



SOCIAL PROTECTION COMMITTEE
Indicators' Sub-Group

EUROPEAN COMMISSION
Directorate-General for Employment, Social Affairs & Inclusion

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First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee's Indicators' Sub-Group and the European Commission

This document presents an overview of the first version of the EU monitoring framework for the European Child Guarantee (ECG). It was developed by the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC) and the European Commission, and endorsed by the SPC in November 2023. It includes first a general presentation of the framework and then a more detailed presentation of its sections (with some relevant data), and a last section identifying the gaps that remain to be filled at a later stage.

General presentation of the monitoring framework

European Child Guarantee Council Recommendation

Adopted on 14 June 2021, the Council Recommendation establishing a ECG is one of the deliverables of the European Pillar of Social Rights Action Plan. It contributes to the implementation of Pillar's Principle 11 on childcare and support to children. It is also a key element of the 2021 EU Strategy on the Rights of the Child and complements the 2013 Recommendation on Investing in Children.

The ECG aims at preventing and combating social exclusion, by guaranteeing access of children in need to a set of key services (§1 of the Recommendation). Children in need are defined as persons under the age of 18 who are at risk of poverty or social exclusion (AROPE)¹ (§3 (a)). Within this group, the ECG recommends Member States to take into account specific disadvantages experienced, in particular, by:

- homeless children or those experiencing severe housing deprivation,
- children with disabilities,
- children with mental health issues,
- children with a migrant background or ethnic minority origin, in particular Roma,
- children in alternative, especially institutional, care,
- children in precarious family situations (§5)².

Member States are recommended to guarantee for children in need effective and free access to high quality early childhood education and care (ECEC), education and school-based activities,

¹ For more information on the AROPE, please see [here](#).

² All these specific groups are referred to as "target subgroups" in the remainder of the note.

at least one healthy meal each school day, and healthcare, and effective access to healthy nutrition and adequate housing (§4).

The Recommendation recommends Member States to submit their national action plan (NAP) by mid-March 2022, and then to report to the Commission every two years on the execution of their plan (in March 2024, 2026, 2028, and 2030) (§11). It also tasks the Commission to monitor the progress in the implementation of the Recommendation, in particular in the context of the European Semester, and regularly report to the SPC, and to the Council five years after the adoption of the Recommendation (i.e. in 2026).

Lastly, to feed the monitoring of the progress achieved, the Recommendation welcomes the Commission's aim to jointly work with the SPC to:

- establish a common monitoring framework using existing data sources and indicators and, if necessary, develop further agreed common quantitative and qualitative outcome indicators to assess the implementation of this Recommendation;
- with a view to informing policy making, enhance the availability, scope and relevance of comparable data at Union level, including on children in need and their access to services, and adequacy and coverage of benefits targeted at children (§12).

The ISG supported the SPC in elaborating this monitoring framework, building on previous related work (e.g. the thematic portfolio of the Portfolio of EU Social Indicators on “Investing in children”, and the Benchmarking framework on childcare and support to children³). The work was conducted in several steps, especially to provide an initial list of indicators on which the ECG coordinators could rely to prepare their NAP, and then to take into account the elements included in the NAPs once submitted.

Presentation of the first version of the monitoring framework

The first version of the monitoring framework for the European Child Guarantee that was endorsed by the SPC in November 2023 features seven sections. The first section is dedicated to the monitoring of the number and the situation of children in need, identified as the target group of the Recommendation. The six other sections are focused on monitoring the effective and free access of these children to ECEC, education (including school-based activities), at least one healthy meal per school day, healthcare, as well as their effective access to healthy nutrition and adequate housing.

The ISG wished to underline that this first version of the ECG monitoring framework makes use of currently available EU indicators to monitor the implementation of key aspects of the Recommendation as much as possible. Yet not all the EU indicators which are identified as of relevance to the framework enjoy the same level of comparability and reliability. In some instances, results are not presented for some Member States due to small sample sizes, while in some other instances, confidence intervals are larger than usual ones also due to relatively small sample sizes (some indicators were put aside due to reliability concerns, such as the persistence of child poverty indicator, for which the confidence interval looks too large because of its specific longitudinal feature). In addition to EU indicators, use is also made of data collected from sources outside the European Statistical System, which meet different standards. These data should be interpreted accordingly, taking into account potential limitations. Last but not least, despite these additional sources, some gaps remain in the framework, and in line with the Recommendation, the ISG elaborated first reflections on ways to cover such gaps at a later stage.

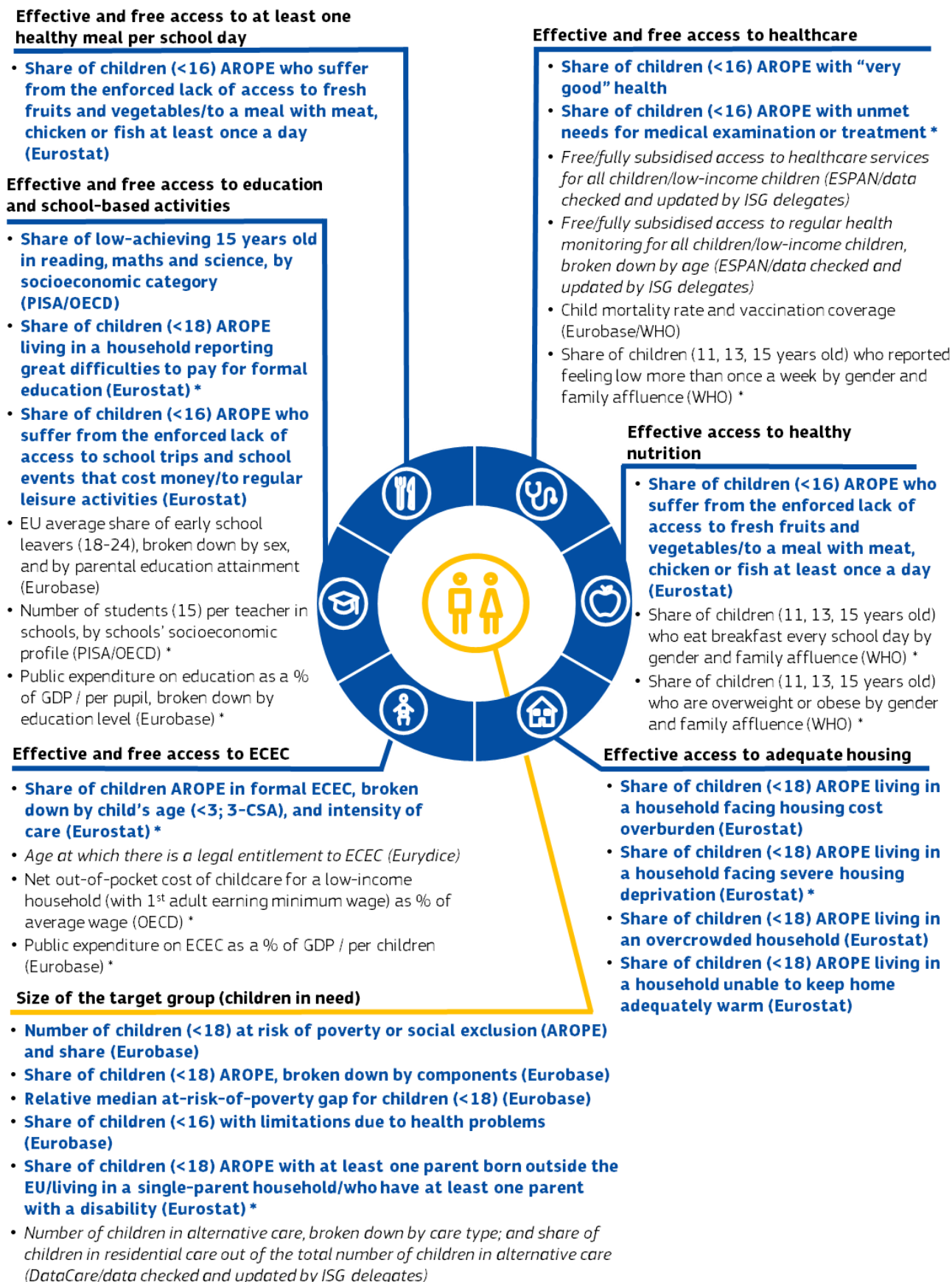
³ The Portfolio of EU Social Indicators is available [here](#) and the Benchmarking on childcare and support to children [here](#).

To facilitate the monitoring of the implementation of the ECG, the ISG delegates also agreed on the usefulness of prioritising the child-specific indicators over the household-based ones, and of presenting results for the total population, as well for the population AROPE or not, as much as possible in the indicator charts.

Given the remaining gaps, this document solely features the *first* version of the monitoring framework, and should thus be conceived as a *living* document, that will be updated and improved at a later stage as new data and indicators become available.

The diagram below presents the complete list of the indicators endorsed by the SPC, as well as their classification in line with the Portfolio of EU Social Indicators (EU, national and context information), the related data sources and statistical assessments.

Diagram 1. Indicators included in the first version of the monitoring framework

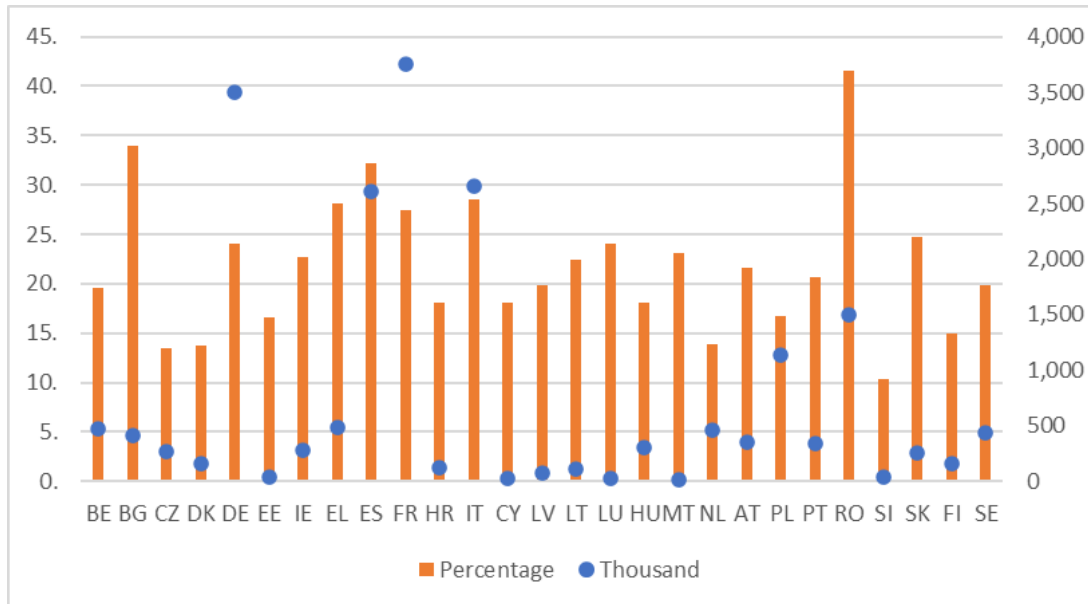


Detailed presentation of the monitoring framework’s sections

Monitoring of the size of the population of “children in need”

The main purpose of the first section of the framework is to monitor the size of the Recommendation’s target group, i.e. children in need, referring to persons under the age of 18 years who are AROPE (see § 3(a) of the Recommendation). The AROPE indicator for children from the Social Scoreboard is included in the framework to this aim.

Graph 1. Share (in %) of children (<18) AROPE and absolute number (in thousands) (2022)

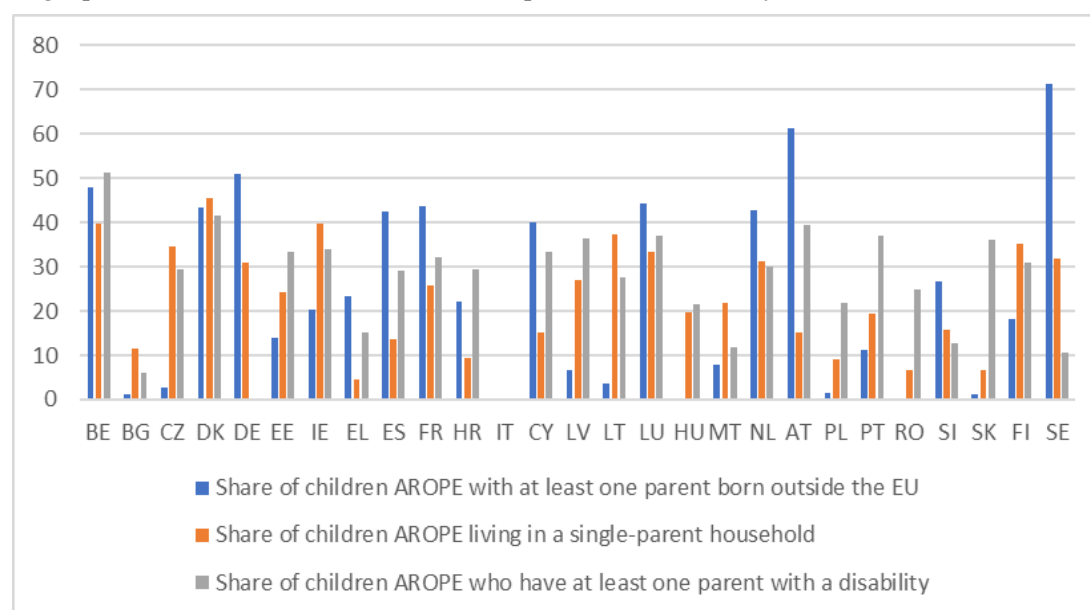


Source: Eurostat (ILC_PEPS01N)

In total, 20 million children were AROPE in 2022 in the EU, amounting to 24,7% of EU children.

Indicators based on components of the AROPE indicator, covering monetary poverty, severe material and social deprivation and households with very low work intensity are also included to better grasp the living conditions of these children in need. In addition, to monitor the size of the Recommendation’s target subgroups—e.g. children with a migrant background or children living in a single-earner household— (§ 5), breakdowns of the AROPE indicator by parental background are also included as much as possible.

Graph 2. Shares (in %) of children (<18) AROPE with at least one parent born outside the EU/living in a single-parent household/who have at least one parent with a disability (2020)



Source: Eurostat; no data available for IT, data not reliable for DE (AROPE + at least one parent with a disability)

The share of children AROPE with at least one parent born outside the EU is the largest in 10 Member States, the share of children AROPE with at least one parent with a disability in nine, and the share of children AROPE living in a single-parent household in seven.

While all these indicators are based on EU-SILC, national sources were also identified to fill in gaps regarding the monitoring of the size of one specific target subgroup, namely children in alternative care. Relying on data and metadata collected and published by Eurochild and UNICEF in the framework of a joint project called DataCare⁴, figures were checked and for some of them, corrected and updated⁵. It was agreed to make use of these figures as absolute numbers, complemented by the calculation of the share of children in residential care out of the number of children in alternative care to monitor de-institutionalisation.

Monitoring of the effective and free access to ECEC

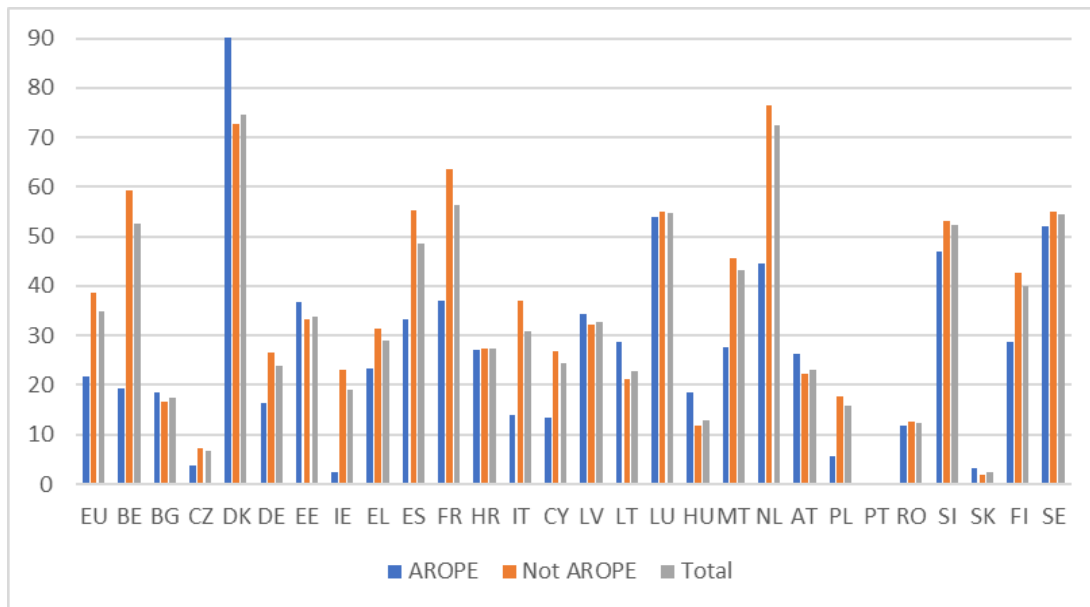
The main purpose of this section is to monitor the effective and free access of children in need to ECEC (see § 7(a) of the Recommendation). The key indicator in this regard is the share of children participating in formal childcare from the EU Social Scoreboard⁶ with age and AROPE breakdowns.

⁴ The DataCare project is a joint initiative of Eurochild and the UNICEF Europe and Central Asia Regional Office (ECARO). More information is available [here](#).

⁵ The updated figures of children in alternative care, per care type, were also checked by UNICEF to compare them with the DataCare ones in view of ensuring coherency of the figures and minimising comparability issues.

⁶ This EU Social Scoreboard indicator on participation in childcare is also of use to monitor the achievement of the Barcelona targets for 2030. More information on these targets can be found [here](#).

Graph 3. Shares (in %) of children (<3) (AROE, not AROE and total) in formal childcare more than 1 hour per week (2022)

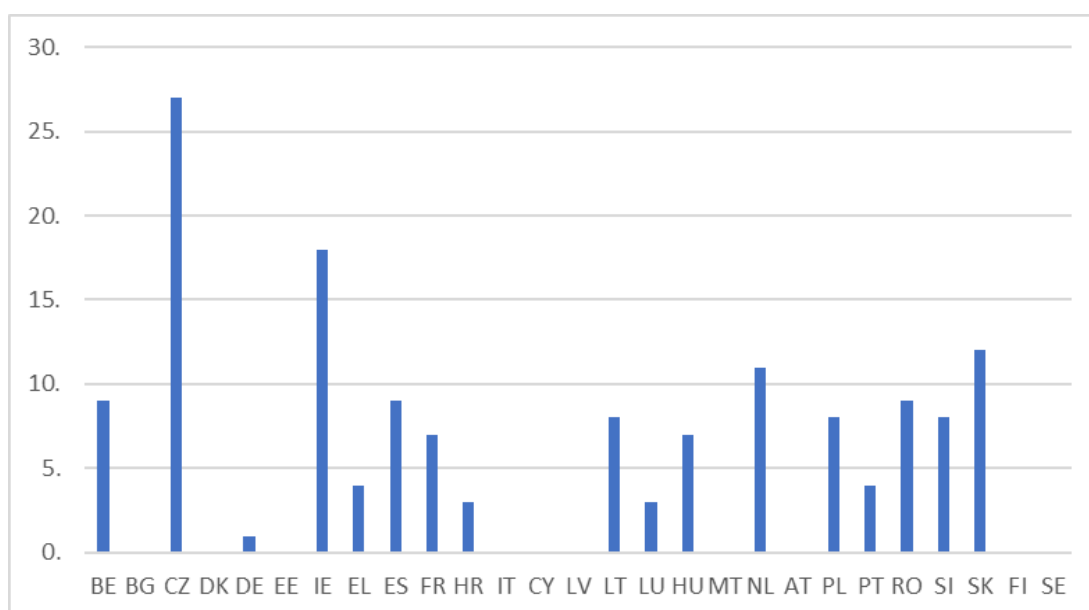


Source: Eurostat; data not available for PT

On average in the EU, the gap between the participation in formal childcare of children below three AROE and children not AROE is larger than 15 percentage points, suggesting that children AROE's access to ECEC might be hindered by specific financial or non-financial barriers.

To identify financial and non-financial barriers to participation to ECEC, this section also contains additional indicators based on sources outside of the European Statistical System. This is, for instance, the case of the net out-of-pocket childcare cost (after any benefits designed to reduce the gross childcare fees) for low-income households (which is based on the OECD Tax-Ben tool and already used in various frameworks such as in the Benchmarking framework on childcare and support to children).

Graph 4. Net out-of-pocket cost of childcare for a low-income household (with the first adult earning minimum wage) as % of average wage (2022)⁷



Source: OECD Tax-Ben (data not available for DK, IT, CY, AT, FI and SE)

According to this graph, only four Member States guarantee that children from household (with the first adult earning minimum wage) benefit from a free access to childcare.

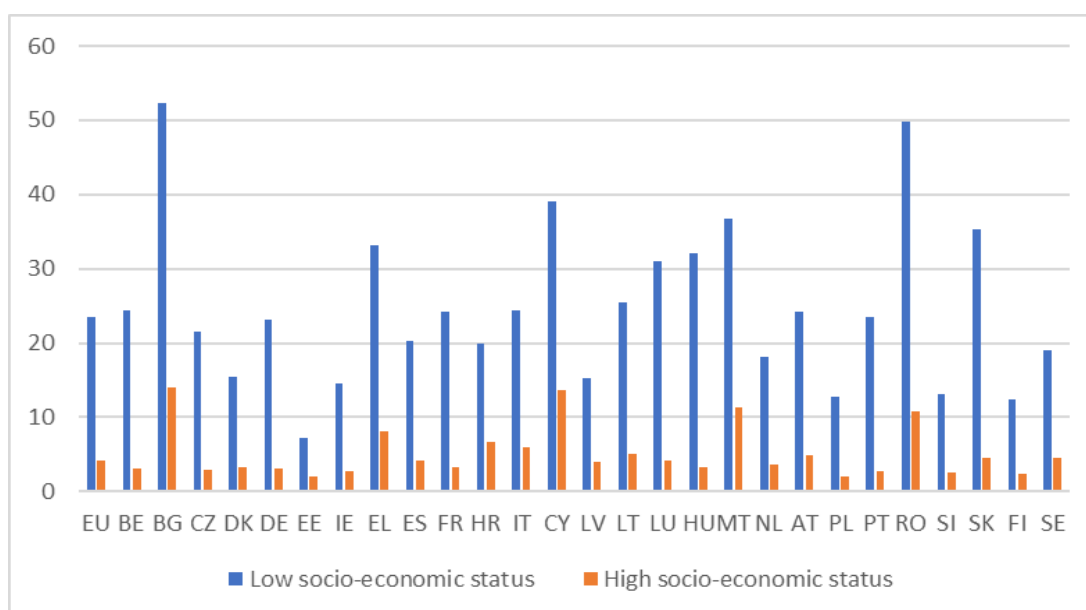
This section also includes context information on policy levers based on the age at which there is a legal entitlement to ECEC, and public expenditure on ECEC.

Monitoring of the effective and free access to education and school-based activities

The goal of this section is to monitor the effective and free access of children in need to education and school-based activities (see § 7(a) of the Recommendation). In this regard, OECD PISA’s data were identified as of particular relevance. The share of low-achieving 15 years old in reading, maths and science by socioeconomic category provides a proxy to grasp to what extent children in need have access to quality education and are adequately supported, even though socioeconomic categories do not allow to fully capture the outcomes of the children AROPE per se.

⁷ The net out-of-pocket cost of childcare is calculated using the OECD tax-benefit model and is an estimate of the amount that parents have to pay for formal childcare less all childcare-related benefits (including social assistance ones), fee reductions and tax concessions, plus any impact of childcare use on other benefits and taxes (e.g. a loss of homecare allowance provided to parents who do not use formal childcare). Graph 4 presents the net out-of-pocket cost of childcare as the share of the average wage for a working couple with two children aged 2 and 3, and with the first adult earning minimum wage (and the partner earning 67% of the average wage) in 2022. Regular update and more information are available on the OECD website [here](#).

Graph 5. Shares (in %) of low-achieving 15 years old in reading, maths and science by socioeconomic category⁸ (2018)



Source: PISA/Education and Training Monitor

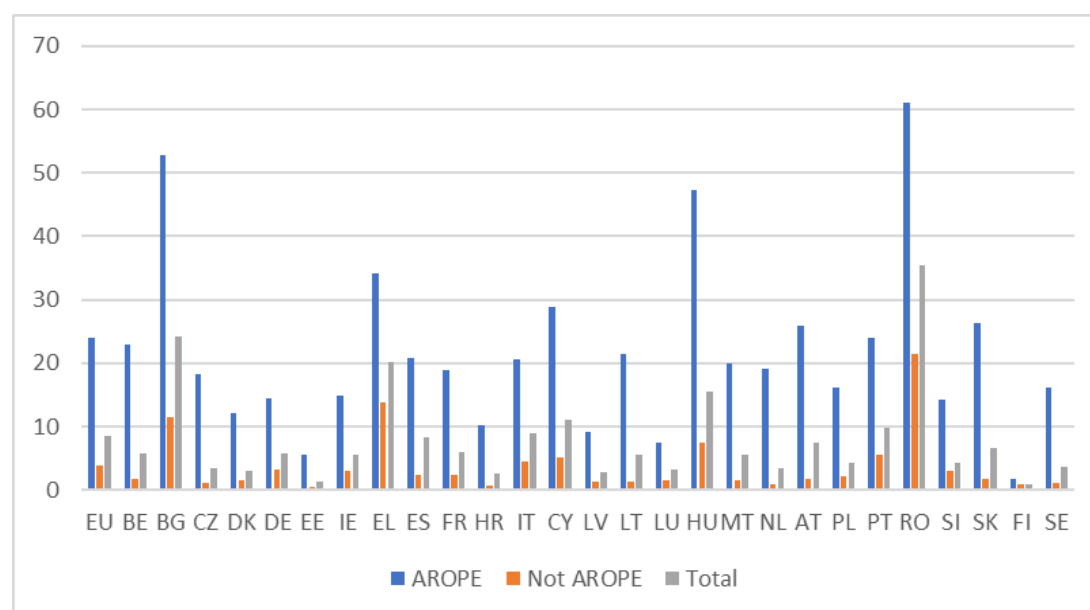
Children with low socio-economic status are more likely to achieve lower grades in reading, maths and science than children with high socio-economic status in all Member States, suggesting the need to further step up academic support to the former to break the cycle of disadvantages.

Furthermore, the indicator on difficulties to pay for formal education by AROPE (based on EU-SILC) provides additional information on financial barriers hindering participation in education (§ 7(a)), as well as the child specific material deprivation indicator⁹ (available every three years) by AROPE on lack of access to school trips, school events and leisure activities (§ 7(j)).

⁸ Low achievers refer to students who score below the PISA baseline proficiency level. The low socioeconomic status category refers to the lowest quarter of the OECD index for economic, social, and cultural status, taking into account the parents' highest level of education, their occupational status and home possessions, including books in the home. More information on this index can be found [here](#). At the time of the publication of the note, only the shares of low-achieving 15 years old in maths by socioeconomic status in 2022 are available and are presented in annex (see Graph 18). The shares of low-achieving 15 years old in reading, maths and science by socioeconomic status will be updated at a later stage, once the relevant data become available.

⁹ For more information on this indicator, please see [here](#)

Graph 6. Shares (in %) of children (<16) (AROPE, not AROPE and total) who suffer from the enforced lack of access to regular leisure activities (2021)



Source: Eurostat

20% or more of children AROPE do not have access to regular leisure activities in nearly one half of Member States because of financial barriers.

The Recommendation also encourages Member States to “take measures to prevent and reduce early school leaving, taking into account a gender perspective” (§ 7(b)), of children in need. While some data on early school leavers by sex and by parental education attainment (as a proxy for children AROPE) are collected, these are solely available at the EU level and not at Member States’ level at the moment due to reliability issues. This is why the framework only includes the EU average.

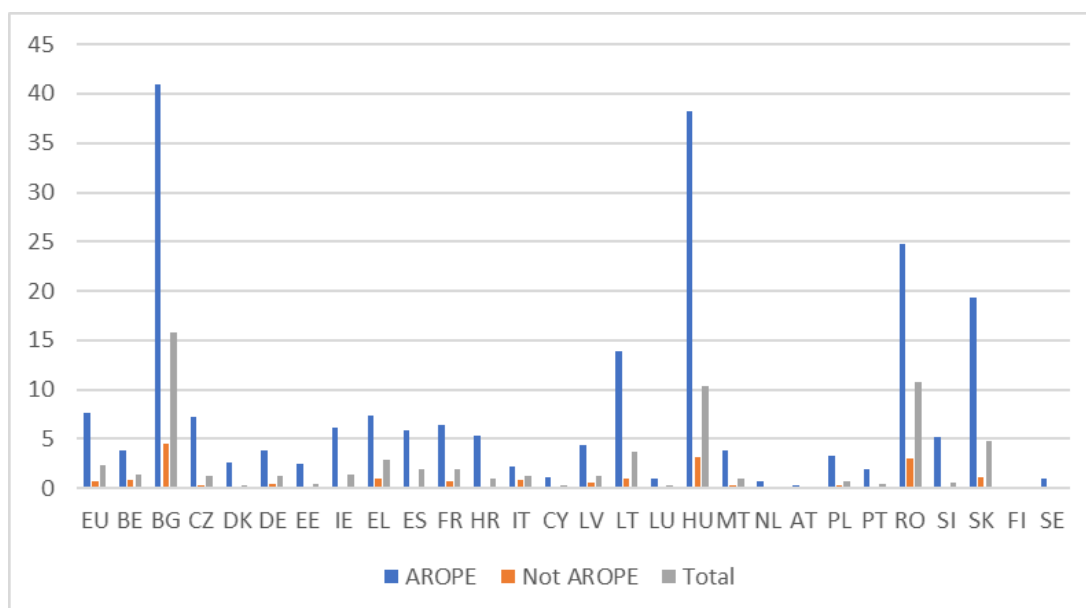
Finally, this section incorporates context information on policy levers related to students per teacher ratios in schools with low socioeconomic profile and government expenditure on education.

Monitoring of the effective and free access to at least one healthy meal per school day

The goal of this section is to monitor the effective and free access of children in need to at least one healthy meal per school day (see § 7(f) of the Recommendation). While there is no indicator available at the EU level to closely monitor such aspect, information on child specific material deprivation was used. More precisely, the agreed indicators allow to monitor to what extent children (<16) AROPE suffer from the lack of access to fresh fruits and vegetables as well as a meal with meat, chicken or fish (or a vegetarian equivalent) at least once a day.

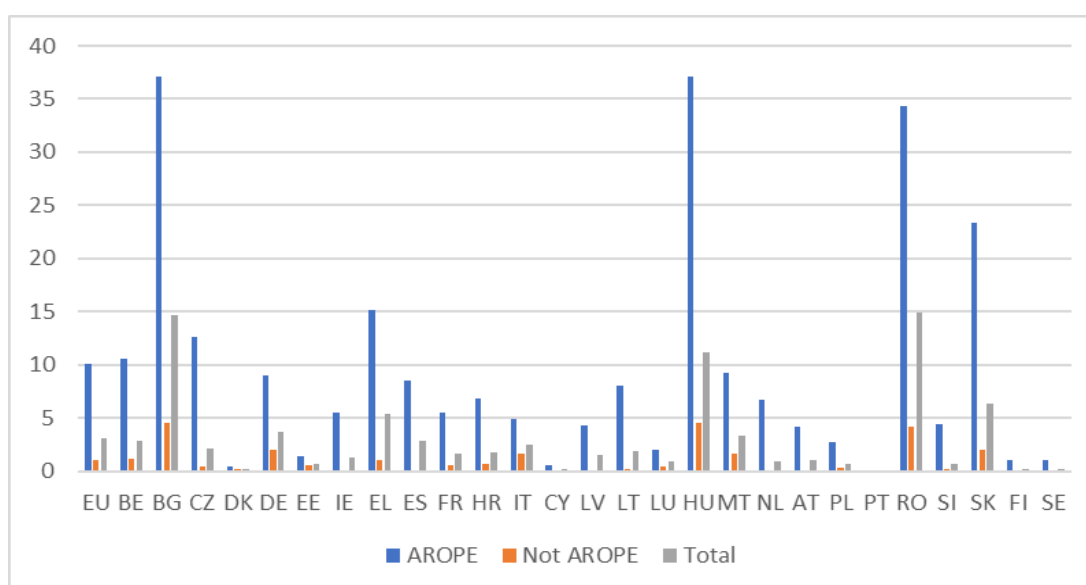
More than 10% of children AROPE did not have access to fresh fruits and vegetables or protein-based food on a daily basis in eight Member States. This figure is from 2021, and thus before the major food price spikes experienced in 2022 and 2023 which might have raised additional financial barriers to access healthy food.

Graph 7. Shares (in %) of children (<16) (AROE, not AROPE and total) who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day (2021)



Source: Eurostat

Graph 8. Shares (in %) of children (<16) (AROE, not AROPE and total) who suffer from the enforced lack of access to a meal with meat, chicken, or fish (or a vegetarian equivalent) at least once a day (2021)

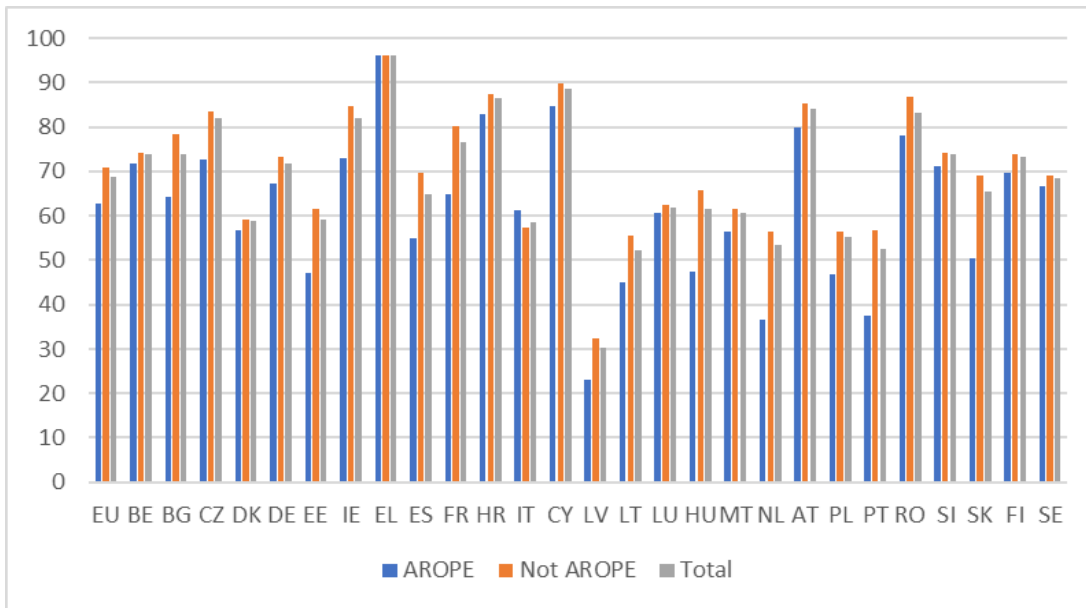


Source: Eurostat

Monitoring of the effective and free access to healthcare

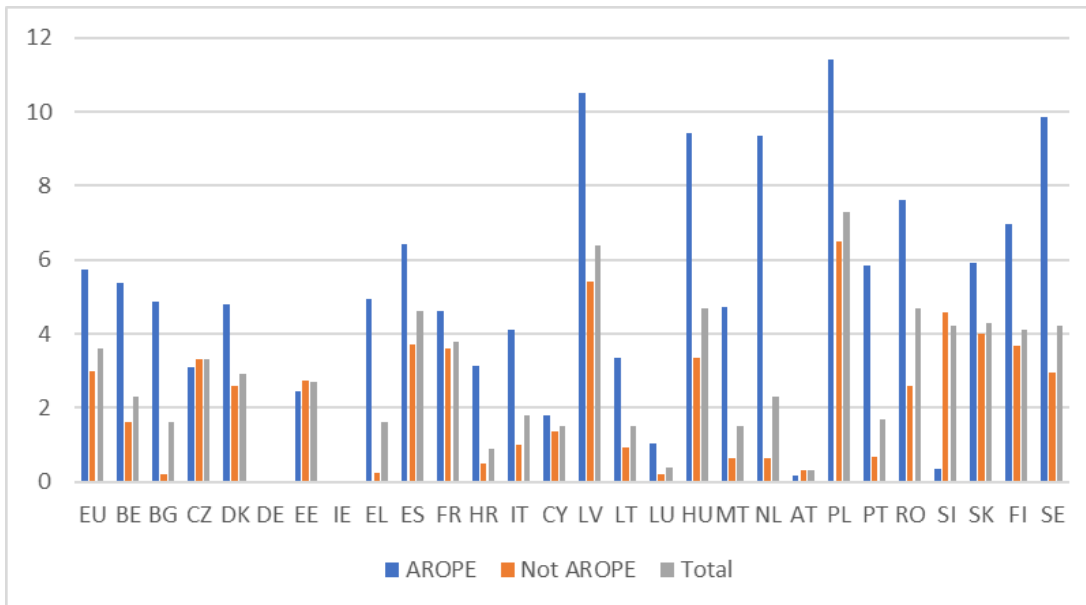
This section aims to monitor the effective and free access of children in need to healthcare (see § 8 of the Recommendation). Two indicators from the EU-SILC 3-yearly rolling module on health, including children’s health, were identified as of relevance in this regard. These two, the shares of children (<16) with “very good” health and with unmet needs for medical examination or treatment, both broken down by AROPE, can be used as a proxy to grasp to what extent children AROPE have genuine access to quality healthcare services.

Graph 9. Shares (in %) of children (<16) (AROE, not AROE and total) with “very good” health



Source: Eurostat

Graph 10. Shares (in %) of children (<16) (AROE, not AROE and total) with unmet needs for medical examination or treatment (2021)



Source: Eurostat; data not reliable for DE and IE

The share of children AROE with “very good” health is estimated to be smaller than the share of children not AROE on average in the EU. Where significant, such difference might, to some extent, be related to uneven access to healthcare services, as children AROE appear to encounter greater difficulties to meet their medical needs. This could for instance be the case in NL, where there is a 20 percentage points difference between the shares of children AROE and not AROE with “very good health” and a nine percentage points difference between the shares of children AROE and not AROE with unmet needs for medical examination or treatment in 2021.

On the basis of information collected by the European Social Policy Analysis Network (ESPAN), which were checked and corrected in case needed, two indicators covering the free provision of key healthcare services (i.e. vaccination, GP, nurses, specialist care, dental care, medicines) and the free access to health screening programmes (i.e. general, hearing, vision and dental)—in line with § 8(a), (b) and (c) of the Recommendation—were agreed upon to monitor their affordability.

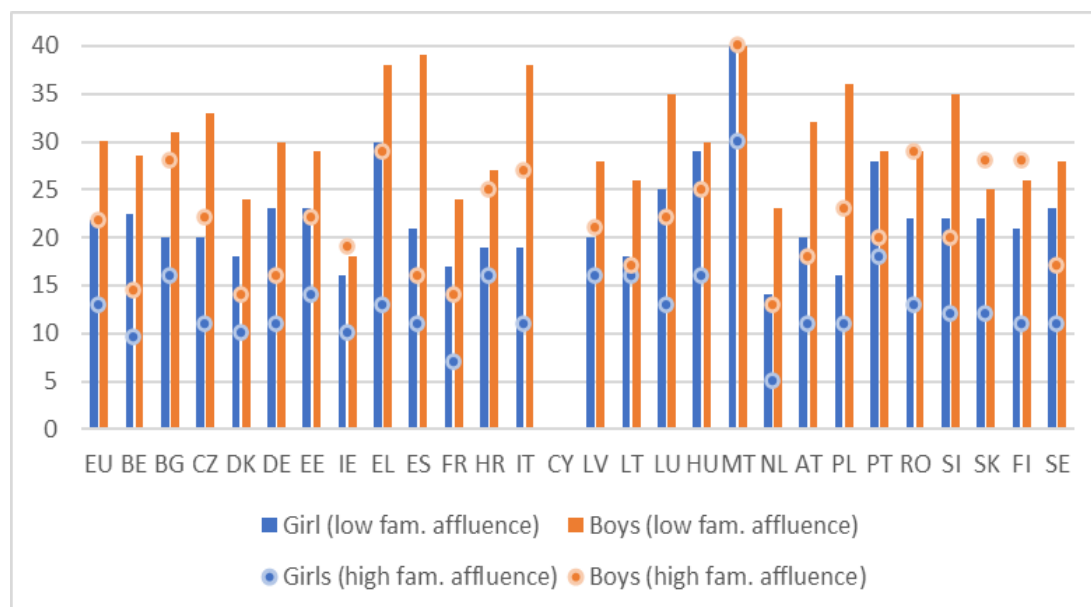
The Recommendation also underlines the need to facilitate treatment of problems of children in need related to mental health (§ 8(a)). While such issue is currently not sufficiently covered by EU indicators, the WHO’s Health Behaviour in School-aged Children (HBSC) study¹⁰ provides data on shares of children (11, 13 and 15 years old) reporting feeling low more than once a week, broken down by gender and family affluence, which were included in the framework as context information.

Monitoring of the effective access to healthy nutrition

The goal of this section is to monitor the effective access of children in need to healthy nutrition (see § 9 of the Recommendation). The shares of children (<16) AROPE who suffer from the lack of access to fresh fruits and vegetables as well as a meal with meat, chicken or fish (or a vegetarian equivalent) at least once a day are based on the child specific material deprivation indicator (and are also included in the section on access to at least one free healthy meal each school day). They can be used as a proxy to have a view, not only on the provision of healthy meal each school day, but also on the access to healthy meals outside of school days (§ 9(a)), and more broadly to sufficiently healthy nutrition.

In addition, the data collected through the WHO’s HBSC study on topics such as children who are overweight or obese are also part of the framework as they, at least to some extent, inform on the efficiency of policies to promote healthy nutrition standards (§ 9(a), (b), (c) and (d)).

Graph 11. Share (in %) of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence (2017/2018)



Source: WHO’s HBSC; data not available for CY

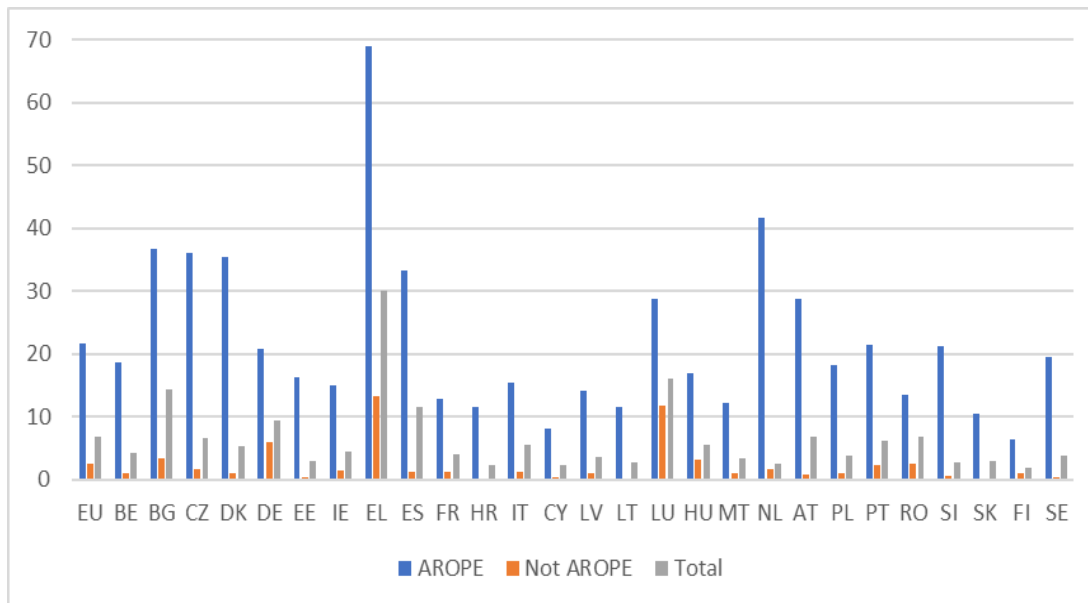
¹⁰ For more information, please see [here](#)

While Graphs 7 and 8 show that poverty hinders access to healthy food, Graph 11 allows to identify the role played by gender on malnutrition as well: the share of boys from family with low affluence who are overweight or obese is the largest in almost all Member States.

Monitoring of the effective access to adequate housing

The purpose of this section is to monitor the effective access of children in need to adequate housing (see § 10 of the Recommendation). This section includes four EU indicators (based on EU SILC), allowing to monitor various aspects of housing. The first indicator allows to grasp the extent to which children in need live in households facing housing cost overburden; the second the extent to which they live in households facing severe housing deprivation¹¹; the third the extent to which they live in an overcrowded dwelling; and the last one the extent to which they live in households impacted by energy poverty (§ 10(b)).

Graph 12. Shares (in %) of children (<18) (AROPE, not AROPE and total) living in a household facing housing cost overburden (2022)

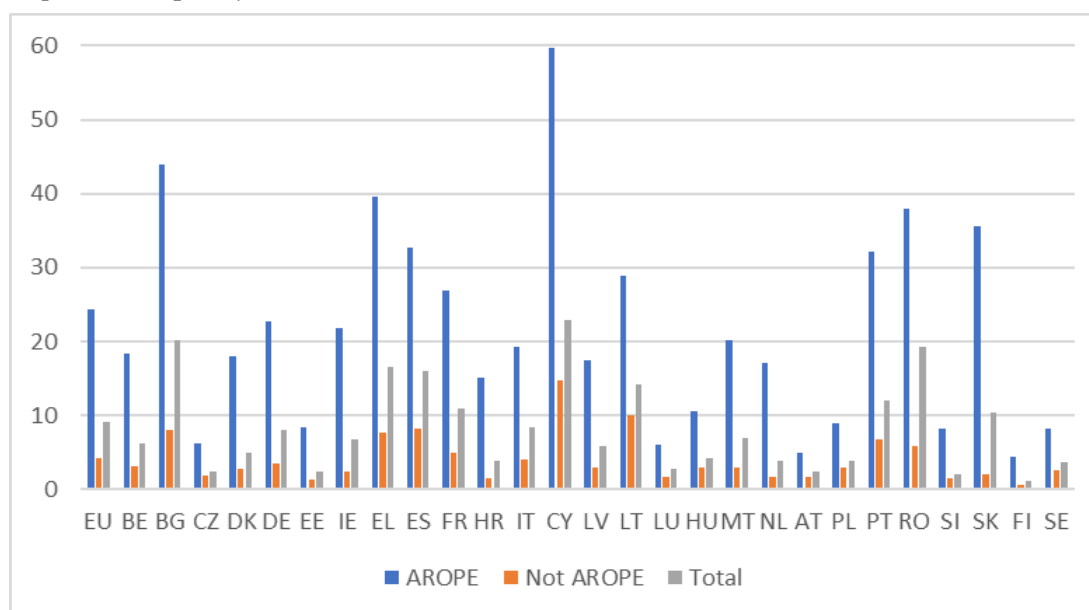


Source: Eurostat

On average in the EU, more than 20% of children AROPE (vs less than 3% for children not AROPE) live in a household where the total housing costs (net of housing allowances) represent more than 40% of disposable income (net of housing allowances).

¹¹ For more information on this indicator, please see [here](#)

Graph 13. Shares (in %) of children (<18) (AROE, not AROPE and total) living in a household unable to keep home adequately warm (2022)



Source: Eurostat

While the gap between the shares of children AROPE and not AROPE living in a household unable to keep home adequately warm, and by the same token subject to energy poverty, remains under 10 percentage points in nine Member States, the gap is above 20 percentage points in nine Member States as well, with the largest gap to be found in CY (45 percentage points).

Areas in need of further data development

In line with § 12(d) of the Recommendation, first reflections were elaborated on ways to enhance the availability, scope and relevance of comparable data at the EU level where necessary. Some gaps in the European Child Guarantee’s joint monitoring framework not sufficiently covered by existing EU data were identified. These areas in need of further data development are broadly as follows:

- Number and situation of children in need not included in the EU-SILC data collection (e.g. children from the target subgroups such as homeless children) (§ 5);
- Access to ECEC, including access of children from the target subgroups, with a focus on the availability, affordability, accessibility and quality of ECEC (§ 7);
- Access of children in need, including children from the target subgroups, to education and school-based activities (§ 7);
- Access of children in need to digital tools for educational purposes (§ 7(g), (h));
- Access of children in need to at least one free healthy meal per each school day (§ 7(f))¹²;
- Mental health of children in need (§ 5(c), § 8(a));
- Health status and unmet needs for medical examination or treatment (and related reasons) of children from the target subgroups (§ 8);
- Availability, affordability, accessibility and quality of healthcare (§ 8);

¹² The indicators on access to healthy food currently included in the monitoring framework do not allow to monitor the *free* provision of at least one healthy meal each school day, as recommended by the European Child Guarantee Recommendation.

- Weight status of children in need (§ 9)¹³;
- Housing conditions of children from the target subgroups (§ 10);
- Availability, affordability, accessibility and quality of social housing (§ 10 (b), (c)).

Several ways were also identified to ensure a more exhaustive coverage of the key aspects of the Recommendation. First, it was suggested to work on enhancing the reliability and timeliness of EU indicators already available, such as the timeliness of the child specific material deprivation indicator which is updated every three years. Second, it was also suggested to monitor the development of and build on ongoing EU initiatives which are of relevance, such as the ongoing work of the European Platform on Combatting Homeless which aims, among other, at improving data availability related to homelessness, and could potentially also include data on homeless children. Third, developing current and/or new indicators at the EU level was also identified as a way to more exhaustively monitor the ECG. It would, for instance, be worth exploring the possibility for Eurydice to collect information not only on the age at which there is a legal entitlement to ECEC but also on whether access to ECEC is free for all children/low income children. It would also be worth exploring the possibility to add the variable “free access to at least one healthy meal per school day” in the EU-SILC module on children or to ask countries to provide this information on the basis of administrative data. Lastly, there was an agreement on the need to improve the comparability of national administrative data, which could be of use to cover the remaining gaps and elaborate longer panel data. These potential avenues for making the monitoring framework more exhaustive will be further explored by the ISG as from 2024.

Some links to additional resources related to the monitoring of the European Child Guarantee:

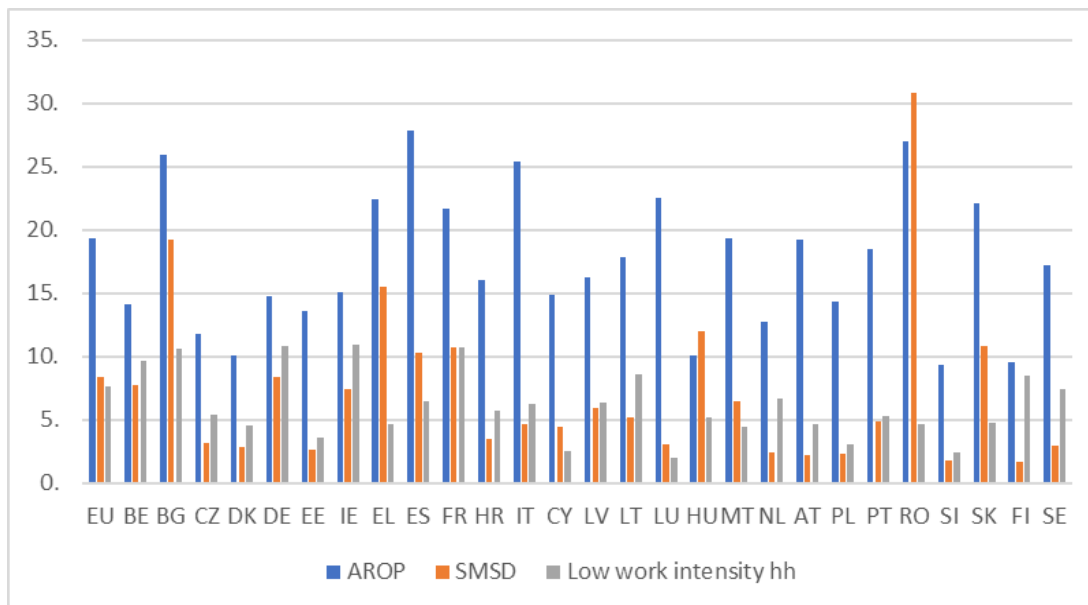
- [UNICEF's child database](#),
- [OECD's PISA](#) and its work on child well-being including its work on [the economic cost of childhood disadvantages](#) and its [dashboard](#) on child well-being,
- [ESPAN's reports on access of children in need to ECG key services](#),
- [EU Agency for Fundamental Rights' Roma surveys](#) including data on Roma children,
- [European Agency for Special Needs and Inclusive Education's statistics](#),
- [Eurydice's structural indicators for monitoring education and training systems](#),
- [Eurofound's convergence hub on the Child Guarantee](#) and its [paper on access to services for children in the EU](#).

¹³ The European Health Interview Survey only provides figures on children who are 15 years old or more and can solely be broken down by income quintiles. The aim would be to obtain information on the weight status of younger children by the socio-economic situation of the household (ideally AROPE).

Annex

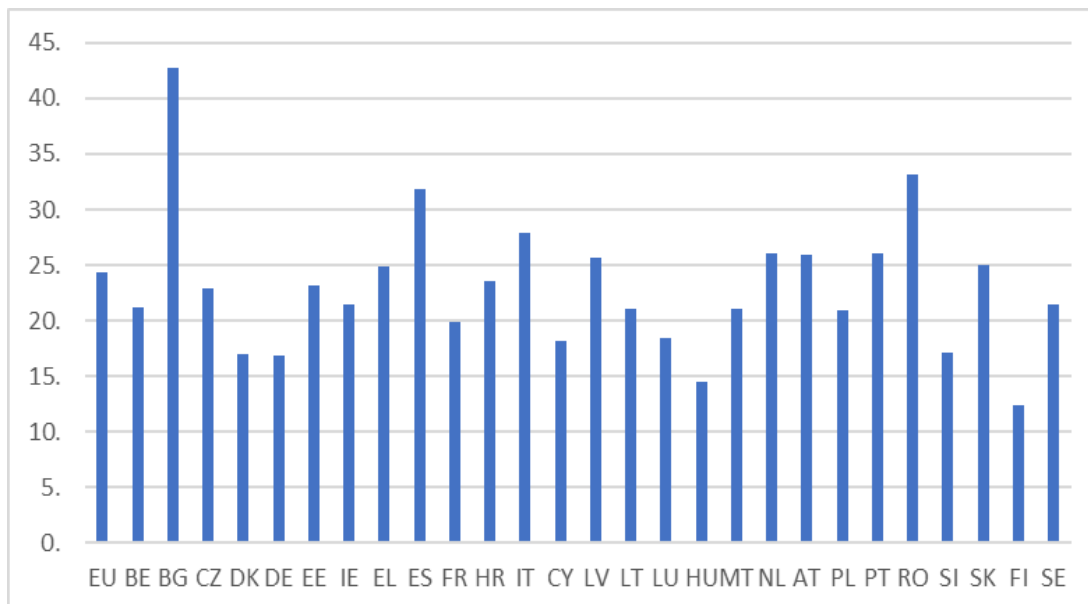
Monitoring of the size of the population of “children in need”

Graph 14. Share (in %) of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in a household with very low work intensity) (2022)



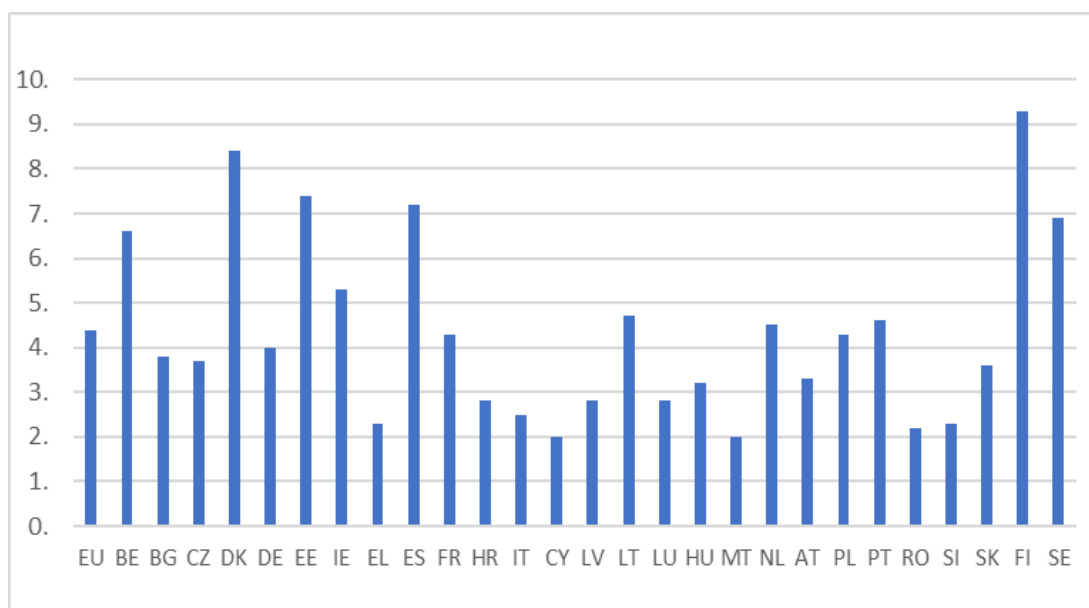
Source: Eurostat (AROP: ILC_LI02 ; SMSD: ILC_MDSD11; living in a household with very low work intensity : ILC_LVHL11N)

Graph 15. Relative median at-risk-of-poverty gap (in %) for children (<18) (2022)



Source: Eurostat (ILC_LI11)

Graph 16. Share (in %) of children (< 16) with limitations due to health problems (2021)



Source: Eurostat (ILC_HCH13)

Table 1. Total number of children in alternative care and its subcategories at a specific point in time for each Member State

	Nb of children in alternative care	Nb of children in residential care	Nb of children in formal family-based care	Nb of children in "other" forms of alternative care
Belgium¹⁴	19,964	8,412 ¹⁵	11,552	
Bulgaria¹⁶	10,067	3,571	6,496	
Czechia¹⁷	27,989	7,146	20,843	
Denmark¹⁸	11,399	3,698	7,540	161 ¹⁹
Germany²⁰	147,700	77,984	69,716	
Estonia²¹	2,031	735	1,296	0
Ireland²²	5,983 ²³	525	5,458	
Greece²⁴	1,989 ²⁵	1,680	309	

¹⁴ Data for Flanders are from 2020, provided on request by the Agentschap Opgroei. Data from the German speaking community are from 2019 (source: Fachbereich Jugendhilfe. Tätigkeitsbericht, 2019 by the Ministerium der Deutschsprachigen Gemeinschaft Belgiens). Data from Wallonia-Brussels are from 2019, provided on request by the Administration Générale de l'Aide à la Jeunesse

¹⁵ Data for Flanders do not include children with disabilities in residential care, children in boarding schools or 'stay for youngsters'

¹⁶ 2019 data from Ministry of Labour and Social Policy (some discrepancies identified by the ISG delegate)

¹⁷ Data provided by the ISG delegate

¹⁸ Data Contain 'other' alternative care provisions, which cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Data from Statistics Denmark

¹⁹ Provisions under 'other' include boarding schools

²⁰ Data from Statistisches Bundesamt (some discrepancies identified by the ISG delegate)

²¹ 2021 data provided by the ISG delegate. Source: Ministry of Social Affairs, social welfare statistics, data extracted on 2021/31/12

²² Data from Tusla (Child and family agency)

²³ Data do not take into account disability care setting or accommodation for homeless children

²⁴ 2020 data from the Greek Statistical Office

²⁵ Data do not include unaccompanied minor children

Spain²⁶	34 632	16 177	18 455	
France²⁷	158,124 ²⁸	51,524 ²⁹	84,944	21,656 ³⁰
Croatia³¹	3,620	921	2,241	458 ³²
Italy³³	27,111 ³⁴	12,892	14,219	
Cyprus³⁵	608 ³⁶	398	210	
Latvia³⁷	5816	545	5271	
Lithuania³⁸	6,848	1347	5501	2,035 ³⁹
Luxembourg⁴⁰	1,286	731	555	
Hungary⁴¹	20,463 ⁴²	6,151	14,312	
Malta⁴³	440 ⁴⁴	197	220	23 ⁴⁵
Netherlands⁴⁶	29,365	14,035 ⁴⁷	15,330	
Austria⁴⁸	12.888	7.993 ⁴⁹	5.062 ⁵⁰	
Poland⁵¹	121,225 ⁵²	43,077	70,753	7,395 ⁵³
Portugal⁵⁴	11027	5,630	4907	490
Romania⁵⁵	42, 029	11.629	30,400	0

²⁶ 2021 data provided by the ISG delegate. Source : 2021 data from Ministry of Social Rights and Agenda 2030 (Boletín de datos estadísticos de medidas de protección a la infancia número 24)

²⁷ Data from the DataCare project, based on 2017 data from Direction de la recherche, des études, de l'évaluation et des statistiques

²⁸ Data from the DataCare project, based on data from several sources containing both overlaps and gaps

²⁹ Data do not account for children with disabilities who are in residential care and who are not at risk in their family

³⁰ Provisions under 'other' include: others (boarding school, placement via sustainable and voluntary reception, placement with a third party volunteer, waiting for a place to stay, placement with a future adoptive family, home placement, placement in family of origin, etc.)

³¹ 2019 data from Ministry of Labour, Pension system, Family and Social policy

³² Provisions under 'other' include: full-day stay (Cjelodnevni boravak), half-day stay (Poludnevni boravak), educational measure of referral of juveniles to a correctional institution

³³ 2017 data from Ministry of Labour and Social Policy

³⁴ Data do not include data on allocation in reception facilities

³⁵ 2018 data from Ministry of Labour, Welfare and Social Insurance

³⁶ Data do not include data on semi-independent living

³⁷ 2022 data provided by the ISG delegate

³⁸ 2022 data provided by the ISG delegate

³⁹ Not counted as children in alternative as out of home for a very short time

⁴⁰ 2019 data

⁴¹ Data from Hungarian Central Statistical Office (some discrepancies identified by the ISG delegate)

⁴² Data do not include data on transitional care

⁴³ 2020/2021 data provided by Foundation for Social Welfare Services, Malta

⁴⁴ Data refer to the number of children in community and residential homes

⁴⁵ Data refer to temporary arrangements, usually short term ones

⁴⁶ 2020 data from Statistics Netherlands

⁴⁷ The age bracket is 0-23

⁴⁸ Data from Statistics on Children and Youth Services 2022

⁴⁹ Data include multiple counting

⁵⁰ Data include multiple counting

⁵¹ Data from Statistics Poland

⁵² Most of the data are for those aged 0-24

⁵³ Provisions under 'other' include: youth education and correctional centre (Młodzieżowy Ośrodek Wychowawczy), health care for chronic conditions facility (Zakład opiekuńczo-leczniczy), nursing homes (Zakłady pielęgnacyjno-opiekuńczy), palliative medicine units (Oddziały opieki paliatywnej), stationary hospices (Hospicjum stacjonarne)

⁵⁴ 2022 data provided by the ISG delegate, with data from CASA report and data including care in extended families and by suitable people

⁵⁵ 2022 data provided by the ISG delegate

Slovenia ⁵⁶	1,167	483	684	
Slovakia ⁵⁷	14,123	5,428	8,695	
Finland ⁵⁸	12,119	5,690	6,298	131 ⁵⁹
Sweden ⁶⁰	19,014	4,249	14,041	724 ⁶¹

Source: data from 2021 DataCare project, checked and updated by the ISG delegates

Monitoring of the effective and free access to ECEC

Table 2. Age at which there is a legal entitlement to ECEC (2021/2022)

TIME	Universal legal entitlement to ECEC	Compulsory ECEC	Compulsory primary education
GEO (Labels)			
Belgium	2y6m (FR), 3y (DE), 2y6m (NL)	5y	6y
Bulgaria		5y	7y
Czechia	3y	5y	6y
Denmark	6m		6y
Germany	1y		6y
Estonia	1y6m		7y
Ireland			6y
Greece		4y	6y
Spain	3y		6y
France		3y	6y
Croatia		6y	7y
Italy			6y
Cyprus		4y8m	6y
Latvia	1y6m	5y	7y
Lithuania		6y	7y
Luxembourg	3y	4y	6y
Hungary		3y	6y
Malta			5y
Netherlands		5y	6y
Austria		5y	6y
Poland	3y	6y	7y
Portugal	3y		6y
Romania		5y	6y
Slovenia	11m		6y
Slovakia		5y	6y
Finland	9m	6y	7y
Sweden	1y	6y	7y

Note: empty cells refer to the lack of universal legal entitlement to ECEC

Source: Eurydice

⁵⁶ 2017 data on foster care, and the rest are from 2014 from the Statistical Office of the Republic of Slovenia

⁵⁷ 2019 data from the Central Office of Labour, Social Affairs and Family

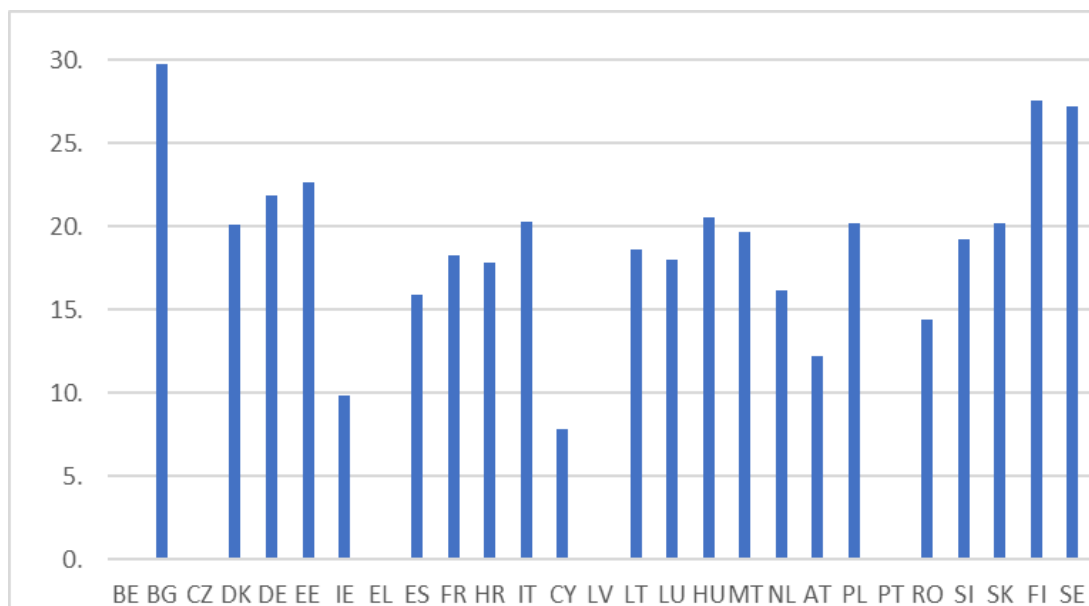
⁵⁸ Data from the Official Statistics Finland – Finnish Institute for health and welfare

⁵⁹ It is not clear in what type of care the 131 children with disabilities are placed

⁶⁰ 2019 data from the National Board of Health and Welfare

⁶¹ Provisions under ‘other’ include: placement in own home

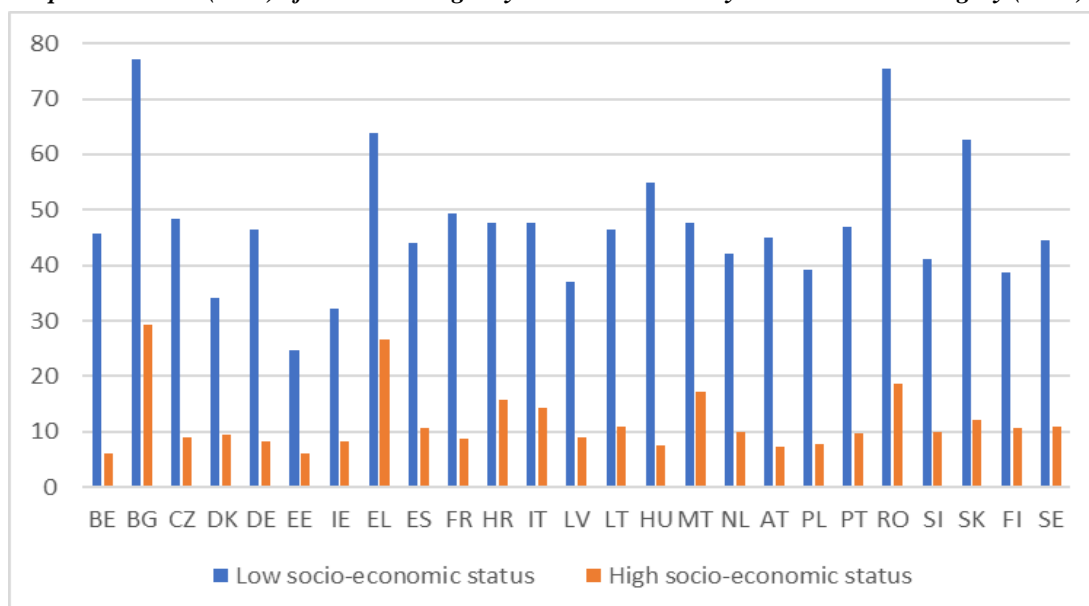
Graph 17. Public expenditure on ECEC per pupil (GDP per capita) (2019) ⁶²



Source: Eurostat (EDUC_UOE_FINE09); no data for BE, CZ, EL, LV and PT; provisional data for DE, ES, FR, NL; definition differing for MT

Monitoring of the effective and free access to education and school-based activities

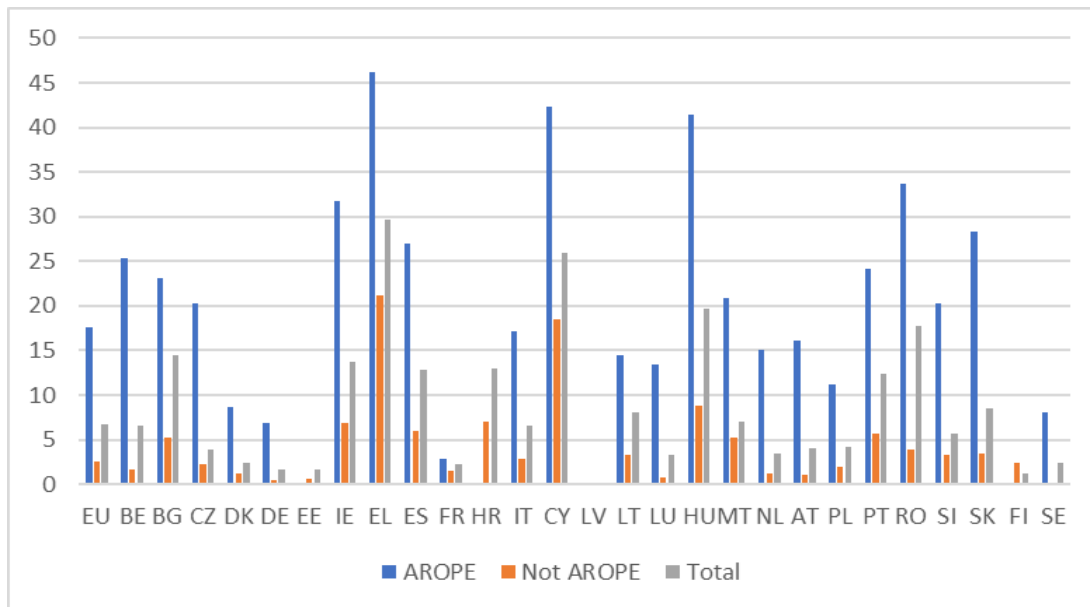
Graph 18. Shares (in %) of low-achieving 15 years old in maths by socioeconomic category (2022)



Source: PISA

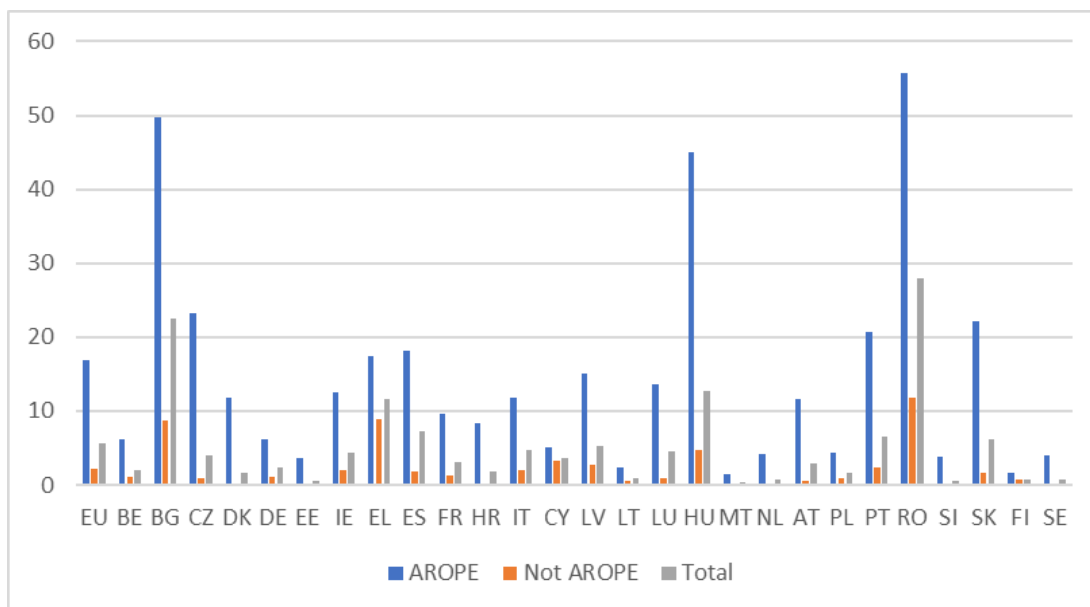
⁶² Comparison of Graph 17's figures in GDP per capita with the same figures in Purchasing Power Standard (PPS) is recommended.

Graph 19. Shares (in %) of children (<18) (AROPE, not AROPE and total) living in a household reporting great difficulties to pay for formal education (2016)



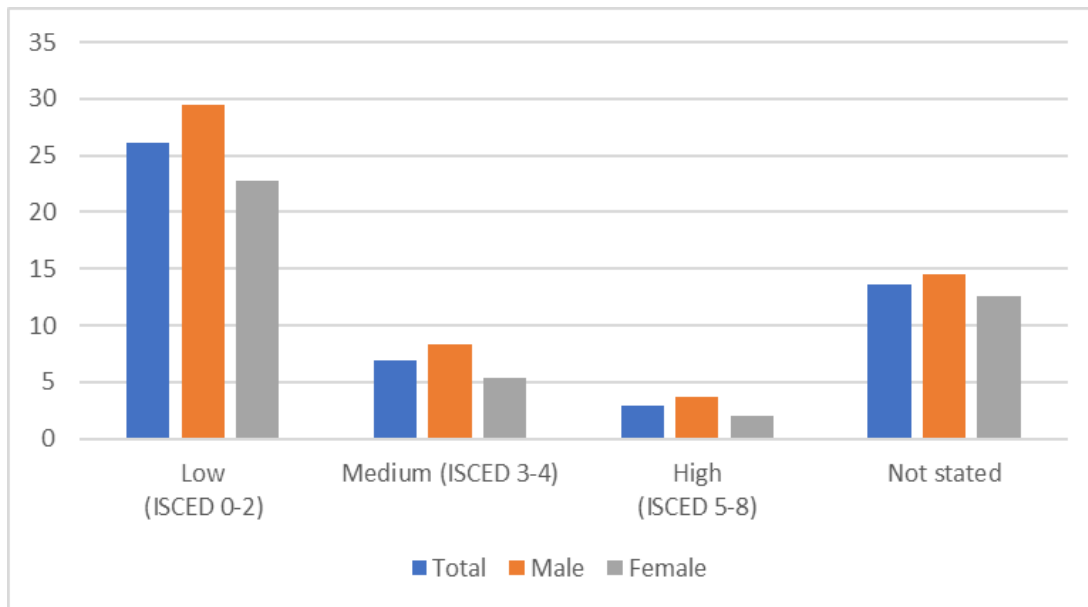
Source: Eurostat; AROPE breakdown not reliable for EE, HR, FI; figures not reliable for LV

Graph 20. Shares (in %) of children (<16) (AROPE, not AROPE and total) who suffer from the enforced lack of access to school trips and school events that cost money (2021)



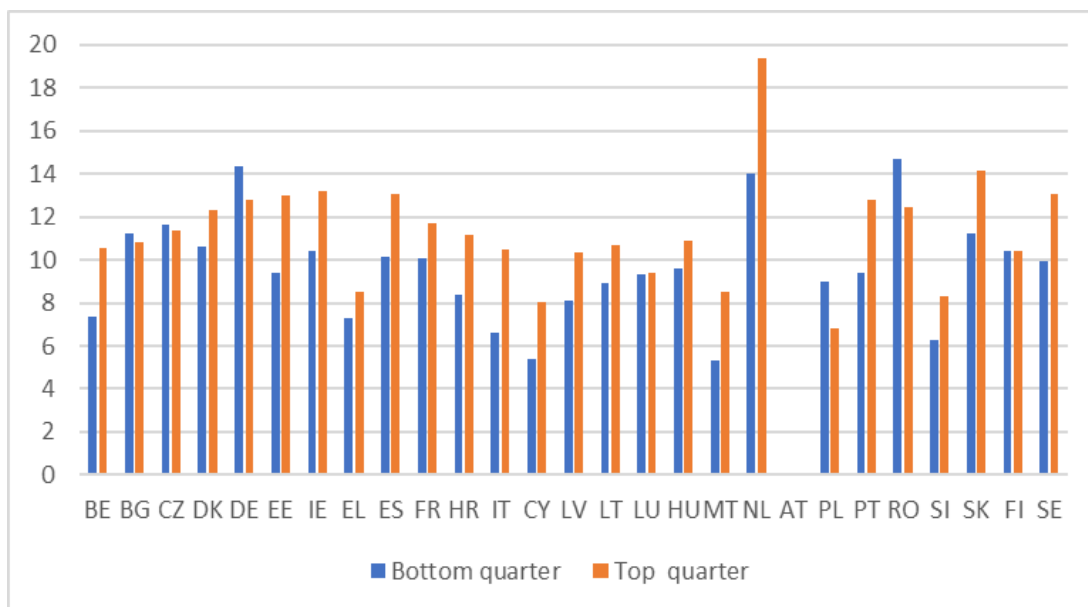
Source: Eurostat

Graph 21. EU average share (in %) of early school leavers (18-24), broken down by sex, and by parental education attainment (2021)



Source: Eurostat (SDG_04_10)

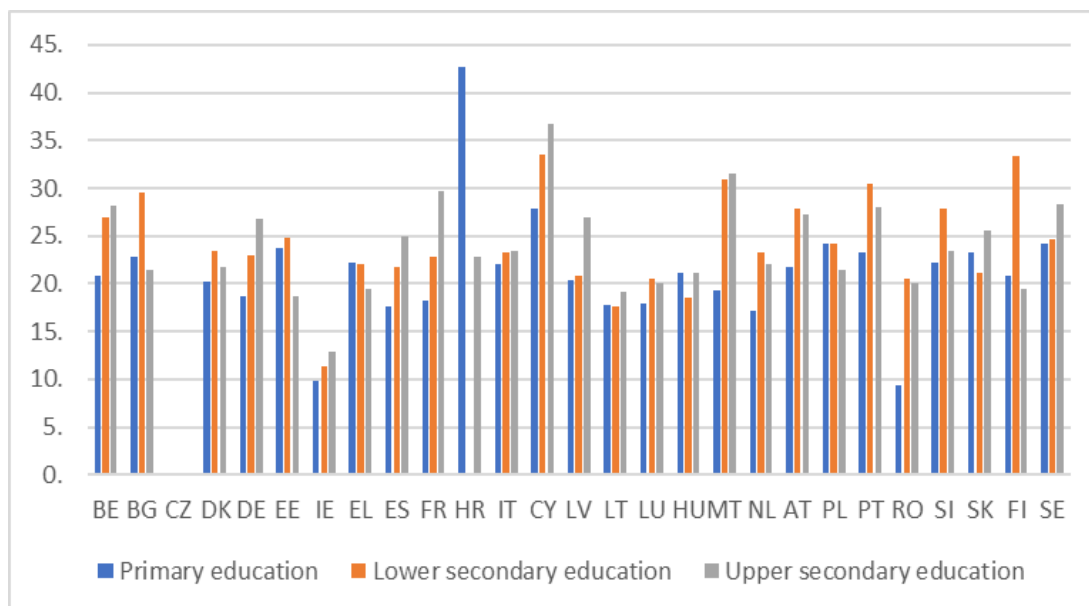
Graph 22. Number of students (15 years old) per teacher in schools, by schools' socioeconomic profile⁶³ (2018)



Source: OECD (PISA); no reliable data available for AT

⁶³ Advantaged and disadvantaged schools are defined in terms of the socio-economic profile of schools. All schools in each PISA- participating education system are ranked according to their average PISA index of economic, social and cultural status (ESCS) and then divided into four groups with approximately an equal number of students (quarters). Schools in the bottom quarter are referred to as “socio-economically disadvantaged schools”; and schools in the top quarter are referred to as “socio-economically advantaged schools”.

Graph 23. Public expenditure on education as a % of GDP / per pupil, by type of education (2019)⁶⁴



Source: Eurostat (EDUC_UOE_FINE09); no data for CZ, HR (on lower secondary education); provisional data for DE, EL, ES, FR, NL; definition differing for BE, HR, IT, PT, FI

Monitoring of the effective and free access to healthcare

⁶⁴ Comparison of Graph 23's figures in GDP per capita with the same figures in Purchasing Power Standard (PPS) is recommended

Table 3: Overview of the provision of free healthcare to all children/low-income children in EU Member States

	Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
Belgium	All	Limited ⁶⁵	All	Limited	All	Limited
Bulgaria	All	All	All	All	All	Limited
Czechia	All	All	All	All	All	Limited
Denmark	All	All	All	All	All	Limited
Germany	All	All	All	All	All	All
Estonia	All	All	All	All	All	Limited
Ireland	All	All ⁶⁶	All	All	Limited	Limited
Greece	All	All	All	All	Limited	Poor
Spain	All	All	All	All	All ⁶⁷	All
France	All	Poor	Poor	Poor	Poor	Poor
Croatia	All	All	All	All	All	All
Italy	All	All	All	Poor	Limited	Poor
Cyprus	All	All	Limited	Limited	Limited	Limited
Latvia	All	All	All	All	All	Limited
Lithuania	All	All	All	All	All	Poor
Luxembourg	All	All	All	All	All	All
Hungary	All	All	All	All	All	Poor
Malta	All	All	All	All	All	ALL
Netherlands	All	All	All	All	All	All
Austria	All	All	All	All	All	Poor ⁶⁸
Poland	All	All	All	All	All	Limited
Portugal	All	All	All	All	All	Limited
Romania	All	All	All	All	All	Limited
Slovenia	All	All	All	All	All	All
Slovakia	All ⁶⁹	All	All	All ⁷⁰	All ⁷¹	All ⁷²
Finland	All	All	All	All	All	Poor
Sweden	All	All	All	All	All	All ⁷³

Note: “ALL” means that it is free for all children; “Poor” means that it is free for low-income children; “limited” means that only a specific range of interventions are free of charge for low-income children

Source: Baptista, I., Guio, A., Marlier, E. and Perista, P. (2023). Access for children in need to the key services covered by the European Child Guarantee: An analysis of policies in the 27 EU Member States. European Social Policy Analysis Network (ESPAN), Luxembourg: Publications Office of the European Union. Data checked and updated by the ISG delegates

⁶⁵ Except for children registered with a community healthcare centre

⁶⁶ Access is free for all children under 6 years old whereas for children aged 6 or above, it is free only for low-income children

⁶⁷ Access is free for all children under 16 years old

⁶⁸ Persons with a low income can benefit from a prescription fee exemption. Otherwise, people generally have to pay a small contribution for prescribed medicines.

⁶⁹ Access to compulsory vaccination only is free for all children

⁷⁰ Access is free for all children on request from GP

⁷¹ Access is free for all children under 6 years old

⁷² Access is free for all children under 6 years old

⁷³ Access is free for all children under 6 years old

Table 4: Overview of free screening programmes to all children/low-income children in EU Member States

	Post-natal				First years				School years				Age limit for screening programmes
	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	
BE	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	0-18
BG	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes		Yes	Yes	0-18
CZ	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-19
DK	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	0-16
DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁷⁴				0-6; at age 7-8, 9-10, 12-14 and 16-17
EE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16/17
IE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes	0-6 ⁷⁵
EL	Yes	Yes	Yes	No				No				No	
ES	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes ⁷⁶	0-18
FR	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16 ⁷⁷
HR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
IT	Yes				Yes				Yes				
CY	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
LV	Yes				Yes		Yes	Yes	Yes		No	Yes	0-18
LT	Yes				Yes			Yes	Yes	Yes	Yes	Yes	
LU	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
HU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
MT	Yes				Yes				Yes	Yes	Yes		0-11
NL	Yes	Yes	Yes		Yes	Yes	Yes		Yes				0-19 (except for dental care, 0-17)
AT	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes*	
PL	Yes	Yes			Yes	Yes	Yes		Yes*	Yes ⁷⁸	Yes	Yes ⁷⁹	0-18
PT⁸⁰	Yes				Yes	Yes	Yes ⁸¹	Yes	Yes	Yes	Yes	Yes	0-18
RO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
SI	Yes				Yes				Yes	Yes	Yes	Yes	Birth until 3rd grade of a higher secondary school
SK	Yes			No	Yes			No	Yes			No	
FI	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Birth to first year of secondary education (age 16)
SE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16

Note: Yes = screening programmes are organised; Yes* = limited screening programmes available; No = no screening programme available

Source: information provided in the FSCG2 country consultations. Data checked and updated by the ISG delegates

⁷⁴ For school-age children, they are recommended, but in some cases costly, examinations: U10 (ages 7-8), U11 (9-10), J1 (12-14), and J2 (16-17). J1-“Untersuchung” (standard benefit) in Germany which means that the costs are refunded for all children. The federal administrations (“Laender”) are responsible for these examinations in schools

⁷⁵ Dental check-up at age 11-12 (between 2nd and 6th class)

⁷⁶ In some autonomous communities

⁷⁷ Dental check-ups mandatory up to age 15, but available at ages 18, 21, and 24

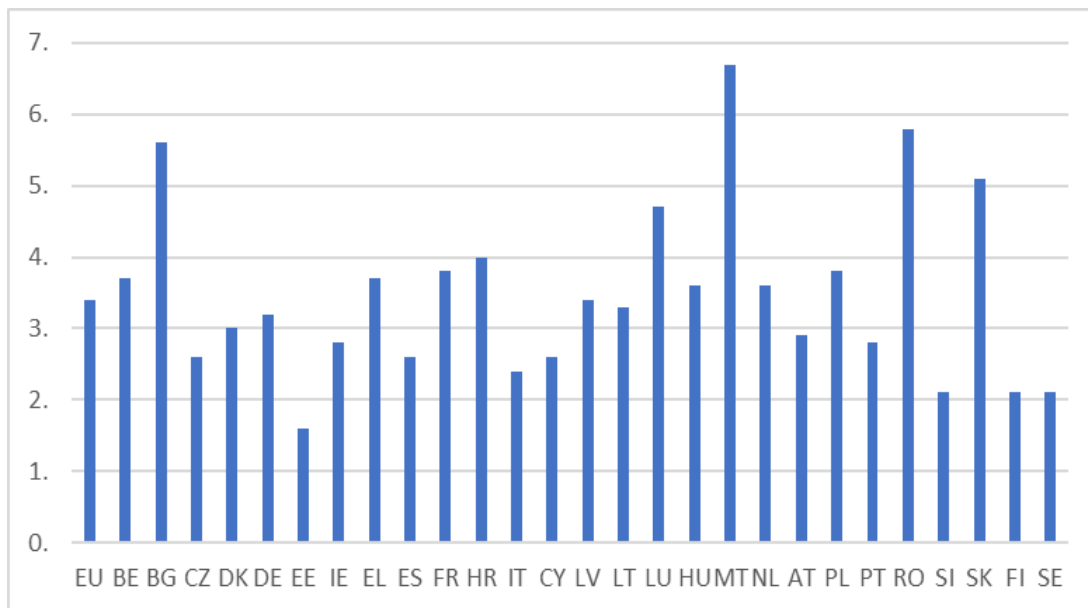
⁷⁸ The regional hearing screening programme for first grade students of primary schools in the Mazowieckie *voivodship* was implemented in years 2017 and 2018

⁷⁹ Regular dental care monitoring in school was established only in April 2019

⁸⁰ The examinations included depend on the age of the child. It most often includes general health and vision screening and (less often) hearing screening

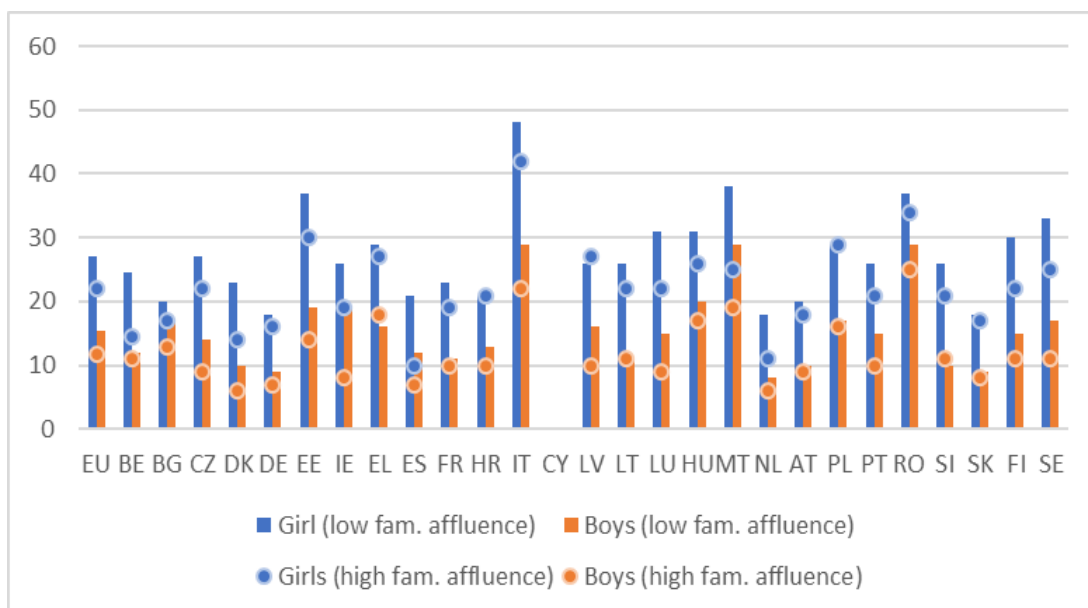
⁸¹ Specific visual screening is undertaken within the scope of “child vision screening” programme at age 2

Graph 24. Infant mortality rate (in %) (2019)



Source: Eurostat (demo_minfind)

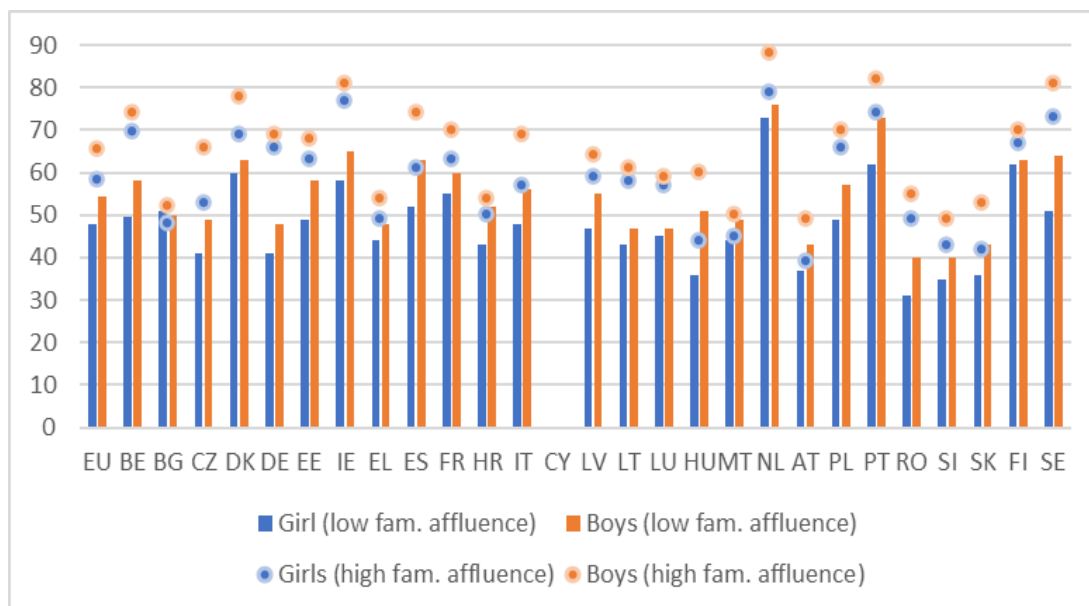
Graph 25. Shares of children (11, 13, 15 years old) who reported feeling low more than once a week by gender and family affluence (2017/2018)



Source: WHO's HBSC; data not available for CY

Monitoring of the effective access to healthy nutrition

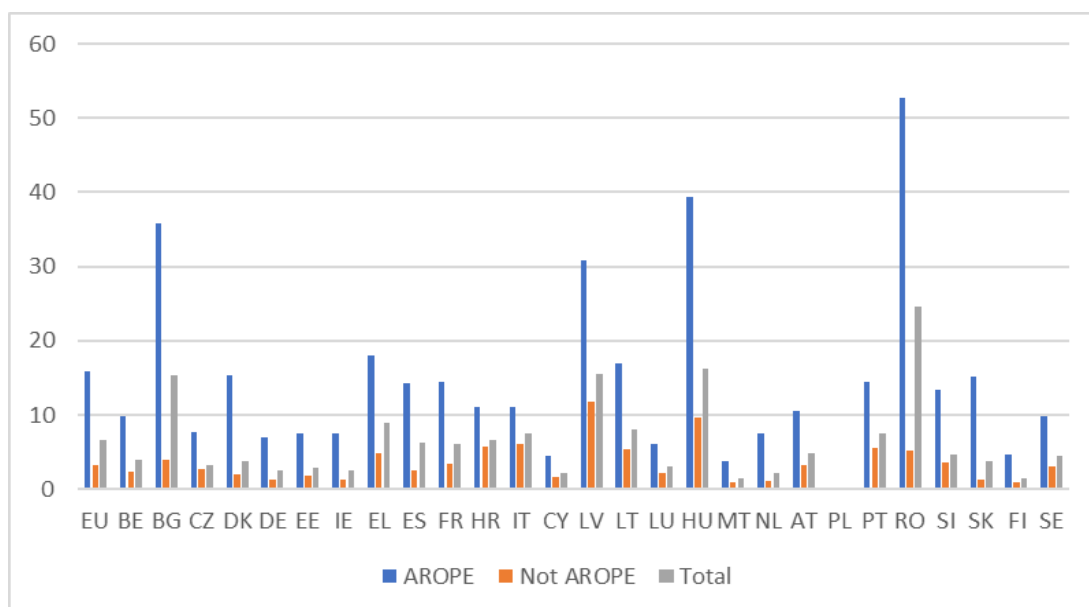
Graph 26. Share of children (11, 13, 15 years old) who eat breakfast every school day, by gender and family affluence (2017/2018)



Source: WHO's HBSC; data not available for CY

Monitoring of the effective access to adequate housing

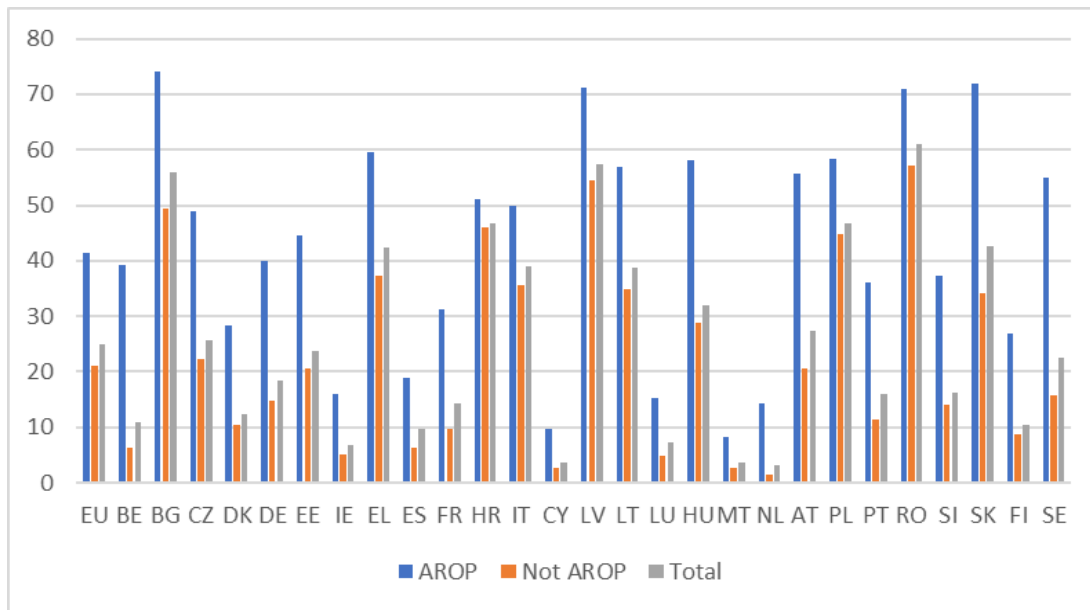
Graph 27. Shares (in %) of children (<18) (AROPE, not AROPE and total) facing severe housing deprivation (2020⁸²)



Source: Eurostat; data not reliable for PL

⁸² The 2020 figures are the latest data available at the time of the note's publication. These will be updated once new relevant figures are released.

Graph 28. Shares (in %) of children (<18) (AROP, not AROP and total) living in an overcrowded household (2022)⁸³



Source: Eurostat

⁸³ The shares of children AROPE and not AROPE were not available at the time of the note's publication and will be included once available.