

National Plan

Dutch situation regarding policy on child poverty in light of the Council recommendation establishing a European Child Guarantee

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Introduction

The Council recommendation establishing a European Child Guarantee invites member states to adopt and submit a plan setting out agreed measures to be introduced nationally. The main purpose of the child guarantee – to reduce poverty among children – is reflected in the government’s goal of halving child poverty by the end of its term in office. In light of the COVID-19 pandemic, it is particularly important that we focus on the needs of children. The Council recommendation establishing a European child guarantee also concerns effective access to services such as healthcare, childcare, education, housing and nutrition. This national plan sets out the current situation as regards policy to tackle child poverty and promote the wellbeing of children, in light of the Council recommendation addressing these particular areas. It also looks at what the fourth Rutte government has set out in its coalition agreement for 2021-2025,¹ and includes a report of a conference with various stakeholders.

Child poverty affects several areas of life. An effective follow-up to the Council recommendation establishing a Child Guarantee therefore requires good cooperation between all parties involved. The importance of cross-sectoral cooperation is affirmed by the appointment of a National Child Guarantee Coordinator, dr. mw. J.F. Ruitenbergh, who as department head and deputy director fulfils the role of official contact person for the Netherlands. This appointment is in line with what other member states have done, as well as the recommendation of the Commission. Specifically, the role falls under a department of the Ministry of Social Affairs and Employment, which has overall responsibility for child poverty policy. Implementation of this policy has largely been devolved to municipalities. Designating the role to this department also allows efforts to be aligned with general poverty policy and facilitates contact with relevant local and national parties. This is consistent with the objective set out in the Council recommendation of introducing a European child guarantee to combat child poverty and social exclusion of children, and foster equal opportunities.

The child guarantee can also be seen as a catalyst for the development of a comprehensive approach encompassing child poverty, prevention of financial problems and the broader social domain. A working group chaired by the Ministry of Social Affairs and Employment has therefore been established at official level, consisting of civil servants from the aforementioned ministry, the Ministry of Education, Culture and Science and the Ministry of Health, Welfare and Sport.

This plan comprises six sections. The first examines the context of child poverty within income and poverty policy. The second is further divided into individual sections on the five areas addressed by the child guarantee: childcare and early childhood education, education, healthcare, nutrition and housing. The third section deals with the involvement of stakeholders in the process. The fourth section lists qualitative and quantitative goals for child poverty, and the fifth looks at data collection and monitoring and evaluating progress on these goals. Finally, the sixth section outlines a way forward, taking into account the coalition agreement.

¹ 2021-2025 coalition agreement, [‘Looking out for each other, looking ahead to the future’](#), 15 December 2021.

1. Context – Tackling child poverty in the Netherlands

Growing up in a low-income family has negative consequences for a child's development and future. Childhood poverty is particularly distressing, as children have no influence over their family situation, or the causes of and solutions to poverty. Responsibility for policy on child poverty has largely been devolved to local authorities. Central government works with local authorities, civil society organisations and schools to reduce poverty in families and ensure that all children can participate in society. All these parties contribute on the basis of their own powers and responsibilities.

Growing up in poverty

According to the European Commission, people live in poverty when their 'resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State in which they live'.² Various definitions of poverty are used in the Netherlands. First, there is the definition applied by Statistics Netherlands (CBS), the low-income threshold. This represents a fixed amount of purchasing power, and is corrected annually in line with the evolution of prices. The Netherlands Institute for Social Research uses a 'modest but adequate' level of disposable income as the threshold of what is financially acceptable in the Netherlands.

Growing up in poverty has various consequences for children. They may feel humiliated or socially excluded among peers. Furthermore, living in poverty can cause a lot of stress for both children and parents. In children this can result in lagging social and emotional development, resulting in a higher risk of problem behaviour, poor health and poverty later in life, while stress can make parents less able to focus on the long term, with the risk that they have less attention to give their children. Children growing up in poverty are also more likely to live in less safe neighbourhoods, and their families have fewer resources to enable the children to participate in out-of-school activities.

In short, growing up in poverty undermines children's wellbeing in several areas of life.³ These include:

- education
- material wellbeing
- housing and living environment
- health
- subjective wellbeing
- social participation
- relationships
- risk and safety.

In addition to affecting the well-being of children in poverty, intergenerational poverty also plays a role. The risk of ending up in poverty as an adult is bigger when children grow up in poverty. By tackling various areas of life, there is a greater chance that the chain of intergenerational poverty will be broken⁴.

The academic literature identifies two categories of factors that contribute to a successful strategy against child poverty: financial factors and structural factors. Financial factors consist of work and income support. Structural factors include education, personal skills, health and housing. Local authorities also play a key role in current policy on child poverty.

² <https://ec.europa.eu/social/main.jsp?langId=nl&catId=751>

³ https://www.divosa.nl/sites/default/files/onderwerp_bestanden/digitale_handreiking_omgaan_met_kinderarm_oede_sociaal_domein_juni2021.pdf.

⁴ Sociaal Planbureau Groningen, Trendbureau Drenthe, RUG (2019), Armoede van generatie op generatie in de Veenkoloniën - 2019

Financial factors

Central government uses income policy and labour market policy to tackle the structural causes of poverty. During the previous government's term in office, for example, an extra €900 million was invested in support for families with children under 18 (increased child benefit, childcare allowance). This also benefited children growing up in poverty.

Central government wants to ensure that every child from a low-income family can participate in society. The number of low-income families with children must be reduced. This government therefore intends to introduce various measures to tackle poverty among families, such as:

- enhancing job opportunities for people who experience difficulty finding work;
- preventing and tackling financial problems and debt;
- increasing the disposable income of parents on low incomes. Since 2021, for instance, government spending on the child budget has increased by €150 million. This has been used to increase the amount available per child from the third and every subsequent child.

Structural factors

All children have to be able to participate and develop in a range of ways, without encountering barriers and regardless of their family's circumstances. To this end, since 2017 the government has spent a structural €100 million extra on tackling poverty in children. This €100 million comprises the following:

- €85 million each year to local authorities disbursed in the form of a decentralisation grant;
- €10 million available annually under the *Alle kinderen doen mee* grant programme, which is disbursed to parties affiliated to Sam& (Jarige Job, het Jeugdfonds Sport en Cultuur, Nationaal Fonds Kinderhulp and Vereniging Leergeld). These organisations enable more children to join sports clubs and take music lessons, and even to celebrate their birthday. The grant programme ran until the end of 2021, and the plan is to extend it by one year in 2022;
- €4 million was available up to 2020 for a grant scheme entitled *Kansen voor alle kinderen 2017*. Since 2020 this sum has gone to the illiteracy action programme *Tel mee met Taal*.

In the coming period, efforts will be made to reduce child poverty by fifty percent in four years, based on an unambiguous, realistic and relative definition of poverty. How this will be achieved, remains to be determined. The coalition agreement⁵ pays a lot of attention to social security and equality of opportunity. The government is launching an ambitious interdepartmental and intergovernmental Poverty Policy program that focuses on people's needs and aims to combat the complexity of regulations, non-use and the poverty trap. The Minister of Poverty Policy, Participation and Pensions will seek cooperation with scientific and knowledge institutes, social organizations and experts by experience. This program plan will be formulated in the first half of 2022⁶. In this program special attention will be given to tackling child poverty, in which the cultural factors surrounding poverty and exclusion will also be explicitly discussed.

Local authorities

Local authorities (municipalities) play a key role in combating child poverty. On the one hand, they can support social participation (for instance by providing membership to a sports club or purchasing school laptops) for children in the municipality. On the other, they have all kinds of channels through which they can identify families that are living in poverty. Each year, a total of €85 million is divided over local authorities in the form of a decentralisation grant to enable children living in poverty to participate. The focus is on providing services in kind that support social participation. There is also a growing focus on family-oriented approaches encompassing several areas.

⁵ [Coalitieakkoord 'Omzien naar elkaar, vooruitkijken naar de toekomst' | Publicatie | Kabinetsformatie \(kabinetsformatie2021.nl\)](#)

⁶ <https://www.rijksoverheid.nl/documenten/kamerstukken/2022/02/10/planningsbrief-szw>

Almost all Dutch local authorities have (specific) policies aimed at children growing up in poverty and have further developed this policy in recent years. Providing facilities in kind is one of the most important parts of this policy. More and more children are being reached with these facilities. The ambition is for municipalities to reach 100 percent of children with parents on welfare and 70 percent of children with working parents with a low income. Funded by the Ministry of Social Affairs and Employment, Divosa helps local authorities and professionals implement policy, by providing guidelines and through a collaborative project on child poverty.

COVID-19

At the start of the COVID-19 pandemic, support and recovery packages have been put in place. These packages were aimed at preventing unemployment with all its consequences, including for the children in the family. In the context of the accompanying policy, extra attention is paid to (financially) vulnerable groups. For 2021 and 2022, an additional €146 million has been made available for poverty and debt reduction. The majority of these resources go to municipalities for debt policy and special assistance. €11 million will go to projects for the intensification and acceleration of poverty and debt management. Specifically aimed at child poverty, the following resources have been made available:

- In the context of the intensified approach to poverty and debt, funds have been made available for projects specifically aimed at identifying and tackling child poverty by means of guidelines for professionals in education, youth health care and within the municipality.
- Extra subsidies have also been granted to poverty parties that focus on providing resources in kind to children. This subsidy focuses on reaching and helping new target groups such as children of working parents with a low income due to the COVID-19 pandemic

2. Situation regarding themes in the recommendation

The different elements of the recommendation, including specific measures, are examined below theme by theme.

2.1 Early childhood education and care and educational disadvantage

Accessible and high-quality early childhood education and care (ECEC) has several benefits for children living in poverty. Firstly, accessible childcare helps parents combine paid work with their parenting responsibilities. Secondly, ECEC and other policy tackling educational disadvantage enhances the children's development. Tackling disadvantage at an early stage ensures children have sufficient opportunities. Finally, ECEC can help with identification and referral in the event of problems. This helps families in poverty obtain appropriate help at an early stage.

Childcare

In the Netherlands childcare funding and quality standards are laid down in the Childcare Act (*Wet kinderopvang*). Policy on childcare aims to promote labour force participation among parents with children aged 0-12, as well as foster the development of children in this age group. To this end, measures are taken to ensure that safe, good-quality childcare is accessible and affordable.

In the Netherlands, childcare for children aged 0-12 is not currently free of charge. A means-tested childcare allowance is available to families with children aged 0-12 in which both parents work or are in education and, depending on the number of hours parents work, can be as much as 96% of the predefined maximum hourly rate for childcare. The supply, uptake and price of childcare and the labour force participation rate by parents (and women) is monitored quarterly to obtain a picture of availability and affordability.⁷ The childcare allowance is also indexed and adjusted annually, to ensure that it keeps pace with wage and price increases, so there is no financial impact on parents. The government intends to abolish means testing from 2025 and to reimburse 95% of the costs of childcare to all working parents.

Safe, good-quality childcare is very important. Children must feel safe and be given space to grow. Statutory quality standards for childcare organisations were tightened up in the Childcare (Innovation and Quality) Act (*Wet Innovatie en Kwaliteit Kinderopvang, IKK*). For example, providers must meet quality requirements on:

- children's health and safety
- policy aimed at stimulating children's development
- monitoring and encouraging children's development
- the composition of groups and the ratio of children to childcare workers
- baby groups staffed by a fixed team
- staff mentoring by child development professional
- childcare workers' proficiency in Dutch.

The municipal health service (GGD) carries out inspections to check whether childcare organisations comply with the statutory quality standards. It does so on behalf of the local authority. When organisations fail to meet the requirements, local authorities can take appropriate action, such as issuing a warning or imposing a fine. The Inspectorate of Education annually checks whether local authorities are performing their statutory duties regarding childcare. The [national childcare register \(LRK\)](#) includes a summary of the GGD inspection results for each childcare facility.

The Ministry of Social Affairs and Employment commissions an annual quality assessment of all formal childcare provision: day nurseries, play groups, after-school care, childminders. Many different aspects of quality are considered, from interactions among children in the group to opportunities for professional development in the organisation. This gives an impression of the

⁷ [Childcare figures, first quarter 2021 | Publication | Rijksoverheid.nl](#).

quality of childcare in terms of children's social, emotional and cognitive development. Regular monitoring provides greater insight into how quality develops over time, and what impact changes in policy have in this. The results can therefore help further improve standards and national policy.

Early childhood education

Central government also provides resources to local authorities specifically for tackling educational disadvantage. Using these funds local authorities are at any rate obliged to offer 16 hours of early childhood education (ECE) each week to children aged between 30 and 48 months whose circumstances put them at risk of developing educational disadvantage (target group). These hours of ECE are offered at a childcare centre. Besides this obligation to provide ECE, local authorities are also obliged to make arrangements with childcare centres to ensure that as many children as possible participate in ECE. This should facilitate and encourage all parents of preschoolers in the target group to take advantage of the ECE available, leading to children being better prepared when they start primary school. During its term in office the new government wants to boost the participation of children with a language disadvantage.

Since 1 January 2022, efforts are focused on improving the quality of the ECE available. Every childcare centre providing ECE must hire a child development professional to raise the quality of provision, by drawing up and implementing ECE policy frameworks and/or by providing professional coaching in ECE to childcare workers.

The ECE budget allocated to municipalities is determined by the municipality's cumulative educational disadvantage score, which is based on the following indicators: parents' country of origin, how long the mother has lived in the Netherlands, average level of education of mothers and whether parents are in a debt repayment scheme. Local authorities are free to further define the target group and the starting age for ECE. Most local authorities charge a means-tested contribution to parents who are not eligible for childcare allowance but whose child falls in the target group.⁸ The Dutch ECE system is to be included in a monitoring and evaluation programme.

Policy on preschool children

The government wants all preschoolers (from 30 to 48 months of age) to have the opportunity to take part in early childhood education. To this end central government and local authorities have concluded an inter-authority agreement affirming that ECE is also open to children who are not in the ECE target group and whose parents are not eligible for childcare allowance.

Early years education

Most children transfer to primary school at the age of four, although the age of compulsory education starts at five. Early years education is provided at primary school. Local authorities still make agreements with schools as to what results they must achieve. They can also use funding from the municipality to reduce educational disadvantage during this period, supplementing the funding that schools receive from central government for this purpose.

Other learning gaps

Other interventions that can be arranged by local authorities include top-up courses or various opportunities for extra teaching, such as summer schools.

Schools that have a large number of pupils with learning gaps receive extra funding to tackle these educational disadvantages (as do local authorities). Schools can use this money in various ways.

⁸ Annex to Parliamentary Papers, House of Representatives, 2019/2020, 31322, no. 415.

2.2 Education

Equal opportunities in education for all children has been a key theme of Dutch education policy for many years. Every child must be able to develop their full potential, and children with equal potential should be given the same opportunities. Parents' financial circumstances should not play a role in children's academic achievement. Education is essential for the development of children and teenagers. Schools contribute to children's future prospects and should offer a safe and stimulating environment.

The coalition agreement contains ambitious plans for schools. Every year, an extra €1 billion will be invested in improving the quality of teaching. There will be a master plan to ensure that all children get a good foundation in reading, writing and arithmetic. In addition, central government and municipalities will jointly invest in enrichment activities at school, such as extra tutoring and activities organised jointly with libraries, sports clubs and cultural organisations. Increased investment in the professional development of teachers and school leaders will also enhance the quality of education, as will swifter intervention in the case of failing schools. Finally, the government wants to improve participation by parents and pupils, as well as the relationship between education and social care.

Mitigating the effects of the COVID-19 pandemic

In order to tackle the learning deficit caused by school closures during the COVID-19 pandemic, schools will receive extra funding from the National Programme for Education set up by the Dutch Ministry of Education for this purpose. The programme funds total €8.5 billion.

Schools are asked to assess, for each learner, how they have been affected by the crisis and what remedial steps are necessary so they can thrive academically and socially. In other words, schools not only assess pupils' academic results but also their wellbeing. Schools can then use funding from the National Programme for Interventions to implement targeted interventions. The programme offers a menu of evidence-based interventions that have been assessed by researchers and experts. Schools are expected to give parents/carers and pupils a say in the choice of intervention. Municipalities also have a role to play, for example, in fostering closer cooperation between local youth services, early childhood education, social workers, welfare workers, sports clubs and schools.

Monitoring of the programme will begin soon and will focus on the progress made by schools and municipalities. A research consultancy will examine which interventions schools have chosen, and why, what obstacles they face, what results they achieve and what can be learned from their experiences.

Children from lower socioeconomic backgrounds

Before the National Programme for Education was launched, the Netherlands had already long had policies in place aimed at guaranteeing equitable education for all children. This includes a policy targeting children from families with lower socioeconomic status, and involves, for example, efforts to increase parental involvement in their children's education and improve coordination within municipalities. This policy has been incorporated into the National Programme, but remains especially important for this target group. Another programme, the Equal Opportunities Alliance, works with schools and municipalities in order to gain better insight into what is needed to achieve equitable education at local level. The programme also promotes the sharing of good practices between schools and between municipalities. Municipalities must conduct annual reviews of their own educational policies in cooperation with schools and providers of early childhood education (ECE).

In addition, the Netherlands has recently passed legislation which requires schools to allow all children to take part in all activities it organises, including tutoring and school trips, regardless of whether or not a child's parents have paid the parental contribution that funds such activities. In other words, the parental contribution is strictly voluntary. The government will monitor compliance with the new law as well as its effects in the years ahead.

Schools with a large percentage of pupils at risk of educational disadvantage receive extra funding in order to better support these children. These children are identified using standard indicators, as explained in the policy on preschool provision.

Most schools use the extra funding to reduce the number of pupils in each class, organise summer schools or offer additional Dutch lessons. Policy evaluation takes place within a multiyear research programme that examines how schools use the funds and what effects can be identified. Schools also receive additional funding for pupils who are asylum seekers and pupils with a Roma or Sinti background. The Inspectorate of Education monitors the quality of education for these groups. The Netherlands will also conduct additional research into the schooling received by children who are asylum seekers and how their needs can be better addressed.

As set out in the coalition agreement, the new government intends to make extra funds permanently available to schools with a relatively large population of pupils with a learning deficit.

Special needs education

The Netherlands also has policies for guaranteeing equitable education for children with disabilities and behavioural problems. This policy is based on the principle that schools have a duty of care. This means a school must either admit a learner with special needs or help the learner find another, more appropriate school. This could be a mainstream school or a school for special education. All schools must have a document that details what special needs the school is equipped to address. All schools (both special and mainstream) must be part of a regional consortium of schools that together cover all categories of special needs. This helps ensure there is an appropriate school for every child in the area where they live. In the case of learners with difficulties that cannot be addressed by any mainstream school the consortium can admit the learner to special education.

The consortiums receive additional funding so that they can arrange provision within their region for as many categories of special needs as possible, for instance by enabling mainstream schools to purchase adapted teaching aids or recruit specialised teaching staff.

Dutch policy for special needs education will be monitored through an extensive research programme in the coming years. The researchers will assess whether policy adequately facilitates schools and consortiums to address the needs of learners, parents and teachers. Suggestions for policy improvement will also be made. The researchers are currently establishing the indicators that will be used to answer the research questions. The first monitoring round will begin in the spring of 2022.

Learners who are not able to attend a mainstream school may be referred to a school for special education. There are schools for children with visual or hearing impairments, speech disorders, severe physical disabilities, intellectual disabilities, chronic disease, psychiatric disorders and behavioural problems. Pupils with visual or hearing impairments are admitted directly by the schools. Other categories of special needs learners can only be enrolled in a special school if they have a declaration of admission issued by the regional consortium.

Education in residential care settings

Residential care providers are required by law to provide education to learners in their care. In the Netherlands local authorities are ultimately responsible for residential care. Education in these settings is organised by special schools, which are supervised by the Ministry of Education. The Inspectorate of Education and the Health and Youth Care Inspectorate jointly monitor the quality of education provided.

Reducing school dropout

The Dutch government also implements policy aimed at reducing school dropout, in line with the Compulsory Education Act which stipulates that children aged 5 to 15 must attend school. Young people aged 16 and 17 must continue attending school until they obtain a basic qualification (i.e. have completed senior secondary general education (HAVO), pre-university education (VWO) or

level 2 or higher of secondary vocational education (MBO)). Municipal school attendance officers ensure children under the age of 18 go to school and provide guidance and support if necessary. For young people aged 18 to 23 who do not yet have a basic qualification, guidance and support is available from regional registration and coordination centres (*Regionale Meld- en Coördinatiepunten*). Municipalities try to reach young people at risk of dropout or who have already dropped out, and encourage them to finish their education. If return to school is not an option, they are given assistance in finding work. To prevent school dropout, local authorities and the regional registration and coordination centres work closely with the municipal health service (GGD), job centres, enforcement authorities and youth care services.

Every four years, schools and municipalities have to develop a regional plan outlining measures to reduce school dropout. Possible measures include mentoring, career orientation or work experience. The plan also contains targets to reduce the number of dropouts. Schools and municipalities report annually on their efforts and results to central government.

Schools in secondary education also set targets to reduce the dropout rate to below a certain percentage. The ceiling differs by age group and educational level, but falls within the range of 0.5 to 2.0%. Schools may receive additional funding if they succeed. Additional funding is also available to some schools who do not succeed, so that they may strengthen their efforts. School dropout rates at national, regional, local and school levels can be found online.

In accordance with the coalition agreement, the new government will invest in secondary vocational education, to ensure comprehensive coverage of this form of education across the country. This is in line with the aim to remove obstacles to secondary vocational education.

Access to digital education

Access to digital education for children is stimulated by the state-sponsored cooperative SIVON, which helps schools to obtain the necessary equipment and infrastructure for effective digital education in the classroom, as well as online and remote learning when necessary. The National Programme for Education also provides schools with additional resources to purchase digital tools, for instance, enabling children to participate in digital education.

The government wants to reduce the number of children who are not in full-time education. Setting up a digital school can be one way of ensuring they get a form of education.

2.3 Healthcare

Child poverty has negative impacts on children's health. High costs can lead to avoidance of healthcare. Health problems resulting from stress can affect both parents and children living in poverty.⁹ Children in the Netherlands should be able to grow up in a safe and healthy environment where they have sufficient opportunities to participate and develop their full potential.

Access to healthcare

In the Netherlands, every child has the right to preventive and (medically) necessary care, including aids and services. This right is enshrined in the Public Health Act (*Wet publieke gezondheid*), the Chronic Care Act (*Wet langdurige zorg*), the Youth Act (*Jeugdwet*), and the Health Insurance Act (*Zorgverzekeringswet*). Child health services (JGZ) as governed by the Public Health Act focus on prevention at individual and population level, on health promotion for all children and young people, and on organising these tasks. The key principle of policy is that all children have access to JGZ. A JGZ doctor can also refer a child to more specialised care if necessary. Local authorities are responsible for ensuring that child health services are provided, and the municipal council oversees this. The Health and Youth Care Inspectorate (IGJ) supervises the quality of care provided by JGZ professionals. The central government bears final responsibility for the system.

Under the Youth Act, local authorities help children, adolescents (up to the age of 18 and, in some cases, 23) and their parents deal with developmental, parenting and mental health problems and disorders. Local authorities are also responsible for implementing child protection measures and medical rehabilitation for young people. The devolution of responsibility for these various duties to local authorities has facilitated an integrated approach to care for young people. It also encourages local authorities to develop preventive policies on youth and families.

Under the Health Insurance Act all residents of the Netherlands have extensive basic health insurance. Children under 18 are covered by their parents' insurance policy at no extra cost. Parents do not have to pay an excess for care provided to their children. The basic health insurance package also includes dental care for children under the age of 18. This care therefore costs parents nothing. Adults have to take out a supplementary policy for dental care.

Child health services

The government's policy on child health services (JGZ) focuses on promoting and protecting health. Services are provided free of charge to all children aged 0-18 and include neonatal screening such as blood spot screening and a hearing test. It also includes vaccinations for all children under the national vaccination programme. Public information about this programme is available in several languages, and if necessary an interpreter can be present during visits to a child health clinic. Vaccination coverage among young children is monitored constantly, and in regions or groups where coverage is lagging or declining, efforts are stepped up. This can take the form of information campaigns and more accessible vaccination services, for instance. Groups with a lower coverage include orthodox reformed Christians and certain urban ethnic-minority populations.

Besides screening and vaccination, child health services also monitor young people's physical, social-emotional and psychosocial development and health, and identify factors that promote or pose a risk to health. The principle is to bolster the capacity of children, young people and parents to deal with challenges (if possible) and normalise the problems they experience.

From the age of 14, there is a stronger focus on social-emotional and psychosocial development. This covers mental health (including depression, bullying, friendships), sexual development, self-

⁹ Kinderombudsman (2017). *Alle kinderen kansrijk*.

reliance (including participation in education and becoming moneywise), the social setting (school, home, leisure time) and possible addiction.

Solid Start

Every child deserves the best possible start in their life and the best opportunity of having a good future. The first thousand days of a child's life are vital. The Solid Start (*Kansrijke Start*) action programme has been launched to help parents and expecting parents in vulnerable situations so that their children have the healthiest possible start in life. Local authorities and the central government are working together with neighbourhood teams, welfare work, adult mental health care, and birth and youth health care, on a promising start for as many children as possible. Solid Start focuses on care and support for families in vulnerable situations in the period prior to, during and after pregnancy. As part of the programme, from July 2022 local authorities will have a statutory obligation to offer pregnant women and/or their families in vulnerable situations a prenatal home visit from child health services (JGZ). Timely help and support gives children a better chance of a good start in life.

In its coalition agreement, the current government pledges to continue efforts to improve comprehensive maternal care, ensure a good start for children (Solid Start action programme) and prevent unwanted and unintended pregnancies. All women will be given the choice to do non-invasive prenatal testing (NIPT) and a 20-week ultrasound, free of charge. Prenatal screening includes sufficient time for counselling, reflection and information about the possibilities of living with a disability. Families will be made aware of and given better access to care and treatment for sick or premature babies, and research to improve neonatal care will also be supported.

Access to youth care

If parents/carers need help with the care of their child, they can appeal to youth care, for example when there are parenting problems, psychological problems or a mental disability. Approximately 1 in 10 percent of all young people under the age of 23 received youth care in 2020 (2019). Under the Youth Act, local authorities are responsible for providing youth care to young people and families.

Since 2018, professionals, local authorities, the central government, and client and youth care organizations have worked together in the Care for Youth (*Zorg voor de Jeugd*) programme to bring about noticeable improvements in youth care, protection and probation services for children, young people and families. Steps have been taken to improve access to youth care for children and families; to let more children grow up at home where possible; to ensure that all children have the opportunity to develop their full potential; to help vulnerable young people to become independent; to better protect young people if their development is at risk; and to invest in the knowledge and skills of youth care professionals. The central government and local authorities are working on a Youth Reform Agenda to further improve the youth care system and make it financially sustainable. The coalition agreement notes that good, timely and appropriate youth care, in which a child's own setting plays an important role, will help prevent more impactful interventions. The central government will clearly define what is meant by youth care and will enable municipalities to provide it. The procurement of specialised youth care (including youth mental healthcare) will be centralised further.

Rehabilitation and habilitation services for children with a disability

Local authorities have primary responsibility for implementing child protection measures and offering targeted rehabilitation and habilitation services for children with a disability. This makes it easier to organise comprehensive care. The care for children with severe multiple disabilities is generally financed from the Chronic Care Act. This covers all forms of care, including rehabilitation.

There are some two million people with a disability in the Netherlands, including children. Around 130,000 people have high care needs, which are funded from the Chronic Care Act. Through the *Volwaardig leven* ('Living a Full Life') programme, launched in 2018, the government has been working to make disability care and complex care more appropriate to individuals' care needs, as well as being better geared to the future.¹⁰ The goal is for all adults and children with a physical, sensory or mental disability or a combination of these to receive personal care and support from skilled and motivated professionals. The programme also aims to support family members and other informal carers. To this end, the programme is investing in:

- person-centred care: good care and support means the care provided is more closely aligned with people's care needs;
- accessible care: enough places for people with complex care needs, so that people receive appropriate care when they need it;
- support for family and other informal carers in organising care for their partner, child or relative.

The programme is implemented in collaboration with advocacy organisations, professional associations, the Dutch Association of Healthcare Providers for People with Disabilities (VGN) and Netherlands Health Insurers (ZN). People with a disability, their families and informal carers, and care professionals are also involved with the implementation of the actions from the programme through, among other things, a focus group.

In the run-up to and during the implementation of the *Volwaardig Leven* programme, several studies have been conducted into the quality and uptake of and demand for disability care, and into the perceived level of quality.¹¹ At the beginning of 2022 an independent, final report was published presenting the programme's results, based on all the monitoring and evaluations performed during implementation.¹²

In accordance with the coalition agreement, the government will continue to invest in disability care and continue the excellent initiatives from the *Onbeperkt meedoen* (Participation Without Limitations) programme.¹³

Access to medicines

The Netherlands has also been active for many years on the issue of access to medicines for all, including children, and plays a proactive and agenda-setting role on the matter at European level. In particular, during the ongoing review of the EU regulation on medicinal products for paediatric use, the Netherlands is calling for improved availability of medicines (including innovative drug treatments) for children.¹⁴

¹⁰ [Kamerbrief Programma Volwaardig leven](#), (Parliamentary Papers 24170 no. 179), 30 September 2018.

¹¹ ['Met meer kennis werken aan kwaliteit'](#), Kalliope consult (Parliamentary Paper 2017/2018, 24 170, no. 174); The [report on trends in demand for and uptake of disability care](#) by the Dutch Healthcare Authority; a qualitative study on perceived quality in disability care, performed by Panteia, will be sent to the House in December 2021.

¹² [Kamerbrief over eindrapportage programma Volwaardig Leven](#) (Parliamentary Papers 24170 no. 253), 4 February 2022

¹³ Onbeperkt Meedoen is the programme for the implementation of the UN Convention on the Rights of People with Disabilities. The aim of the programme is to enable adults and children with a disability to fully participate in society in accordance with their wishes and abilities.

¹⁴ Regulation (EC) No. 1901/2006 on medicinal products for paediatric use.

2.4 Nutrition

Families living in poverty often have insufficient money to buy healthy food. This means that many parents and children have less healthy diets. Good nutrition is vital for the health and development of children and young people, and healthy parents are more resilient than unhealthy parents.¹⁵

The coalition agreement sets out plans for improvements to healthcare, with the aim of keeping it affordable, available and accessible to all. A greater focus on prevention and healthy lifestyles from a young age will help achieve this goal. Children with unhealthy lifestyles are often at a disadvantage. Avoidable discrepancies in health will therefore be tackled. The aspiration is to achieve a healthy generation by 2040. Efforts in the areas of sport, nutrition and exercise will focus on reaching young people in particular. This will require a wide-ranging approach, encouraging healthy choices and discouraging unhealthy ones. The tax on sugary drinks will therefore be increased and binding agreements will be made with the food industry on making products healthier. The government will also consider the scope for introducing a sugar tax in the longer term and removing VAT from fruit and vegetables.

Healthy School Strategy

The government promotes healthy eating and a healthy lifestyle among all children. The Healthy School (*Gezonde School*) programme helps schools to work on lifestyle subjects such as a healthy diet. Schools request the support they need, based on what they are already doing and what they wish to do (priorities and needs). The programme prioritises schools with at-risk pupil populations. The Healthy School Strategy has four pillars:

- Education: lessons should incorporate health topics, healthy school activities
- Policy: set rules for healthy birthday treats, snacks and lunch
- Context: e.g. healthy school canteen, parental involvement, a 'green' schoolyard
- Identify: identify any health problems that arise.

The Healthy School programme targets primary and secondary schools and secondary vocational education institutions. The goal is for at least one third of all schools to have adopted the Healthy School Strategy by 2024. Under the National Prevention Pact, the long-term ambition for Healthy School is that all schools should have a Healthy School coordinator by 2040. This person will be the contact point, organiser and facilitator of all efforts to implement the Healthy School Strategy. The National Institute of Public Health and the Environment is monitoring implementation of the programme.

The Netherlands also takes part in the EU school fruit, vegetables and milk scheme. Under this scheme free fruit and vegetables are distributed to 3,000 primary schools in the Netherlands for 20 weeks a year.

Food marketing to children

In the Netherlands, rules for marketing to children are set out in the Food Advertising Code (*Reclamecode voor Voedingsmiddelen*). The food industry federation (*Federatie NL Levensmiddelenindustrie*, FNLI) administers the code, which is based on self-regulation. It stipulates that the marketing of food and beverages (online, on TV, radio, in the physical environment) may not be targeted at children aged 0-13, unless the product meets specific nutritional criteria and is intended for children aged 7-13. The nutritional criteria referred to in the code have been drawn up by European food manufacturers that have signed up to the EU Pledge and are less strict than our own national food pyramid guidelines (the Wheel of Five).

The Ministry of Health, Welfare and Sport has compliance with the advertising code monitored each year. It appears that companies generally stick to the agreements, but that children are still exposed to some extent to marketing of products which are deemed unhealthy in the Wheel of Five. The government would like the food industry to tighten up the rules. After discussions with

¹⁵ Children's Ombudsman (2017). *Alle kinderen kansrijk*.

the industry, three points have been identified: the nutritional criteria used should be more consistent with Dutch Wheel of Five guidelines; the age limit should be raised from 13 to 19; and it should be stated clearly that the advertising code also applies to social media. The aim is to shield all children from the marketing of unhealthy products. The FNLI has indicated that it is working with its members to clarify and tighten up the rules on social media. It has not ruled out the possibility of using stricter nutritional criteria, but points out that the international playing field in which its members operate must be taken into consideration. The FNLI does not believe raising the age to 19 would solve the crux of the problem. The government does not rule out introducing legislation on marketing to children, and recently included the issue in an exploration of the regulatory environment for the food and beverage industry.

2.5 Housing and homelessness

Poverty has an impact on a family's living conditions. Some parents may face having their utilities cut off or being evicted because of debt. Homelessness should be prevented in all cases, as a home is a basic condition for a decent life and socioeconomic security. The coalition agreement underscores the government's commitment to preventing homelessness, modernising community shelter services and providing housing with appropriate support for people who are homeless or at risk of becoming homeless.

Housing

Housing – a good home that is sustainable and affordable, in a safe and pleasant neighbourhood – is a basic necessity of life. The government is giving priority to ensuring appropriate housing for everyone in the Netherlands. This means an affordable home that is suited to one's needs. Due to the pressure on the housing market, this goal is out of reach for a growing number of people. Some tenants have difficulty raising the money for the rent each month. People looking for a rental home are finding that affordable housing is becoming scarcer. This government will accelerate the construction of new homes to around 100,000 a year. In the first half of March 2022 the Minister for Housing and Spatial Planning presented the National Housing and Homebuilding Agenda, describing how the government plans to achieve that target and align housing supply and demand.¹⁶

The programme *Een thuis voor iedereen* ('A home for everyone') will be designed to remove the obstacles to the goal of a pleasant and affordable home for every person by 2030. Where necessary this will also involve appropriate facilities for care, shelter and support. Changes must be made to the housing stock so that it better meets the acute and future needs of groups of concern, including those who are homeless or at risk of becoming homeless. Liveable and socially resilient neighbourhoods have residents from a wide range of backgrounds. Groups of concern should also be distributed fairly over municipalities. In designing the programme, the minister for Housing and Spatial Planning is coordinating his efforts closely with his counterparts at the ministries of Health, Welfare and Sport; Social Affairs and Employment; Justice and Security; and Education, Culture and Science. Other parties involved are Aedes (the umbrella organisation of housing associations), the Association of Netherlands Municipalities (VNG) and the Association of Provincial Authorities (IPO). The minister will present the programme in the first half of April 2022.

Homelessness

There is no specific policy programme that focuses on homeless children. The impression is that barely any children live on the streets in the Netherlands. Each year Statistics Netherlands (CBS) publishes figures for the number of homeless people aged 18-65, based on information from three different databases. According to these figures, on 1 January 2021 there were some 32,000 homeless people, including 5,760 young people aged 18-27. There is no information on homeless children, though children do sometimes end up in community or women's shelters when their family becomes homeless. It is important that they do not spend more than three months there, and that accommodations are child-friendly in accordance with defined standards for good quality care and shelter for children. With regards to the residents of women's shelters, local authorities have agreed that women with children should have priority in efforts to arrange appropriate accommodation. The association of women's shelters has also developed its own quality assurance and safety mark, which also incorporates the aforementioned defined standards.

The Dutch approach to the problem of homelessness focuses on offering prospects and appropriate housing that allows individuals to live as independently as possible, with tailored support being provided where necessary. Community shelters are intended as a last resort when there really is

¹⁶ [Kamerbrief over Nationale Woon- en Bouwagenda en het Programma Woningbouw](#) (Parliamentary Papers 32847 no. 878), 11 March 2022.

no alternative, and a stay there should ideally not exceed three months. Local authorities are responsible for providing community shelter services.

The government made €200 million available for 2020 and 2021 to substantially reduce homelessness, following a wide-ranging approach that addresses prevention (early identification of risks, including debts), modernisation of shelters and supported accommodation, and the provision of appropriate housing for everyone who is homeless. This approach is fleshed out in various programmes, including *Een (t)huis, een toekomst* ('A home, a future'). There is also a programme that targets homeless young people (aged 18-27). 14 pilot municipalities, local and national authorities, countless civil society organisations and young people themselves (represented by a youth panel) have set a common goal with this action programme: to dramatically reduce the number of young homeless people by the end of 2021, and to continually improve the actual assistance and support provided to this group. Better coordination and continuity and a more comprehensive approach cannot be achieved without involving other policy areas. At both national and local level, therefore, there needs to be much more collaboration between the policy domains of youth care, public safety, work and income, housing and education. The Ministry of Health, Welfare and Sport has developed a monitoring system to survey the results of these various programmes.

3. Stakeholder involvement

We organised a wide-ranging conference on the child guarantee with stakeholders, people with lived experience and the national coordinator, covering all policy areas. For this conference, the following organizations were invited: PO-Raad, VO-Raad, PRO, GO, LAKS, Ouders en Onderwijs, AVS, Save the Children, Kinderrechtcollectief, Unicef, Nederlands Jeugdinstituut, Divosa, VNG, Kinderombudsman, Alliantie Kinderarmoede, Sterk uit Armoede, Stichting Leergeld, SOFT Tulip, NCJ. The aim of this first conference was to become acquainted with the theme, as well as to obtain input, particularly on the practical implementation and application of the child guarantee. Because of the COVID-19 pandemic, the conference was held online and moderated by a professional facilitator. Stakeholders used an online 'memo board' and an interactive discussion to raise points for attention, on the basis of a number of predefined questions.

The key take-home message was that stakeholders must work together in tackling poverty and its consequences. In the interests of a comprehensive approach to child poverty, close collaboration between central government, municipalities and civil society organisations is key. The conference offered a good starting point for continued partnership in this area.

During the conference, stakeholders from a range of backgrounds shared their expertise. Recurring themes in the discussion were: a general idea of what the child guarantee should entail, including objectives; the groups targeted by the child guarantee; things to consider in application and practice; prevention; and best practice.

Objectives

Firstly, the stakeholders felt it was significant that the term used now is 'guarantee' rather than a 'right'. They believed this was a useful shift, though it is important to bear in mind children's family context and structure, to ensure that they actually enjoy this 'right' that is theirs. Interdisciplinary collaboration between care providers is vital, to ensure that people become self-reliant, rather than simply assuming that a family is self-reliant. A disciplinary approach based on policy, by the state and municipalities, is also essential for a successful tackling of poverty. The participants pointed out that it was important in this respect to draw on the input of people with lived experience when making and evaluating policy, to identify and solve practical problems.

Prevention

In terms of at-risk groups, the participants felt it was important to focus first and foremost on prevention. Rather than focusing on reducing current levels of poverty among children, efforts must simultaneously be made to prevent forms of disadvantage through actions at the earliest possible stage. The fact that poverty is often intergenerational, inherited as it were, is relevant here. The 'first 1000 days' strategy (Solid Start programme) was mentioned as a good example of early assistance. Participants also spotlighted a number of other at-risk groups, including children with disabilities, children in single-parent or refugee families and children with parents who have an intellectual disability or poor literacy skills. Children who have a troubled relationship with their parents also experience difficulties and can be regarded as 'at risk'. It was also pointed out that teenagers often no longer identify with the term 'child', even though they still are children. Transitional points in people's lives ('life events') are crucial – the birth of a child, starting daycare, starting school, moving to high school and the shift to further education and work. The transition at age 18 was also mentioned as an important moment.

Points to consider concerning implementation

One practical point that needs to be addressed is the major differences between municipalities in the youth services and youth care they provide. Fragmentation in the care system was mentioned as a factor hampering the help offered to children. It was also pointed out that the services on offer are not always accessible because of the language used by policymakers, so assistance does not always reach the people who need it. Furthermore, tackling child poverty is a long-term

matter, and short-term interests sometimes conflict with this. Another issue is the need to involve children and young people in policy.

Best practice

When asked to describe best practices, participants pointed out that a great deal of knowledge and well-researched interventions already exist, but are insufficiently used. The same applies to the knowledge of those with lived experience. Some municipalities, including Waalwijk, Zaanstad and Almere, offer a diverse range of programmes that could provide inspiration for the implementation of the child guarantee.

Follow-up

The stakeholders will be involved in further work on the child guarantee and on the separate elements of the Recommendation. Stakeholders from all policy areas concerned with the child guarantee are also involved in the policy process and the evaluation of policy. They will liaise regularly with parties responsible for policy implementation at local level, such as the Association of Netherlands Municipalities, organisations concerned with the rights of child and the Secondary Education Council.

In accordance with Article 12 of the UN Convention on the Rights of the Child, children should also have a voice in shaping policy and in the further elaboration of the child guarantee. This also ensures services are used effectively and has a positive impact on child development.

4. Quantitative and qualitative goals for child poverty

This government is taking measures to halve the number of children growing up in poverty within four years, using an unambiguous, realistic, relative definition of poverty. A child who grows up in a family with poverty not only has to deal with financial shortages, but also lags behind in other areas in life. The government is committed to tackling this inequality of opportunity.

5. Data collection, monitoring and evaluation

Various definitions of poverty are used in the Netherlands. First of all, the definition used by Statistics Netherlands (CBS) is the low-income threshold, a fixed amount of purchasing power that is corrected annually to reflect the evolution of prices. The most recent CBS figures were published in December 2021 and refer to 2020. In 2020 the low-income threshold was €1,100 net per month for a single person, €1,550 net per month for a couple without children, and €2,110 net per month for a couple with two children under 18. For a single-parent family with two children under 18, the low-income threshold was €1,680.

In 2020 221,000 children under 18 (6.9% of all minors) were growing up in households with an income below this threshold, 17,000 fewer than the previous year (7.4%). The number of children at risk of poverty rose during the previous crisis, reaching a peak of 321,000 (9.9%) in 2013 before declining every subsequent year. In 2020 the number of children in families that had had to manage on a low income for at least four years had fallen by almost 4,000, to 95,000 (3.1%). The group of children at risk of prolonged poverty has shrunk every year since 2015.

A dashboard has been developed to help local authorities identify and reach children living in poverty.¹⁷

Another definition used in the Netherlands is the 'modest but adequate' criterion of the Netherlands Institute for Social Research. This is based on a basket of unavoidable expenses, as well as extra costs related to social participation. The most recent figures refer to 2017, when 272,000 children up to the age of 18 were living in a household with an income that was less than the 'modest but adequate' level (8.1%).

The European Commission also reports on poverty, using the 'at risk of poverty' rate, by which a person is regarded as poor if they have an income below 60% of the median disposable income. So, this indicator actually measures income inequality. The Commission also uses the 'at risk of poverty or social exclusion' indicator which considers, besides income, material deprivation and low work intensity in the household. The Netherlands is exploring whether it can align with the European indicator, alongside its existing ambitions.

¹⁷ .

6. The way forward

Equitable opportunity is a foundation of our wellbeing and prosperity. It is society's duty to reduce poverty among children, and this is a challenge that demands a wide-ranging approach. Children growing up in poor families are not only confronted with the reality of financial shortfall, they are also at a disadvantage in other areas of life. The government will work to reduce this inequality of opportunity in the years ahead.

A wide-ranging approach demands close cooperation between all parties involved: the relevant ministries, local authorities, people with lived experience, knowledge institutions and civil society. Central government will launch an ambitious, people-centred policy programme on poverty, across ministries and the various tiers of government. This programme will include a special focus on child poverty and as such also ensures a role for the Child Guarantee and its associated comprehensive approach.

In other words, the drafting of this plan signals the start of our work. The first links have been established and these will be strengthened in the years to come. This national plan offers a preview of how this government plans to carry out the various elements of the Recommendation. These plans will become clearer in the years ahead. In the coming years, the implementation of the child poverty policy will be built together with all stakeholders involved.