra 2009.

Management of European Funds

Table 7: Investment priorities related to children in Thematic Objective 8: Promoting employment and supporting labour mobility

INVESTMENT PRIORITIES			Voy actions (CSE)	
ESF ERDF EAFRD		EAFRD	Key actions (CSF)	
Sustainable integration of young people not in employment, education or training into the labour market.	Local development initiatives and aid for structures providing neighbourhood services to create new jobs, development of business incubators.		Schemes to offer further education, (re)training or activation measures to every young person not in employment or in education or training, within 4 months of leaving school. Particular focus on apprenticeship-type vocational training and internships for graduates to acquire first work experience.	
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: Own elaboration, based on the Common Strategic Framework.

Table 8: Investment priorities related to children in Thematic Objective 9: Promoting social inclusion and combating poverty

INVESTMENT PRIORITIES		Karanstians (CCT)	
ESF	ERDF	EAFRD	Key actions (CSF)
Active inclusion.	Investment in health and social infrastructure to improve access to health and social services and reduce health inequalities. Support infrastructure investments in childcare, elderly care, and long-term care.		Integrated pathways combining various forms of employability, individualised support, counselling, guidance, access to general and vocational education and training, as well as access to services. Modernisation of social protection systems, including the design and implementation of reforms to improve the cost-effectiveness and adequacy of social and unemployment benefits, minimum-income schemes and pensions, healthcare, and social services.
Integration of marginalised communities such as Roma.	Investing in health and social infrastructure to improve access to health and social services. Support for physical and economic regeneration of deprived urban and rural communities.		Integrated pathways to the labour market, including individualised support, counselling, guidance, and access to general and vocational education and training. Access to services, in particular social care, social assistance services, and healthcare. Elimination of segregation in education, promoting early-childhood education, fighting early school-leaving, and ensuring successful transitions from school to employment. Measures to overcome prejudice and discrimination. Support for the physical and economic regeneration of deprived urban and rural communities including Roma, including the promotion of integrated plans where social housing is accompanied notably by interventions in education, health (including sport facilities for local residents) and employment (ERDF).

INVESTMENT PRIORITIES		Karantiana (CCF)	
ESF	ERDF	EAFRD	Key actions (CSF)
Enhancing access to affordable, sustainable and high-quality services, including healthcare and social services of general interest.	Investing in health and social infrastructure which contribute to national, regional, and local development; reducing inequalities in terms of health status; and transition from institutional to community-based services.	Enhancing accessibility to, and the use and quality of, ICT in rural areas.	Enhanced access to affordable, sustainable and high-quality healthcare with a view to reducing health inequalities, supporting health prevention and promoting e-health. Enhanced access to affordable, sustainable, and high-quality social services such as employment and training services, services for the homeless, out-of-school care, childcare, and long-term care services. Targeted ECEC services, including integrated approaches combining childcare, education, health, and parental support, with a particular focus on the prevention of children's placement in institutional care. Support for the transition from institutional care to community-based care services for children without parental care, people with disabilities, the elderly, and people with mental disorders, with a focus on integration between health and social services. Investment in health and social infrastructure to improve access to health and social services and reduce health inequalities, with special attention to marginalised groups such as Roma and those at risk of poverty (ERDF). Infrastructure investments that contribute to modernisation and structural transformation. Targeted infrastructure investments to support the shift from institutional to community-based care, which enhances access to independent living in the community – with high-quality support infrastructure investments in childcare, elderly care, and long-term care services.

INVESTMENT PRIORITIES		Voy actions (CSE)	
ESF	ERDF	EAFRD	Key actions (CSF)
Community-led local development strategies.		Fostering local development in rural areas.	Support activities designed and implemented under the local strategy in areas falling within the scope of ESF in the fields of employment, education, social inclusion, and institutional capacity-building. Investing in local basic services for the rural population, particularly in remote rural areas, together with other measures to improve the quality of life; fostering community-led local development strategies through support for (a) the capacity-building of the local action groups and the preparation, running, and animation of local strategies, and (b) activities designed and implemented under the local strategy in areas falling within the scope of the ERDF, in the fields of social inclusion and physical/economic regeneration.

Source: Own elaboration, based on the Common Strategic Framework.

Table 9: Investment priorities related to children in Thematic Objective 10: Investing in education, skills and life-long learning

INVESTMENT PRIORITIES		Voy actions (CSE)	
ESF	ERDF	EAFRD	Key actions (CSF)
Reducing early school-leaving and promoting equal access to good-quality early-childhood, primary, and secondary education.	Developing education and training infrastructure.		Policies to reduce early school-leaving, encompassing prevention, early intervention, and compensation (such as second-chance schools); and fostering participation in non-segregated public education facilities. Addressing obstacles to access faced by children from disadvantaged families, in particular during the very first years of early-childhood (0-3). Support learning schemes which aim to assist children and young people with learning disabilities to integrate into the mainstream educational system. Support the transition from specialised schools for disabled persons to mainstream schools (ERDF). Support for investments in education and training infrastructure, particularly with a view to reducing territorial disparities and fostering non-segregated education (ESF and ERDF).

Source: Own elaboration, based on the Common Strategic Framework.

Table 10: Investing priority related to children in Thematic Objective 11: Enhancing institutional capacity and ensuring an efficient public administration

INVESTMENT PRIORITIES		Kov potions (CCF)	
ESF	ERDF	EAFRD	Key actions (CSF)
 i. Investment in institutional capacity and in the efficiency of public administration and services – with a view to reforms, better regulation, and good governance (only in less developed countries). 	Strengthening of institutional capacity and the efficiency of public administration and services related to ERDF implementation, and in support of ESF-supported actions in institutional capacity and in the efficiency of public administration.		Reforms to ensure better legislation, synergies between policies and effective management of public policies. Enhancing the capacity of stakeholders, such as social partners and NGOs, to help them deliver more effectively their contribution in employment, education, and social policies. Development of sectoral and territorial pacts in employment, social inclusion, health, and education. Strengthening institutional capacity and the efficiency of public administration and services related to the implementation of ERDF objectives, and in support of actions in institutional capacity and in the efficient public administration supported by the ESF.
ii. Capacity-building for stakeholders delivering employment, education, and social policies; sectoral and territorial pacts to mobilise for reform at national, regional, and local level.			Enhancing the capacity of stakeholders, such as social partners and non-governmental organisations, to help them deliver more effectively their contribution in employment, education, and social policies. Development of sectoral and territorial pacts in the employment, social inclusion, health, and education domains at all territorial levels.

Source: Own elaboration, based on the Common Strategic Framework

List of Policy Area and Country Experts

List of Policy Area Experts

Name	PA	
Bradshaw, J. and Rees, G.	Nutrition	
Clark-Foulquier, C. and Spinnewijn, F.	Housing	
Nicaise, I., Vandevoort, L., and Ünver, Ö.	Education	
Rigby, M.	Healthcare	
Vandenbroeck, M.	Early Childhood Education and Care (ECEC)	

List of Country Experts

Name	Country
Fink, M. (with van-Linthoudt, J-M.)	Austria
Nicaise I., Vandevoort L., Juchtmans G., Buffel V., Ünver Ö, Van den Broeck K., and Bircan T.	Belgium
Bogdanov, G.	Bulgaria
Zrinščak, S.	Croatia
Koutsampelas, C., Andreou, S.N., Dimopoulos, K., Chrysostomou, S., Kantaris, M., and Theodorou, M.	Cyprus
Sirovátka, T.	Czech Republic
Kvist, J.	Denmark
Anniste, K.	Estonia
Kangas, O.	Finland
Legros, M.	France
Hanesch, W.	Germany
Ziomas D., Mouriki A., Capella A., and Konstantinidou D.	Greece
Albert, F.	Hungary
Daly, M.	Ireland
Raitano, M.	Italy
Lace, T.	Latvia
Poviliūnas, A. and E. Sumskiene	Lithuania
Swinnen, H.	Luxembourg
Vassallo, M.	Malta
van Waveren, B., Groot, J., Fase, D., Willemijn Smit, W., Dekker, B., and van Bergen, K.	Netherlands
Topińska, I.	Poland
Perista, P.	Portugal
Pop, L.	Romania
Gerbery, D.	Slovakia
Stropnik, N.	Slovenia
Rodríguez Cabrero and Marbán Gallego	Spain
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Bradshaw, J., Rees, G., Glendinning, C., and Beresford, B.	United Kingdom

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