



European Social
Policy Analysis
Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Germany

Irina Volf, Claudia Laubstein and Thomas Gerlinger

Social Europe



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

*European Commission
B-1049 Brussels*

EUROPEAN SOCIAL POLICY ANALYSIS NETWORK (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Germany

Irina Volf, Institute for Social Work and Social Pedagogy, Frankfurt/Main

Claudia Laubstein, Institute for Social Work and Social Pedagogy,
Frankfurt/Main

Thomas Gerlinger, Bielefeld University

Manuscript completed in March 2023

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Luxembourg: Publications Office of the European Union, 2023

© European Union, 2023



The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

Quoting this report: Volf, I., Laubstein, C., Gerlinger, T. (2023) *Access for children in need to the key services covered by the European Child Guarantee – Germany*. European Social Policy Analysis Network, Brussels: European Commission.

Table of contents

Summary	5
Introduction.....	6
1. Early childhood education and care (ECEC).....	7
1.1 Mapping accessibility and affordability of ECEC	7
1.1.1 Conditions for qualifying as a “low-income child”	8
1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	9
1.2 Main barriers to effective and free access to ECEC for low-income children	10
1.2.1 Financial barriers	10
1.2.2 Non-financial barriers.....	10
1.3 Free meals provision for low-income children in ECEC	11
2. Education and school-based activities	11
2.1 Mapping the main school costs in public primary and secondary education.	12
2.1.1 Conditions for qualifying as a “low-income child”	14
2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	14
2.2 Cash benefits whose specific purpose is to help meet educational costs	15
2.3 Main barriers to effective and free access to school-based activities for low- income children.....	16
2.3.1 Financial barriers	16
2.3.2 Non-financial barriers.....	16
3. Free meals at school	16
3.1 Mapping the free provision of school meals	16
3.1.1 Conditions for qualifying as a “low-income child”	17
3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	17
3.2 Main barriers to effective and free access to school meals for low-income children	18
3.2.1 Financial barriers	18
3.2.2 Non-financial barriers.....	18
4. Healthcare	18
4.1 Mapping the provision of free healthcare services and products	19
4.1.1 Conditions for qualifying as a “low-income child”	20
4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	20
4.2 Cash benefits whose specific purpose is to help meet healthcare costs.....	20
4.3 Non-financial barriers to effective and free access to healthcare.....	20
5. Healthy nutrition	22

5.1	Main barriers to effective access to healthy nutrition	22
5.1.1	Financial barriers	22
5.1.2	Non-financial barriers.....	23
5.2	Publicly funded measures supporting access to healthy nutrition.....	23
6.	Adequate housing	24
6.1	Publicly funded measures supporting access to adequate housing – housing allowances	24
6.2	Publicly funded measures supporting access to adequate housing – social housing	25
6.2.1	Mapping the provision of social housing	25
6.2.2	Main barriers to effective access to social housing.....	27
6.3	Publicly funded measures supporting access to adequate housing – other measures	27
	References	28

Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Germany do indeed have effective (or effective and free) access to these services.

In Germany, every child from age 1 to the start of schooling has a legal entitlement to daycare. It is, however, not universally free of charge and is regulated individually at sub-national (states, or *Länder*) and municipal levels. Children from low-income households from age 1 to the start of schooling are legally exempted from daycare fees. Actual access to ECEC services is hindered mainly by a lack of available places and insufficient knowledge on the part of parents about the bureaucratic processes and institutional procedures in the allocation of places, which are directly linked to families’ socio-economic and cultural-linguistic backgrounds.

In Germany, the fees for education and school-related activities are regulated at the level of the *Länder*. In *Länder* without free access, pupils from low-income households eligible for minimum income support can apply for benefits from the education and participation package. The data situation in Germany does not allow an overall assessment of the take-up rates of these benefits by low-income households. However, studies estimate that take-up rates are rather low and that benefits do not cover all school-related costs. Not all schools in Germany offer meals. Access to meals is often linked to attendance for a full-day programme. School lunches are free for children from low-income households upon application as part of the benefits and education package. Available data show that not all eligible pupils make use of this benefit.

Access to healthcare is free for children with health insurance. However, children from poor families in particular face non-financial barriers to accessing healthcare, partly because they are more likely to live in regions or districts that are underserved by paediatricians and GPs, or because people with statutory health insurance are more likely to be disadvantaged by physicians when seeking medical appointments than those with private insurance. For children of asylum-seekers and unaccompanied refugee children, the entitlement to treatment in the first 18 months of their stay in Germany is limited to treatment for pain and acute illness.

Access to healthy nutrition is restricted mainly by low incomes and a lack of, or insufficient, social transfer payments relative to the cost of healthy nutrition. Major non-financial barriers for access to healthy nutrition are the poor health literacy of people with low socio-economic status and a lack of organised target group-specific support to improve health literacy.

There are housing benefits for low-income households as well as for families that do not receive any forms of social benefits but at the same time do not earn enough to cover their housing costs. There are 13.8 million people at risk of poverty – about 6 million households – and although many of them do receive the benefits mentioned, the supply of social housing in Germany is considered to be far behind the actual demand. The general housing shortage leads to the exclusion of marginalised or disadvantaged groups.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for low-income **children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Germany, four services covered by the ECG are primarily or solely regulated at sub-national level. For these services, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country. In addition to this general picture, if access differs substantially across the country, it illustrates these geographical disparities by providing

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

an example of both a sub-entity in the country that performs well and a sub-entity that performs poorly.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

According to the Federal Child and Youth Welfare Act, every child in Germany from age 1 to the start of schooling has a legal entitlement to daycare and to be supported in their development. There is no distinction between childcare and pre-schooling. Low-income children from age 1 to the start of schooling are legally exempt from parental daycare fees.

The ECEC in Germany is regulated on three levels, as follows.

- Federal (*Bund*): In force since 2019, the Good Daycare (Facilities) Act defines 10 areas of quality improvement in daycare centres and childminding services at federal level and obliges *Länder* to stagger parental fees (*Staffelung der Elternbeiträge*) without the “reservation” of state law (*landesrechtlichen Vorbehalt*).
- Sub-national (state, or *Länder*): 16 *Länder* conclude individual contracts with the federal state on the allocation of funds in their specific priority areas. Legislation at the *Länder* level lays down the framework conditions for implementation of the responsibilities set out in the Federal Child and Youth Welfare Act, including minimum standards for the provision of childcare services and the contribution of the *Länder* to their costs.
- Municipalities: The provision of childcare services – in accordance with the specific *Länder* legislation, and funding of local child and youth welfare services – is a municipal competence. The municipalities decide on the level of daycare fees and regulate the conditions for parental exemptions.

⁵ According to the Recommendation (Article 3g), “healthy meal” or “healthy nutrition” means “a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs”.

⁶ According to the Recommendation (Article 3h), “adequate housing” means “a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost”.

Even though, by federal law, childcare services are free of charge for low-income children (as defined in Section 1.1.1) from the age of 12 months in the whole country, there are very different regulations on parental fees in the 16 *Länder*.

The regulations in place in each *Land*, which result from a mix of national and sub-national (*Länder*) policies, vary regarding certain parameters (such as the age of the child, the number of childcare hours per day and/or week, the form of childcare [childcare centre vs family day-care] or the household type [e.g. specific fees applied to single-parents]), and go beyond the measures contained in § 90 paras. 3 and 4 of Book Eight of the Social Code (SGB VIII). It is therefore not possible to present here the regulations in place in each *Land*. Instead, Tables 1.1 and 1.2 focus on two *Länder*: without providing all the conditions in detail, they show that childcare services are free of charge for all children in Mecklenburg-West Pomerania (regardless of age and regardless of the form of childcare), whereas in Baden-Wuerttemberg, only low-income children are exempt from parental childcare fees from the age of 12 months, in line with national legislation (i.e. there are no other exemptions, not even for a few hours, for other children). (BMFSFJ 2022: 184-185)

In addition to these differences between the *Länder*, the final regulations on parental fees also depend on the municipality - fees can differ from one municipality to another within the same *Land*.

Table 1.1: Accessibility and affordability of ECEC in Mecklenburg-West Pomerania

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL1year	FREE-ALL0year	ENT-ALL1year	FREE-ALL1year

Table 1.2: Accessibility and affordability of ECEC in Baden-Wuerttemberg

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL1year	FREE-POOR1year	ENT-ALL1year	FREE-POOR1year

Note: "ENT-ALL1year" means a legal entitlement for all children from age 1. "FREE-ALLxxx" means free for all children from age xxx. "FREE-POOR1year" means free for low-income children from age 1. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

1.1.1 Conditions for qualifying as a "low-income child"

In Germany, children are classed as low-income children if they or their families receive at least one of the following social benefits: citizen's benefit (*Bürgergeld*) under social code book II, social services under social code book XII, benefits under the Asylum-Seekers' Benefits Act (*Asylbewerberleistungsgesetz – AsylbLG*), the child supplement under the Federal Child Benefits Act (BKGG) or a housing cash allowance under the Housing Benefits Law (*Wohngeldgesetz*). However, children from households that receive neither of the above (social) benefits, but are unable to meet the child's specific educational and participation needs, may also be entitled to services under social code book II or XII ("triggering of needs") and can apply to the local authority for services (jobcentre). The financial support for daycare services for low-income children is defined by law (Section 90 of the Federal Child and Youth Welfare Act, and social code book VIII) and applies nationwide.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

According to EU-SILC⁷ data from Eurostat, the AROP national threshold in 2021 for a household consisting of a single person was €1,250.75 per month; and for two adults and two children under 14, €2,626.67 per month.⁸

The household-specific standard needs levels of minimum income schemes in Germany from 1 January 2023 (*Bürgergeld*), which are also the amounts of benefits, are as follows:

- Single person (e.g., single parent) €502
- Partner from age 18, young adults 18-24 €451
- Child up to age 6 €318
- Child 6-14 €348
- Child 14-18 €420

The household-specific standard needs levels plus the average accommodation and heating costs of the respective household types correspond to the relevant low-income thresholds for the social minimum income benefit schemes under social code books II and XII.

It is not possible to compare AROP national thresholds as determined by Eurostat/EU-SILC with the national household-specific standard needs, due to a lack of comparable data. The main reason for this is that the average accommodation and heating costs are determined at municipality level and differ greatly between regions (see Section 6.1).

Since free access to ECEC in Germany is regulated at sub-national and municipal levels, the number of children who have free access to daycare services is not known. A recent study of parental fees for daycare services revealed that 34% of parents did not pay any parental fees. This number varied, however, from 4% of parents living in Baden-Wuerttemberg to 31% in Niedersachsen (Klinkhammer *et al.* 2022: 224). These numbers reveal that the majority of children in Germany did not have free access to daycare services. The incidence of AROP in these *Länder* is not known, and nor is the number of children from families that receive minimum income benefits and are exempted from daycare costs.

According to German national statistics for 2020, the take-up rate of daycare services for children under 1 was 1.8%. It was 37.5% at age 1, 64.5% at age 2, 87.8% at age 3, 94.5% at age 4, and 95.2% at age 5 (Autorengruppe Bildungsbericht 2022). The non-take-up rate for all children entitled to free access to the service is, however, not known.

In 2019, the ECEC participation rate by AROPE children up to age 3 was 33.65%, as against 38.2% among non-ARPE children. But among AROPE children from age 3 to compulsory school age it was, at 83.8%, very slightly higher than among non-ARPE children, at 83.5%.

One of the groups that is over-represented in the AROPE population but lacks free access to ECEC is children with a migration background. Take-up statistics for 1 March 2021 revealed that families with a migration background made significantly less use of daycare facilities than other families. The take-up rates for children aged 0-2 were 21% for children with a migration background and 43% for children without a migration background. From age 3 up to the compulsory school age, the take-up rates were 81% and 99% respectively (UNICEF 2021: 24).

⁷ European Union statistics on income and living conditions.

⁸ EU-SILC [ILC_PEPS01N], downloaded on 17 January 2023.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

As mentioned above, even though, by federal law, childcare services are free of charge for low-income children from the age of 12 months in the whole country, there are very different regulations on parental contributions in the 16 *Länder*. Parental contributions are regulated at the level of both the *Länder* and the municipalities. In 34.9% of municipalities, the level of parental contributions varies according to the household income (Mühleib et al. 2020: 41). There are significant regional disparities in the arrangements for and level of costs between the *Länder*.⁹ In most *Länder*, there is a partial exemption from contributions for certain age groups, and/or for a limited number of hours of care, regardless of household income.

Depending on their income level, parents can apply to local youth welfare services to partially or completely cover the costs of childcare services.

For families with incomes below the poverty-risk threshold of 60% of the median income, a study found that the costs of accessing ECEC tended to be the most relevant factor (quoted by 46%)¹⁰ when considering the use of childcare services. In 2020, the costs of accessing ECEC for children under 3 were an obstacle to the use of childcare services for 25% of families below the poverty-risk threshold and for 27% of families from 60% of the median up to the median. In addition, parents might incur other costs, for example for handicrafts, games, and tea. The average monthly costs here ranged between €3 (Baden-Württemberg) and €10 (Berlin, Hamburg and Saarland) (Lippert/Hüsken/Kuger 2022).

1.2.2 Non-financial barriers

Low-income children face various non-financial barriers to their access to ECEC services, as follows.

Lack of available places: According to Eurostat,¹¹ the proportions of children participating in ECEC in 2019, by AROPE status and age group, were relatively low (see Section 1.1.2). Since not all parents choose to enrol their children in ECEC services, it is important to analyse the gap between the supply and the demand for it. In 2021, the difference between the take-up rates and parental needs for ECEC services was significantly higher for children under 3 (12.6%) than for those over 3 (3.9%). The rates varied across the *Länder*, with the highest gaps being in Rhineland-Palatinate (16.8%) for those under 3 and in Bremen (8.7%) for those over 3, the lowest rates being in Saxony (4.5%) for those under 3 and in Mecklenburg West-Pomerania (1.0%) for those over 3 (Bundesministerium für Familie, Senioren, Frauen und Jugend 2022: 74).

Insufficient parental knowledge of the bureaucratic processes and institutional procedures involved in the allocation of places, which is directly linked to the parents' socio-economic and cultural-linguistic backgrounds, are well researched barriers in Germany to low-income children's access to ECEC (Fraise/Escobedo 2014; Yerkes/Javornik 2019; Hermes *et al.* 2021; Menzel/Scholz 2021).

⁹ The current status of non-contributory education is presented in the Länder Monitor Early Childhood Education: <https://www.laendermonitor.de/de/vergleich-bundeslaender-daten/kinder-und-eltern/rechtsanspruch-beitragsfreiheit-betreuungsbedarf/beitragsfreiheit-fuer-kindertagesbetreuung-1>

¹⁰ Since low-income children are exempt from parental fees, here the parents rather refer to additional costs such as those related to meals, clothes etc.

¹¹ EU-SILC [ILC_PEPS01N], downloaded on 17 January 2023.

Priority given to dual-earner families: ECEC providers have their own, widely varying, criteria and procedures for allocating places. According to section 22 (2) of social code book VIII, child daycare services are intended not only to promote the development of the child (number 1) and to support upbringing and education in the family (number 2), but also to help parents to better reconcile gainful employment and child-rearing (number 3). Due to the lack of available places there are usually waiting lists, with children from dual-earner families being given a higher priority. The employment rates for the parents of children enrolled in ECEC partially support this argument. According to Microcensus 2018, 91% of fathers and 56% of mothers of children under 3 were employed; 93% of fathers and 75% of mothers of children over 3 were employed (Klinkhammer 2022: 75).

Although **barriers caused by families' cultural perceptions and personal attitudes** towards institutional childcare are significantly less important than structural barriers, they play a certain role for migrant families. There are indications that families with a migrant background experience racism and exclusion in daycare services. An explorative study concluded: *"Daycare centres are not free of discrimination. In these educational institutions, families and children experience everyday racism on a regular basis."* (Bostauci, Biel and Newhauser 2002).

1.3 Free meals provision for low-income children in ECEC

Low-income children in ECEC are eligible to receive at least one free meal each day (section 28 of social code book II) if they qualify as a low-income child (see Section 1.1.1). They receive these free meals if their parents apply. This measure is part of the education and participation package (EAPB – *Bildungs- und Teilhabeleistungen*).

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:¹²

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to "school-based activities" as defined in the Council

¹² Tuition fees charged by private schools are not covered.

Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities that are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
MOST ITEMS	MOST ITEMS	MOST ITEMS	POOR	ALL	POOR	NO	ALL

Note: “ALL” means that this category is free for all children. “POOR” means that it is free for low-income children. “MOST ITEMS” means that most but not all items in the category are free for low-income children, “NO” means that most/all items in the category are not free for low-income children.

School attendance at public primary and secondary level is free of charge for all children in Germany. In Germany's federal system, school education is exclusively regulated at *Länder* level. The regulation of fees for primary education for all children (see Table 2.1a) varies across the *Länder*. However, the provision for low-income children is regulated at federal level through the EAPB benefits and applies to all *Länder*.

Basic materials such as writing equipment must be provided by the parents in all *Länder*. A low-income child entitled to EAPB benefits receives an annual cash benefit of €174 (in 2023) for personal school needs (*Schulbedarfspaket*), supposed to cover the costs of compulsory basic school materials and equipment, with €116 being paid for the first half of a school year and €58 for the second half (BMAS 2023). For children who are entitled to EAPB benefits because their families receive child supplement under the BKG or housing benefit (*Wohngeld*), the personal school needs package is subject to an application process. Children who are entitled to the EAPB, because their families receive minimum income benefits through social code book II, social code book XII or the AsylbLG, automatically receive the cash benefit on the two annual key dates without separate application.

Whether and what costs are incurred for compulsory school materials such as school textbooks and exercise books is regulated at sub-national level. In five *Länder* (Thuringia, Baden-Wuerttemberg, Hesse, Saxony, and Mecklenburg-West Pomerania) learning materials such as books are free of charge for the parents in the most cases. In seven *Länder* (Berlin, Bavaria, Bremen, Brandenburg, Hamburg, North Rhine-Westphalia, and Schleswig-Holstein) the learning materials are partially free of charge (i.e. parents pay a contribution); workbooks are excluded or learning materials are free of charge only up to certain grades. In the remaining four *Länder* (Saxony-Anhalt, Lower Saxony, Rhineland-Palatinate and the Saarland), free learning materials have been abolished (i.e. parents pay the full price or borrow the textbooks for a fee). In some *Länder* that have abolished free learning materials, the contribution or loan fees for low-income children can be reduced upon application. In *Länder* without free learning materials, the costs for schoolbooks for children whose families receive the citizen's benefit are covered as an additional needs benefit (section 21 [6a] of social code book II). This benefit is subject to an application process; parents must submit proof of costs that are to be met by schools.

Clothing including sportswear must be provided by all parents. The costs for sportswear are supposed to be covered by the annual cash benefit for low-income students (EAPB).

The regulations on IT equipment for pupils are the responsibility of the *Länder*. The federal government provides financial support to the *Länder* for the purchase or loan of IT equipment for all pupils as part of the “digital pact for schools”. The criteria for distributing IT equipment (e.g. explicitly to poor students) are the responsibility of the schools. Due to the emerging need for distance learning during the COVID-19 pandemic, some *Länder* have set up additional emergency equipment programmes to provide low-income schoolchildren with digital devices on loan (e.g. North Rhine-Westphalia, Hessen, and Rhineland-Palatinate). If schools do not provide digital devices that are necessary for participation in distance learning, children whose families receive the citizen’s benefit (under social code book II) can claim additional needs and receive a subsidy of up to €350. According to a recent study, Bavaria was the only state that took the socio-structural situation of schools into account when distributing funds from the digital pact to school authorities (Rohde/Wrase 2022: 51). In addition to the establishment of a monitoring system, the authors called for targeted support for schools in socially disadvantaged locations in order to combat existing social inequalities in IT equipment (*ibid.*: 56).

Sports equipment, musical instruments and other equipment are regarded as teaching aids (*Lehrmittel*). They are to be procured by the school authorities in the *Länder* and are therefore free of charge for all children.

Compulsory extramural activities have to be paid for by families. For low-income children, the actual costs of school excursions and class trips can be covered by the EAPB and are subject to an application process. It is possible for schools to make collective applications for several eligible children. Pocket money for excursions is not included in this benefit.

Other costs incurred through school attendance may include (for example) contributions to class funds, and copying fees. These are not formally registered and are to be paid by all parents. Exceptions for low-income children may exist at the school level.

School transport is regulated by the *Länder*. In most *Länder* (11 out of 16¹³), the costs of school transport are covered for all pupils in primary education if the school is located at a distance from home that a child cannot reasonably be expected to cover. The definition of a reasonable distance is determined by each municipality individually. In some municipalities, the costs can be covered only if a child attends the nearest school and the latter is not located reasonably close to the home, regardless of whether or not the child actually wants to attend this school (e.g. due to the school’s particular educational profile) (DKHW 2019). In *Länder* (Hamburg) and municipalities¹⁴ without free school transport for all children, costs for school transport are covered by the EAPB and are subject to an application process for entitled children. Under the EAPB’s restrictive regulations on school transport, the fees can be covered only if a child attends the nearest school and it is situated at least three kilometres away from their home.

¹³ Bavaria, Berlin, Bremen, Hessen, Mecklenburg-West Pomerania, Lower Saxony, North-Rhine Westphalia, Rhineland-Palatinate, Saarland, Saxony-Anhalt, and Thuringia.

¹⁴ In Baden-Württemberg, Brandenburg, Saxony and Schleswig-Holstein, the costs of school transport are not regulated by state law, but are the responsibility of the municipalities as school authorities. As a result, the costs for school transport in these *Länder* vary at the municipal level.

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
MOST ITEMS	POOR	MOST ITEMS	POOR	ALL	POOR	NO	POOR

Note: "ALL" means that this category is free for all children. "POOR" means that it is free for low-income children. "MOST ITEMS" means that most but not all items in the category are free for low-income children, "NO" means that most/all items in the category are not free for low-income children.

Most of the provisions on primary school costs also apply to secondary education (see Table 2.1b). The benefits for low-income pupils under the EAPB apply to all pupils up to age 25 who attend a general or vocational school and do not receive an apprenticeship allowance under the dual training system.

School transport is regulated by the *Länder* and varies even more than for primary schools. While some *Länder* (e.g. Berlin and Mecklenburg-West Pomerania) offer free school transport to pupils through upper and lower secondary education in general education schools, other *Länder* (e.g. Bremen and Hessen) restrict free transport to lower secondary education. Some *Länder* (e.g. Bavaria, Saxony-Anhalt, and Thuringia) raise contributions from the families of pupils in upper secondary education or apply an upper limit on contributions. Four *Länder* (Baden-Württemberg, Brandenburg, Saxony, and Schleswig-Holstein) have no regulations at state level (DKHW 2019). In *Länder* without free school transport for all children, costs for school transport are covered by the EAPB and are subject to an application process for entitled children. According to section 28 (4) of social code book II, the costs of transporting pupils to the nearest school for a chosen course of education are covered. Schools that have been chosen because of their particular profile (e.g. bilingual education, or all-day school) are also regarded as the nearest school. Under the EAPB's restrictive regulations on school transport during secondary education, the fees can be covered from grade 5 onward only if a child attends the nearest school and it is at least five kilometres away from their home.

2.1.1 Conditions for qualifying as a "low-income child"

The definition in Section 1.1.1 also applies here.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

For the relationship between groups of children who have free access and the AROPE population of children in the relevant age group, see Section 1.1.2.

Utilisation of the EAPB can be tracked only for those children who receive benefits under social code book II. No data are available for the other entitled groups (DPWV 2019: 6; Deutscher Bundestag 2021). Based on Federal Employment Agency statistics, a total of 1,322,528 pupils under 25 (969,696 aged 6-15 and 352,832 aged over 15) were entitled to at least one benefit from the EAPB in 2021. 1,208,310 received the school supplies package, 61,449 pupils were paid for school transport, 94,140 received reimbursement for school trips lasting several days and 150,800 for one-day school trips (Bundesagentur für Arbeit 2022a). Another difficulty in calculating take-up rates lies in the fact that not all children who are entitled have an actual need, because the EAPB is a subordinate benefit that can only be granted if costs are actually incurred according to *Länder* and municipal regulations (e.g. lack of need if school transport is free of charge for all at *Länder* level). There are no national data to determine the overall percentage of the low-income pupils in the above-mentioned categories who were exempt from the costs, either through *Länder* regulations on free access or through the EAPB.

Due to the different age group definitions, no comparison is possible with the total number of AROPE children in the relevant age groups.

According to the federal government, no information is available on the number of potentially eligible people, with the result that no utilisation rates can be determined for the EAPB (Deutscher Bundestag 2021). The evaluation of the EAPB in 2016, which used data on recipients of minimum income benefits from the “panel labour market and social security” survey, revealed that in 2011-2014 only 29% of the entitled children received benefits for school trips and school excursions, and 21% for school transport (Bartelheimer *et al.* 2016: 35).

Additionally, there is a considerable non-take-up rate for the German minimum income support programme under social code book II, which is a legal basis for applications for the benefits of the EAPB. According to a recent study, the non-take-up rate was estimated to be 60% for families with children and 30% for single parents (Bruckmeier *et al.* 2021: 1580).

As there are no studies of school expenses for families at national level, no statements can be made concerning groups of children who are over-represented in the AROPE population but lack free access to school-related activities.

2.2 Cash benefits whose specific purpose is to help meet educational costs

As stated above, pupils eligible for the EAPB receive an annual cash benefit to cover the costs of basic school materials. As of 2023 it amounts in total to €174, with €116 being paid for the first half of a school year and €58 for the second (BMAS 2023). This amount is updated annually by the same percentage as the increase in the standard rate of the minimum income benefit.

The entitlement to this benefit varies between two groups of applicants: (a) children whose households receive benefits under social code book II, social code book XII and the AsylbLG receive the benefit without having to apply for it; and (b) families that receive a child supplement under the BKGG or housing benefit must apply for the school supplies package. To qualify for this benefit, the child must be attending a general or vocational school without receiving an education allowance.

There are no nationwide studies or data on whether the school supplies package covers the actual costs of school supplies.

Maximum billing mechanisms for all families exist for some school costs in certain *Länder*. For example, in four *Länder* (Bremen, Hamburg, Hesse, and Saarland) there are fixed maximum limits for school trips at *Länder* level; in the other *Länder* the upper cost limit of reasonableness for all parents is not quantified.

The out-of-pocket costs for school attendance and for accessing school-based activities are not recorded in the official nationwide statistics – for example, in the German “socio-economic panel” survey or the “families in Germany” survey. As a result, concrete and reliable statements on the education costs incurred by parents in Germany as a whole or in the individual *Länder* are impossible. But two studies from Schleswig-Holstein and Lower Saxony showed that the costs parents paid for schooling were significantly higher than the benefits from the school supply package in all types of schools (Mayert 2016; Schleswig-Holsteinischer Landtag 2016). According to reports from social work professionals, there is a considerable need for financial support for school costs. Various welfare organisations – such as the German’s Children’s Fund (*Deutsches Kinderhilfswerk*), Worker’s Welfare Organisation (*Arbeiterwohlfahrt*) and Children’s Happiness Foundation (*Stiftung Kinderglück*) – organise donations and the distribution of school supplies, such as school bags, for low-income children to start school.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

Financial barriers do not play a major role in the academic and political debate on education inequality for low-income children in Germany. The debate focuses on the structural causes of inequality such as early selection. In the research and debate on inequality of opportunities in the education system, the focus is on social origin or socio-economic status as a risk factor. The processes leading to educational inequalities are divided into primary effects of origin, which lead to differences in children's performance, and secondary effects of origin, which are based on differences in educational aspirations and decisions about school types. The existing studies and data are not sufficient to address the role of out-of-pocket costs in accessing school-based activities in Germany.

Many extracurricular school-based activities in primary schools take place in all-day daycare, which is organised in different settings at federal level. Since all-day daycare programmes are considered as a care service and not as an educational service, parental fees can be charged. The costs for all-day daycare at school (*Ganztagsbetreuung*) vary considerably in the *Länder* and municipalities, from no fees for all children (e.g. in Mecklenburg-Western Pomerania and Lower Saxony) to fee exemption during core times in Hamburg or for the first two years in Berlin, and monthly costs of €195 in the city of Mönchengladbach in North Rhine-Palatinate (Geis-Thöne 2022). Parental fees are often income-dependent and/or waived for low-income households. Due to the regulation of the childcare infrastructure and the parental contributions charged for it at federal and municipal level, it is not possible to make any statements about the financial burden on families throughout Germany (*ibid.*). The costs for all-day daycare are covered for school children with entitlement to the EAPB, on application.

2.3.2 Non-financial barriers

School-based activities in Germany mainly take place in all-day schools. In addition to reconciling the needs of work and family life more effectively, all-day schools are intended to contribute to the support of socially disadvantaged children. The federal government supports the (quality-oriented) expansion of all-day daycare for children in education, with a focus on primary education (UNICEF 2021). However, since not all pupils have access to all-day schools, access to activities organised by schools is necessarily limited.

Studies on the take-up of EAPB services have identified non-financial barriers to free access for eligible children. These are, in particular, a lack of information, the bureaucracy involved in making an application, fear of stigmatisation, and applicants' language deficits (Kull/Wolff 2021; DPWV 2020; Hagemeyer 2020; Morfeld *et al.* 2017; Bartelheimer *et al.* 2016).

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping the free provision of school meals

School catering is regulated at *Länder* level, whereas individual arrangements are made at municipal level (Jansen *et al.* 2020). Generally, the cost of school meals is borne by families, although fees are often capped and the actual costs are subsidised by the school board.

According to a childcare study by the German Youth Institute (*Kinderbetreuungsreport*), parents of children in all-day daycare in primary education paid an average of €54 per month for lunch in 2020 (Guglhör-Rudan *et al.* 2022: 29).

Since 1 August 2019¹⁵ pupils from low-income households have been entitled to a free meal per day, if the meals are organised by the school and taken together with other pupils at the school. This benefit is part of the EAPB benefits and subject to an application by parents.

In addition to all-day schools, pupils of primary school age can be cared for in after-school care centres (*Horte*) and receive access to a healthy meal each school day. Three quarters of children of primary school age who take part in *Übermittagsangebote* (care from end of class until early afternoon) also receive a lunch there (Guglhör-Rudan *et al.* 2022: 9). Low-income children who are eligible for the EAPB and use all-day daycare services can also apply for grants to cover the cost of meals.

3.1.1 Conditions for qualifying as a “low-income child”

The definition in Section 1.1.1 applies here as well.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

For the relationship between groups of children who have free access and the AROPE population of children in the relevant age group, see section 1.1.2.

Take-up of the EAPB can only be recorded for those children who receive benefits under social code book II. No usable data are available for the other groups (DPWV 2019: 6; Deutscher Bundestag 2021). Based on Federal Employment Agency statistics, a total of 388,056 children aged 6-15 and 78,945 pupils/students aged 15-25 received free meals in schools in 2021 (Bundesagentur für Arbeit 2022a). Due to the different age group definitions, no comparison is possible with the total number of AROPE children in the relevant age group.

According to the federal government, no information is available on the number of potentially eligible people, so that no take-up rates can be calculated for the EAPB (Deutscher Bundestag 2021). Additionally, there is a considerable non-take-up rate for the German minimum income support programme, unemployment benefit II (social code book II), which is the legal basis for an application for the benefits of the EAPB. According to a recent study, the rate of non-claimants of social code book II benefits was 60% for families with children and 30% for single parents (Bruckmeier *et al.* 2021: 1580). According to the German childcare study, only half of the families who were eligible for the EAPB were exempted from the costs of daycare at primary school age, which include the costs of lunch (Guglhör-Rudan *et al.* 2022: 33). A significant non-take-up rate can therefore be assumed even for those children who have access to school meals via all-day daycare and a legal entitlement to the EAPB.

There are no data or studies available for groups of children (significant in size) that are over-represented in the AROPE population but lack free access to school meals.

¹⁵ Previously, families in receipt of EAPB benefits had to pay a contribution, which was abolished by the Strong Families Act.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

There are no studies that have sought to ascertain whether the cost of school meals is a financial barrier for low-income children.

3.2.2 Non-financial barriers

The availability of lunch in schools varies between *Länder* and municipalities as well as across the different school types. According to the official statistics of the Conference of Ministers of Education and Cultural Affairs (*Kultusministerkonferenz*, KMK 2023), there were 19,224 all-day schools in Germany in 2021 (out of a total of over 32,000 general education schools). These are obliged to provide lunch for their pupils. All-day schools are defined as schools that offer all-day daycare of at least seven hours on at least three days per week. Only the “fully bonded all-day schools” offer all-day daycare, and therefore school lunches, for all of their pupils. The two other forms of all-day schools only offer lunch for those students who take part in all-day daycare. The distribution of all-day schools in Germany varies greatly from region to region, with all-day schools being significantly more numerous and more widespread in the eastern *Länder* than in the western *Länder*. In 2021, a total of 3,550,059 pupils took part in all-day daycare in schools; this corresponded to 48.3% of all pupils in general schools (KMK 2023: 11-12). The proportion of pupils who took up an all-day offer in 2021 ranged from 85.3% in Saxony to only 36.3% in Rhineland-Palatinate (NQZ 2023). Effective access to at least one free healthy meal each day at school is driven by the accessibility of all-day schools.

Data on the availability and take-up of school lunches were last collected in 2017 as part of the nationwide nutrition survey (ESKIMO II). The results showed that 86.6% of all pupils surveyed were able to have a hot lunch at school. The availability of school lunches was highest in upper secondary schools (92.6%) and lowest in primary schools (83.3 %) (Heide *et al.* 2019). The availability of school lunch also differed according to pupils’ socio-economic status. While 90.5% of pupils with high socio-economic status had access, only 82.8% of pupils with low socio-economic status had the opportunity to eat at school. There is no indicator for low-income children in the ESKIMO II study that can be used as a proxy for AROPE children, as socio-economic status was determined by using an index based on net household income, highest education level, and parents’ occupational status, before being divided into low, medium and high social status groups (Heide *et al.* 2019: 93).

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or paediatric nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	ALL

Note: "ALL" means that all services/products in the category are free for all children.

The healthcare system in Germany is based on the insurance principle. According to social code book V, anyone living in Germany is obliged to take out health insurance, in either the statutory health insurance (SHI) or the private health insurance (PHI) schemes. In 2022 around 89% of the population were insured under the SHI scheme and around 10.5% held a PHI policy. Low-income earners are almost exclusively covered by SHI.

Some of the people without health insurance are entitled to healthcare that is equivalent to that of people with SHI. This mainly concerns soldiers and prison inmates. However, there are also people without health insurance coverage. The Microcensus of the Federal Statistical Office puts them at around 61,000 (see Section 4.3). According to this, foreigners and the self-employed are over-represented among the uninsured. However, the total number of uninsured is probably higher. If these people (and their uninsured children) need healthcare, they have to either pay for it themselves or rely on free care, which is sometimes offered by volunteers in medical organisations or welfare associations.

PHI policy-holders must take out a separate insurance contract for each insured child and also pay an insurance premium for them. However, this is unlikely to affect low-income people, because PHI is hardly open to them.

The law stipulates that SHI services have to be "economically viable, sufficient, necessary and meaningful" (social code book V, section 1, paragraph 12). The SHI covers children at no extra charge, regardless of their parents' income. The physicians decide on the kind of treatment needed, but this applies only within the scope of the fundamental decisions and regulations made by the Federal Joint Committee (*Gemeinsamer Bundesausschuss*), whose decisions are taken by representatives of SHI funds and of doctors' associations. They decide whether new diagnostic methods and therapies and new medicines, dressings, therapies and aids may be used or prescribed at the expense of SHI funds.

The benefits provided for children include, among other things: medical and dental treatment (patients have the right to free choice of authorised medical practitioners); mental healthcare; medicines, remedies and aids; hospital treatment; preventive measures including vaccinations and early detection of certain diseases; infant nursing care; and rehabilitation. Services are largely provided as benefits in kind. Children and young people up to 18 are exempt from co-payments, with the exception of travel costs.¹⁶

However, special regulations apply to some benefits and require explanation. As far as vaccinations are concerned, the health insurance funds are obliged to cover the costs of all vaccinations recommended by the Standing Commission on Vaccination, an independent panel of experts. The commission currently recommends the following vaccinations for children, graded according to age: tetanus, diphtheria, whooping cough, meningitis, polio, hepatitis B, pneumococcus, rotavirus, meningococcus C, measles, mumps, rubella, chickenpox, influenza and human papillomavirus (see Table 4.1). Travel vaccinations (e.g.

¹⁶ The term "travel costs" refers to costs arising from travelling to/from home or work to hospital or to a doctor.

against cholera) are not included. However, some health insurance companies pay for other vaccinations in addition to those recommended by the commission.

Children aged 3-6 can be examined for dental, oral and maxillo-facial diseases at the expense of the health insurance fund. Children aged 6-18 can have dental examinations twice a year. From age 12, evidence of a dental check-up is entered in a bonus booklet; this evidence guarantees higher subsidies from the health insurance fund if dental prostheses are necessary. Dental treatment includes fissure sealants, fluoridation and oral hygiene consultations.

Moreover, children and adolescents under 18 are entitled to glasses. From age 14, there is only a renewed entitlement if visual acuity changes by more than 0.5 dioptres. Children are entitled to plastic lenses if they are of pre-school age, or if they are under 14 and their vision is impaired by more than plus or minus five dioptres. If plastic lenses are necessary to participate in school sports, SHI also covers the costs.

SHI pays a daily sickness allowance for children under 12 if supervision is necessary according to the doctor and parents cannot go to work as a result. Entitlement to the allowance is for a maximum of 10 working days per year; if there are several children, SHI pays for a maximum of 25 working days. Higher entitlements apply to single parents. For children with disabilities, the health insurance funds continue to pay sickness benefits after age 12.

The SHI funds are obliged to offer insured people health-promotion and primary prevention measures. These measures should be designed to, among other things, reduce the social inequality of health opportunities. However, the obligation of the health insurance funds does not give rise to a legal claim on the part of the insured. Children are an important target group of these projects. Health insurance funds take the goal of reducing social inequality in health opportunities into account by carrying out projects in kindergartens, daycare centres and schools in socially deprived areas, because in this way they are more likely to reach poor children and pupils. In 2021, health-promotion projects by the funds reached a total of 10,417 kindergartens or daycare centres and 10,606 schools; in both cases, 28% of them were in socially deprived areas (Medizinischer Dienst Bund/GKV-Spitzenverband 2022: 59).

4.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

As outlined above, cash benefits or maximum billing mechanisms are not needed because all services/products above are free (with the exception of travel expenses).

4.3 Non-financial barriers to effective and free access to healthcare

Although insured children are entitled to comprehensive care, access to medical care is not always guaranteed within the appropriate and desired time. Although there are no

representative data on access, there are widespread reports and complaints about (excessively long) waiting times for a paediatrician appointment and about waiting lists in paediatric care. Waiting times in psychiatric care for children are particularly long (Rabe-Menssen *et al.* 2019; Sevecke *et al.* 2022). Numerous hospitals also report waiting lists, some of which are very long. However, in Germany there are no official statistics on waiting periods in out-patient and in-patient care (Deutscher Bundestag 2020: 17). There are also no figures on the number of children refused by hospitals. The above-mentioned and other reports highlight that, in general, the situation has worsened, as long waiting periods may occur or children have had to be rejected. The problem is therefore serious; but it is not possible to quantify it exactly, except for one recent finding according to which the average waiting period for children for a place in psychotherapy increased during the COVID-19 pandemic to 25 weeks – approximately double the time immediately before the pandemic (Plötner *et al.* 2022: 472).

These problems occur despite the fact that the number of paediatricians has increased considerably in recent years (Deutscher Bundestag 2022). The reasons given for the supply deficits are:

- the number of obligatory preventive medical check-ups per child has increased;
- the number of chronic diseases in children has increased;
- since the COVID-19 pandemic, there has been a trend towards more visits to doctors;
- many training positions for medical assistants are not being filled;
- there are too few opportunities to reconcile work and family life; and
- the bureaucratic burden in paediatric care has increased (Deutscher Bundestag 2022).

Low-income children are likely to be particularly affected by these problems for a variety of reasons (Gerlinger/Rosenbrock 2023), as follows.

- Disadvantaged regions are more likely than more advantaged regions to lack an adequate supply of family doctors and paediatricians. This applies above all to rural regions with a poor infrastructure, but also to social “hot-spots” with a high proportion of unemployed people and social welfare recipients. Access to healthcare is more often time-consuming and expensive for children from poorer families than for others.
- In out-patient care, doctors receive higher remuneration for treating privately insured patients than patients with statutory insurance. This is the reason why it is often reported that many doctors give priority to private patients when making appointments (Werbeck *et al.* 2020). Because children from poor families almost exclusively have SHI, they are also more affected by these longer waiting times.

Furthermore, children from families with low socio-economic status take advantage of the early detection examinations somewhat less frequently than children with high socio-economic status (Schmidtke *et al.* 2018). However, the differences have narrowed in recent years. Screening for early detection of diseases and developmental disorders is one of the most important preventive measures in childhood.

Access to healthcare is also restricted by legal regulations for asylum-seekers. Under the AsylbLG, this group may receive treatment only in cases of acute illness and pain in the first 18 months of their stay in Germany. The restrictions on access to healthcare under the AsylbLG also apply to children. At the end of 2021, 399,000 people were in receipt of benefits under the AsylbLG. Of these, 34% were under 18 (Statistisches Bundesamt 2022).

Implementation of this entitlement to benefits is a matter for the *Länder* and therefore differs among them. Some *Länder* (e.g. Bremen, Hamburg, Brandenburg, and Thuringia) have agreed with the SHI funds that asylum-seekers should receive a health insurance card stating that the people concerned are entitled to benefits under the AsylbLG. In this case, the asylum-

seekers can receive medical treatment without prior authorisation (i.e. they can decide for themselves whether to see a doctor). Other *Länder* (e.g. Bavaria and Saxony), on the other hand, stipulate that asylum-seekers must apply for medical treatment at the local social welfare office (*Sozialamt*) prior to any treatment and may only see the doctor after the relevant authorisation has been issued (Günther *et al.* 2019). These procedures, which differ between the *Länder* and the municipalities, do not create different legal rights, but the need to get approval from the authorities before treatment can be sought makes access much more difficult (Razum *et al.* 2016; Spura *et al.* 2017). Moreover, this can lead to a delay in access, with negative consequences for health. Finally, the assessments of asylum-seekers' needs are not always carried out by medical personnel; in some cases, non-medical personnel make the decisions (Bergmeyer 2020: 4). The criteria for approving a treatment certificate differ from place to place. From the asylum-seekers' point of view, this means that decisions on the issuing of a treatment certificate may seem arbitrary (Spura *et al.* 2017). All in all, there is no uniform and equal access to healthcare for asylum-seekers in Germany. These problems occur regardless of the refugees' age and thus also affect their children.

As far as health insurance coverage is concerned, a small group of uninsured people remains as a core problem, though health insurance is mandatory for all people living in Germany. According to the Federal Statistical Office, this affected around 61,000 people in 2019 (Statistisches Bundesamt 2020: 31). The number of children affected is not shown; it is likely to be low because 54,000 of these 61,000 people alone were aged 20-60.

A further particular challenge is the healthcare of people who are staying in Germany without permission (Mylius 2016; Schweiger 2018). The actual size of this group is unclear: estimates vary between 180,000 and 520,000 individuals (Vogel 2015: 2). It is unknown how many of them are children. The particular difficulties these groups face in claiming treatment result from the obligation on public bodies to transmit data to the competent foreign authority (Section 87 of the Residence Act – *Aufenthaltsgesetz*). In order to avoid such data transmission and the consequent risk of deportation from Germany, a considerable proportion of those affected presumably do not make use of healthcare when needed, or do so (too) late (Mylius 2016: 47-50). Against this background, welfare organisations and private actors in particular have established a system of support services at local level, leading to the creation of a parallel system of medical care. The people involved often work on a voluntary basis or for low remuneration (Schweiger 2018).

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

The main financial barriers for access to healthy nutrition are:

- low incomes; and
- a lack of or insufficient social transfer payments given the cost of healthy nutrition (see Section 5.2).

Various forms of healthy nutrition have been shown to entail significant costs, which people on very low incomes can hardly afford. As one report stated: "*Calculations for social welfare*

severely underestimate expenses for any kind of diet. [...] Food prices are a relevant factor for healthy food choices. Food purchasing is financially challenging for people with very low income in Germany” (Kobusch *et al.* 2021: 3037). The Scientific Advisory Council at the Federal Ministry of Agriculture and Food has described the connection between poverty and nutrition as follows: “In Germany, too, there is poverty-related malnutrition and, in some cases, hunger, as well as limited socio-cultural participation in the area of nutrition. This is accompanied by high individual and economic consequential problems (and costs)” (Wissenschaftlicher Beirat 2020: 107).

5.1.2 Non-financial barriers

The major non-financial barriers to accessing healthy nutrition are:

- the poor health literacy of people with low levels of education and low socio-economic status; and
- a lack of organised target group-specific support to improve health literacy.

According to a representative survey, 58.8% of the German population had low health literacy (for this and the following: Schaeffer *et al.* 2021). People with low educational levels (78.3%) and low social status (71.9%) had lower health literacy than average (Schaeffer *et al.* 2021: 21-26). Low health literacy goes hand in hand with unhealthier nutrition: fruit, vegetables and salads are eaten less often. While low educational levels and socio-economic status do not equate to poverty, it can be assumed that the proportion of poor people among this group is very high (Lampert/Kroll 2009).

More often than average, people with low social status and low education levels find it "difficult or very difficult" to find "information about healthy lifestyles [...] such as getting enough exercise or eating healthily". While 8.4% of the total population made such a statement, among respondents with a low level of education the figure was 20.7%, and 13.8% among those with low social status (Schaeffer *et al.* 2021: 110). Even though the interviewees were all aged 18 or over, these data are meaningful because family socialisation and habits are an important influencing factor for children's access to healthy nutrition.

5.2 Publicly funded measures supporting access to healthy nutrition

In Germany, there are no flat-rate welfare state benefits for poor people to enable children to obtain sufficient and healthy food. However, groups whose income falls below a minimum requirement receive a basic allowance (*Grundsicherung*) financed mainly by the federal state. For children living in a community of need (*Bedarfsgemeinschaften*) with claimants, the benefits take account of nutritional needs. Among the people in receipt of basic security benefits, the following groups can be distinguished in particular.

- Basic security benefits for job-seekers (under social code book II, "*Hartz IV*") are received by people entitled to unemployment benefit II, in most cases from the second year of unemployment onwards. At the end of 2021, just under 5 million people were in receipt of such benefits.
- Furthermore, people can receive basic social security benefits in old age and in the case of reduced earning capacity (under social code book XII, *Sozialhilfe*). Around 1.1 million people were in receipt of these benefits at the end of 2021.

In 2021, just under 1.8 million children under 18 lived in households in need according to social code book II (Bundesagentur für Arbeit 2022b). This corresponded to around 12.8% of children (Bremer Institut 2023). In contrast, around 2.9 million children (20.8%) under 18 were AROP

in 2021 (Bertelsmann Stiftung 2023). This is an indication that measures to ensure approval for nutrition reached only just over 60% of children AROP.

Need is calculated initially on the basis of a standard rate with which beneficiaries can cover expenses other than accommodation costs or certain additional needs. The standard rate serves to ensure subsistence and is intended to secure the “socio-cultural subsistence minimum”. It amounted to €446 per month in 2021 and was increased to €449 in 2022 and to €502 in 2023 due to high inflation and rising energy costs. Lower amounts are granted for subsequent members of the household depending on their age, as outlined in Section 1.1.2. On 1 January 2023, *Hartz IV* was abolished and the citizen's benefit (see Section 1.1.2) was introduced. It corresponds in some points to the *Hartz IV* regulations, but also contains some innovations.

Furthermore, additional needs are determined by, among other things, how many other people, including children, live in the household and what their needs are. The standard rate of need for children depends on their age and is adjusted annually. In 2021, it amounted to the following monthly sums:

- for children up to age 5: €283;
- for children aged 6-13: €309;
- for children aged 14-17: €373.

Children's need for food is also included in the calculation of this basic income support. However, beneficiaries can decide for themselves what exactly they use the amount for (social code book II, section 1, paragraph 20). In 2021, only €2.92 per day was earmarked for the nutrition of children under 6, and €3.93 for children aged 6-12. Furthermore, additional need can be determined if children have a special need for costly nutrition due to illnesses (e.g. diabetes) (social code book II, section 5, paragraph 21). In this case, the recipient receives an additional benefit amounting to 35% of the standard rate.

Health-promotion projects by the SHI funds are a completely different approach to facilitating access to healthy nutrition for children from low-income households. As explained above (see Section 4.1), the SHI funds are obliged by law to contribute to reducing social inequalities in health opportunities. Healthy nutrition is an important topic in these projects. One of their goals is to strengthen the health literacy of vulnerable groups, including children from poor families. For this reason, many of these projects target kindergartens and schools in socially deprived areas (Medizinischer Dienst Bund/GKV-Spitzenverband 2022).

In addition, the *Länder* strive to ensure healthy nutrition for pupils in daycare centres and schools (see Section 3).

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – housing allowances

There are two kinds of housing allowances in Germany, as follows.

1. Households that meet the low-income criterion (see Section 1.1.1) receive housing allowances as part of the social benefits' package covering the “reasonable” costs of accommodation and heating (*Kosten für Unterkunft und Heizung*). The definition of

“reasonable” depends on local circumstances and is not regulated uniformly at federal level. The aim is to ensure that beneficiaries can rent decent accommodation, taking into account the specifics of the individual case as well as regional disparities. With the introduction of the citizen's income on 1 January 2023, the costs of accommodation are fully taken into account in the first year (waiver period) for new applications. This benefit is limited to the reasonable amount, if the costs have been covered in the past. Only reasonable heating costs are paid. The costs for electricity are considered to be part of the minimum income benefit and are not covered by any additional payment.

2. Households that have enough income to cover their living costs (“minimum income”) and therefore do not receive any form of social benefits, but at the same time do not earn enough income to also cover their housing costs, can apply for the housing benefit. This is regulated under the Law on Housing Benefits and can be understood as a rent subsidy (*Mietzuschuss*) or a hardship subsidy (*Lastenzuschuss*). Half of the housing benefit is paid by the federal government and the other half by the *Länder*. The housing cash allowance is to be granted for 12 months and can be extended to up to 24 months if the circumstances are expected to remain the same. Since the 2020 reform, this benefit has been adjusted every two years in line with the evolution of rents and incomes. This was done for the first time in 2022. An essential element of the federal government’s third COVID-19 relief package, which came into force on 1 January 2023, was to make heating costs a permanent component and to introduce a climate component into the housing allowance (Bundesministerium für Arbeit und Soziales 2022). There are currently just under 600,000 households in receipt of housing benefit, which corresponds to 1.5% of all households or 2.7% of all tenant households. This figure is expected to rise to around 2 million households. Due to the reform, it is expected that the housing allowance will increase from an average of €180 per month to €370 for existing housing allowance recipients (Günther 2023: 45).

6.2 Publicly funded measures supporting access to adequate housing – social housing

6.2.1 Mapping the provision of social housing

Publicly funded measures supporting access to social housing in Germany are regulated on three levels: federal, *Länder*, and municipalities, as follows.

- At federal level, housing policy is regulated by the Act on Promoting Social Housing (*Gesetz über die soziale Wohnraumförderung*). The federal state provides dedicated grants to the *Länder* for building social housing apartments. For 2022-2026, a total of €14.5 billion has been earmarked for this purpose.¹⁷ These funds can be used for the construction of housing for homeless people or people threatened by homelessness (Bundesministerium für Arbeit und Soziales 2022).
- The *Länder* legislate for and regulate the funding of new social housing.
- The municipalities designate land as housing areas, implement urban development plans, and issue construction permits. They also offer special programmes to support

¹⁷ One flat costs €125,000-149,000 to build depending on the level of energy efficiency. For 100,000 social housing units, subsidies in the range of €12.6-14.9 billion are required. In accordance with the administrative agreement on social housing, the *Länder* provide funding for social housing in the amount of at least 30% of the federal budget. Therefore, to build 100,000 new social housing units the federal government would have to provide €9.7-11.5 billion per year. Thus, the funds earmarked until 2026 are only about a third of what would actually be needed to build 380,000 social housing units by the end of the current legislative period (Günther 2023:43).

groups with particular housing problems and housing needs and provide emergency (communal) housing (UNICEF 2021: 38).

Within the framework of public housing subsidies, every German citizen whose income is lower than an amount specified by the *Länder* can obtain a residential entitlement certificate (*Wohnberechtigungsschein*), which serves as official proof of eligibility to rent a subsidised flat. The income limits vary across the *Länder*. Although there are no reliable data on the limits, estimates vary between as high as €51,000 per household per year net in Baden-Wuerttemberg to as low as €12,000 in Saarland, Sachsen-Anhalt, Bremen, Hamburg and Mecklenburg West-Pomerania.¹⁸ As defined in the law, the provision of rented housing is particularly intended to assist the following groups: families; single parents; other households with children; single women; pregnant women; young childless households; older people; people with disabilities; low-income households; and households with special difficulties in obtaining housing. Other criteria that have to be met by low-income households with children are not specified by law.

At the end of 2021 the total stock of social flats with rental and occupancy commitments was around 1.1 million units (Bundesministerium für Arbeit und Soziales 2022: 75). The stock had halved since 2007 because more flats had been taken out of the stock than had been newly built; it had been decreasing since 2018 by 30,000 units per year on average. The volume of new social housing being built (44,500 flats in 2021) has lagged far behind what is necessary to meet the growing need for affordable housing (Günther 2023). There are some 13.8 million people, or about 6 million households, AROP – and although many of them do receive housing cash allowances or accommodation and heating benefits, the supply of social housing in Germany is considered to be far behind actual demand. Hamburg is clearly in the lead in the provision of social housing, with almost 110 social housing units per 1,000 tenant households. This is more than double the national average. In Saarland there are fewer than 10 social housing units per 1,000 tenant households. However, the housing market situation in the eastern German states is not as tight as in Berlin and most of the western German states; municipal and co-operative housing companies generally have a high market share and are largely committed to honouring their social responsibilities (Günther 2023).

Due to the demographic developments in Germany, with the rising number of adults and the reduction in the average household size, the number of households is expected to continue to increase. In total, there was a shortfall of about 700,000 dwellings in 2022; by 2045 it is expected to be 350,000-400,000 dwellings per year. The federal government's housing construction target of 400,000 dwellings per year, including 100,000 new social housing units, is to be supported, as the deficits must be reduced as quickly as possible, in particular with regard to the needs of disadvantaged groups.

The general housing shortage leads to the exclusion of marginalised groups. The target groups for social housing scarcely have their needs met anymore, since even households without disadvantages have difficulties in finding affordable housing and are preferentially selected as tenants by landlords. In addition to low-income households, these marginalised groups include: young adults; an increasing number of women and families with children under 18; people with mental illnesses; older people; and households with a migrant background. If individuals have several of these characteristics, renting housing without external support becomes almost impossible (Busch-Geertsema/Henke/Steffen 2019).

¹⁸ <https://wbs-rechner.de/wohnberechtigungsschein#Einkommensgrenze>

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

The financial barriers that often prevent the provision of adequate housing for low-income households are high rents, rent debts and negative credit rating (Busch-Geertsema/Henke/Steffen 2019: 131).

6.2.2.2 Non-financial barriers

The major non-financial barriers that also apply to low-income households with children are:

- there is a general housing shortage, especially of social housing units;
- only a certain proportion of the flats whose costs are classified as “reasonable” within the framework of the municipal guidelines can be rented to low-income people;
- the newly created social housing cannot make a significant contribution to affordable access to housing because the rents – just as in the stocks created years before – would not be recognised as adequate in the context of the minimum income;
- there are geographical disparities, with the situation being more difficult in the western German states as well as in urban areas;
- there is a lack of knowledge among vulnerable groups about external consulting support; and
- there are discriminatory selection processes, with landlords preferring not to rent to people from vulnerable groups (Busch-Geertsema/Henke/Steffen 2019: 128-132).

6.3 Publicly funded measures supporting access to adequate housing – other measures

The federal housing and tenancy package of 18 August 2019 bundled together several measures designed to secure affordable housing or to create additional housing. The measures included: the extension of the rent price cap for another five years; a draft bill reforming the rent index law; a proposal for a law to limit the conversion of rented flats into owner-occupied flats; and a decree to reduce the brokerage costs for the purchase of residential property.

The rental price cap is a national law that was introduced in 2015 with the objective of limiting the increase in rents in difficult housing markets, and thus ensuring access to adequate housing (i.e. for low-income people). The law has been extended until 2025. The rental price cap only applies in areas with a "difficult housing situation". The state determines which areas fall within this category. The areas may be designated for a maximum of five years. The law may indirectly improve adequate housing for children in precarious family situations. According to this law, if the rent paid exceeds the amount specified in the rental price framework the tenants can reclaim the amount paid in excess retroactively for a period of 2½ years after the conclusion of the contract.

At municipality level, basic housing can be provided in emergencies and in the event of housing problems, including for low-income households with children. The municipalities also provide support for new housing initiatives and models (Hanesch 2019: 21).

References

- Autor:innengruppe Bildungsberichterstattung (2022): Bildung in Deutschland 2022. Ein indikatorengestützter Bericht mit einer Analyse zum Bildungspersonal. <https://www.bildungsbericht.de/de/bildungsberichte-seit-2006/bildungsbericht-2022/pdf-dateien-2022/bildungsbericht-2022.pdf> (23 March 2023)
- Bartelheimer, Peter/Henke, Jutta/Kaps, Petra/Kotlenga, Sandra/Marquardsen, Kai/Nägele, Barbara/Wagner, Alexandra/Söhn, Nina/Achatz, Juliane/Wenzig, Claudia (2016): Evaluation der bundesweiten Inanspruchnahme und Umsetzung der Leistungen für Bildung und Teilhabe (2016) Schlussbericht, April 2016, Göttingen, Nürnberg.
- Bergmeyer, Vera (2020): Medizinische Versorgung von Geflüchteten in Deutschland. Gesundheit braucht Politik. Zeitschrift für eine Soziale Medizin 1: 4-7.
- Bertelsmann Stiftung (2023): Pressemitteilung: Neue Zahlen zur Kinder- und Jugendarmut: Jetzt braucht es die Kindergrundsicherung. https://www.bertelsmann-stiftung.de/fileadmin/files/BSt/Presse/20230126_Pressemitteilung_Neue-Zahlen-zur-Kinder-und-Jugendarmut.pdf (2 March 2023)
- Biesalski, Hans Konrad (2021): Ernährungsarmut bei Kindern – Ursachen, Folgen, COVID-19, in: Aktuelle Ernährungsmedizin 46(5): 317-332: <https://doi.org/10.1055/a-1553-3202>
- Bostanci, Seyran/Biel, Christina/Neuhauser, Bastian (2022): "Ich habe lange gekämpft, aber dann sind wir doch gewechselt". Eine explorativ-qualitative Pilotstudie zum Umgang mit institutionellem Rassismus in Berliner Kitas. NaDiRa Working Papers Nr. 1. https://www.dezim-institut.de/fileadmin/user_upload/Demo_FIS/publikation_pdf/FA-5371.pdf (3 April 2023)
- Bremer Institut für Arbeitsmarktforschung und Jugendberufshilfe (BIAJ) (2022): Aktuelle Zahlen und Kommentare zu Arbeitsmarkt, Sozialen Fragen und Jugendberufshilfe. <http://biaj.de/archiv-materialien/1641-kinder-und-jugendliche-in-sgb-ii-bedarfsgemeinschaften-bund-laender-grossstaedte-ruhrgebiet-2011-bis-2021.html> (23 February 2023)
- Bruckmeier, Kerstin/Riphahn, Regina T./Wiemers, Jürgen (2021): Misreporting of program take-up in survey data and its consequences for measuring non-take-up: new evidence from linked administrative and survey data. Empir Econ 61, 1567-1616 (2021). <https://doi.org/10.1007/s00181-020-01921-4>
- Bundesagentur für Arbeit (2022a): Bildung und Teilhabe (Jahreszahlen). Deutschland, West/Ost, Länder und Kreise, Zeitreihe, Nürnberg.
- Bundesagentur für Arbeit (2022b): Kinder in Bedarfsgemeinschaften (Monatszahlen). Deutschland, West/Ost, Länder und Kreise, Zeitreihe, Nürnberg. https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche_Formular.html?nn=20656&topic_f=kinder (4 March 2023)
- Bundesministerium für Arbeit und Soziales, Referat Information, Monitoring, Bürgerservice (2022): Ausmaß und Struktur von Wohnungslosigkeit: Der Wohnungslosenbericht 2022 des Bundesministeriums für Arbeit und Soziales, Bonn.
- Bundesministerium für Arbeit und Soziales (BMAS) (2023): Die Leistungen des Bildungspakets. https://www.bmas.de/DE/Arbeit/Grundsicherung-Buergergeld/Bildungspaket/Leistungen/leistungen-bildungspaket_art.html (10 February 2023)

- Bundesministerium für Familie, Senioren, Frauen und Jugend (2022): Gute-KiTa-Bericht 2022. Monitoringbericht 2022 des Bundesministeriums für Familie, Senioren, Frauen und Jugend nach § 6 Absatz 2 des Gesetzes zur Weiterentwicklung der Qualität und zur Verbesserung der Teilhabe in Tageseinrichtungen und in der Kindertagespflege (KiTa-Qualitäts- und -Teilhabeverbesserungsgesetz – KiQuTG) für das Berichtsjahr 2021.
<https://www.bmfsfj.de/resource/blob/208536/21fa6c20e9b43dfb8aa45cac4525f2aa/monitoringbericht-zum-kikutg-2022-data.pdf> (23 February 2023)
- Busch-Geertsema, Volker/Henke, Jutta/Steffen, Axel (2019): Entstehung, Verlauf und Struktur von Wohnungslosigkeit und Strategien zu ihrer Vermeidung und Behebung. Gesellschaft für innovative Sozialforschung und Sozialplanung e.V., Bremen.
- Dehmer, Maria/Linckh, Carolin/Rock, Joachim/Schabram, Greta (2020): Empirische Befunde zum Bildungs- und Teilhabepaket: Teilhabequoten im Fokus. Deutscher Paritätischer Wohlfahrtsverband Gesamtverband e. V., Berlin.
- Deutscher Bundestag (2020): Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Maria Klein-Schmeink [et al.]: Versorgung durch Kinderkrankenhäuser in Deutschland. Drucksache 19/21741 vom 19.08.2020.
<https://dserver.bundestag.de/btd/19/217/1921741.pdf> (27 March 2023)
- Deutscher Bundestag (2022): Wissenschaftliche Dienste: Zum Mangel an der fachärztlichen Versorgung in der Kinder- und Jugendmedizin. Dokumentation WD 9 – 3000 – 079/22.
<https://www.bundestag.de/resource/blob/927138/cd9d4ee27b973afb9ea3b56426fb4288/WD-9-079-22-pdf-data.pdf> (26 February 2023).
- Deutscher Paritätischer Wohlfahrtsverband – Gesamtverband e.V. (DPWV) (2019): Empirische Befunde zum Bildungs- und Teilhabepaket: Teilhabequoten im Fokus. Berlin. https://www.der-paritaetische.de/fileadmin/user_upload/Publikationen/doc/expertise-BuT-2020_web.pdf
- Deutsches Kinderhilfswerk e.V. (DKHW) 2019: Kinderrechte-Index. Die Umsetzung von Kinderrechten in den deutschen Bundesländern –eine Bestandsanalyse 2019.
https://www.dkhw.de/fileadmin/Redaktion/1_Unsere_Arbeit/1_Schwerpunkte/2_Kinderrechte/2.25_Kinderrechte-Index_alle-Dokumente/Kinderrechte-Index_2019_WEB.pdf (20 February 2023)
- DIVI (Deutsche Interdisziplinäre Vereinigung für Notfall- und Intensivmedizin) (2022): PM: Aktuelle Klinik-Umfrage belegt: Durchschnittlich kein freies Intensivbett für kritisch kranke Kinder – Notfallmediziner fordern neue Strukturen, 1. Dezember 2022.
<https://www.divi.de/presse/pressemeldungen/pm-aktuelle-klinik-umfrage-belegt-durchschnittlich-kein-freies-intensivbett-fuer-kritisch-krank-kinder-notfallmediziner-fordern-neue-strukturen> (27 March 2023)
- Fraisse, Laurent/Escobedo, Anna (2014): Changing Family Needs and Local Childcare Policies. In: Ranci, Costanzo/Brandesen, Taco/Sabatinelli, Stefania (Hrsg.), Social Vulnerability in European Cities. The Role of Local Welfare in Times of Crisis. Work and Welfare in Europe. Basingstoke, S. 103-133.
- Frank, Jan/Biesalski, Hans Konrad (2018): Wissenschaftliche Stellungnahme von Experten der Society of Nutrition and Food Science e.V. und Universität Hohenheim zu den Auswirkungen von Armut auf den Ernährungsstatus von Kindern in Deutschland.
<https://idw-online.de/en/attachmentdata64995.pdf>

- Geis-Thöne, Wido (2022): Elternbeiträge für die Ganztagsbetreuung von Grundschulkindern. Eine Betrachtung der institutionellen Rahmenbedingungen in den Bundesländern und der Gebührenordnungen von Großstädten mit über 100.000 Einwohnern. IW-Report 62/2022.
https://www.iwkoeln.de/fileadmin/user_upload/Studien/Report/PDF/2022/IW-Report_2022-Ganztagsbetreuung_Grundschulkind.pdf
- Gerlinger, Thomas/Rosenbrock, Rolf (2023): Gesundheitspolitik. Eine systematische Einführung, 4th ed., Bern (forthcoming).
- Guglhör-Rudan, Angelika/Hüsken, Katrin/Gerleigner, Susanne/Langmeyer, Alexandra (2022): Betreuungsformate im Grundschulalter: Angebote und Kosten. DJI Kinderbetreuungsreport 2021.
https://www.dji.de/fileadmin/user_upload/KiBS/Kinderbetreuungsreport_2021_Studie3_Formate_GS_final.pdf
- Günther, Matthias (2023): Bauen und Wohnen in der Krise. Aktuelle Entwicklungen und Rückwirkungen auf Wohnungsbau und Wohnungsmärkte. Pestel Institut gGmbH und Arbeitsgemeinschaft für zeitgemäßes Bauen e. V., Hannover.
- Günther, Wolfgang/Kurrek, Dennis/Töller, Annette Elisabeth (2019): Ein starker Fall für die Parteiendifferenztheorie: Die Einführung der Gesundheitskarte für Asylsuchende in den Bundesländern. Zeitschrift für Politikwissenschaft.
<https://doi.org/10.1007/s41358-019-00193-4> (2 March 2023).
- Hagemeier, Felicitas (2020): Das Bildungs- und Teilhabepaket. Eine Analyse der Hürden und Chancen der Inanspruchnahme und Umsetzung der Leistungen für Bildung und Teilhabe aus der Perspektive der Schulsozialarbeit, Duisburg, Essen.
- Hanesch, Walter (2019): Feasibility Study for a Child Guarantee. Country report – Germany. European Commission, Brussels.
- Heide, Karoline/Brettschneider, Anna-Kristin/Lehmann, Franziska/Lage Barbosa, Clarissa/Haftenberger, Marjolein/Perlitz, Hanna/Frank, Melanie/Patelakis, Eleni/Richter, Almut/Mensink, Gert B.M. (2019): Utilization of school meals. Results from the nationwide nutrition survey EsKiMo II. Ernährungs Umschau 66(6): 92-99. DOI: 10.4455/eu.2019.017. https://www.ernaehrungs-umschau.de/fileadmin/Ernaehrungs-Umschau/pdfs/pdf_2019/06_19/EU06_2019_PR_Brettschneider_eng.pdf
- Hermes, Henning/Lergetporer, Philipp/Peter, Frauke/Wiederhold, Simon (2021): Behavioral Barriers and the Socio-economic Gap in Childcare Enrolment. CESifo Working Paper No 9282, Munich.
- Hohoff, Eva/Zahn, Helena/Weder, Stine/Fischer, Morwenna/Längler, Alfred/Michalsen, Andreas, Keller, Markus/Alexy, Ute (2022): Food costs for vegetarian, vegan and omnivore child nutrition: is a sustainable diet feasible with Hartz IV? Ernährungs Umschau 69(9): 136-40. <https://doi.org/10.4455/eu.2022.027>
- Jansen, Catherina/ Buyken, Anette/Depa, Julia/Kroke, Anja (2020): Food and nutrition at school. Administrative framework, roles and responsibilities. Ernährungs Umschau 2020; 67(1): 18-25.
- Kabisch, Stefan/Wenschuh, Sören/Buccellato, Palina/Spranger, Joachim/Pfeiffer, Andreas F.H. (2021): Affordability of Different Isocaloric Healthy Diets in Germany – An Assessment of Food Prices for Seven Distinct Food Patterns. Nutrients 13(9): 3037-3047. <https://doi.org/10.3390/nu13093037> (4 March 2023)

- Klinkhammer, Nicole/Schacht, Diana D./Meiner-Teubner, Christiane/Kuger, Susanne/Kalicki, Bernhard/Riedel, Birgit (Hrsg.) (2022): ERiK. Forschungsbericht II. Befunde des indikatorengestützten Monitorings zum KiQuTG. https://www.dji.de/fileadmin/user_upload/erik/Berichte/FB%20II/ERiK_Forschungsbericht_II_E-Book.pdf (23 February 2023)
- Kull, Julia/Wolff, Michael (2021): Evaluation der Inanspruchnahme des Bildungs- und Teilhabepakets in Baden-Württemberg. https://www.starkekinder-bw.de/fileadmin/user_upload/211004_Evaluationsbericht_BuT-Leistungen_in_BW.pdf
- Lampert, Thomas/Kroll, Lars Eric (2009): Die Messung des sozioökonomischen Status in sozialepidemiologischen Studien, in: Richter, Matthias/Hurrelmann, Klaus (Hrsg.), Gesundheitliche Ungleichheit: Grundlagen, Probleme, Perspektiven. 2. aktualisierte Auflage. VS Verlag für Sozialwissenschaften, Wiesbaden, S. 309-334.
- Lippert, Kerstin/Hüsken, Katrin/Kuger, Susanne (2022): Weshalb nehmen Eltern keine Betreuungsangebote in Anspruch? DJI-Kinderbetreuungsreport 2020. Online: https://www.dji.de/fileadmin/user_upload/KiBS/DJI-Kinderbetreuungsreport_2020_Studie4.pdf (23 February 2023)
- Mayert, Andreas (2016): Schulbedarfskosten in Niedersachsen. Eine Studie des Sozialwissenschaftlichen Instituts der EKD. Hannover. https://www.siekd.de/wp-content/uploads/2018/06/Tatsa%cc%88chliche_Schulbedarfskosten.pdf
- Medizinischer Dienst Bund/GKV-Spitzenverband (2022): Präventionsbericht 2022. Leistungen der gesetzlichen Krankenversicherung: Primärprävention und Gesundheitsförderung. Leistungen der sozialen Pflegeversicherung: Prävention in stationären Pflegeeinrichtungen. Berichtsjahr 2021, Essen/Berlin.
- Menzel, Britta/Scholz, Antonia (2022): Frühkindliche Bildung und soziale Ungleichheit. Die lokale Steuerung des Zugangs im internationalen Vergleich. Weinheim.
- Morfeld, Matthias/Geene, Raimund/Sterdt, Elena (2017): Kinderarmut in Deutschland. Eine landkreisbezogene Analyse und Evaluation des Bildungs- und Teilhabepakets der Bundesregierung.
- Mühleib, Moritz/Nachtsheim, Kathrin/Schütte, Ann-Kathrin/Stöcker, Laura/Wende, Martina (2020): Studie zur Ausgestaltung der Elternbeiträge in Deutschland. - Berlin: Ramboll Management Consulting. https://www.fruעה-chancen.de/fileadmin/PDF/Fruעה_Chancen/Elternbeitraege/210223_FC_Studie_Elternbeitraege_bf.pdf (31.07.2023)
- Mylius, Maren (2016): Die medizinische Versorgung von Menschen ohne Papiere in Deutschland. Studien zur Praxis in Gesundheitsämtern und Krankenhäusern, Bielefeld. <https://doi.org/10.14361/9783839434727> (2 March 2023)
- Nationales Qualitätszentrum für Ernährung in Kita und Schule (NQZ) 2023: Zahlen und Fakten. <https://www.nqz.de/schule/zahlen-fakten>
- Plötner, Maria/ Moldt, Katja/In-Albon, Tina/ Schmitz, Julian (2022): Einfluss der COVID-19-Pandemie auf die ambulante psychotherapeutische Versorgung von Kindern und Jugendlichen. Psychotherapie 67(6):469-477. <https://doi.org/10.1007/s00278-022-00604-y> (12 June 2022)
- Rabe-Menssen, Cornelia/Ruh, Michael/Dazer, Anne (2019): Die Versorgungssituation seit der Reform der Psychotherapie-Richtlinie 2017. Ergebnisse der DPTV-Onlineumfragen 2017 und 2018 zu Wartezeiten. https://www.dptv.de/fileadmin/Redaktion/Bilder_und_Dokumente/Wissensdatenbank_oeffentlich/Umfragen/PTA1.2019_Versorgungssitatuion.pdf (27 March 2023)

- Razum, Oliver/Wenner, Judith/Bozorgmehr, Kayvan (2016): Wenn Zufall über den Zugang zur Gesundheitsversorgung bestimmt: Geflüchtete in Deutschland. Gesundheitswesen 78(11): 711-714. <https://doi.org/10.1055/s-0042-116231> (2 March 2023)
- Rohde, Daniel/Wrase, Michael (2022): Die Umsetzung des Digitalpakts Schule. herausforderungen. Hildesheim/Berlin. https://www.uni-hildesheim.de/media/fb1/sozialpaedagogik/Forschung/Umsetzung_des_Digitalpakts_Schule/Projektbericht_DigitalPakt_final.pdf
- Schaeffer, Doris/Berens, Eva-Maria/Gille, Svea/Griese, Lennert/Klinger, Julia/de Sombre, Steffen/Vogt, Dominique/Hurrelmann, Klaus (2021): Gesundheitskompetenz der Bevölkerung in Deutschland vor und während der Corona Pandemie. Ergebnisse des HLS-GER 2. https://pub.uni-bielefeld.de/download/2950305/2950403/HLS-GER%202_Ergebnisbericht.pdf
- Schleswig-Holsteinischer Landtag (2016): Lernmittelfreiheit in Schleswig-Holstein/Erhebung zu den Anteilen der Eltern an den schulischen Bildungskosten ihrer Kinder sowie Erhebung zu den Kostenanteilen der Schulträger pro Schüler/in und Schuljahr, Drucksache 18/4685, Kiel. <https://www.landtag.ltsh.de/infothek/wahl18/drucks/4600/drucksache-18-4685.pdf>
- Schmidtke, Claudia/Kuntz, Benjamin/Starker, Anne/Lampert, Thomas (2022): Inanspruchnahme der Früherkennungsuntersuchungen für Kinder in Deutschland – Querschnittergebnisse aus KiGGS Welle 2. Journal of Health Monitoring 3(4): 68-76. DOI 10.17886/RKI GBE 2018 093 (3 March 2023)
- Schweiger, Eva Maria (2018): Patienten ohne Krankenversicherung. Gründe für das Entstehen von Nichtversicherung und Auswirkungen des Nichtversichertseins auf die medizinische Versorgung betroffener Patienten in Frankfurt am Main, Diss., Frankfurt a.M. Goethe-Universität Frankfurt.
- Sekretariat der Ständigen Konferenz der Kultusminister der Länder in der Bundesrepublik Deutschland (KMK) (2021): Allgemeinbildende Schulen in Ganztagsform in den Ländern der Bundesrepublik Deutschland – Statistik 2017-2021. https://www.kmk.org/fileadmin/Dateien/pdf/Statistik/Dokumentationen/GTS_2021_Bericht.pdf
- Sevecke, Kathrin/Wenter, Anna/Haid-Stecher, Nina/Fuchs, Martin/Böge, Isabel (2022): Die psychische Gesundheit unserer Kinder und Jugendlichen und deren Behandlungsmöglichkeiten im Drei-Länder-Vergleich (Ö, D, CH) unter Berücksichtigung der Veränderungen durch die COVID-19-Pandemie. Neuropsychiatrie 36: 192-201. <https://doi.org/10.1007/s40211-022-00438-9> (27 March 2023)
- Spura, Anke/Kleinke, Matthias/Robra, Bernt-Peter/Ladebeck, Nadine (2017): Wie erleben Asylsuchende den Zugang zu medizinischer Versorgung? Bundesgesundheitsblatt 60(4): 462-470. <https://doi.org/10.1007/s00103-017-2525-x> 18 (26 February 2023)
- Statistisches Bundesamt (2020): Sozialleistungen. Angaben zur Krankenversicherung. (Ergebnisse des Mikrozensus). Fachserie 13, Reihe 1.1. https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitszustand-Relevantes-Verhalten/Publikationen/Downloads-Gesundheitszustand/krankenversicherung-mikrozensus-2130110199004.pdf?__blob=publicationFile (3 March 2023)

- Statistisches Bundesamt (2022): Pressemitteilung Nr. 555 vom 21. December 2022.
https://www.destatis.de/DE/Presse/Pressemitteilungen/2022/12/PD22_555_222.html
(2 March 2023)
- UNICEF (2021): Undertaking a synthesis of policies, programmes and mechanisms addressing the social exclusion of children in Germany, UNICEF Regional Office for Europe and Central Asia, Geneva.
- Werbeck, Anne/Wübker, Ansgar/Ziebarth, Nicolas R. (2020): Cream Skimming by Health Care Providers and Inequality in Health Care Access: Evidence from a Randomised Field Experiment. Ruhr Economic Papers 846, Essen.
<https://doi.org/10.4419/86788981> (18 February 2022)
- Weyersberg, Annic/Roth, Bernd/Woopen, Christiane (2018): Pädiatrie: Folgen der Ökonomisierung. Deutsches Ärzteblatt 115(9): A-382-386.
<https://www.aerzteblatt.de/pdf.asp?id=196510> (27 March 2023)
- Wissenschaftlicher Beirat für Agrarpolitik, Ernährung und gesundheitlichen Verbraucherschutz beim Bundesministerium für Landwirtschaft und Ernährung (2020): Politik für eine nachhaltigere Ernährung. Eine integrierte Ernährungspolitik entwickeln und faire Ernährungsumgebungen gestalten. Gutachten, Juni 2020.
<https://www.bmel.de/SharedDocs/Downloads/DE/Ministerium/Beiraete/agrarpolitik/wbae-gutachten-nachhaltige-ernaehrung.pdf?blob=publicationFile&v=3> (3 March 2023)
- Yerkes, Mara A./Javornik, Jana (2019): Creating capabilities: Childcare policies in comparative perspective. In: Journal of European Social Policy 29(4): 529-544.

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct Information Centres. You can find the address of the centre nearest you at: <http://europa.eu/contact>

On the phone or by e-mail

Europe Direct is a service that answers your questions about the European Union. You can contact this service

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by electronic mail via: <http://europa.eu/contact>

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: <http://europa.eu>

EU Publications

You can download or order free and priced EU publications from EU Bookshop at: <http://bookshop.europa.eu>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see <http://europa.eu/contact>)

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en/data>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

