



European Social
Policy Analysis
Network (ESPAN)

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

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Social Europe



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States**

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Official country abbreviations for European Union Member States

EU countries			
Austria	AT	Italy	IT
Belgium	BE	Latvia	LV
Bulgaria	BG	Lithuania	LT
Croatia	HR	Luxembourg	LU
Cyprus	CY	Malta	MT
Czechia	CZ	Netherlands	NL
Denmark	DK	Poland	PL
Estonia	EE	Portugal	PT
Finland	FI	Romania	RO
France	FR	Slovakia	SK
Germany	DE	Slovenia	SI
Greece	EL	Spain	ES
Hungary	HU	Sweden	SE
Ireland	IE		

Introduction

European policy context

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, Member States are recommended to guarantee for “children in need” (defined as persons under 18 who are at risk of poverty or social exclusion):

- effective and free access to four services: high-quality early childhood education and care (ECEC), education and school-based activities², at least one healthy meal each school day and healthcare;
- 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 submit action plans to the European Commission, covering the period until 2030, to explain how they will implement the Recommendation.³

According to the Recommendation, the European Commission is committed to monitoring “progress in implementing this Recommendation, including its outcomes and the impact on children in need, also as part of the Social Scoreboard in the context of the European Semester” and to proposing “where appropriate, country-specific recommendations to Member States”. The Commission also commits to:

- “work jointly with Member States, the national Child Guarantee Coordinators and the Social Protection Committee to facilitate mutual learning, share experiences, exchange good practices and follow up on the actions taken in response to this Recommendation as set out in the relevant national action plans;
- report regularly to the Social Protection Committee on the progress in implementing this Recommendation, on the basis of the reports from Member States;
- work jointly with the Social Protection Committee to: (i) 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; (ii) with a view to informing policy making,

¹ The full text of the ECG Recommendation is available [here](#).

Readers interested in a review of EU and related international human rights law (including primary treaty provisions, EU-level legislation and case law) setting out relevant children’s rights principles and provisions are referred to Chapter 6 “Legal analysis of the existing EU and other international frameworks on children’s rights” of Frazer et al., 2020.

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 available [here](#). The various studies carried out on behalf of the Commission as part of the Preparatory Action to analyse the feasibility, financing, and implementation of the ECG can be found at the same address; these include the final reports prepared for Phases I (Frazer et al., 2020) and II (Guio et al., 2021) of the Preparatory Action.

enhancing 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.”

A study by the European Social Policy Analysis Network (ESPAN)

In order to help set a baseline for monitoring the ECG, the European Commission asked the European Social Policy Analysis Network (ESPAN) to assess the extent to which children at risk of poverty or social exclusion (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).⁴

Given that the eligibility criterion (or criteria) for accessing these 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**⁵, the 33 ESPAN country teams involved in this study⁶ were asked, as a proxy, to focus in their national reports 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). In the 33 national reports as well as in the present Synthesis Report (whose focus is only on the 27 EU Member States), “low-income children” is to be understood as **children living in low-income households**.

This focus on the national low-income criterion (or criteria) leads to major difficulties regarding the gathering and assessment of information on the actual number of “children in need” who have/lack effective (and free) access to the six services covered by the ECG. Therefore, this part of the analysis in the ESPAN national reports and the present Synthesis Report should be considered as tentative.

Additionally, a number of ESPAN country teams point out that information on the coverage and actual take-up of the allowances/benefits (if any) is often not sufficient, if at all available, to assess whether these cover adequately the out-of-pocket costs that low-income children and their families must pay in order to access the four services which should be available free of charge. This part of the analysis in the ESPAN national reports and the present Synthesis Report should therefore also be regarded as tentative.

Drawing on the national reports prepared by the 27 EU Member States’ ESPAN country teams, this Synthesis Report seeks to provide a comparative overview of the (effective/free) access for low-income children across the EU to each of the six services covered by the ECG, i.e.: (i) effective and free access to high-quality ECEC (see Section 1); (ii) effective and free access to education and school-based activities (Section 2); (iii) effective and free access to at least one healthy meal each school day (Section 3); (iv) effective and free access to healthcare (Section 4); (v) effective access to healthy nutrition (Section 5); and (vi) effective access to adequate housing (Section 6). In doing so, the

⁴ The ESPAN covers 38 European countries: (i) the 27 EU Member States; (ii) the 9 candidate countries, i.e. the six Western Balkan countries covered by the network (Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo [the designation of the latter is without prejudice to positions on status, and is in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence]) as well as Moldova, Turkey and Ukraine; and (iii) Iceland and Norway. For a presentation of the ESPAN Network Core Team and the 38 country teams it includes, see Annex A.

⁵ According to the EU definition, children are at risk of poverty or social exclusion (AROPE) if they live in a household that is at risk of poverty (below 60% of the median income) 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 [here](#). In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people at risk of poverty or social exclusion by at least 15 million, including at least 5 million children.

⁶ The ECG national reports were prepared by 33 of the 38 ESPAN country teams: those of the 27 EU Member States and those of the six Western Balkan countries. The 33 national reports are available [here](#) (ESPAN page on the European Commission website).

Synthesis Report also maps the main financial and non-financial barriers faced by low-income households with children when seeking to access these services.

Countries with similar policies/practices or confronted with similar barriers are listed in brackets (e.g. AT, BE, BG)⁷ so that readers interested in knowing more about these can examine the national reports⁸ concerned. In producing their reports, national experts cite many different sources in support of their analysis. References to these are not included in the present report. Readers wishing to follow up the original sources should consult the individual national reports.

In a number of countries, one or several of the six services covered by the ECG are primarily or solely regulated at sub-national level. To the extent possible, the national reports present a general picture of the (effective/free) access for low-income children in the country; in addition, they also illustrate the geographical disparities by providing an example of both a “well-performing” sub-entity and a “low-performing” sub-entity. This Synthesis Report cannot describe in detail this regional diversity. Instead, when providing examples from such countries, it focuses on the general situation, when available, and/or highlights the regional diversity. Readers interested in this aspect are referred to the individual national reports for more information.

This Synthesis Report was written by Isabel Baptista (independent social policy expert; Social Inclusion Coordinator in the ESPAN Network Management Team), Anne-Catherine Guio and Eric Marlier (Luxembourg Institute of Socio-Economic Research [LISER]; ESPAN Coordinators), and Pedro Perista (*Centro de Estudos para a Intervenção Social [CESIS]*). Helpful comments and suggestions from the European Commission and from ESPAN country teams are gratefully acknowledged. All errors remain strictly the authors’ responsibility.⁹

⁷ Here and throughout the report, the countries in brackets are provided as examples and the lists are not necessarily exhaustive.

⁸ Hereinafter designated throughout the report only as national reports.

⁹ The authors would like to thank Rachel Cowler for her always invaluable editorial support and Liesbeth Haagdorens for fine-tuning the layout of the report.

Executive summary

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

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, Member States are recommended to guarantee for “children in need” (defined as persons under 18 who are at risk of poverty or social exclusion):

- 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 and healthcare;
- effective access to two services: healthy nutrition and adequate housing.

At the request of the European Commission, and with a view to helping it set a baseline for monitoring the implementation of the ECG, the European Social Policy Analysis Network (ESPAN) has assessed the extent to which low-income children, i.e. children living in low-income households, have (effective/free) access to each of these services in the 27 EU Member States. For each service, “low income” refers to the national low-income criterion (or criteria) that apply to the service in the country – such as having a household income below a certain threshold or living in a household receiving the minimum income, etc.¹⁰

In a nutshell, the ESPAN assessment shows that the vast majority of Member States have mechanisms in place to ensure that all, or at least low-income, children have access to the services covered by the ECG. However, these mechanisms vary considerably in reach, and all 27 countries have challenges to meet – sometimes challenges regarding access to (almost) all services, sometimes regarding access to some of the services and/or to some components of a service (within healthcare, for example, prescribed medicines are not free in several countries).

Depending on the country and the service, access can be limited by financial and/or non-financial barriers. While challenges related to costs (including sometimes “hidden” or even “illegal” costs) and geographical disparities are the most frequent, a large variety of other barriers are highlighted by ESPAN experts.

Importantly, ESPAN national experts very often highlight that the existing studies and/or data, where these exist, are not sufficient to examine properly the adequacy and effectiveness of access for all/low-income children to the six services covered by the ECG. For instance, assessing actual out-of-pocket costs or non-take-up of the measures in place is often very complicated. Addressing this need for more evidence will be of major importance in the national and EU monitoring of the implementation of the ECG.

In the following sections, we provide a short summary of the main findings of the EU comparative overview (Synthesis Report) regarding access to each of the six services, as assessed by the ESPAN on the basis of an analysis of the available evidence.

Effective and free access to early childhood education and care (ECEC)

ECEC covers various services for children below compulsory primary school age. In most EU Member States, it starts around birth to age 1, and ends around the age of 6. “Childcare” refers to children under 3 and “pre-school” is for children aged between 3 and around 6. There are marked differences between the availability of free access to childcare and free access to pre-school.

¹⁰ Readers interested in knowing more about the low-income criterion (or criteria) that apply to a given service in given country are invited to look at the national reports concerned.

Almost every Member State provides legal entitlement and free access to publicly funded pre-school for all children. By contrast, about half of the Member States fail to provide legal entitlement and free access to publicly funded childcare even for low-income children. Moreover, low-income children have priority access to publicly funded childcare in only eight EU countries.

Therefore, in most countries, the high cost of ECEC, especially of childcare, is still a burden and a barrier for low-income households with children. This may also be true in countries with regulations to ensure free access for all, or at least low-income, children. There are two main reasons for this. First is the persistence of “hidden” costs associated with attendance, i.e. costs indirectly related to enrolment in ECEC (e.g. clothing and shoes, transport, stationery, books, indoor games). Second, there may be a lack of publicly funded places available, at country level or in specific regions or territories, which ends up pushing children onto waiting lists or into private, paid, care.

A lack of available places and the related waiting lists, throughout a country or in some territories, are the main non-financial barriers. Furthermore, the priority that some countries give to working parents or dual-earner households tends to discriminate against low-income children, as these children are more likely to live in households with less employment or to have parents in non-standard labour market positions.

Additionally, cultural and personal perceptions as well as attitudes may also act as barriers. These include, for instance, reluctance to enrol children due to communication difficulties, previous negative experiences or distrust of public services.

Effective and free access to education and school-based activities

While there are usually no tuition fees for primary and secondary education, there are various school-related costs that may have to be borne by households. These include: required school materials (e.g. textbooks, school supplies, notebooks, etc.), necessary school equipment (schoolbag, pens, glue, scissors, etc.), required specific clothing, IT or sports equipment, musical instruments requested by the school, compulsory extramural activities that are part of the curriculum, other compulsory fees or costs, and transport costs to or from school.

Although most Member States have policies aimed at ensuring that at least some of these items are free for low-income children, only six countries provide for free all or nearly all the items, when requested, to all or at least low-income primary and secondary pupils. Required school materials are, by far, the item most often provided for free, both in primary and secondary education. However, free access to the necessary school equipment and required specific clothing in both primary and secondary education is only rarely available.

All but three Member States provide specific cash benefits (one-off support, regular benefit or both) to help meet educational costs. In most cases, this support is means-tested.

Another relevant area where costs may have to be borne by households are school-based activities, i.e. 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.

The main financial barrier hampering the access of (low-income) children to these activities is the prevalence of (high) costs, sometimes in connection with a lack or insufficiency of social benefits that could cover such costs totally or partially.

A lack of activities organised by schools throughout the country or in some territories is the main non-financial barrier. In some cases, this is largely the result of an urban/rural divide, often linked to transport-related difficulties, while in others there are disparities in the way regions organise the service.

Effective and free access to school meals

More than two-thirds of the Member States fail to provide free school meals to low-income children in compulsory education, either because there is no entitlement to free provision for all/low-income children or because the free provision is incomplete.

Where access to school meals is not free for all or low-income children, parental contributions to the cost of school meals may often be a significant financial barrier to participation.

In many countries, the main non-financial barrier is the geographical disparity resulting from the varying provision of free school meals at local level.

When measures are targeted at low-income children, stigmatisation and low take-up may constitute important barriers. Furthermore, there is a serious risk of missing a significant proportion of children in need due to inadequate criteria – an important challenge.

Measures targeted at schools or areas, rather than at children, are criticised on the grounds that many disadvantaged children are missed, that the selection criteria for schools/areas are not adequately defined and that not all disadvantaged schools apply for the scheme.

Whether they have universal or targeted schemes, there is a tendency in most Member States to focus school meal provision on children in pre-primary or primary education. This raises a question concerning equity between age groups, as such provision is critical for maintaining healthy eating habits during adolescence.

Effective and free access to healthcare

In most Member States, free access to outpatient care from general practitioners, services of infant nurses and vaccination programmes is widely available to all children regardless of their income condition. The situation regarding access to specialist care and dental care is similar. On the other hand, free access to prescribed medicines depends considerably on the income situation of the child's household and on the country.

In a number of Member States, there is no free access at the point of delivery but there are measures in place to help meet healthcare costs (e.g. reimbursement mechanisms, exemptions from or annual caps on co-payments, medical cards and special allowances).

Overall, although all Member States have policies aimed at ensuring that low-income children have free access to at least some healthcare services/products, only eleven provide free access for all children, or only for low-income children, to all six services/products covered by this study.

In many countries, the main non-financial barriers are understaffing, and hindrances related to the human resources capacity within the health services, including gaps in specific types of healthcare provision (e.g. paediatric care, mental healthcare, clinical psychology). These often result in long waiting times/lists hampering effective access to healthcare both for children and for the overall population.

In more than two-thirds of Member States, geographical disparities create inequalities in access to healthcare services, particularly between urban and rural areas. Distance to services and/or transportation costs are often important barriers to effective access to healthcare services, sometimes in connection with these disparities.

In some Member States, limited access to healthcare, arising from legal or *de facto* constraints, affects low-income children from vulnerable sectors of the population, such as asylum seekers, undocumented migrants, Roma children, and children with a migrant background. Organisational and/or administrative hindrances, low health literacy, discrimination and stigma are other examples of non-financial barriers hindering effective access to healthcare services.

Effective access to healthy nutrition

Poor adequacy of social transfers (which do not properly take into account the cost of healthy nutrition), low salaries, as well as, more broadly, insufficient “discretionary income” (i.e. the money remaining after taxes and essential household bills have been paid), hamper the access of low-income children to healthy nutrition. The situation is aggravated by the high(er) price of healthy food and by inflation in general.

The main non-financial barriers which hamper effective access to healthy nutrition are low education and a lack of knowledge/literacy regarding health or healthy food. However, unhealthy eating habits, inaccessibility of healthy meals and institutional barriers, such as the lack of comprehensive policy frameworks on nutrition as well the lack, limitations or fragmentation of existing programmes or services also play a role, at least in some countries.

Nearly all Member States implement publicly funded measures which directly support access to healthy nutrition outside of school meals for low-income children. These involve notably the distribution of food products (including through food banks and social grocery stores). In many countries, EU funds play a major role in the support provided.

Rather than focusing on the healthy dimension of nutrition, the measures in place often aim at providing food in general to low-income households to meet their basic daily nutritional needs. Likewise, children become recipients mostly because they are included in targeted households.

Effective access to adequate housing

In most Member States the provision of housing support does not specifically target low-income children, but is, rather, focused on the overall situation of low-income households. In nearly all Member States there are housing allowances and/or benefits which help low-income households with children cover their housing costs, targeting either only households living in rented accommodation or both households living in rented accommodation and homeowners. Although the presence of children in the household is not a common eligibility criterion for accessing housing benefits, in most cases it influences access conditions and the amount of the support received.

Where evidence on the adequacy of housing allowances/benefits is available, there are mixed signs regarding their effectiveness. On the one hand, positive impacts of this support can be seen, enabling low-income households with children to access adequate housing; but, on the other, there is evidence of inadequacy of existing support schemes, or the erosion of their protective role against rising housing costs.

The provision of social housing accounts for 5% or less of the total housing stock in at least one out of three Member States. In most cases, there is no specific provision of social housing for low-income households with children: these households have to meet the same access criteria for social housing as other households. The most common criterion is related to household income. However, the presence of children in the household often entails priority in access and may have an impact on the income conditions for application or on the support received.

There are non-financial barriers to effective access to social housing for low-income children in almost all Member States where social housing programmes exist. Unsurprisingly, low or insufficient supply of social housing constitutes the most frequent non-financial barrier (present in 21 Member States). Other important hindrances identified in many countries include long waiting lists for social housing, as well as geographical disparities which create access inequities. In some countries, there is also evidence of barriers linked to the inadequacy of the existing social housing supply given the characteristics of potential applicants (e.g. lone parents with one child and large families) and to eligibility criteria excluding specific vulnerable children (e.g. migrant children).

1. Effective and free access to early childhood education and care (ECEC)

According to the Recommendation establishing the ECG (Art. 4a), Member States should guarantee effective and free access for children in need to “high-quality early childhood education and care” (ECEC).

As highlighted by Guio et al., “there is abundant robust evidence to indicate that ECEC can have a direct beneficial influence on children’s development (both cognitive and in other developmental domains); on parents (employment, income, and support); and also indirectly on children (through parenting behaviour); as well as on communities (inclusion and cohesion). The societal added value of ECEC lies in the combination of these effects on children, parents, and communities. However, this impact can only be fully realised when ECEC is of above-average quality, meaning that it is accessible, has a qualified workforce, has a comprehensive curriculum, is well monitored, and has adequate governance.” (Guio et al., 2021: 64-65; see also, for instance: Furu et al., 2023).

Sub-section 1.1 maps the accessibility of and free access to ECEC across the EU. Sub-section 1.2 then addresses the main financial and non-financial barriers to effective and free access to ECEC for low-income children, as identified by ESPAN national experts.

1.1 Mapping accessibility and free access to ECEC

ECEC covers various services for children below compulsory primary school age. In most EU Member States, it starts around birth to age 1, and ends around the age of 6. “Childcare” refers to children under 3 years old and “pre-school” (also called kindergarten or pre-primary education) is for children between 3 and around 6.¹¹ This Synthesis Report, and the 27 national reports on which it is based, cover only the formal childcare sector; informal and unpaid types of childcare (e.g. care by grandparents, neighbours, family or friends) are not included. Moreover, only publicly funded pre-school provision is considered.

In line with the above, the mapping in this sub-section distinguishes between childcare (Sub-section 1.1.1) and pre-school (Sub-section 1.1.2).

ECEC services are primarily or solely regulated at sub-national level in eight countries (AT, BE, DE, EE, ES, FR, HR, LT), while in the remaining countries, except Italy, they are primarily or solely regulated at national level.¹² The situation in Italy is probably unique in this respect since, as the national experts explain, ECEC is regulated at the sub-national level for children under 3 (childcare) and at the national level for children aged at least 3 (pre-school).

1.1.1 Mapping accessibility of and free access to childcare

National experts provide information on access to childcare for low-income children, i.e. the extent of legal entitlement for all children to publicly funded childcare and priority access for low-income children to childcare facilities.

According to the national experts, there is no universal legal entitlement to publicly funded childcare in 12 EU countries. In 14 of the remaining 15 countries, all children have such a legal entitlement, starting from varying ages; in Cyprus, only low-income children are legally entitled to childcare (Table 1.1).

¹¹ In some Member States, childcare and pre-school provision are integrated into one system (within the larger education sector), which is also known as a “unitary” ECEC system. In others, the system is “split”; childcare and pre-school provision are quite different in terms of funding, accessibility, staff qualifications, adult/child ratio, curriculum, regulations on fees to be paid by parents, attendance and inspection, etc. (See Frazer et al., 2020.)

¹² This differs, obviously, from delivery, in which the sub-national level may play a major role (e.g. CZ, DK).

Table 1.1: Accessibility of and free access to publicly funded childcare

	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK
Entitlement for ALL children from the age of:																											
0 months											√													√			
3 months				√ ^a																√							
5 months														√													
6 months							√						√		√												
10 months			√																								
11 months																										√	
12 months						√																	√		√		
18 months								√											√								
No entitlement	√	√			√				√	√		√				√	√	√			√	√					√ ^f
Free access for ALL children			√			√ ^b											√ ^c		√	√			√ ^d				
Free access for LOW-INCOME children		√ ^e		√		√ ^b	√	√			√			√				√					√ ^d		√	√	
Priority access for LOW-INCOME children		√ ^g	√	√										√		√						√	√			√	

Notes: ^a for low-income children only; ^b depending on the region; ^c 20 hours/week; ^d depending on the birth year, due to the current reform (see Box 1.1); ^e only in the Wallonia-Brussels Federation; ^f a legal entitlement to kindergarten has recently been introduced for children aged three or over; this measure should apply to all children, irrespective of their income (it is expected to come into force in 2025); ^g except for the German-speaking Community, where there is no priority access.

Source: Own elaboration on the basis of the ESPAN national reports.

According to the national experts, low-income children have priority access to publicly funded childcare in only eight EU countries (BE¹³, BG, CY, HU, IT, PL, PT, SI). The age from which priority access is granted ranges from birth in Belgium (except for the German-speaking Community) and Portugal, to 3 months in Cyprus and Italy, 5 months in Hungary and Poland, and 10 months in Bulgaria.

National experts also provide information on whether there is free access for all/low-income children. Eight of the twelve countries without legal entitlement to publicly funded childcare do not, either, grant free access to low-income children (CZ, EL¹⁴, ES, FR, IT, NL, PL, SK). Among the four exceptions, Lithuania and Luxembourg grant free access to all children for up to 20 hours per week; for low-income children in Luxembourg, this upper limit is 34 hours per week. The two other exceptions are Austria and Belgium, as Vienna and the Wallonia-Brussels Federation grant free access to low-income children.

Twelve of the fifteen countries where there is a universal legal entitlement to publicly funded childcare provide free access at least to low-income children. The exceptions are Croatia, Ireland and Romania where there is no free childcare for low-income children.

According to the national reports, in the 11 countries where low income is a criterion for free access to ECEC, compliance with this criterion may be demonstrated by receipt of a given benefit (CY, HU, PT) – most often minimum income protection – or living in a household with an income below a certain threshold (DK, EE, FI, LU, SE, SI), or either of these two conditions (BE¹⁵, DE). In most cases, no other additional conditions need to be met.

In the majority of countries, the national low-income criterion (or criteria) for qualifying as a “low-income child” for access to childcare is somewhat lower (e.g. BE, HU, LU) or much lower (e.g. CY, SI) than the value of the national AROP threshold. According to some national reports, the national low-income criterion (or criteria) is/are similar to (e.g. RO) or higher (e.g. FI) than the national AROP threshold. Additionally, several experts highlight the considerable internal variability in their countries (e.g. EE).

Almost all reports mention the scarcity of data and studies allowing for an effective assessment of non-take-up and of the lack of free access to childcare for AROPE children or other groups of children overrepresented in the AROPE population.

According to the national reports, the age at which children gain free access to publicly funded childcare ranges between the moment of birth and 18 months. While some countries provide free access only to low-income children as from a certain age, others provide it for all children from a certain age (Table 1.2).

¹³ Except for the German-speaking Community in Belgium, where there is no priority access.

¹⁴ In Greece, attendance at public infant/childcare centres is subject to monthly fees which vary among municipalities. There are fee exemptions or reductions for low-income children, which also vary among municipalities, while subsidised places are offered to children fulfilling certain socio-economic criteria.

¹⁵ Only in the Wallonia-Brussels Federation.

Table 1.2: Age at which children have free access to publicly funded childcare in those 15 Member States which provide free access to all children or to low-income children only

	0 month	3 months	5 months	6 months	10 months	11 months	12 months	18 months	No free access
All children	LT ^a , LU ^b , PT ^c	MT			BG		DE ^e	LV	AT, CZ, EL, ES, FR, HR, IT, NL, PL, RO, SK
Low-income children only	BE ^d , FI, LU ^b , PT ^c	CY	HU	DK		SI	DE ^e , SE	EE	

Notes: ^a 20h/week; ^b 20 hours per week for all children, for low-income children 34 hours per week; ^c changes are underway (Box 1.1); ^d only in the Wallonia-Brussels Federation; ^e this age differs considerably between the 16 Länder; the choice to place Germany in the column “12 months” is thus “pragmatic” – in the whole country, this is the age at which: i) all children are legally entitled to childcare (see Table 1.1), and ii) childcare is free of charge for low-income children.

Source: Own elaboration on the basis of the ESPAN national reports.

In Germany, by federal law, childcare is free of charge for low-income children from the age of 12 months in the whole country. However, there are very different regulations on parental fees in the 16 *Länder*. The regulations in each *Land*, which result from a mix of national and sub-national (*Länder*) policies, vary regarding certain parameters (e.g. age of the child, number of childcare hours per day or week, form of childcare [childcare centre vs family day-care] or household type [e.g. specific fees applied to single-parents]). For instance, in Mecklenburg-West Pomerania childcare is free of charge for all children (regardless of age and form of childcare), whereas in Baden-Wuerttemberg, it is free of charge only for low-income children from the age of 12 months, in line with national legislation (i.e. there are no exemptions for other children). In addition to these differences between the *Länder*, parental fees can differ from one municipality to another within the same *Land*.

In Portugal, at the time of writing, all low-income children as well as all children born as of September 2021 are entitled to free childcare. However, significant changes are currently underway, which should result in childcare becoming universal and free (Box 1.1).

Box 1.1: Making access to childcare universal and free in Portugal

In September 2022, childcare provided by the public and the publicly funded private sectors became free for all children born as of September 2021. In January 2023, the measure was expanded to the whole private sector, as long as there are no places available in the public and publicly funded private sectors in the municipality where the child’s parent(s) live or work. Childcare is also free for low-income children born before September 2021 if the household they belong to receives child benefit (only those in the first or second income-band). There is a legislative proposal aiming to make access to childcare universal and free. The proposal is that, in September 2023, children born as from September 2022 would become entitled to free childcare and that, in September 2024, children born as from September 2023 would become entitled. This means that in September 2024, all children up to 3 years will be entitled to free childcare. Until childcare is free for all children, at least 30% of free places should be allocated to low-income children.

Source: ESPAN national report for Portugal.

1.1.2 Mapping accessibility of and free access to pre-school

Unlike the situation regarding childcare, almost all national experts report a universal legal entitlement to publicly funded pre-school for all children in their country. The notable exception is Italy, where the experts emphasise that, although formally there is no legal entitlement for all or low-income children, the high level of provision ensures that most children have *de facto* access (Table 1.3).

Table 1.3: Accessibility and free access to publicly funded pre-school

	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	
Entitlement for ALL children from the age of:																												
1 year						√																						
1.5 years								√											√									
2 years															√													
2.5 years		√ ^a																										
3 years			√ ^b	√ ^b	√		√			√		√	√	√				√		√		√		√	√	√		
4 years									√												√		√ ^b					
5 years	√																										√	
6 years											√						√											
No entitlement																√												
Free access for ALL children	√ ^c	√	√		√	√ ^d			√	√	√	√	√ ^e	√	√	√	√	√	√	√		√ ^f	√	√		√	√ ^g	
Free access for LOW-INCOME children				√		√ ^d	√	√																		√	√	
Priority access for LOW-INCOME children			√	√																			√			√		

Notes: ^a legal entitlement for all children aged at least 3 years old in the German-speaking Community; ^b priority access for low-income households; ^c (25h/week); ^d depending on the region; ^e free access to a pre-school programme (150-250 hours) in the year before starting primary school (at the age of 5 or 6); ^f (20h/week); ^g one year before starting compulsory education (which begins usually after reaching the age of 6), all children are entitled to free pre-primary education in kindergartens.

Source: Own elaboration on the basis of the ESPAN national reports.

In 14 countries, all children are legally entitled to publicly funded pre-school from the age of three. In seven countries, only children from the age of four, five or six are entitled. In five other countries, children younger than three have a legal entitlement. In Italy, as mentioned above, there is no legal entitlement *per se* (Table 1.3).

Priority access is granted to low-income children in Bulgaria, Cyprus, Portugal and Slovenia only.

In Germany, Estonia and Latvia, national experts emphasise that children from the age of 12 or 18 months are entitled to childcare or pre-school, with no distinction made between these settings.

In 26 of the 27 Member States, national experts refer to some sort of free provision in publicly funded pre-school.¹⁶ In 14 cases, free access is granted to all children from the age of three or even before. In eight cases, free access is granted to all children but only at the ages of four, five or even six. Four national reports note that free access is granted only to low-income children, from the age of three or even before (Table 1.4). In these countries, eligibility is generally linked to being a recipient of a given benefit (CY) or of living in a household with an income below a certain threshold (DK, EE, SI). In most cases, no other conditions need to be met on top of the low-income criterion/a. The national low-income criterion (or criteria) for qualifying as a “low-income child” is usually lower (e.g. SK) or much lower (e.g. CY, SI) than the national AROP threshold. In Denmark, the threshold applied is higher or lower than the poverty threshold depending on the household type. In Estonia, there is considerable local variability in the eligibility criterion related to income, but the threshold applied is usually higher or slightly lower than the AROP threshold.

Table 1.4: Age at which children have free access to publicly funded pre-school in those 26 Member States which provide free access to all children or to low-income children only

	1 year	1.5 years	2 years	2.5 years	3 years	4 years	5 years	6 years	No free access
All children	DE ^a	LV	IE	BE ^b	BG, ES, FR, HU, IT, LU, MT, PT ^c , RO, SE	EL, NL	AT ^d , CZ, HR ^e , SK ^f	FI, LT	PL
Low-income children only	DE ^a	EE	SK		CY, DK, SI				

Notes: ^a depending on the region; ^b 3 years-old in the German-speaking Community; ^c (25h/week); ^d 20h/week; ^e free access to a pre-school programme (150-250 hours) in the year before starting primary school (at the age of 5 or 6); ^f one year before starting compulsory education (which begins usually after reaching the age of 6), all children are entitled to free pre-primary education in kindergartens.

Source: Own elaboration on the basis of the ESPAN national reports.

¹⁶ In Poland, some municipalities offer fee reductions or exemptions; but this is solely based on local decisions.

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

This sub-section provides an overview of the financial and non-financial barriers to effective and free access to ECEC for low-income children in the EU countries.

1.2.1 Financial barriers to effective and free access to ECEC for low-income children

Four country teams identify no financial barriers to effective and free access to ECEC for low-income children; and four explain that since there are no studies available in their countries, they cannot assess whether such barriers exist (Table 1.5).

In the 19 countries where the national experts mention financial barriers, the most frequently mentioned is the high cost of ECEC (17 countries). “Hidden costs” are highlighted by seven country teams; these consist of costs indirectly related to enrolment in ECEC, such as clothing and shoes, transport costs, stationery, age-appropriate books (excluding textbooks or teaching aids), indoor games (educational games for toddlers, blocks, etc.), etc. Finally, eight country teams mention geographical disparities in fees.

Table 1.5: Financial barriers to effective and free access to ECEC for low-income children

High cost	Hidden costs	Geographical disparities in fees	No significant barriers	No studies available
AT, BE, BG, CY, CZ, DE, ES, FR, HR, HU, IE, LT, MT, NL, PL, RO, SK	AT, BE, BG, DE, LT, RO, SK	AT, DE, EE, EL, ES, HR, IE, SK	FI, IT, PT, SE	DK, LU, LV, SI

Source: Own elaboration on the basis of the ESPAN national reports.

It is hardly surprising that the high cost of ECEC is a barrier in countries where national experts identify no regulations on accessibility and affordability of ECEC for low-income children (e.g. CZ, NL). Likewise, there are countries with regulations on these two aspects and no significant barriers according to the experts (e.g. FI, SE). However, interestingly and importantly, some national experts single out barriers related to high costs although their countries do have regulations related to the affordability of ECEC (at least for low-income children). For example:

- The national experts for Bulgaria refer to a measure introduced in 2022 to reimburse parents' expenditure on ECEC for children who were not admitted to public facilities due to the under-capacity of ECEC facilities. They explain that it may not be very successful, since the total amount allocated to this measure in the 2022 state budget will not be sufficient to cover all children concerned. Furthermore, they stress that the benefit is very low compared to the average monthly fee for private ECEC in the country, which may be twice as high. In addition, they explain that the benefit consists of a reimbursement, which is another financial barrier.
- The report on Hungary mentions that, according to the legislation, there should be no financial barriers, as low-income children have free access to ECEC. However, it stresses that in practice, due to the limited number of places available, many households have to resort to private childcare services which charge much higher fees.

Examples provided by the country teams of hidden costs associated with ECEC include the following:

- In Belgium, the national expert notes that pre-school equipment in the Wallonia-Brussels Federation should be free according to the law. However, she also mentions the results of surveys revealing that, in 2021, parents of pre-school children had to pay on average €160 in pre-school costs. Likewise, in Flanders, where pre-schools are generally supposed to be free and the remaining costs should be below a certain ceiling, the total amount of pre-school expenses often remains a burden for parents despite the education allowance for pre-schooling.
- In Romania, the national expert stresses that additional costs associated with attendance (e.g. transport, clothing, individual educational supplies) may mean that low-income children cannot attend pre-school. Another set of costs which tend to put pressure on low-income parents are voluntary contributions requested by kindergartens/pre-schools or decided upon by parents' associations to cover the costs of food and educational or hygiene supplies which should normally be provided free of charge.

In those countries where the national experts mention significant geographical disparities in fees, local governments may (or may not) decide to exempt low-income children from ECEC attendance fees or may determine the fees to be paid by (low-income) households. Although this may be true for other countries also, these national experts highlight this issue as crucial to an understanding of the financial barriers.

1.2.2 Non-financial barriers to effective and free access to ECEC for low-income children

All national reports but one identify a number of non-financial barriers to effective and free access to ECEC for low-income children. The only exception is Luxembourg, where there are no studies available to assess whether such barriers exist. (Table 1.6)

Table 1.6: Non-financial barriers to effective and free access to ECEC for low-income children

Lack of available places and waiting lists	Geographical disparities	Priority rules	Complex bureaucratic/administrative processes	Understaffing/unpreparedness of professionals	Cultural and personal perceptions and attitudes	No studies available
AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FR, HR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SI, SK	AT, BG, CZ, DE, DK, EE, EL, ES, FR, HR, HU, IE, LT, MT, PL, PT, RO, SK	AT, BE, CY, DE, ES, HR, HU, IT, MT, NL, PT	BE, DE, IE, MT	BG, HR, HU, IE, NL, SK	BE, BG, CY, DE, EL, FI, HR, LT, NL, RO, SE, SK	LU

Source: Own elaboration on the basis of the ESPAN national reports.

Twenty-four national reports mention the lack of available places and the related waiting lists as one of the main non-financial barriers. This is reported as a widespread problem, even in countries where there is a specific concern with making ECEC affordable at least for low-income children (see Sub-section 1.1).

In some countries, this problem seems to be fairly contained (e.g. DK, SI) or decreasing. The national experts for Latvia report that, in October 2022, 7.3% of children who needed the service were on a waiting list, 12 percentage points lower than a year before.

In other countries, the problem seems to be becoming more acute (e.g. IE, NL). For instance, the national experts for Ireland stress that, in the school year 2020/21, the number of children on waiting lists was 68% higher than in 2018/19.

Some national experts explain the significant difficulties which many households experience by highlighting a lack of available publicly subsidised places.

- The national report for Austria mentions that access to ECEC provided by public facilities in Vienna may be difficult and early registration is essential, noting that, to get a place from September, the child must be registered by the end of the preceding year.
- The national report for Belgium stresses that the lack of available places and long waiting lists are known to be the most important barriers that need to be addressed regarding childcare and that parents must often start looking for a place in a childcare facility before the child is born.
- The national report on Estonia provides the results of a 2021 study, according to which 40% of parents had experienced problems with acquiring a childcare/pre-school place, with the main issue (19%) being long waiting lists. More specifically, 26% of parents of children aged 1.5 to 3 years old who were not in childcare or pre-school at the time of the study indicate that this was because of the lack of a childcare or pre-school place.
- According to the national experts for Greece, there are insufficient public formal ECEC places, even for children aged 4 and 5, who are legally entitled to free public ECEC services.
- The national expert for the Netherlands explains that across the country, not just in metropolitan areas, the average waiting time in 2019 for pre-school childcare (for children aged up to 4) is one year. A survey conducted in 2023 highlights that 92% of all day care centres and 59% of toddler care centres report waiting lists.

Most reports (18) describing a lack of available places/waiting lists also highlight significant geographical disparities within the respective countries. In this context, differences in coverage rates across the country, distance and/or lack of transportation are frequently mentioned as important barriers; this is especially (but not only) the case in rural or remote areas. Examples provided by the national experts include the following.

- In Austria, the capacity of public ECEC varies considerably between the federal provinces. In 2021, the coverage rate for children between 0 and 2 years varied between 18.6% in the federal province Styria and 44.3% in Vienna. In the 3-5 age-group, there is less of a difference between provinces, with a minimum coverage of 88.9% in Styria, and a maximum of 98.3% in the federal province of Lower Austria.
- In Czechia, there are huge regional disparities in accessibility of childcare for children below the age of three. Kindergartens are least accessible in big cities and the surrounding area, where the available capacity is less than 50% of what is needed. The shortage of places in childcare facilities is further complicated by a lack of accurate information about the gap between supply and demand at local level.
- In Lithuania, a 2021 study by UNICEF shows that lack of transportation is the second most significant barrier to accessing ECEC in Lithuania, just after the cost.
- In Greece, few ECEC services are available in rural or remote areas, which hinders access of low-income children as they may not be able to or have limited resources to travel on a regular basis.

Eleven reports mention priority rules as a barrier for low-income children. In the majority of the countries concerned, this has to do with the priority given to working parents or dual-earner households. While such policy favours employment and work-family balance, it tends to discriminate against low-income children, as they are more likely to live in households where one or both parents are not in employment or are in non-standard labour market positions. For example:

- The national experts for Croatia note that only a small number of municipalities and cities (17%) apply priority enrolment for all groups of children prescribed by the law. Municipalities are reluctant to include the children of unemployed parents because it is often stated that these parents are at home anyway, so their children's participation in ECEC is considered as not so important to them. The situation is similar for children from single-parent families, because the enrolment criteria strongly favour children of two employed parents.
- The national experts for Hungary explain that, at admission, low-income children (i.e. those entitled to regular child protection benefit) are prioritised, but only if the parent works. This reduces the access of low-income children.
- The report on Malta emphasises that the rationale for free childcare was to encourage female employment, and likely remains so, given that childcare demand from working parents must be satisfied before even subsidised places are offered to children whose parents do not work. Until such time as the commitment in the National Action Plan to extend free childcare to all children irrespective of the parents' labour market status is implemented, disadvantaged children are deprived of an opportunity for a much-needed educational head start.

The reports on Cyprus and Portugal acknowledge an age-related barrier for some low-income children, since priority pre-school access is granted to older children, i.e. to children aged 4 years and 8 months or more in Cyprus and to children aged 4 years or more in Portugal.

Four national reports mention the complex bureaucratic/administrative processes and six note the difficulties faced by ECEC services in recruiting and retaining staff (e.g. IE, NL) and/or the unpreparedness of the sector's professionals (e.g. SK).

Finally, 12 reports emphasise the importance of cultural and personal perceptions and attitudes, which may act as barriers. These include the reluctance of immigrants to enrol their children, because of communication difficulties (e.g. CY, DE, EL) or because they have previous negative experiences of a pre-school or do not trust public services and want to protect their children from racism and exclusion (e.g. DE, SE). In some cases, parents may not be aware of the financial support schemes available to them (e.g. BE). The Roma population is also mentioned as a group where (some of) these issues arise (e.g. BG, EL, RO, SK).

Also in relation to perceptions and attitudes, some national reports mention that parents may refrain from placing their children in ECEC due to individual opinions on how to create strong bonds between parent and children, and how to prepare children for life in society (e.g. EL, SE), as well as an overall lack of information or distrust regarding public ECEC (e.g. CY, EL, HR).

1.3 Summing up

There are marked differences between the availability of free access to childcare and free access to pre-school.

Almost every Member State provides legal entitlement and free access to publicly funded pre-school for all children. By contrast, about half of the Member States fail to provide legal entitlement and free access to publicly funded childcare even for low-income children. Moreover, low-income children have priority access to publicly funded childcare in only eight EU countries.

Therefore, in most countries, the high cost of ECEC, especially of childcare, is still a burden and a barrier for low-income households with children. This may also be true in countries with regulations in place to ensure free access for all, or at least low-income, children. There are two main reasons for this. First is the persistence of “hidden” costs associated with attendance, i.e. costs indirectly related to enrolment in ECEC (e.g. clothing and shoes, transport, stationery, books, indoor games). Second, there may be a lack of publicly funded places available, at country level or in specific regions or territories, which ends up pushing children onto waiting lists or into private, paid, care.

A lack of available places and the related waiting lists, throughout a country or in some territories, are the main non-financial barriers. Furthermore, the priority that some countries give to working parents/dual-earner households tends to discriminate against low-income children, as these children are more likely to live in households with less employment or to have parents in non-standard labour market positions.

Additionally, cultural and personal perceptions as well as attitudes may also act as barriers. These include, for instance, reluctance to enrol children due to communication difficulties, previous negative experiences or distrust of public services.

2. Effective and free access to education and school-based activities

According to the Recommendation establishing the ECG (Art. 4a), Member States should guarantee effective and free access for children in need to education and school-based activities.

Education has a very important transformative power with a major impact on individuals and societies (e.g. Shelley et al., 2019). It is crucial for children's personal growth and development. Through education, children gain knowledge, develop critical thinking skills, and expand their worldview. This growth enables them to overcome obstacles, make informed decisions, and achieve their goals. Education may also support empowerment and upward social mobility, by providing individuals with opportunities and tools for breaking cycles of poverty and social exclusion (e.g. Hadjar and Gross, 2016; Breen and Muller, 2020).

This section provides an overview of the situation regarding effective and free access for low-income children to education and school-based activities across the EU, as assessed by ESPAN national experts. Sub-section 2.1 maps the main school costs in public primary and secondary education, after which Sub-section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs. Finally, Sub-section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to "school-based activities" which are not part of the curriculum. As defined in the Council Recommendation establishing the ECG, "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.

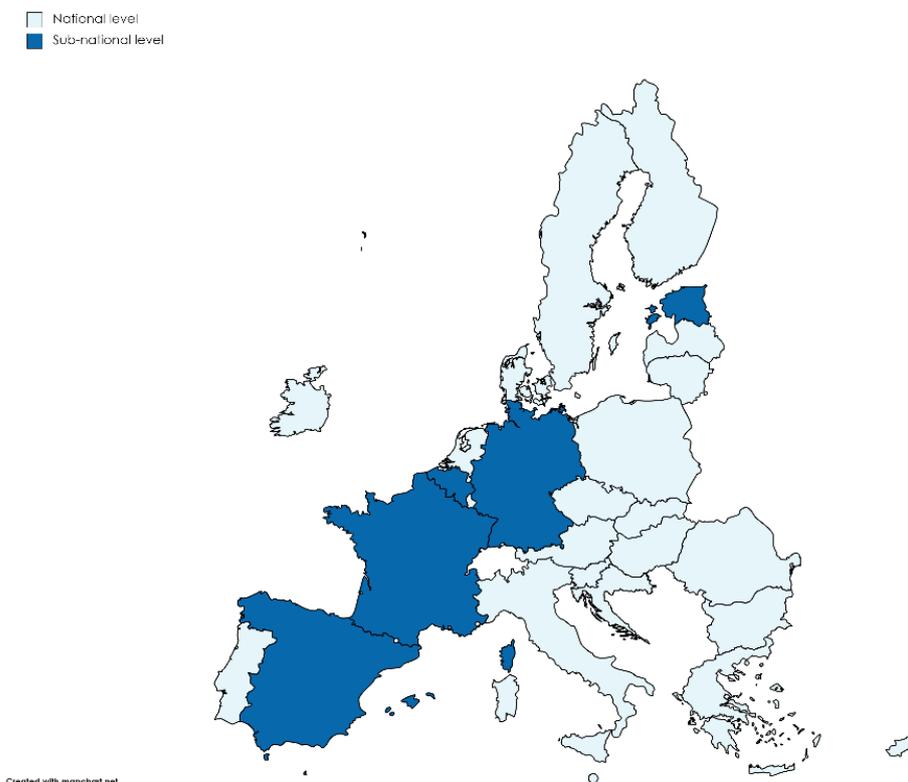
2.1 Mapping free access to public primary and secondary education

According to the national experts, education services are primarily or solely regulated at national level in 22 EU countries, while in the remaining five (BE, DE, EE, ES, FR) they are primarily or solely regulated at sub-national level¹⁷ (Figure 2.1).¹⁸

Although there are usually no tuition fees for either primary or secondary education, there are a number of school-related costs that may have to be borne by households, including necessary school equipment (schoolbag, pens, glue, scissors, etc.); required school materials (textbooks, school supplies, notebooks, etc.); required 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. This section discusses the extent to which all/low-income children have free access to each of these items in primary and secondary education.

¹⁷ This differs, obviously, from delivery, regarding which several national reports emphasise the importance of the sub-national level.

¹⁸ Throughout the section, besides an overview of the overall features, the specific situation in the five countries where these aspects are not primarily or solely regulated at national level is depicted whenever appropriate.

Figure 2.1: Level at which education is regulated

Source: Own elaboration on the basis of the ESPAN national reports.

2.1.1 Required school materials

According to national reports, 12 countries (AT, DK, EE, EL, FI, LU, LV, MT, NL, RO, SE, SK) provide school materials, including textbooks, workbooks, etc. to all primary and secondary school pupils for free (Table 2.1). In six countries, required school materials are provided for free to all primary school pupils but not to some (FR, HR, PL) or any (BG, CY, IE) secondary school pupils. However, the experts for Bulgaria and for Ireland emphasise important changes to come.

- Currently, required school materials (textbooks and notebooks, etc.) in Bulgaria are provided for free in primary but not in secondary education. However, starting in the 2024-2025 school year, required school materials will be provided for free to all children, also in secondary education. On average, households are expected to save about BGN300 (€153.39) annually and the measure is expected to reduce the school dropout rate.

Table 2.1: Free access to required school materials (textbooks, school supplies, notebooks, etc.) in primary and in secondary education (free for all/low-income children)

	Free for all children	Free only for low-income children	Most items free for low-income children	Not free for any children
Primary education	AT, BG, CY, DK, EE, EL, FI, FR, HR, IE ^a , LU, LV, MT, NL, PL, RO, SE, SK	SI	DE, HU, LT, PT	BE, CZ, ES, IT
Secondary education	AT, DK, EE, EL, FI, FR ^b , LU, LV, MT, NL, RO, SE, SK	<u>DE</u> , <u>HR</u>	HU, LT, <u>PL</u> , PT	BE, <u>BG</u> , <u>CY</u> ^c , CZ, ES, <u>FR</u> ^b , <u>IE</u> , IT, <u>SI</u>

Note: ^a free textbooks will be provided to all primary school children from the 2023-2024 school year (this table describes the new situation); ^b free for all children in lower secondary education and not free for any children in upper secondary education; ^c with the exception of textbooks, which are provided for free to all children.

Countries where the situation differs between primary and secondary education are underlined in the row referring to the latter.

Source: Own elaboration on the basis of the ESPAN national reports.

In seven countries, the national experts explain that the provision is targeted at low-income children, at least in some grades. In countries where most but not all items are free, textbooks are usually provided for free but notebooks/exercise books are not. For example:

- In Croatia, the required textbooks are free for all primary school pupils. For secondary school, they are free for pupils whose households receive the guaranteed minimum benefit.
- In Germany, the extent to which required school materials such as school textbooks and exercise books are free is regulated at the sub-national (*Länder*) level. In *Länder* without free learning materials, the costs of school books are covered for children whose households receive citizen's benefit, as an additional needs benefit. This benefit must be applied for; parents must submit proof of costs, to be provided by schools.
- In Slovenia, textbooks and workbooks are free for all children in the first three (of nine) grades of primary education. However, from the fourth to ninth grades, workbooks may be granted free of charge only to low-income children while textbooks may be borrowed free of charge by any child. In secondary education, they are not free for any children.

In four countries (BE, CZ, ES, IT), school materials are not free for any children in primary or secondary education.

Among countries without free access in primary and/or secondary education, some support may be provided. For example:

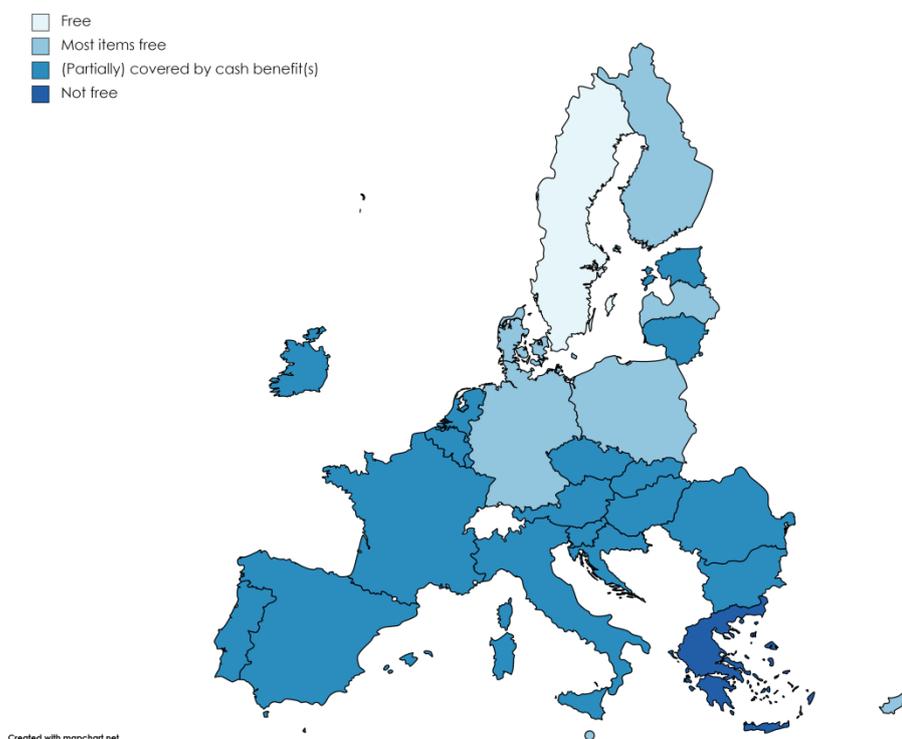
- In Belgium, schools in the Wallonia-Brussels Federation cannot charge parents the cost of books. They can propose to collectively buy manuals, exercise books or magazines for a course. These costs are optional; if the parents refuse to pay these costs, the school must make the materials available for free to the pupil.
- At their own initiative, many schools in Czechia organise help for pupils, especially pupils from low-income households, to reduce costs. Some assistance is provided in the form of redistribution of used textbooks (from the third grade of primary school onwards).

2.1.2 Necessary school equipment

In most countries, no necessary school equipment such as a schoolbag, pens, glue, scissors, etc. is provided for free to any child. Figure 2.2 does not differentiate between primary and secondary education, because the situation reported by national experts is similar for both in all EU countries, with the exception of Cyprus. In seven countries, most but not all this equipment is free for all children (CY [for primary education]) or for low-income children (DE, DK, FI, LV, MT, PL). In Sweden, all necessary school equipment is free for all children.

As highlighted in Figure 2.2, almost all countries provide cash benefits aimed at (partially) covering these costs for all children or at least for low-income children.¹⁹

Figure 2.2: Free access to necessary school equipment (schoolbag, pens, glue, scissors, etc.) for low-income children in primary and secondary education



Source: Own elaboration on the basis of the ESPAN national reports.

¹⁹ It is important to refer to these cash benefits here in order to avoid misinterpretations. However, a more detailed description and analysis of these benefits is to be found in Sub-section 2.2.

2.1.3 Required specific clothing

Nineteen national reports underline that required specific clothing, such as uniforms and sports clothing, is not usually provided for free to any children (Table 2.2).

Table 2.2: Free access to required specific clothing (uniform, sports clothing) in primary and in secondary education (for all/low-income children)

	Free for all children	Free only for low-income children	Most items free for low-income children	Not free for any children	Not required
Primary education	---	MT	DE, DK, FI, PL	AT, BE, BG, CY, CZ, EE, ES, FR, HR, HU, IE, LT, LU, LV, NL, PT, RO, SI, SK	EL, IT, SE
Secondary education	Same as primary education				

Source: Own elaboration on the basis of the ESPAN national reports.

Although uniforms are not required in the majority of countries, sports clothing usually is and its costs must be borne by the children's household. Notable exceptions include Denmark, Finland, Malta and Poland for low-income pupils. In Malta, however, the national expert highlights that the eligibility criteria are restrictive.

- The experts for Denmark and for Finland explain that sports clothing is not provided for free but that for low-income households, social assistance can compensate the cost of these items. Uniforms are no longer used in these countries.
- The experts for Malta note that, while parents must generally pay for uniforms and basic equipment, there is a scheme to subsidise these costs for low-income children aged 3 to 16.
- Low-income pupils in Poland may obtain a full or partial refund of the costs of participating in educational classes, including sportswear and outfits for physical education classes.

Three national reports mention that specific clothing is not required, either in primary or in secondary education.

2.1.4 IT equipment

According to the national reports, in almost every country the situation regarding the provision of IT equipment requested by the school is similar in primary and secondary education. While 14 countries provide IT equipment for free to all or at least low-income primary and secondary school pupils, four countries do not provide any IT equipment for free and six do not require any such equipment. The countries where the situation differs between primary and secondary education are Austria, Czechia, Ireland and Poland (Table 2.3). For example:

- Austrian schools providing secondary education (i.e. from the fifth school level) can participate in a programme called the "digital learning initiative". As part of this programme, all children starting the fifth school year are equipped with a digital device, usually a notebook or a tablet. 75% of the costs of the device are covered by the Federal state (i.e. the national level) and 25% of the cost usually have to be paid by the parents. However, for low-income households, the usual private co-payment of 25% may also be borne by the Federal state.

- National experts for Poland note that there have been various initiatives in recent years to provide computers to low-income pupils. A new government initiative is to provide laptops to all 4th grade pupils in primary schools. The programme is scheduled to start in autumn 2023, targeting 370,000 children.

Table 2.3: Free access to IT equipment requested by the school in primary and in secondary education (for all/low-income children)

	Free for all children	Free only for low-income children	Most items free for low-income children	Not free for any children	Not requested
Primary education	DK, EE, FI, FR, LU, LV, MT, PL ^a , PT, SE, SK	CY, DE, HR, PL		AT, BE, ES, IT, RO	BG, CZ, EL, HU, IE, LT, NL, SI
Secondary education	DK, EE, FI, FR, LU, LV, MT, PT, SE, SK	<u>AT</u> , CY, DE, HR	<u>PL</u>	BE, <u>CZ</u> , ES, <u>IE</u> , IT, RO	BG, EL, HU, LT, NL, SI

Notes: ^a only for 4th graders.

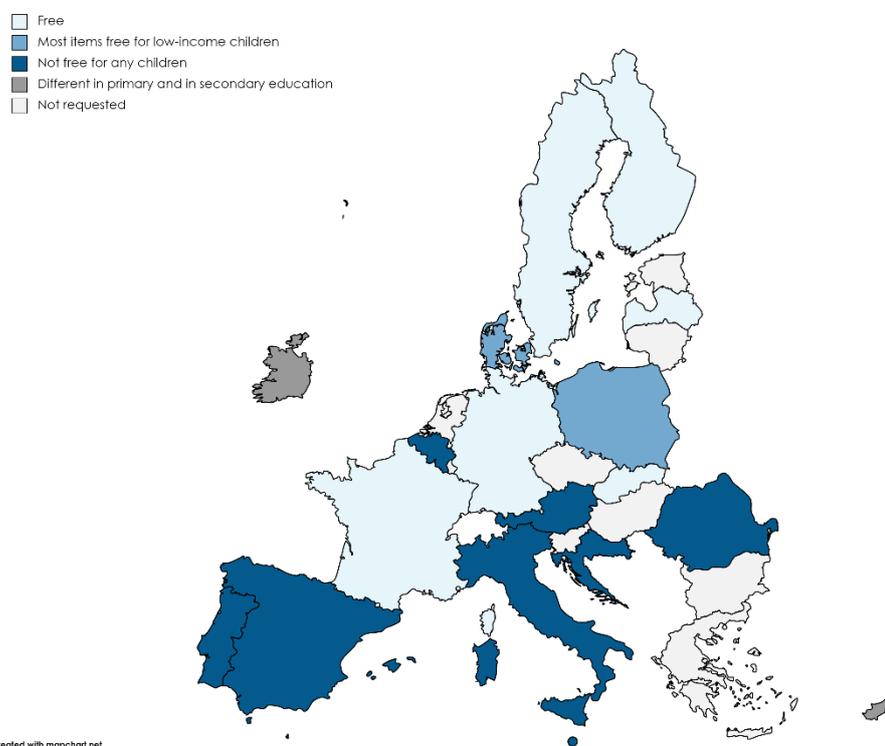
Countries where the situation differs between primary and secondary education are underlined in the row referring to the latter.

Source: Own elaboration on the basis of the ESPAN national reports.

2.1.5 Sports equipment or musical instruments

Compared to the items analysed in previous sub-sections, fewer countries provide sports equipment or musical instruments requested by the school for free to all children (five countries) or at least most of these items for free to low-income children (three countries). In eight countries, no children have free access to this equipment/these instruments and in nine these equipment/instruments are not requested. The situation regarding free access to sports equipment or musical instruments is the same in primary and secondary schools, except in Cyprus and Ireland (Figure 2.3).

Figure 2.3: Free access to sports equipment or musical instruments requested by the school in primary and secondary education (for all/low-income children)



Notes: Cyprus provides free access only for low-income children in primary education and to no children in secondary education. In Ireland, this equipment/these instruments are not required in primary education and not provided for free to any children in secondary education.

Source: Own elaboration on the basis of the ESPAN national reports.

2.1.6 Compulsory extramural activities

In several countries, all or at least low-income children have free access to all (10 countries) or to most (two countries) compulsory extramural activities in both primary and secondary education. In 11 countries, there are no free activities for any children, and they are not required in three other countries (Table 2.4). All country teams except the team for Slovenia report no differences between primary and secondary education.

Table 2.4: Free access to compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum in primary education and in secondary education (for all/low-income children)

	Free for all children	Free only for low-income children	Most items free for low-income children	Not free for any children	Not required
Primary education	DK, FI, FR, HU, LU, LV, NL, SE	DE, MT	PL, RO, SI	AT, BE, CY, CZ, EL, ES, HR, IE, LT, PT, SK	BG, EE, IT
Secondary education	DK, FI, FR, HU, LU, LV, NL, SE	DE, MT	PL, RO	AT, BE, CY, CZ, EL, ES, HR, IE, LT, PT, <u>SI</u> , SK	BG, EE, IT

Note: Countries where the situation differs between primary and secondary education are underlined in the row referring to the latter.

Source: Own elaboration on the basis of the ESPAN national reports.

In countries where not all activities are free for low-income children, national experts argue that the absence of specific regulations guaranteeing such activities (e.g. SI) and the unavailability of local funding to cover costs (e.g. RO, SI) are the main obstructing factors, which often means that schools have to rely on their own fundraising efforts.

2.1.7 Transport

In eight countries (AT, DE²⁰, EE, HR, IE, LU²¹, MT, PT), national experts explain that transport to or from school is provided for free at least for low-income children in both primary and secondary education, while in another eight countries (BG, CY, DK, FI, LT, PL, RO, SE), transport is only partially free. For these eight countries, the picture described by the national experts is mixed: in one country (BG), it is free for all children in primary education and mostly free in secondary education; in two countries (LT, RO), it is mostly free in both primary and secondary education; and, finally, it is (mostly) free at least for low-income children in the remaining five countries, but only for primary education (DK, FI, PL, SE) or for secondary education (CY)²². (Figure 2.4)

In the remaining 11 countries, transport is not provided for free for any children. However, it should be emphasised that five of them (FR, EL, ES, IT, LV) have specific cash benefits to cover costs of transport to and from school (Figure 2.4).²³

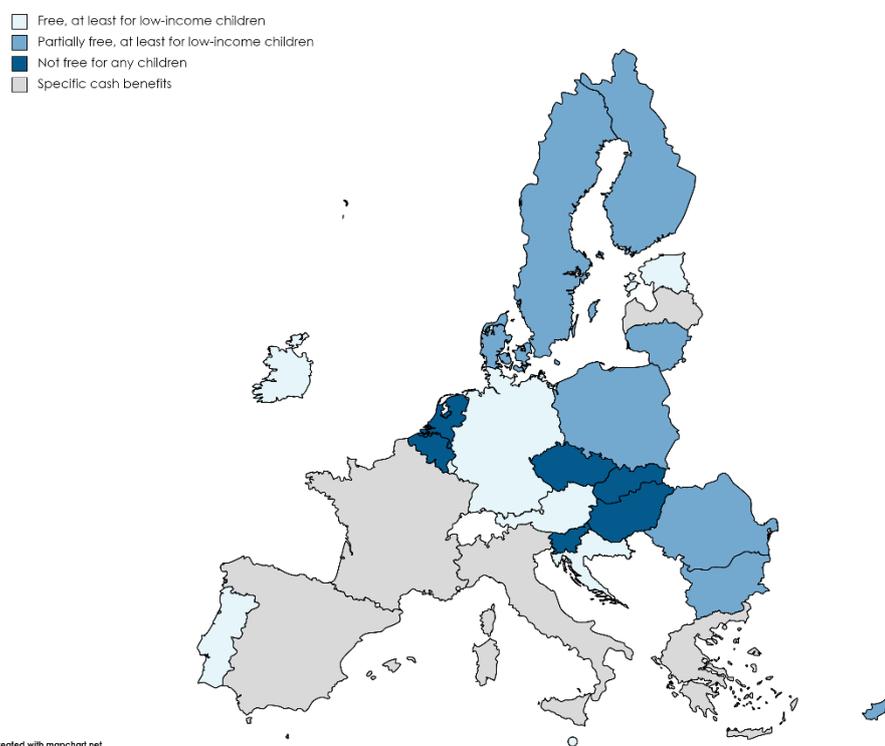
²⁰ In Germany, transport is free for all children in primary education in most of the *Länder* (11 out of 16). In both primary education (when it is not free for all children) and secondary education, it is free for low-income children because the costs are covered if the child is entitled to the “education and participation benefit” (EAPB).

²¹ In Luxembourg, public transport is free for everyone.

²² In September 2022, a six-month pilot programme was launched, which provided primary school children with a door-to-door school bus service free of charge. The schools selected to participate in the pilot were located in urban, touristic, remote, rural or even mountainous areas. The plan is to fully implement the programme in all primary schools, starting from September 2023.

²³ As in the case of school equipment, these cash benefits must be referred to here in order to avoid misinterpretations. However, a more detailed description and analysis is to be found in Sub-section 2.2.

Figure 2.4: Free access to transport to or from school for low-income children in primary and secondary education



Source: Own elaboration on the basis of the ESPAN national reports.

Free access to transportation is usually available for pupils whose place of residence is further away from school than a given distance, which may depend on age (e.g. DE, DK, EL, FI, LT, PL, PT).

A few national reports underline specific challenges linked to the provision of free transportation, as is the case of Romania (Box 2.1).

Box 2.1: Challenges regarding the provision of free transport to or from school in Romania

While there are some legal regulations regarding the transportation of school children, the procedures are ambiguous and changing constantly and rapidly. The procedures changed in 2020, making transportation by train between localities free for primary and secondary pupils who attend school in a different locality from where they live. In most but not all cities, public transportation for pupils is free, based on a decision of the local authorities and/or independent transport service providers.

In addition, transportation for children in remote areas is supposed to be provided free of charge by local authorities, using school buses. However, the lack of clearly defined responsibilities regarding the transportation of children to school (type of provision, costs, coverage), results in a wide range of situations and unevenly distributed costs between rural and urban areas, and across regions, with children from low-income households and those at risk of social exclusion being most vulnerable.

Source: ESPAN national report for Romania.

2.1.8 Overall free access to public primary and secondary education for low-income children

Most Member States have policies aimed at ensuring that at least some items are free for all/low-income children. Usually, eligibility as a “low-income child” depends on receipt of a given benefit (AT, CY, HR, SK) – most often minimum income protection (CY, HR, SK) –, on living in a household with an income below a certain threshold (IE, LV, PL), or on a combination of these two conditions (DE, MT, SI).

Most country teams identify no other conditions that need to be met on top of the low-income criterion/a. Of the very few cases where such conditions are identified, the need for the child’s parents to be employed is mentioned by the experts for Latvia and casuistic conditions are highlighted in the reports on Cyprus, Malta and Slovenia.

Table 2.5 presents a bird’s-eye view of the number of items in primary and in secondary education which are not free for low-income children across the EU. And Tables 2.6 and 2.7 provide a detailed overview of the way national reports depict free access to primary and secondary education in each Member State.

Table 2.5: Number of school items in primary and in secondary education for which access is not (mostly) free for low-income children

	0-1 item	2 items	3 items	4-5 items	6+ items
Primary education	DE, DK, FI, MT, PL, SE	BG, EE, LV, NL	CY, EL, FR, HU, IE, LT, LU, SI	AT, CZ, HR, IT, PT, RO, SK	BE, ES
Secondary education	DE, DK, FI, MT, PL, SE	EE, LV	BG, EL, FR, HU, LT, LU, NL	AT, CY, HR, IT, PT, RO, SI, SK	BE, CZ, ES, IE

Source: Own elaboration on the basis of the ESPAN national reports.

Table 2.6: Free access to primary education-related items (for all children [“All”] or for low-income children [“Poor”])

Country	School materials (books...)	School equipment	Uniforms, sports clothing	IT	Sports/ music equipment	Extra-mural activities	Other fees or costs	Transport
AT	All	No	No	No	No	No	---	All
BE	No	No	No	No	No	No	No	No
BG	All	No	No	---	---	---	---	All ^a
CY	All	Most items	No	Poor	Poor	No	Poor	No
CZ	No	No	No	---	---	No	---	No
DE	Most items	Most items	Most items	Poor	All	Poor	No	All ^b
DK	All	Most items	Most items	All	Most items	All	All	All
EE	All	No	No	All	---	---	---	All
EL	All	No	---	---	---	No	---	No
ES	No	No	No	No	No	No	No	No
FI	All	Most items	Most items	All	Most items	All	All	Most items
FR	All	No	No	All	All	All	---	No
HR	All	No	No	Poor	No	No	---	All
HU	Most items	No	No	---	---	All	---	No
IE	All	No	No	---	---	No	---	Poor
IT	No	No	---	No	No	---	---	No
LT	Most items	No	No	---	---	No	---	Most items
LU	All	No	No	All	---	All	No	All
LV	All	Most items	No	All	All	All	All	No
MT	All	Poor	Poor	All	No	Poor	---	All
NL	All	No	No	---	---	All	---	---
PL	All	Most items	Most items	Poor ^c	Most items	Most items	Most items	All
PT	Most items	No	No	All	No	No	---	All
RO	All	No	No	No	No	Most items	No	Most items
SE	All	All	---	All	All	All	---	All
SI	Poor	No	No	---	---	Most items	---	No
SK	All	No	No	All	All	No	No	No

Notes: ^a all children up to the age of 10; however, up to the age of 12, children must be accompanied by a parent/adult when going to or back from school; ^b free for all children in the majority of Länder (11 out of 16); ^c free for all 4th graders.

“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. “---” means that this category is not requested/compulsory in the country.

Source: Own elaboration on the basis of the ESPAN national reports.

Table 2.7: Free access to secondary education-related items (for all children [“All”] or for low-income children [“Poor”])

Country	School materials (books...)	School equipment	Uniforms, sports clothing	IT	Sports/ music equipment	Extra-mural activities	Other fees or costs	Transport
AT	All	No	No	Poor	No	No	---	All
BE	No	No	No	No	No	No	No	No
BG	No	No	No	---	---	---	---	Most items ^a
CY	No	Poor	No	Poor	No	No	Poor	Poor
CZ	No	No	No	No	---	No	No	No
DE	Poor	Most items	Most items	Poor	All	Poor	No	Poor
DK	All	Most items	Most items	All	Most items	All	All	No
EE	All	No	No	All	---	---	---	All
EL	All	No	---	---	---	No	---	No
ES	No	No	No	No	No	No	No	No
FI	All	Most items	Most items	All	Most items	All	All	Most items
FR	All ^b	No	No	All	All	All	---	No
HR	Poor	No	No	Poor	No	No	---	Poor
HU	Most items	No	No	---	---	All	---	No
IE	No	No	No	No	No	No	Poor	Poor
IT	No	No	---	No	No	---	---	No
LT	Most items	No	No	---	---	No	---	Most items
LU	All	No	No	All	---	All	No	All
LV	All	Most items	No	All	All	All	All	No
MT	All	Poor	Poor	All	No	Poor	---	All
NL	All	No	No	---	---	All	---	No
PL	Most items	Most items	Most items	Most items	Most items	Most items	Most items	---
PT	Most items	No	No	All	No	No	---	All
RO	All	No	No	No	No	Most items	No	Most items
SE	All	All	---	All	All	All	---	No
SI	No	No	No	---	---	No	---	No
SK	All	No	No	All	All	No	No	No

Notes: ^a state budget funds for transport are provided to pupils who travel daily to a school in another locality in the same or an adjacent administrative-territorial area where they are studying for a professional qualification; and if such training does not take place in the locality where the pupil lives, or if the pupil is studying in a protected specialty of a profession or for which there is an expected shortage of specialists on the labour market, and there is no organised training in the locality where the pupil lives; ^b free for all children in lower secondary education and not free for any children in upper secondary education

“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. “---” means that this category is not requested/compulsory in the country.

Source: Own elaboration on the basis of the ESPAN national reports.

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

According to national experts, 24 countries provide cash benefits (universal and/or means-tested) whose specific purpose is to help families meet educational costs. Fourteen countries provide only means-tested support (either a one-off support or a regular benefit or both). Additionally, seven reports mention only universal (one-off and/or regular) measures. Three countries (AT, LU and PL) provide both universal and means-tested support and three countries do not provide specific cash benefits designed to help meet educational costs (Table 2.8).

Table 2.8: Type and regularity of cash benefits whose specific purpose is to help meet educational costs

	Universal	Means-tested
One-off support	AT, BG, CY, EE, PL	AT, BE, CZ, DE, ES, FR, HR, HU, IE, IT, LT, LU, PL, PT, RO, SK
Regular benefits	EL, FI, LU, LV, PL, SE	AT, BE, HR, LU, PL, RO, SI
No benefits	DK, MT, NL	

Source: Own elaboration on the basis of the ESPAN national reports.

Countries providing means-tested one-off support usually provide it at the beginning of the school year with a view to covering expenditure on necessary school equipment such as schoolbags, stationery, etc. For example:

- In Austria, children living in households eligible for Social Assistance/Minimum Income can get a yearly voucher, currently amounting to €80, to buy such material.
- In France, a back-to-school allowance is paid out as a lump sum to cover education-based activities that are not free for households, such as school supplies and materials. This benefit is specifically targeted at low-income households with children in education aged between 6 and 18.
- In Germany, the “education and participation benefit” (EAPB) available to low-income children is supposed to cover most if not all educational expenses. EAPB is part of the basic social security “citizen's benefit” (*Bürgergeld*) and thus part of the socio-economic subsistence minimum for children. It is regulated at the national level.
- In Portugal, participants in the school social action programme are entitled to credits between €8 and €16 for the acquisition of necessary school equipment.

Countries providing means-tested benefits on a regular basis to help meet educational costs include Romania and Slovenia:

- In Romania, children from low-income households in primary and secondary education are entitled to monthly social assistance scholarships, study scholarships as well as educational support (e.g. social educational vouchers).
- In Slovenia, State educational grants are primarily meant to help children from low-income households in secondary education. There are supplements to the state educational grant for educational achievement and for lodging if the pupil's place of residence is more than 25km away from their place of education.

The following are examples of countries offering universal one-off measures:

- In Bulgaria, a one-time grant of BGN300 (€153.39) is allocated to children enrolled in the first and eighth grades. As from the school year 2023-2024, it will be allocated to all pupils enrolled in the first, second, third, fourth and eighth grades, regardless of whether they study in a state, municipal or private school. The allowance is paid in two instalments, 50% after the order granting the allowance comes into force and 50% at the beginning of the second school term, if the child continues to attend school.
- In Cyprus, the only cash benefit, whose specific purpose is to help all children meet educational costs, is the so-called “educational material allowance”. The allowance (€30 for each child) is provided to all pupils attending optional full-day schools, so as to help them buy educational material and books.
- In Estonia, there are no national benefits specifically designed to cover the educational costs considered here. At the local level, “school support”, intended to help with expenses related to starting school, may consist of a one-off or of an annual allowance at the beginning of each school year, depending on the municipality.
- In Poland, all children in primary and secondary schools are eligible for a universal annual benefit called a “Good Start”, equal to 300 zł (around €64), payable at the beginning of the school year.

Countries providing regular universal benefits most often do so to cover transport costs, for example:

- In Greece, if the competent regional authorities are unable to provide school transportation for eligible children because it is either impossible or not financially profitable, a monthly allowance of €85 is provided to households with children who opt to or have to relocate to another area in order to ensure attendance at school, while partial reimbursement is provided by the regional authorities if parents themselves take responsibility for transporting the children to school. This reimbursement amounts to €0.35 per kilometre and cannot exceed €1,500 per pupil per school year. The national experts highlight that, although no data or studies are available analysing the adequacy of these allowances, there are indications that the income support provided for transportation to and from school is largely insufficient.
- In Finland, the school transport subsidy covers the costs of travel to/from school for all pupils. The allowance is granted to young people studying in a secondary educational institution, such as a high school or a vocational school. There must be at least 10 travel days per month and the journey to school must be longer than 7 kilometres one way.
- In Latvia, there is a cash benefit reimbursing transport costs for pupils residing outside urban areas. During the school year, 100% of travel expenses on urban and regional routes from the place of residence to the school and back within the administrative territory of the municipality are reimbursed for pupils in general primary education, and 50% for pupils in general secondary education.

In three countries (DK, MT, NL), the national experts mention that there are no cash benefits specifically designed to help meet educational costs. The national expert for Denmark notes that overall access to education is free for all children and only transport is not free for any children in secondary education. In the case of Malta, the national experts stress that for low-income children the cost of the items which are required for education is covered by the “Scheme 9” benefit; also, each Head of School has an annual budget (around €10,000 for the school year 2022-2023) to spend on the needs of low-income children in their school as they deem necessary.²⁴ The expert for the Netherlands mentions the recent decision of the Dutch government to invest €100 million per year in tackling child poverty, noting that it is explicitly stated that this budget can be used to provide school-related items such as basic material, sport and music classes, homework classes and extra-mural activities.

Unsurprisingly, national reports which report that education services are regulated primarily or solely at sub-national level emphasise the existing significant geographical disparities.

- The national experts for Estonia report that in the municipality of Viljandi, the “school support” is a one-time allowance of €150 given only to children in the first grade. In the municipality of Tallinn, the financial support for the beginning of the school year is annual, and its amount depends on the grade: a child entering first grade is entitled to €320 and from second grade on the amount is €50. In addition to school support, some local governments also have specific benefits, such as support for pupils’ participation in cultural and sports events, help with paying for school supplies or clothing, and monthly allowances for secondary school pupils.
- The national experts for Spain highlight that some Spanish regions offer cash benefits to low-income households, based on a means-tested scheme. Each region and municipality sets its own income requirements for the provision of grants for textbooks, transport, and school meals. The experts emphasise that, as a result, there is a significant disparity in the access criteria and costs covered (different income thresholds, vulnerability indicators, employment status, etc.), except for clothing or sport or music equipment.

However, geographical disparities are also mentioned by national experts in countries where education services are regulated primarily or solely at national level. For example:

- In Hungary, municipalities often provide support when the school year starts, but this is based on locally defined criteria and, therefore, varies greatly.
- In Italy, apart from national resources, some municipalities and regions also provide support, and the rules and values used to define the group of beneficiaries are very heterogeneous over the Italian territory.

Most of the national reports emphasise the lack or insufficiency of studies/data on the extent to which existing cash benefits adequately cover educational costs when these are not free for low-income children.

²⁴ “Scheme 9” supports low-income children aged 3 to 16 regarding a number of costs: uniforms, daily lunch, stationery and photocopies, and extra-curricular events in the public summer school. From late 2022, beneficiaries of Scheme 9 can choose more than one form of support; when the scheme extension was announced, it was acknowledged that some students may need all forms of support, but details as to how this will work in practice, or whether any form of cap will apply, are yet not in the public domain.

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

This sub-section provides an overview of the financial and non-financial barriers to effective and free access to school-based activities for low-income children. Given that the distinction between these activities and some of the activities already covered in this section (especially the “compulsory extramural activities [e.g. school trips, sport, culture] that are part of the curriculum”) may not always be clear-cut, it is important to stress that the focus of this Sub-section 2.3 is specifically on school-based activities that are not part of the curriculum. In line with the Recommendation, school-based activities refer to 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.

2.3.1 Financial barriers to effective and free access to school-based activities for low-income children

Fifteen national reports mention that the existing studies and/or data in the respective countries, if any, are not sufficient to examine properly whether the out-of-pocket costs for accessing school-based activities (i.e. taking account of all financial support available) are a financial barrier for low-income children. Based on the little information available, national experts identify various barriers. The main financial barriers are the prevalence of (high) costs as well as of “illegal” costs (three countries), geographical disparities and problems with existing social benefits available for covering the costs. These problems include the fact that not all children are supported (e.g. CZ, IT) as well as constant changes in the type of benefits, implementation rules and sources of funding (e.g. RO). In four countries, experts do not identify any significant financial barriers (Table 2.9).

Table 2.9: Financial barriers to effective and free access to school-based activities for low-income children

(High) costs	“illegal” costs	Geographical disparities	Problems with social benefits	No significant barriers	Not enough studies/data
BE, BG, EL, ES, FR, HR, IE, PL, SK	HU, LT, NL	DE, FR, HR	CZ, IT, RO	DK, FI, LU, MT	AT, CY, CZ, DE, EE, EL, ES, FI, HU, IE, LV, PL, PT, SI, SK

Source: Own elaboration on the basis of the ESPAN national reports.

The costs of these activities, which can be high, are mentioned in many national reports. For example:

- A Spanish study of 2022 discovered that approximately 24% of pupils could not access extracurricular activities for economic reasons.
- Ad hoc surveys in Ireland demonstrated that low-income children face significant financial barriers to effective and free access to school-based activities. A 2022 study showed that 67% of households surveyed could not enable their children to take part in extracurricular activities because they could not afford them.²⁵ Another study has observed that the low-income households supported by a national children’s charity are using all disposable income towards bills, energy, food and travel, with no income left for school activities or trips, due to the increased cost of living.

²⁵ This survey did not focus on low-income households specifically but is indicative of the current costs of school-based activities for the general population.

Often, (high) costs are mentioned in relation to the lack of (appropriate) social benefits that could cover such costs totally or partially. For example:

- In Greece, low-income children do not have free access to school-based activities and no financial support is provided to help households to meet the costs of their children's participation in these activities. Given that parents or guardians have to cover the total cost of school-based activities (transportation, participation fee, materials, etc.), it may be argued that out-of-pocket costs for accessing these activities constitute a financial barrier for low-income children's effective access when parents may struggle to afford these costs.
- In Slovakia, there are a variety of fees related to school-based activities but no mechanisms of support or compensation for low-income children.

In other cases, social benefits do exist but are described by national experts as problematic and thus not covering low-income children properly. For instance:

- In Czechia, means-tested discretionary support under the minimum income scheme does not appear to sufficiently cover the costs of school-based activities for low-income children. This is mainly due to the discretionary principle applied, making the provision of support uncertain.
- In Italy, around 70% of low-income children have to bear several school costs, and cash transfers do not sufficiently help them, given that these transfers only go to the households most in need (around 30% of the potential beneficiaries). Therefore, school-based activities that are not part of the curriculum are even harder to develop and to be sustained economically, given the absence of public incentives in this respect.
- In Romania, the existing benefits could, in principle, be effective in offsetting the costs incurred by parents. However, the national expert claims, the constant changes in the type of benefits, implementation norms and financing sources result in chaotic provision of benefits and delays in payments/reimbursements.

Three national reports explicitly underline the existence of what may be qualified as "illegal" costs:

- In Hungary, schools are not legally allowed to ask children's households to cover the costs of school-based activities. However, in practice, and although it is illegal, schools usually ask for a monthly contribution, the so-called "class money" to cover the costs of school trips and other extra-curricular activities.
- In Latvia and Lithuania, requesting money from parents for school or classroom use is formally prohibited. Usually, fundraising is initiated by parent committees or otherwise by some active parents, and is quite common. The national experts for Lithuania underline the results of a 2021 study, according to which households who do not want to spend money are said to have to go through a "humiliating procedure" and are asked to provide a "good reason" why they cannot afford to pay.
- In the Netherlands, the national expert argues, schools can no longer exclude children from any activity for which voluntary contributions are requested, if parents do not pay this contribution. Schools are obliged to communicate this clearly to parents. However, a 2022 study found that many schools failed to do so. As a result, voluntary contributions (which can be high) can still be a barrier for parents. A 2020 survey showed that not all parents are aware of the legislation and that about 40% of parents still considered voluntary contributions to be mandatory and experienced pressure to pay (see also Box 2.2).

A few national reports emphasise the importance of geographical disparities. For example:

- In Belgium, many but not all schools organise school-based activities outside the curriculum, such as out-of-school care, afternoon supervision, sport activities, extra language lessons after school etc. In most cases, these are not free and their costs are not covered by the maximum bill available in Flanders.
- In Germany, many extracurricular school-based activities in primary schools take place in all-day care, which is organised in different settings at the federal level. Since all-day care programmes are considered as a care service and not as an educational service, parental fees can be charged. The cost for all-day care at school varies considerably across the *Länder* and municipalities. The national experts highlight the results of a study conducted in 2022 according to which it is not possible to make any statements about the financial burden related to these activities on households throughout Germany.

2.3.2 Non-financial barriers to effective and free access to school-based activities for low-income children

This sub-section describes non-financial barriers to effective and free access to school-based activities for low-income children. The national reports describe a number of such barriers, including the lack of school-based activities in the whole country (three countries) or in some territories (nine countries) as well as cultural and personal perceptions or attitudes (eight countries). Three reports identify no barriers in this respect while six others report that they found no (reliable) studies and/or data on non-financial barriers faced by low-income children in their actual access to school-based activities (Table 2.10).

Table 2.10: Non-financial barriers to effective and free access to school-based activities for low-income children

Overall lack of activities	Lack of activities in some territories	Cultural and personal perceptions or attitudes	Other	No barriers identified	No studies/ data
BG, HU, RO	EE, EL, ES, FI, FR, HR, IE, IT, SK	CZ, DE, FI, IE, LT, NL, PL, RO	CZ, DE, MT, NL	DK, LU, SE	AT, BE, CY, LV, PT, SI

Source: Own elaboration on the basis of the ESPAN national reports.

The lack of activities organised by schools throughout the whole country or in some territories is undoubtedly the main non-financial barrier singled out by national experts. In some cases, this is largely the result of an urban/rural divide, often linked to transport difficulties (e.g. HR, RO) while in others the difference between entire regions is emphasised (e.g. ES, IT).

- The national report on Croatia notes that children from low-income households more often live in rural communities depending on public and/or organised transport to schools, especially to secondary schools located in cities/towns. Even though transportation costs for primary and secondary school pupils are partially or totally subsidised, they are organised according to the schedule of school classes. As school-based activities are mostly organised in the early evening, after school hours, buses are often no longer available when these activities finish. This makes it difficult for children needing transportation to attend.

- The national report on Italy emphasises that both schools and regional/local authorities face varying difficulties depending on where they are geographically located. There is less support from local authorities for the expansion of school-based activities in the South of Italy, precisely where it would be most needed. Local authorities in the South, where there is a lower level of economic development and growth, find it more difficult to collect local funding through taxation.
- The report on Spain stresses that access to school-based activities depends not only on household income, but also on non-financial barriers such as the degree of cooperation between schools and local communities, as well as the availability of public services in the region where they live. For instance, the level of access is significantly lower for children in the Valencian Community or Andalusia but higher for those residing in the Basque Country.
- The report on Romania mentions that the main challenge is the availability of school-based activities, especially in secondary education and especially in rural areas. It further notes that one of the problems faced by small and/or remote rural communities when trying to organise school-based activities is the shortage of human resources.

Eight national reports identify barriers related to cultural and personal perceptions and to attitudes. The national reports on Czechia, Germany and the Netherlands explain that low-income households often lack information regarding the social benefits that could help them pay the costs of school-based activities. The report on Finland mentions the results of studies according to which cultural and attitudinal factors play a role, including parental example, encouragement as well as language and culture. It specifically notes the results of a 2017 study which discovered that children with an immigrant background tend to participate less in regular hobbies than their native-born peers. The expert for Romania signals the situation of marginalised and/or Roma communities, stressing that any possible co-payment for school-based activities discourages these households from allowing children to participate.

Finally, some national reports highlight other non-financial barriers. These include bureaucratic/administrative processes (e.g. CZ, DE). The report on the Netherlands presents an interesting example on the unexpected negative impact of a legislative change: its purpose was to reduce the costs for accessing school-based activities but it resulted in increased difficulties for low-income children (Box 2.2).

Box 2.2: Impacts of the new (2021) Voluntary Parental Contribution Act in the Netherlands

School-based activities in the Netherlands are financed through voluntary contributions. Following legislation that came into effect in August 2021 (Voluntary Parental Contribution Act), schools can no longer exclude children from any activity for which voluntary contributions are requested if parents do not pay this contribution. Parents who do not want to pay this voluntary contribution do not have to provide a reason or information on their financial circumstances. According to the organisation representing secondary schools, there are an increasing number of parents who are not paying the voluntary contribution, which creates financial pressures if the supply remains the same. Thus, schools are reducing their supply of extra-curricular programmes and activities, which is expected to impact those who would benefit most from these extra-curricular activities, i.e. pupils who come from disadvantaged households.

Source: ESPAN national report for the Netherlands.

2.4 Summing up

While there are usually no tuition fees for primary and secondary education, there are various school-related costs that may have to be borne by households. These include: required school materials (e.g. textbooks, school supplies, notebooks, etc.), necessary school equipment (schoolbag, pens, glue, scissors, etc.), required specific clothing, IT or sports equipment, musical instruments requested by the school, compulsory extramural activities that are part of the curriculum, other compulsory fees or costs, and transport costs to or from school.

Although most Member States have policies aimed at ensuring that at least some of these items are free for low-income children, only six countries provide for free all or nearly all the items, when requested, to all or at least low-income primary and secondary pupils. Required school materials are, by far, the item most often provided for free, both in primary and secondary education. However, free access to the necessary school equipment and required specific clothing in both primary and secondary education is only rarely available.

All but three Member States provide specific cash benefits (one-off support, regular benefit or both) to help meet educational costs. In most cases, this support is means-tested.

Another relevant area where costs may have to be borne by households are school-based activities, i.e. 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.

The main financial barrier hampering the access of (low-income) children to these activities is the prevalence of (high) costs, sometimes in connection with a lack or insufficiency of social benefits that could cover such costs totally or partially.

A lack of activities organised by schools throughout the country or in some territories is the main non-financial barrier. In some cases, this is largely the result of an urban/rural divide, often linked to transport-related difficulties, while in others there are disparities in the way regions organise the service.

3. Effective and free access to school meals

According to the Recommendation establishing the ECG (Art. 4a), Member States should guarantee effective and free access for children in need to at least one healthy meal each school day.

Depending on the programme uptake and the quality of food provision, free school meals provision is expected to improve nutrition; to reduce food insecurity and parents' economic strain; to improve educational engagement, attendance and attainment, as well as general health. (See, for example: Guio, 2023 and Guio et al., 2021.)

This section provides a comparative overview across Member States of effective and free access to school meals for low-income children. Its focus is on the provision of full school meals. In some countries, there may be free provision of breakfasts, snacks, milk or fruit, which are not covered in this section. Readers interested in those additional provisions are referred to the ESPAN national reports for details on them.

Sub-section 3.1 provides a comparative mapping of the existing provision of free school meals for low-income children. This mapping includes a comparison between the population of low-income children benefitting from free school meals schemes targeting low-income children and the population of AROPE children. Sub-section 3.2 discusses the main financial and non-financial barriers that hinder effective access for low-income children to school meals.

3.1 Mapping free provision of school full meals

Table 3.1 describes succinctly the provision of free full school meals in the Member States in pre-school, primary education and secondary education. It shows that this provision differs substantially across the EU. Seven Member States prioritise universal provision to all or most children in compulsory education (see Sub-section 3.1.1). Ten and five Member States have opted to target their provision of free school meals at certain low-income children (see Sub-section 3.1.2) or certain schools/areas (see Sub-section 3.1.3) respectively. Finally, five Member States have no or almost no provision of free school meals (Sub-section 3.1.4).

3.1.1 Universal free meals

Finland provides universal free school meals for all children attending school, from pre-school to high school.²⁶ Estonia²⁷, Luxembourg and Sweden²⁸ provide universal free meals for all children in primary and secondary education and only for low-income children in pre-school education.

²⁶ Finland started providing free school meals in 1948.

²⁷ In Estonia, access to free meals in ECEC depends on municipality. Reimbursements are possible under different criteria depending on municipality (e.g. number of children, household income, etc.). The most common criterion for reimbursement of meal costs includes household income.

²⁸ In Sweden, universal free access to school meals in secondary schools is not provided in all municipalities, but in most (82%) of them.

Table 3.1: Type of provision of free school meals in place in the Member States, by education level

	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK
Pre-primary																											
ALL children			√				√				√						√										
(some) LOW-INCOME children				√	√	√		√		√			√	√				√		√		√	√		√	√	√
In some targeted kindergartens/ disadvantaged areas		√													√				√					√			
Primary																											
ALL children								√			√		√				√8	√	√10						√		√
(some) LOW-INCOME children				√	√	√				√				√			√			√		√	√			√	
In some targeted schools/ disadvantaged areas		√7							√12						√						√			√			
Secondary (lower and/or higher)																											
ALL children								√17			√17		√15					√17							√17		√15
(some) LOW-INCOME children				√17	√15	√17				√16				√14			√17			√16		√15	√17			√15	
In some targeted schools/ disadvantaged areas															√17						√17			√17			

Notes: For countries in which a new system is being implemented in 2023, only this new system (not the previous one) is reported in the table. The age limits of the pre-primary, primary and secondary levels are not identical in all countries. To increase cross-country comparability, in countries where free school meals are provided till 14-15 years, the box is ticked for the secondary level, even when this age limit is considered in the country as the upper bound of “basic” or “primary” education. The upper age limit of the school meal provision is indicated in the table. For each of the three educational levels, the four cells are shaded for a country if in this country there is no provision.

Source: Own elaboration on the basis of the ESPAN national reports.

In two countries, universal free meals are provided to only some age groups:

- In Croatia, a new free school meal system for primary school pupils is currently being established (from the beginning of 2023).²⁹ There is no obligation to provide meals (free-of-charge or otherwise) to pupils in secondary schools, who usually buy food from a bakery or fast-food restaurant located in the immediate vicinity of the school or skip meals for affordability reasons. This is critical for the goal of maintaining healthy eating habits during adolescence.
- In Latvia, free school meals are provided for first to fourth grade pupils (7 to 10 years old). Low-income children can be targeted at municipal level from the 5th grade onwards, but there is some disparity between municipalities. When there is no provision, parents have to provide a co-payment, from the 5th grade.

Finally, Lithuania provides universal free meals for pre-primary as well as first- and second-grade pupils. From the third grade, it provides free meals for low-income children up until the end of secondary school.³⁰

3.1.2 Free meals targeted at (some) low-income children

In 10 other Member States, free school meals are targeted at (some) children from low-income households and in some cases also at other vulnerable groups of children (CY, CZ³¹, DE, ES, HU, MT, PL, PT, SI, SK³²).

In theory, efficient targeting can reduce costs as compared with universal provision, but in practice there are challenges linked to means-based or rules-based criteria. While universal programmes effectively ensure that all children (attending school) are entitled to the provision, targeted provision involves a serious risk of missing a significant part of those most in need. For the Member States which opted to target free meal provision at low-income children, Table 3.2 compares the number of children receiving free school meals with the number of AROPE children. It should however be kept in mind that the two populations do not fully overlap, since different criteria are used to select beneficiaries and to compute the number of AROPE children.

Based on the information available, it may reasonably be assumed that only a minority of AROPE children receive free full school meals via the current targeted schemes in Czechia, Germany, Malta, Poland and Spain.

In Cyprus, Hungary, Portugal, Slovakia and Slovenia, conversely, the available evidence indicates that the number of low-income or other vulnerable pupils receiving free school meals is closer to the number of AROPE children (more than 60%) in the same age group. However, this provision does not usually cover the whole age range 0-17, which leaves a substantial proportion of AROPE children younger than 18 without free meal provision. Slovakia is included in this group of countries targeting low-income children but is currently in a transition phase. The system in place until April 2023 was targeted at children from low-income households and other vulnerable categories aged 5-15 years. Since May 2023, the system is being extended to all children from 2 to 15 years old. It should however be noted that the children are entitled to subsidised, not free meals. The subsidy is intended to cover

²⁹ The financing of free school meals is not fully secured, as the Government of the Republic of Croatia is not obliged to provide funding; it may, depending on the funds available in the state budget, decide to finance or co-finance meals for primary school students for each school year.

³⁰ In 2021, 103,600 children received free school meals in Lithuania. In the same year, the number of AROPE children under 18 was 86,000. (Source: ESPAN national report for Lithuania and Eurostat data [ILC_PEPSO1N].)

³¹ In Czechia, low-income children are provided with free meals only in participating schools.

³² As explained below in this section, Slovakia is currently moving to a universal system. In Table 3.1, it is the new (post-May 2023) system that is described.

all costs for the school's canteens and reduce potential co-payments to a minimum or zero, but it may not cover fully the price of school meals, depending on how costs evolve.

Table 3.2: Comparison between the number of beneficiaries of free school meals and the number of AROPE children in schemes targeted at low-income children

Country	Beneficiaries of free school meals (number or %) ¹	AROPE children aged less than 18 years (number or %) ¹
Provision of free meals targeted at low-income children – low coverage		
CZ	20,000 - 25,000 low-income children in participatory kindergarten and primary schools (3-15 years) (2022)	271,000 (2021)
DE	388,056 children aged 6-15 (2021) 78,945 pupils aged 15-25 (2021)	3,320,000 (2021)
MT ³	232 children (2021)	19,000 (2021)
PL	3% children aged 6-15 in primary schools (2021)	16.5% (2021)
Provision of free meals targeted at low-income children – medium coverage		
CY ²	18,500 children (0-17 years) receive breakfast and/or lunch (2022)	33,000 (2021)
ES	11% of children in pre-primary and compulsory education (2020)	32% (2020)
HU	133,000 (low-income and other vulnerable) children aged 6-13 (2021/22)	397,000 (2021)
SI	21.6% (43,006) of children aged 5-15 (2022/2023)	11% (2021)
SK	65,069 children aged 5-15 had access to subsidised/free lunches (2022)	202,000 (2021)
PT	169,042 children aged 6-17 in primary and secondary education (2020/2021)	388,000 (2021)

Notes: ¹Number if available; if not, %. ²In Cyprus, the scheme "Tuition Subsidy and Feeding Scheme for Children up to four years of age" includes an allowance that covers 80% of the total monthly tuition fee (including food), with a maximum amount ranging from €100 to €350 per month per child, depending on the family income and the number of children. In primary and secondary education, the main focus is on school breakfast provision. All low-income children attending all-day school also receive a free lunch. It was not possible to break down the number of beneficiaries by type of meal received. ³In Malta, the so-called "Scheme 9" allowed low-income parents to opt for only one form of assistance for their children (they had to choose between free uniform, free summer school, free material, free school trip or free school meals). From late 2022, parents have been able to choose more than one form of assistance. This may increase the number of children receiving a free lunch under Scheme 9 (figures not yet available).

Source: Own elaboration on the basis of the ESPAN national reports and Eurostat data (ILC_PEPS01N).

3.1.3 Free meals targeted at disadvantaged areas/schools

In five Member States, schools are targeted, rather than individuals (BE³³, EL, IE, NL³⁴, RO). Most often those schools are in disadvantaged areas or are selected on the basis of the socio-economic characteristics of their population of pupils. When the schemes are well designed, they may be efficient in providing free school meals at local level and can usefully be used in a pilot phase before being scaled up in the country (Guio et al., 2021). However, schemes targeted at schools/areas have also (potential) weaknesses.

³³ There is a pilot implemented in some disadvantaged areas in the Wallonia-Brussels Federation, in pre-schools and during the first two years of primary education.

³⁴ In the Netherlands, the new scheme (which started in March 2023) targets primary and secondary schools, which can apply for a subsidy if they have 30% or more of low-income students.

One of the main criticisms of these schemes is that they miss many children in need: there may be pockets of deprivation in prosperous areas, or the most disadvantaged schools may not apply for the scheme if the latter is voluntary. This was for example highlighted by the national experts in Greece, Ireland and Romania. This may change in Ireland, where an extension of school meal provision is now planned, to cover non-disadvantaged primary schools (with a phased approach resulting in a universal free hot meal for all in primary education by 2030).

Furthermore, in schemes where the selection criteria are not clear, or are not adequately defined to reach out to the most disadvantaged schools, such schemes may increase geographical disparities. This seems to be the case in Romania, where, according to the national expert, the methodology for choosing the pilot schools is not clear and therefore gives rise to criticism.

The administrative burden for schools, as well as capacity or workforce problems related to preparation of meals or storage of catered hot meals can also explain why eligible schools do not apply in some countries. The measure may not therefore reach the neediest, as these difficulties are mostly encountered by smaller schools or schools in more disadvantaged or remote areas.

3.1.4 (Almost) no provision of free meals

In five countries (AT, BG, DK, FR, IT) there is no or almost no provision of free school meals in compulsory education.

- In Austria, there are no national or regional programmes providing free school meals for pupils in general and low-income children in particular, with a partial exception in the federal province of Vienna.³⁵
- In Bulgaria³⁶ and Denmark, there is universal provision of free meals in pre-school but no provision for older children.
- In France, there is no provision of free meals (except in a few municipalities), but rather a national policy to support a €1 meal in eligible disadvantaged municipalities for low-income families. To date, about a thousand municipalities (of the 12,000 eligible municipalities out of a total of 36,000) have applied for this option.
- In Italy, there is no right to free school meals but some municipalities provide universal or targeted free meals.

In terms of age coverage, in both universal and targeted schemes, there is a tendency in many Member States not to cover secondary education. This raises the question of equity between age groups. Whether the aim is to ensure that all children have adequate nutrition, to improve health or to boost educational progress, these objectives can only be achieved if school meals are available across the whole of childhood and adolescence. Maintaining the provision until the end of compulsory schooling is furthermore essential to maintaining healthy eating habits during adolescence.

³⁵ In the federal province of Vienna, some public primary schools and lower secondary schools offering so-called “integrated” full-day schooling provide a free lunch to all pupils. Furthermore, very low-income pupils in public schools run by the City of Vienna offering “open” full-day care may get a free lunch.

³⁶ In Bulgaria, a free meal is provided to all children, from 10 months to the starting age of compulsory primary education (7 years old).

3.2 Barriers to access for low-income children

3.2.1 Financial barriers

Where access to school meals is not free for all children or low-income children, many national reports mention that parental contribution to the cost of school meals may be a significant barrier to the participation of children from families of low socio-economic status. The phenomenon of “empty lunch boxes” is also mentioned as worrying by some national experts (e.g. BE, NL). There is however a lack of data and studies on affordability problems for school meals.³⁷

Where access to free school meals is targeted at low-income children, a crucial issue is how to set the criteria used to identify children eligible for free meals. In many countries, the national experts’ assessments show that the income threshold which defines eligibility is lower than the AROP threshold (e.g. AT, CZ, DE, ES, MT, SK). In Poland (from 2023), Portugal and Slovenia, however, the eligibility threshold is close to the AROP threshold and should allow efficient targeting in the absence of other barriers to access (see Sub-section 3.2.2). It should also be highlighted that when provision is targeted at low-income children, some groups of children may be explicitly excluded (e.g. asylum seekers or undocumented migrants). Cyprus is a counterexample to this. The eligibility criteria are broad and include many vulnerable groups, and it is left up to each school to decide whether to include a child on the list of low-income beneficiaries (Box 3.1).

Box 3.1: Free school meals in Cyprus

In Cyprus, the main focus of free school meal policies is on school breakfast provision via the “Free Breakfast to Pupils in Need” programme. All low-income children attending all-day school also receive a free lunch. Pupils are selected according to a large range of financial and social criteria.

In each school, a specially designated Advisory Committee is responsible for the selection of pupils and their inclusion in the programmes. Pupils in the following categories are eligible for a free meal each school day: children of families receiving guaranteed minimum income or other public assistance; children of unemployed parents; orphans; children of single-parent households; children of households with three or more children; and children whose parents or guardians do not have sufficient income for other reasons.

This list is not exhaustive: it is up to each Advisory Committee to decide whether to include a child on the list of low-income recipients of free school meals, and in many cases low-income migrant children are also included (e.g. asylum seekers and undocumented migrants).

Furthermore, free meals are provided to eligible pupils extremely discretely, confidentially and with full respect for the dignity of the pupils.

Source: ESPAN national report for Cyprus.

³⁷ It would be interesting to include a question about the enforced lack of school meals or the burden of school meal costs among the child-deprivation items collected every third year in the Statistics on Income and Living Conditions (EU-SILC) dataset.

3.2.2 Non-financial barriers

This sub-section describes some possible non-financial barriers to effective and free access to school meals for low-income children. In most cases, such barriers depend on the type of provision (Table 3.3). The fewest non-financial barriers are identified by national experts in the case of universal schemes covering all ages.

Table 3.3: Non-financial barriers to free access to school meals for low-income children

Geographical disparity	Limited scope of provision	Lack of infrastructure / staff/ food suppliers	Lack of full-time classes	Fear about quality/ taste of food	Administrative burden for schools/ low application rate by eligible schools	Admin. burden for parents/ low take-up	Stigma of targeted children	No barriers identified
AT, BE, CZ, DE, EL, ES, FR, IE, IT, LV, RO	BE, CZ, EL, ES, IE, RO	BG, ES, IE, IT, HR, HU, NL, SI, SK, PT, RO	AT, CY, DE, IT	EE, HU, IE, LU, PT, SI	CZ, RO	CZ, DE, ES, MT, PL	CY, CZ, DE, HU, LT, PL	FI, SE

Source: Own elaboration on the basis of the ESPAN national reports.

In many countries, the main non-financial barrier is the geographical disparity resulting from the varying local provision of free school meals. For example:

- In Italy, municipalities do not have a duty to provide free school meals; there are therefore very large differences between municipalities as concerns rules for exempting low-income children from co-payment of school meals, and no uniform definition of low-income children eligible for free school meals.
- In Germany, the availability of lunch in schools varies across the federal states and municipalities as well as between the different school types.
- In Spain, the criteria used to target low-income children and the type and extent of canteen support vary between autonomous communities. In some of them, the same price is paid by everyone and families can apply for a grant to cover all or part of these costs, providing proof of low income level or other socio-economic disadvantages. In others, a public price is established, with an exceptional partial or total discount for low-income households. In other communities, there is no single public price but a range of progressive fees depending on the declared income level of the families.

In other Member States, the geographical disparities can be explained by the limited scope of the pilot programme (e.g. BE, RO) or by the fact that only disadvantaged areas are targeted (e.g. CZ, EL, IE). In all the countries lacking free provision, meals may be priced very differently depending on the locality and school.

The issue of school infrastructure and capacity may also create differences between children depending on where they live, as in schools that have the necessary infrastructure (cook, kitchen, dining room, etc.) they can be provided with a hot or cooked meal, while pupils in schools without such facilities may not receive any meal (e.g. IT) or have a cold meal with dairy products (e.g. HR, RO). In countries where the majority of schools do not have infrastructure such as cooking facilities, the school meals programme is heavily reliant on the ability of schools to secure deliveries of hot food from external suppliers (e.g. IE, RO). The available funding is an important element in implementation of school meal provision at the local level, especially when meals are dependent on external meal suppliers and even further when these are few in the market, for example in rural areas with lower economies of scale and higher transport costs.

In schemes targeted at schools, the administrative burden for schools can also explain why a number of eligible schools do not apply in some countries (as described above). This is mostly the case for smaller schools or those in more disadvantaged or remote areas (e.g. CZ, RO).

The organisational challenges of school meal provision also include issues relating to availability and training of staff. When not adequately organised, the provision of free school meals can create additional work pressure for teachers or educators, who may be reluctant to support the process (e.g. NL).

All the organisational challenges linked to the provision of school meals merit adequate support and funding from the central level, to avoid creating inequality in access between children depending on the locality or the school. This is pointed out in 2022 by the Ombudsperson for Children in Croatia, who emphasises that the lack of necessary space for kitchens and dining rooms cannot be an excuse for not realising every child's right to a free meal at school and who expressed her fear that if the organisation of school meals depends mostly on the sensibility and financial capabilities of cities and counties, this could create inequalities between children depending on where they live.³⁸

For school meals to be successfully provided to children, there must be sufficient time available for lunch at school. In some countries, the limited number of full-time classes (e.g. AT, CY, DE, IT) may make it difficult to organise the provision of school lunches; in others the lunch break may be too short and would need to be adapted to allow for a meal that is not rushed (e.g. HR, NL).

When measures are targeted at low-income children, stigmatisation of targeted children by other pupils or staff was mentioned by some national experts as a barrier to claiming access (e.g. CZ, DE, HU, LT, PL). The risks of stigmatisation can be reduced by ensuring that all children participate in meals in the same way, irrespective of whether their meal is free/subsidised or not. For example, in Cyprus, children are not allowed to bring their own food from home; all have to eat the same meal and care is taken with data protection of the eligibility lists held at schools, thus fully respecting the dignity of the pupils. However, although the whole procedure is carried out very discreetly, some low-income children, especially in secondary schools, may be reluctant to apply for school meals in small towns and local communities with close social relationships.

Bureaucratic/administrative processes and complex criteria are further reasons for low take-up by parents (e.g. CZ, DE, ES, PL). In Malta, low take-up of free lunches may have been due to the possibility which existed, until recently, to only choose one form of support under "Scheme 9" such that most parents opted for financial help with more expensive items than lunches. Scheme 9 has been extended, and low-income parents may now opt for support for more than one item.

Non-take-up may also be due to a lack of trust in the quality of the meals provided, and the fact that children may not appreciate the taste of school meals (e.g. EE, HU, PT, SI). When cost is the main criterion used to select food providers, it may be difficult to attain good quality standards (e.g. PT). To maximise health and nutrition education benefits, the provision of school meals should, therefore, be accompanied by well-informed quality standards, as well as systems for monitoring the implementation of these standards (e.g. FI, HR). In terms of diversity of the food on offer, school meal provision should also take account of allergies or special dietary preferences, for example, due to religion or other beliefs (i.e. vegetarian or vegan food).

³⁸ <https://www.portalnovosti.com/blok-za-obrok>

In the countries/regions/localities which do not provide any free school meals, poor public awareness of the advantages of free school meal provision for low-income children (in terms of education achievements, children's health and resources/time saved by parents) may be one of the reasons for inaction. The public discourse that the nutrition of children is the responsibility of parents, that intervening in nutrition is undesirable paternalism or that free meals provide an unfair advantage to some children is reported by some national experts (e.g. BE [Flanders], CZ, NL).

Finally, it is obvious that only children attending school can benefit from free school meal provision. In some countries/areas, the children not attending school may represent a non-negligible share of the population of children (mostly children in need). For example, in Romania, a 2017 study estimates that about 300,000 children are not in school. This represents the equivalent of about 20% of the AROPE children and most of these belong to this vulnerable category (e.g. Roma children, children in marginalised communities and remote rural areas). In Greece, national experts also identify Roma children and children with a migrant or refugee background as having interrupted school attendance and higher school dropout rates.

3.3 Summing up

More than two-thirds of the Member States fail to provide free school meals to low-income children in compulsory education, either because there is no entitlement to free provision for all/low-income children or because the free provision is incomplete. Compared to the mapping provided in Guio et al. (2021), the situation has however improved, as some Member States have either launched new schemes for certain age groups for whom no provision existed or have extended/are extending the existing scheme.

Where access to school meals is not free for all or low-income children, parental contributions to the cost of school meals may often be a significant financial barrier to participation.

In many countries, the main non-financial barrier is the geographical disparity resulting from the varying provision of free school meals at local level.

When measures are targeted at low-income children, stigmatisation and low take-up may constitute important barriers. Furthermore, there is a serious risk of missing a significant proportion of children in need due to inadequate criteria – an important challenge.

Measures targeted at schools or areas, rather than at children, are criticised on the grounds that many disadvantaged children are missed, that the selection criteria for schools/areas are not adequately defined and that not all disadvantaged schools apply for the scheme.

Whether they have universal or targeted schemes, there is a tendency in most Member States to focus school meal provision on children in pre-primary or primary education. This raises a question concerning equity between age groups, as such provision is critical for maintaining healthy eating habits during adolescence.

4. Effective and free access to healthcare

According to the Recommendation establishing the ECG (Art. 4a), Member States should guarantee effective and free access for children in need to healthcare.

Children in need often have poor access to healthcare services as well as to disease prevention and health promotion programmes. Low income and other socio-economic determinants significantly affect the overall development and health of children and increase the risk of ill-health in later years. Guaranteeing effective and free access for children in need to healthcare is therefore essential and contributes to achieving better social outcomes. (See for instance: Frazer et al., 2020; European Commission; 2021; Guio et al., 2021; Rigby, 2021; UNICEF, 2021.)

Section 4 describes the extent to which Member States provide effective and free access for low-income children to healthcare, focusing on six services and products: care from a general practitioner (GP), infant nurses, vaccinations, specialist care, dental care (not orthodontics) and prescribed medicines. It does not consider specific health issues such as treatment related to chronic illness or disability.

Sub-section 4.1 maps the existing provision of healthcare services/products and the respective low-income and other eligibility criteria that low-income children have to meet in order to access those services/products. This mapping includes a description of any existing cash benefits and/or maximum billing mechanisms whose purpose is specifically to help either all children or specific groups of children (low-income children or other groups) to meet the health costs of the services/products covered in this section when not free.

Sub-section 4.2 describes the non-financial barriers hindering effective access for low-income children to quality healthcare across the EU, focusing on a selection of services/products.

4.1 Mapping the provision of free healthcare services and products

This sub-section provides an overview of the provision of six types of healthcare services and products (i.e. general practitioner (GP), infant nurses, vaccination, specialist care, dental care excluding orthodontics and prescribed medicines).

It starts by providing an overall picture of (free) access for low-income children to these services/products across the EU (Tables 4.1 and 4.2) and then briefly discusses relevant issues affecting access for low-income children to these services/products. Whenever low income is a criterion for children to get free access to one or more of the services/products, it provides some comparative insights into the relationship between access criteria used by countries and respective AROP thresholds.

In 25 out of the 27 EU countries, healthcare services are primarily or solely regulated at national level, even though subnational entities may play an important role in the organisation and delivery of services (e.g. PL). Italy and Spain are the only two exceptions, where the regulation of healthcare services is essentially a subnational competency. The impact of this regional diversity is duly acknowledged throughout the sub-section.

Outpatient care by GPs, services of infant nurses and vaccination programmes are the three healthcare services for which most EU countries provide free access for all children, not only low-income children (Table 4.1).

ESPAN national experts from six Member States (AT, BE, CY, FR, IE, PT) report different types of restrictions in access to fully free services in all or some of these three areas:

- In Austria, all public health insurance funds have “catalogues” of services and treatments to be covered by the insurance, which implicitly excludes some other existing diagnostic and curative treatments and services not mentioned there, meaning that some services and products are not free of charge for low-income children.
- In Belgium, only vaccinations and infant nurses are free of charge for all children; outpatient care by GPs is not free, except if the parents are registered with a community healthcare centre. However, the national expert notes that the system includes several mechanisms (the increased reimbursement, the maximum bill, the third-payer measure) that significantly improve access for children from households with a low income.
- In Cyprus, the national health system of universal coverage introduced in 2019 (*Geniko Systima Ygias* [GeSY]), includes a wide range of health services and products and covers the entire population, regardless of nationality, income and contribution payments. However, access to “infant care” by nurses is subject to a co-payment of €6 when requesting the service, which can also be a home visit.
- The French “universal health protection” (*protection universelle maladie* [PUMA]) ensures general access to the health insurance system, not discriminating between households according to income or age. However, the coverage of healthcare expenses by the health insurance system varies depending on the nature of the expenditure: for low-income individuals (including children), a “solidarity complementary health plan” (*Complémentaire Santé Solidaire* [CSS]) provides complementary reimbursement to cover 100% of the maximum rates established by the health insurance system.
- In Ireland, effective and free GP visits are available for all children under 6 years of age and for older low-income children; infant nurses and all immunisations under the Primary Childhood Immunisation Programme and the Schools Immunisation Programme are free for all children, not only low-income children.
- In Portugal, most healthcare costs are free for all children. However, although most vaccines are included in the national vaccination plan and are therefore free for all children, some immunisations are not covered (e.g. intrusive meningococcal disease, rotavirus and influenza).

Free **access to specialists** providing care in medical practices is widely available across the EU (Table 4.2): in 22 Member States it is free for all children regardless of income.³⁹ In France and Italy, only low-income children have free access to specialists. In Austria, costs of treatments and services not included in the public health insurance funds have to be covered privately. Finally, in Belgium and Cyprus access is not free for any children.

Free **access to dental care** is also widely available across Member States (Table 4.2). However, different types of restrictions to free access are reported by the national experts from Greece, Ireland and Spain.

- In Greece, although all children are legally entitled to free dental care in public health centres and hospitals, in practice there is no public coverage for dental care, and access depends on out-of-pocket payments. To address this situation, the so-called “Dentist Pass” programme was adopted in February 2023. It provides an e-voucher worth €40 to all children aged 6-12 who legally reside in Greece and possess either a Social Security Number (AMKA) or a Temporary Number of Insurance and Healthcare for Foreigners (PAAYPA). The voucher

³⁹ The national experts for Slovakia add that access is free for all children if requested by a GP.

remains valid for six months, and covers part or all of the cost of a visit to a private dentist's office for a check of the child's oral hygiene, tooth fluoridation, cleaning and provision of oral hygiene information. The total estimated budget is €29,816,086, funded by the Recovery and Resilience Facility. According to the latest available data (10 July 2023), approximately 129,000 applications have been submitted (although parents can still apply up to 22 October 2023). There is currently no indication of whether or not this programme will be renewed.

- In Ireland, the government operates a Children's Dental Service that provides dental care to all children under 16 years of age in dental clinics located across the country. It is a free service available to children under six years, children attending primary and secondary school, and children who have left school and are under 16 and child dependants of medical card holders (which include low-income children).
- The Spanish National Health System (SNS) is a comprehensive system that covers the large majority of health-related needs free of cost at the moment of accessing the services, including a relatively wide range of dental care treatments for minors until 15 years old; for more specialised dental care not covered by the SNS for children younger than 15, as well as for dental care for minors 15-17, Autonomous Communities and municipalities have deployed an uneven and unequally developed range of schemes which respond to some of those situations, while leaving a set of needs unattended.

Among the healthcare products under scrutiny in this report, access to **prescribed medicines** is least likely to be provided for free to children. Only eight Member States (DE, ES, HR, LU, NL, SE, SI, SK⁴⁰) provide free access to prescribed medicines for all children. In a further seven countries, low-income children are entitled to free prescribed medicines (AT, EL, FI, FR, HU, IT, LT). In four Member States (DK, IE, MT, RO), most prescribed medicines are free for low-income children; in Malta, this depends on the list of medicines in the Government Formulary.

Country teams from eight Member States (BE, BG, CY, CZ, EE, LV, PL, PT) explain that low-income children do not have free access to prescribed medicines. Among these countries, there are however significant differences in the actual situation. For example:

- In Bulgaria, no groups of children have free access to prescribed medicines and there are no cash benefits available to cover such costs.
- In Czechia, although no children have free access to prescribed medicines, there is a "maximum billing" limit (five times lower for children under 18 than for adults of working age⁴¹) on the total expenditure on prescribed medicines and food supplements per person and calendar year. If the limit is exceeded, the health insurance company refunds the money paid over the limit.
- In Estonia, access to prescribed medicines is not free for any children at point of use: full (100%) reimbursement of pharmaceuticals is applicable for children younger than 4 years of age, although a co-payment of €2.50 per prescription must still be paid; children aged 4-16 years are subject to 90% reimbursement and a €2.50 co-payment per prescription.

⁴⁰ Access is free for all children under 6 years old.

⁴¹ The annual limit is CZK 1,000 (€40) compared with CZK 5,000 (€200).

Table 4.1: Access to healthcare services/products (General practitioners, infant nurses and vaccination) for children across the EU

	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	
General practitioner																												
Access free for ALL children			√	√	√	√	√	√	√	√	√		√	√	√ ^a	√	√	√	√	√	√	√	√	√	√	√	√	√
Access free ONLY for LOW-INCOME children												√			√ ^a													
Access to MOST services/products free for LOW-INCOME children	√																											
Access to most services/products NOT free for LOW-INCOME children		√ ^b																										
Infant nurses																												
Access free for ALL children		√	√		√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Access free ONLY for LOW-INCOME children												√																
Access to MOST services/products free for LOW-INCOME children	√																											
Access to most services/products NOT free for LOW-INCOME children				√																								
Vaccination																												
Access free for ALL children		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√			√	√	√	√ ^c
Access free ONLY for LOW-INCOME children																												
Access to MOST services/products free for LOW-INCOME children	√																						√					
Access to most services/products NOT free for LOW-INCOME children																												

Notes: ^a 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; ^b except for children registered with a community healthcare centre; ^c access to compulsory vaccination only is free for all children.

Source: Own elaboration on the basis of the ESPAN national reports.

Table 4.2: Access to healthcare services/products (specialist care, dental care and prescribed medicines) for children across the EU

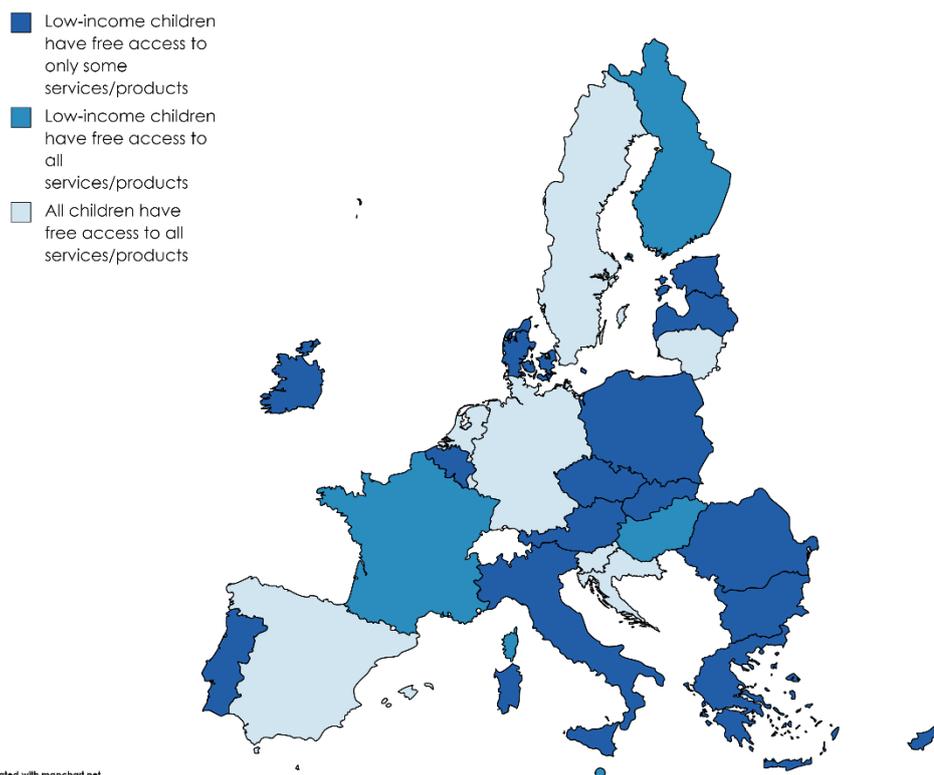
	AT	BE	BG	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	
Specialist care																												
Access free for ALL children			√		√	√	√	√	√	√	√		√	√	√		√	√	√	√	√	√	√	√	√	√	√	√ ^a
Access free ONLY for LOW-INCOME children												√				√												
Access to MOST services/products free for LOW-INCOME children	√																											
Access to most services/products NOT free for LOW-INCOME children		√		√																								
Dental care																												
Access free for ALL children		√	√		√	√	√	√		√ ^b	√		√	√			√	√	√	√	√	√	√	√	√	√	√	√ ^c
Access free ONLY for LOW-INCOME children												√																
Access to MOST services/products free for LOW-INCOME children	√														√	√												
Access to most services/products NOT free for LOW-INCOME children				√					√																			
Prescribed medicines																												
Access free for ALL children						√				√			√					√			√					√	√	√ ^c
Access free ONLY for LOW-INCOME children	√								√		√	√		√		√	√											
Access to MOST services/products free for LOW-INCOME children							√								√					√					√			
Access to most services/products NOT free for LOW-INCOME children		√	√	√	√			√											√			√	√					

Notes: ^a access is free for all children on request from GP; ^b access is free for all children under 16 years old; ^c access is free for all children under 6 years old.

Source: Own elaboration on the basis of the ESPAN national reports.

Overall, although all Member States have policies aimed at ensuring that low-income children have free access to at least some healthcare services/products, only eleven (DE, ES, FR, FI, HR, HU, LT, LU, NL, SE, SI) provide free access for low-income children to all six services/products covered by this study. Of these eleven countries, eight (DE, ES, HR, LT, LU, NL, SE, SI) provide free access to these services/products to all children, irrespective of income (Figure 4.1).

Figure 4.1: Free access for children to healthcare services and products



Source: Own elaboration on the basis of the ESPAN national reports.

In the majority of Member States, national experts report that low-income children have free access only to some of the six healthcare services/products covered in this study. However, the reality with regard to (low-income) children's effective free access differs greatly within this "group" of countries, as illustrated by the examples below:

- The national experts for Cyprus note that although access to infant nurses, specialist, dental care and prescribed medicines is not *de facto* free, the very low annual caps for Guaranteed Minimum Income (GMI) recipients provide a very reasonable (affordable) and at the same time fair "safety net" for children and low-income households.
- In Czechia, access to five out of the six healthcare services/products under scrutiny is free for all children, whereas no groups of children have free access to prescribed medicines. The national experts note that it may currently be challenging for low-income families to pay for medication co-payments and bridge the time gap between spending and subsequent reimbursement from insurance.

- The national expert for Denmark mentions that healthcare is free for all, including children, regardless of income. The only exception is for prescribed medicines, which are not free, but rather subsidised, based on the general principle “the more expenditure, the more subsidies”.
- In Greece, all children have free access to vaccination, GPs and specialist care, whereas dental care is not covered in practice and infant nursing services are only provided during hospitalisation. The national experts point out that although low-income children have free access to prescribed medicines, the income criterion used to determine eligibility is significantly lower than the national AROP threshold.
- In Ireland, low-income children’s eligibility for free healthcare in most services/products depends on a household qualifying for a means-tested medical card that covers free GP visits, most medicines, eyes, ear tests and dental checks. Free and effective access to infant nurses and specialist care is provided for all children, while most services/products related to dental care and prescribed medicines are available and accessible to low-income children.
- In Latvia, children under 18 years old are exempted from state-funded healthcare service fees, with the exception of prescribed medicines, which are only free of charge for children, in relation to specific diagnoses. Additionally, there is a procedure for granting medicines reimbursable at 50%, 75% or 100%, determined by legal acts and included in the list of reimbursable medicines for treatment of specific diagnoses.
- In Romania, all children benefit from a basic service package, whereas prescribed medicines are either compensated or free, depending on the medicine class they belong to; the national expert argues that financial barriers to accessing healthcare services/products are significant among vulnerable groups, and there are no cash benefits to compensate for the out-of-pocket costs of medicines for children in low-income households.

In a number of Member States, there is no free access at the point of delivery but there are mechanisms in place to help meet healthcare costs. These include, *inter alia*: reimbursement mechanisms (e.g. BE, EE, LV), the granting of specific exemptions from co-payments (e.g. AT, BG) or lower co-payments (SK), annual caps for co-payments (e.g. CY, CZ), specific complementary healthcare plans (FR), medical cards (e.g. HU, IE, MT) and special allowances (e.g. LV, PL).

Additionally, there are two Member States where the income criteria to qualify for free access is higher than the AROP threshold (BE) or where there is evidence that the mechanisms in place provide comprehensive coverage of children at risk of poverty and social exclusion (IE).

- In Belgium, a number of federal measures provide larger reimbursements for healthcare for insured persons below a certain income threshold. The maximum threshold to access the “Right to increased health insurance reimbursement”, based on low income, is higher than the AROP threshold, which means that all AROP children are in principle covered by the income criterion. Recently, the country has decided to implement a “pro-active identification” of potential beneficiaries of increased reimbursement of healthcare costs, with a view to addressing the non-take-up of this measure.
- In Ireland, data show that the percentage of children with a medical card is slightly higher than the percentage of children who were at risk of poverty and social exclusion in 2019. This finding is supported by a 2020 study on social transfers and deprivation in Ireland which found that overall, the most vulnerable social risk groups are very likely to receive a medical card, in particular vulnerable children under the age of 16.

By contrast, a few national experts (e.g. EL, HU, MT, PL) mention that the national low-income criteria for qualifying as a “low-income child” and thereby benefit from such mechanisms are lower than the value of the national AROP threshold. For instance:

- In Greece, the national experts argue, the value of the income criterion used to determine eligibility to free access to prescribed medicines lies significantly below the 2021 national AROP threshold for a household of two adults and two children younger than 14 years (i.e. €4,800 against €11,028 respectively).
- In Malta, children are entitled to all public healthcare for free, including medicines for chronic conditions that are on the government formulary. To qualify for free medication for non-chronic conditions, the income of the household where the child lives must be considerably lower than the AROP threshold. For instance, in 2021, the AROP threshold for a household consisting of two adults and two children (children below 14 in the case of AROP) would be around €21,500, while the upper income limit for eligibility for free medication would be around €13,000 (including children's allowance and social security contributions). In 2022, 9,715 persons received free non-chronic medication, of whom 75% were aged 60 and over.
- In Poland, social assistance centres may grant a so-called “special purpose allowance” to cover healthcare costs as well as other necessities (e.g. food or clothes) of one or more household members (child or adult). The allowance is granted to households whose income (excluding child benefits [500 zł/around €109 per child per month]) is below the social assistance income threshold. In 2021, for a household consisting of two adults and two children below 14, this threshold was 3,112 zł/around €623 including child benefits. This amount is below the 2021 national AROP threshold for a household of the same composition (3,870 zł/around €841). It should be noted that according to statistics from the Ministry of Family and Social Policy in 2021, only 327 households (in total 329 persons, children and adults altogether) received the special purpose allowance to cover healthcare costs. In that same year, there were 1,140,000 AROPE children in the country. However, it should be underlined that all children (regardless of the insurance status of the parents) are eligible for public healthcare services.

In two Member States (ES, IT), the national experts stress the fact that access to free healthcare services/products may vary significantly across the country, given that relevant regulations are mostly defined at subnational level, as illustrated below for Italy.

- Italy has a national healthcare system which largely ensures universal coverage of care needs (usually no distinction by income or by age applies), but the levels of co-payments and exemption rules are regulated by the Regions, and differ. In Lombardy (North of Italy) there is an exemption for prescribed medicines for all children under 14 years old. In Apulia (in the South), all patients (including children) are exempt if they belong to a medium-low-income household (i.e. in 2022, a household with a yearly income below 29,000€, incremented by €1,000 for each child living in the household).

A final important outcome from this overview is that accurate assessment of low-income children's effective access to free healthcare continues to be hampered by a lack of data, confirming concerns highlighted in previous research (Frazer et al., 2020; Rigby, 2021).

Several Member States (e.g. AT, BG, CZ, EL, HR, HU, PT, RO) highlight the lack of detailed data or analysis on healthcare delivery and costs for (low-income) children – including access to available benefits and/or their adequacy – regarding the services/products under scrutiny. Examples of data constraints that limit current knowledge of children’s access to free and effective access to healthcare include, *inter alia*: (i) no representative data on children’s access to healthcare services and/or on non-take up (e.g. DE, DK, EL, FR, MT, RO); (ii) lack of publicly available data on the number of children benefiting from existing support facilitating access to free healthcare services/products (e.g. AT, BG, DK, EE, EL, FI, HR, HU, LT, PL); (iii) lack of comparable data between different regions within the same Member State (e.g. BE); and (iv) absence of studies analysing the adequacy and effectiveness of existing benefits for low-income children (e.g. CZ, HU).

4.2 Non-financial barriers to effective access to healthcare for low-income children

This sub-section describes non-financial barriers to effective access for low-income children to quality healthcare. Table 4.3 provides an overview of the reported situation across Member States, through a tentative categorisation of the main non-financial barriers identified by national experts. As is clear from the experts’ descriptions of these various types of barriers, many of them are interconnected. When addressing them, they should therefore not be considered in silos.

Table 4.3: Main categories of non-financial barriers

Understaffing	Long waiting times/lists	Organisational/administrative barriers	Geographical disparities	Cultural and social barriers	Low health literacy	Other
AT, DE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SI	CY, EL, ES, FI, HR, HU, IE, LT, LV, MT, NL, PT, RO, SI	BE, EL, ES, HU, IE, LU, NL, RO	AT, BG, CZ, DE, EL, ES, FI, FR, HR, HU, IE, LT, LV, PL, PT, RO, SE, SK	CY, CZ, DE, DK, FI, FR, EL, HU, IE, LT, LU, SI, SK	BE, BG, CY, CZ, LT, MT, NL, SK	IE, LV, SE

Source: Own elaboration on the basis of the ESPAN national reports.

Understaffing and hindrances related to the capacity of human resources in place within health services (including gaps in specific types of healthcare provision) are highlighted by experts in 18 Member States. These may have different origins and impact differently on free access to healthcare services for low-income children. For example:

- In Austria, the national expert for Austria reports two intertwined phenomena which (will) affect the availability of medical staff: (i) the increasing number of physicians without social health insurance (SHI) contracts and the stagnating number with contracts; and (ii) the high number of physicians who are (close to) reaching pensionable age. Furthermore, there is some evidence that physicians are increasingly unwilling to work as SHI contracted physicians in rural areas.
- Similarly, in Germany, physicians in outpatient care receive higher remuneration for treating privately insured patients compared to patients covered by statutory insurance. According to the country team, this explains why many doctors give priority to private patients when making appointments; a situation which particularly affects low-income children.

- In a number of Member States (e.g. EL, ES, FR, HR, HU, IE, LV, PT), the national experts highlight severe understaffing in paediatric care and other specialist medical practices with significant impact on equitable access to free healthcare provision.
 - In Hungary, the biggest barrier to effective and free access to healthcare for children is the lack of doctors and nurses in the paediatric care system. Furthermore, the national experts note, their territorial distribution suggests that this phenomenon disproportionately affects disadvantaged population groups: in 2020, over 100,000 children did not have access to paediatric care, and 10% of paediatrician positions remained vacant.
 - In Ireland, the number of public dentists is reported to have fallen dramatically, driven by poor pay and conditions. The experts for Ireland highlight that the understaffing of the HSE Children’s Dental Service comes at a time when the population of under 16s is growing, leading to children receiving a reduced number of dental checks or delays in their dental checks.

In 14 Member States, the national experts provide evidence of long waiting times/lists hindering access to effective healthcare both for children and for the overall population; this may be directly linked with understaffing in general, or in specific types of specialist care and, in some cases, with unresolved surplus waiting lists originating during COVID. For instance:

- In Cyprus, long waiting times persist for many types of care, especially for outpatient and inpatient specialist care, and in particular for low-income patients who cannot afford services from the private healthcare sector.
- In Malta, the national experts underline the prevalence of long waiting lists, with many prospective patients having to resort to private services when treatment cannot be delayed. They explain that this applies across most publicly provided medical services (other than emergency and primary healthcare), resulting in the fifth highest out-of-pocket share in health expenditure in the EU.⁴²
- In the Netherlands, personnel shortages and resulting waiting times have increased over time. The Dutch Healthcare Authority estimates that the surplus waiting lists created by COVID-19 were not yet fully cleared in 2022, with approximately 100,000 patients still waiting for care.
- In Slovenia, the national experts note, the waiting time for initial visits with clinical psychologists and psychologists for children may be long in some areas and depends on the degree of urgency. For example, the waiting times for regular urgency level in 2023 can be up to 22 months for a psychologist and up to 51 months for a clinical psychologist; for urgency level “fast”, they can be up to 22 months for a psychologist and 36 months for a clinical psychologist; and for urgency level “very fast”, up to 15 months and up to 27 months, respectively.

⁴² See [Pharmaceutical expenditure](#)

Various issues related to organisational and/or administrative obstacles, i.e. the complexity of the healthcare system, are mentioned by eight country teams. These include: administrative barriers to accessing mechanisms to obtain entitlements to free healthcare (e.g. BE, HU, IE), complex bureaucratic/administrative procedures for accessing specialist healthcare services (e.g. EL), and the low development of new types of healthcare provision (RO).

- In Belgium, the national expert explains that the complexity at all levels of the healthcare system is an important hurdle to accessing care. She underlines *inter alia* the administrative procedures for gaining entitlement to increased reimbursement or to the third-party payment system, the care trajectory and referral procedures which must be followed to benefit from reduced user charges, etc.
- In Greece, the national experts point out that effective access to public mental health services – where available – may be impeded by the complex bureaucratic/ administrative procedures involved in accessing these specialist services.
- In Romania, according to the national expert, telemedicine services, approved and paid from the healthcare insurance fund during the COVID-19 pandemic, are not yet developed enough to be mainstreamed to supplement the weak and underdeveloped primary healthcare services in rural remote communities.

In 18 Member States, the national experts acknowledge the considerable geographical disparities. Inequalities in access to healthcare services are particularly prevalent between urban and rural areas. Some national experts explicitly refer to so-called “medical deserts”, a term which describes the “growing problem of insufficient supplies of healthcare workers (e.g. doctors, nurses, physiotherapists, speech therapists, carers, etc.) in relation to ever-increasing needs in both public and private healthcare settings, which in turn results in inadequate access to healthcare and the exacerbated health inequalities. Certain geographic locations, primarily rural or hard-to-reach (e.g. mountainous or isolated regions), as well as communities primarily inhabited by vulnerable minority populations (e.g. Roma), are particularly affected, not least because health workers are gravitating towards bigger cities – and increasingly to other countries – to access better career opportunities” (Zerbib, 2021⁴³). Examples provided by national experts include the following:

- In Croatia, the national experts claim, there is evidence of uneven access to health services which affects the availability of healthcare services to low-income children from smaller rural areas, living far from health centres. Additionally, in rural and remote areas, services of paediatricians, speech therapists and rehabilitators working with children with disabilities are almost completely unavailable, which could produce long-term negative effects on their health and overall psychosocial development.
- In Czechia, non-financial barriers hindering access to quality healthcare for low-income children coincide with existing general barriers to achieving actual equity in access to health services. These include regional disparities in the capacity of health services, which impair access to some specialist care, including paediatric care. According to the national experts, these disparities are likely to intensify in the future, due to the increasing average age of doctors.
- In France, the national experts list current pressures on the public healthcare system, which include: a drop in the number of paediatricians, the emergence of medical deserts, the reduction of medical staff in primary, middle and high schools, and structural inadequacies

⁴³ [Medical deserts – A growing problem across Europe](#)

in mental health services, all of which, they argue, may contribute to deteriorating access to healthcare for both adults and children.

- In Romania, the national expert explains that uneven availability of services results in differentiated access to healthcare among children, putting children living in vulnerable/ remote/ marginalised communities at a disadvantage.
- Autonomous Communities in Spain provide standard mental health services (access to paediatric psychologists) as part of the treatment offered by the National Health Service. However, the national experts note, development of child mental health services varies significantly across regions, with evidence suggesting that vulnerable children are especially affected by mental health issues, in particular regarding behavioural disorders among boys, and eating disorders among girls.
- Distance to services and/or transportation costs are mentioned in several national reports (e.g. CZ, EL, HR, HU, LT, PT, SK) as important barriers to effective access to healthcare services, sometimes in connection with these regional disparities.
 - In Greece, the national experts underline that access to healthcare is heavily dependent on the place of residence. For those living in rural/remote areas – especially for all those living on the islands and in isolated rural areas of the country – the cost and the travel times needed to access the services represent additional barriers.
 - In Hungary, the experts report that transport costs and difficulties are a significant barrier preventing low-income children from accessing dental care or specialist care, especially if they live in small settlements.
 - In Lithuania, the national experts argue, children living in rural areas and those in precarious family situations are at a high risk of not receiving the necessary health treatments due *inter alia* to travel costs or having no means of transport, or lack of time to take children to the doctor.

Thirteen national reports mention cultural and social barriers as well as discrimination as factors hampering effective access to healthcare. In some Member States, limited access to healthcare, arising from legal or *de facto* constraints, mostly affect low-income children from vulnerable sectors of the population, such as asylum seekers, undocumented migrants, Roma children, and children with a migrant background. Often, the assessment made by national experts refers to general barriers affecting these groups, due to a lack of data and studies analysing the situation of children specifically.

- In Germany, the national experts note, access to healthcare is restricted by legal regulations applicable to asylum seekers. According to the Asylum Seekers' Benefits Act, in the first 18 months of their stay in Germany, this group may receive treatment only in cases of acute illness and pain. The restrictions on access to healthcare included in this Act also apply to children. At the end of 2021, 399,000 people were in receipt of benefits under this Act. Of these, 34% were under 18.
- In Lithuania, the national experts refer to a 2018 study showing that a lack of culture-sensitive services could be the reason why, for instance, Roma children (below 18) are among the least vaccinated groups of children. For example, about 80% of Roma children have been vaccinated with the BCG vaccine (versus 97% of the total population of children). And only about 18% of Roma children are vaccinated with the first dose against diphtheria, tetanus, pertussis, poliomyelitis and Haemophilus influenza type B infections (98% of the total population of children).

- In the Netherlands, there is evidence that households with a migrant background experience much higher barriers to accessing healthcare services, due to lack of information and knowledge on the Dutch healthcare system and on their rights.
- In Slovakia, barriers to effective and free access to healthcare affect, in particular, one specific category of low-income children: children living in marginalised Roma communities. In general, health outcomes among Roma people are much worse than among the overall population.
- Social inequalities and stigma are also examples of these non-financial barriers hindering effective access to healthcare services, as illustrated by the following examples:
 - The national expert for Denmark highlights that despite formal equal access to healthcare, there are *de facto* inequalities in access to healthcare. These have not been studied systematically for children, but they are likely to include factors such as language, culture, income, and education.
 - Recent research in Ireland shows that a lack of take up of medical cards among those who fulfil the respective eligibility criteria indicates social stigma, because eligibility is based on income.
 - In Luxembourg, despite compulsory health insurance, some population groups remain without coverage and have very limited access to healthcare. This is the case, for instance, of homeless people, residents whose welfare benefits are ending, and undocumented migrants. Data show that at least 1,258 people were reported to be without health insurance or to face financial difficulties obtaining it in 2021.

Barriers linked to low health literacy, arising *inter alia* from a lack of information on the health system and lack of awareness of children's needs and rights, are mentioned by eight country teams. These barriers are often intertwined with other hindrances mentioned above. For example:

- In Belgium, in spite of the existing federal scheme providing free basic dental care for young people under the age of 18, there is evidence that not all children make use of this policy. According to the national expert, explanations include lack of information, lack of awareness of the importance of prevention and low health literacy.
- In Cyprus, problematic outreach and limited access to information are described as barriers to accessing health services, especially with regard to prevention and primary care. The country team argues that this "healthcare system illiteracy" is likely to be exacerbated in the lower socio-economic strata as well as among people with a migrant background who also face language and cultural barriers.

Finally, experts from three Member States refer to vaccine hesitancy as a barrier that hinders effective access to immunisation among children. Studies have shown (Rigby et al., 2019) that "vaccine hesitancy" and non-immunisation may be caused by a variety of factors, rather than resulting from anti-vaccine movements and/or individual decisions by parents. The descriptions provided in some of the national reports seem to echo these findings.

- In Ireland, the national experts explain that vaccine hesitancy, "defined as a delay in acceptance, or refusal, of vaccines, has been identified as a barrier to vaccination. Safety and efficacy concerns were the main contribution to non-vaccination."
- In Latvia, official reports referred to by the national experts note that vaccine opponents have become increasingly active, significantly affecting vaccination coverage against various infectious diseases. While vaccination coverage rates in infancy are high and generally meet

or even exceed the WHO recommended 95%, vaccination coverage rates for school-age children and adults in Latvia are unsatisfactory.

- In Sweden, the national experts explain that vaccine acceptance in the population is influenced by a number of factors such as knowledge, emotions, as well as by practical and structural aspects related to the delivery of the services. The reasons why some people do not vaccinate their children – they add – are complex, and the Swedish Public Health Agency is working to improve vaccine acceptance by informing parents about vaccines and diseases.

4.3 Summing up

In most Member States, free access to outpatient care from general practitioners, services of infant nurses and vaccination programmes is widely available to all children regardless of their income condition. The situation regarding access to specialist care and dental care is similar. On the other hand, free access to prescribed medicines depends considerably on the income situation of the child's household and on the country.

In a number of Member States, there is no free access at the point of delivery but there are measures in place to help meet healthcare costs (e.g. reimbursement mechanisms, exemptions from or annual caps on co-payments, medical cards and special allowances).

Overall, although all Member States have policies aimed at ensuring that low-income children have free access to at least some healthcare services/products, only eleven provide free access for all children, or only for low-income children, to all six services/products covered by this study.

In many countries, the main non-financial barriers are understaffing and hindrances related to the human resources capacity within the health services, including gaps in specific types of healthcare provision (e.g. paediatric care, mental healthcare, clinical psychology). These often result in long waiting times/lists hampering effective access to healthcare both for children and for the overall population.

In more than two-thirds of Member States, geographical disparities create inequalities in access to healthcare services, particularly between urban and rural areas. Distance to services and/or transportation costs are often important barriers to effective access to healthcare services, sometimes in connection with these disparities.

In some Member States, limited access to healthcare, arising from legal or *de facto* constraints, affects low-income children from vulnerable sectors of the population, such as asylum seekers, undocumented migrants, Roma children, and children with a migrant background. Organisational and/or administrative hindrances, low health literacy, discrimination and stigma are other examples of non-financial barriers hindering effective access to healthcare services.

5. Effective access to healthy nutrition

According to the Recommendation establishing the ECG (Art. 4b), Member States should guarantee effective access for children in need to “healthy nutrition”. According to the Recommendation (Art. 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”.

Adequate nutrition is essential for a child’s healthy development. Without proper nutrition, excess weight or obesity, as well as stunting and wasting become more likely, as do challenges to the child’s “functionings”⁴⁴ and notably learning outcomes. Furthermore, inadequate nutrition and its consequences will most certainly also have an impact on the health and overall well-being of children throughout their adulthood and old-age. (See for instance Frazer et al., 2020.)

This section describes the situation regarding effective access for low-income children to healthy nutrition across Member States. Sub-section 5.1 starts by describing the level (national or sub-national) at which healthy nutrition is regulated, and then describes and compares publicly funded measures (both cash and in-kind) directly supporting access to healthy nutrition for low-income children (outside of school meals, which are covered in Section 3). Sub-section 5.2 provides an EU overview of the main financial and non-financial barriers that hinder effective access for low-income children to healthy nutrition (again, outside of school meals).

5.1 Publicly funded measures supporting access to healthy nutrition

This sub-section first describes the level at which healthy nutrition is regulated and then provides an overview of the publicly funded (both cash and in-kind) measures identified by the ESPAN country teams which directly support access to healthy nutrition for low-income children.

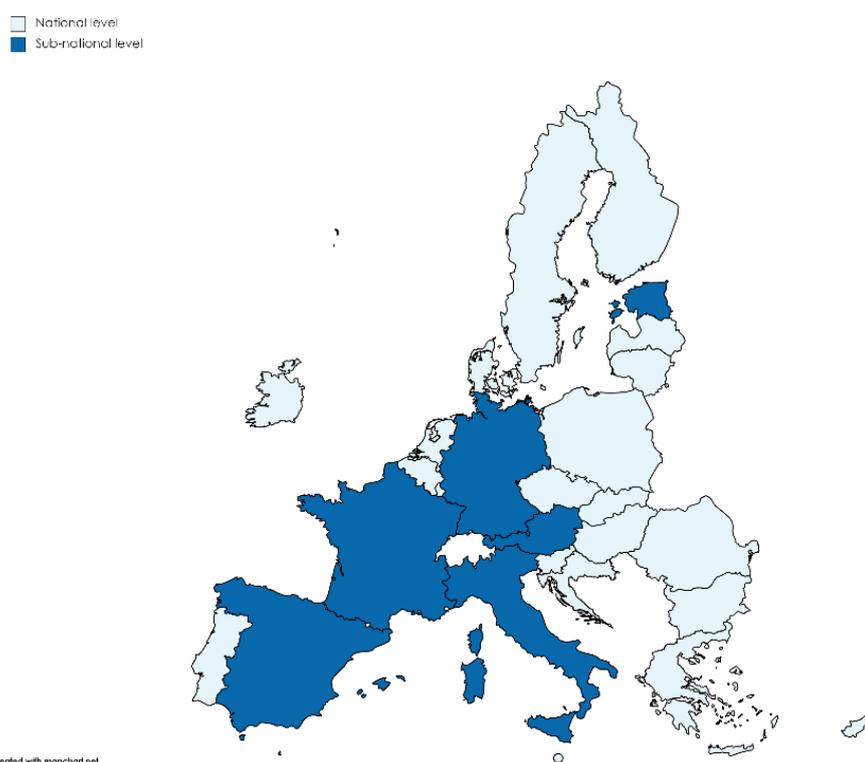
Healthy nutrition services are primarily or solely regulated at national level in 21 EU Member States. In only six Member States (AT, DE, EE, ES, FR, IT), they are primarily or solely regulated at sub-national level (Figure 5.1).⁴⁵

The national reports describe publicly funded measures which directly support access to healthy nutrition (outside of school meals, which are discussed in Section 3) for low-income children. These involve notably the distribution of food products (including food banks and social grocery stores), mentioned by 22 country teams (Table 5.1).

In many cases, the reports emphasise that food banks and social grocery stores do not focus on the healthy dimension of nutrition, but rather aim to provide food in general to low-income households, to meet their basic daily nutritional needs. Likewise, they do not focus on children: children become recipients primarily because they are included in the targeted households.

⁴⁴ “Functionings” can be defined as the “various things a person may value being or doing” (Kimhur, 2020: 4). Examples of functionings are: being nourished, being employed, having children, being healthy, being happy, being well housed, having self-respect and being able to take part in the life of the community (Sen, 1999: 75).

⁴⁵ This section, in addition to giving an overview of the overall features, describes the specific situation in the six countries where regulation does not take place primarily or solely at national level, whenever appropriate.

Figure 5.1: Level at which healthy nutrition is regulated

Source: Own elaboration on the basis of the ESPAN national reports

In three cases, public support is provided through cash benefits:

- In Germany, groups whose income falls below a minimum requirement receive a basic allowance financed by the state. Children's need for food by age is included in the calculation of the basic income support.
- In Finland and Sweden, there are no specific cash benefits to cover food costs, although one component for calculating the level of the subsistence benefit is the minimum expenditure on food, housing and other expenses necessary for ensuring subsistence.

Finally, the national reports for Austria and Ireland mention the absence of specific publicly funded measures directly supporting healthy nutrition of low-income children. Furthermore, the national experts for Ireland emphasise that the focus on healthy nutrition for children (including low-income children) has been on helping all parents to take responsibility for improving their children's nutrition (Table 5.1).

Table 5.1: Publicly funded measures supporting access to healthy nutrition for low-income children

Food distribution	Cash benefits	No measures
BE, BG, CY, CZ, DK, EE, EL, ES, FR, HR, HU, IT, LT, LU, LV, MT, NL, PL, PT, RO, SI, SK	DE, FI, SE	AT, IE

Source: Own elaboration on the basis of the ESPAN national reports.

Most national experts emphasise the major role played by EU funds, notably the Fund for European Aid to the Most Deprived (FEAD) during the programming period 2014-2021, and its subsequent integration into the European Social Fund Plus (ESF+) in the programming period 2021-2027. In the majority of cases, EU support includes the distribution of food products and, in a few cases, also the provision of cooked meals.

Support to food banks is also specifically mentioned:

- The Belgian Federation of Food banks distributes the food through its network of 676 charitable organisations and in close cooperation with the Belgian network of Public Centres for Social Welfare. These are in charge of identifying the households who can benefit, and setting up accompanying measures for households with children who use the food banks.
- In Czechia, all food banks are involved in the distribution network as major logistics and distribution centres. In addition to the purchased food and material aid, the Ministry also provides lump sum payments to the participating organisations, to cover the costs of securing and distributing the aid.

Additionally, the national expert for the Netherlands stresses the decision of the Dutch government to earmark ESF+ support for foodbanks over the period 2021-2027. This follows emergency funding allocated to the network of food banks during the COVID-19 crisis. In any case, the expert for the Netherlands, as well as the national expert for Denmark, emphasise that food banks in the Netherlands and in Denmark are predominantly privately funded, although they may also receive public subsidies.

5.2 Main barriers to effective access to healthy nutrition

5.2.1 Financial barriers

This sub-section describes the financial barriers to healthy nutrition for low-income children, which have been singled out by almost all country teams. These include poor adequacy of social transfers, low salaries and, more broadly, insufficient “discretionary income”⁴⁶, as well as the high(er) price of healthy food and inflation/rising prices in general (Table 5.2).

Table 5.2: Financial barriers to healthy nutrition for low-income children

Poor adequacy of social transfers	Low salaries	Insufficient discretionary income	High(er) prices of healthy food	Inflation/ Rising prices	No financial barriers
BE, CY, CZ, DE, DK, EE, EL, HR, HU, LT, LU, LV, MT, PT, SK	HR, LU, PT	BG, DE, EL, ES, FR, HR, HU, IE, IT, LT, LU, NL, RO, SK	BG, CY, CZ, DE, DK, EL, IE, LT, LU, NL, SI	BG, DK, EE, HR, HU, IE, LT, LV, MT, PL, PT, RO, SK	AT, FI, SE

Source: Own elaboration on the basis of the ESPAN national reports.

Fifteen country teams single out the poor adequacy of social transfers as a main barrier hampering the access of low-income children to healthy nutrition. Some experts explicitly highlight the fact that the social protection system does not properly take into account effective access to healthy nutrition. For instance, the national experts for Hungary consider that income support measures for households with children are calculated in such a way that people cannot afford adequate nutrition. Similarly, the national experts for Lithuania stress that the purpose of social assistance payments is defined as to

⁴⁶ By “discretionary income”, also referred to as the “left-to-live-on” amount, we mean the money remaining to the household once taxes and essential household bills (e.g. mortgage or rent, compulsory insurance, groceries, utilities [gas, water, electricity]) have been paid.

meet the most urgent needs by creating conditions for *inter alia* reducing unemployment and promoting professional activity, but the issue of healthy nutrition is not covered by these goals.

In some cases, national experts report on the results of national studies which have addressed the issue. For instance:

- The national report on Cyprus refers to a 2017 study focussing on Guaranteed Minimum Income (GMI) recipients in Cyprus. The study showed that a food basket that meets physical (food required for maintaining good health) and non-physical (food for adequate social participation) needs is not affordable for low-income households (mainly with children). Specifically, among low-income households with two children in Cyprus who receive the GMI, the proportion of income to be spent on the food basket for physical needs and the food basket for physical and non-physical needs ranged from about 62% to 72% and 70% to 81%, respectively. The study concluded that social welfare payments in Cyprus appear to fall short of socially accepted measures of adequacy and endanger the health and social life of recipients.
- In Germany, a 2021 study concluded that food purchasing is financially challenging for persons on a very low income, as the social welfare calculations severely underestimate expenses on any kind of diet.
- A 2016 study found that 18% of households and 47% of low-income households in Amsterdam face financial barriers to accessing food. About 40% of low-income households indicate that they eat less or sometimes skip a meal due to financial restrictions. This happens at least once a month for half of them, and more often for 38% of this group.

Only three countries emphasise low salaries as an important barrier, highlighting notably the increased difficulties of those earning the national minimum wage to afford the cost of (healthy) food.

The national expert for Portugal notes that wide segments of the labour market are still largely characterised by low salaries, and that about 30% of employed workers received the statutory minimum wage in 2022 (i.e. €705 per month), while 56% received a monthly salary lower than €1,000. Thus, he concludes that the minimum wage would only place the worker above the poverty line in the case of a single-person or a lone parent with one child. It would not be sufficient to lift a two-adult household with one child, for example, out of poverty.

Fourteen country teams identify an insufficient “discretionary income” as a main barrier hampering the access of low-income children to healthy nutrition. The national report on Luxembourg provides an interesting overview of how poor adequacy of social transfers, low salaries, non-take-up and high housing costs intertwine (Box 5.1).

Box 5.1: Financial barriers in Luxembourg

The number of workers paid the minimum wage is very high in Luxembourg. However, the minimum wage is not high enough to protect workers receiving it against the risk of poverty, especially for single earners with children or other dependent household members. Such households are entitled to additional payments from the minimum income scheme but for a number of workers the minimum income received still leaves them below the at-risk-of-poverty threshold. Furthermore, the significant non-take-up rate of the minimum income scheme should not be overlooked, since it may also increase the number of people with low incomes. The non-take-up rate seems to be very high in Luxembourg. It is estimated that low-wage earners and households that have to live on the minimum income alone make up around 10% of the resident population. The financial bottlenecks experienced by low-income parents have an impact on their ability and willingness to spend a lot of money on healthy food and this is aggravated by the fact that a large part of their disposable income is spent on housing costs.

Source: ESPAN national report for Luxembourg.

Eleven national reports highlight the importance of the high(er) prices of healthy food as a main barrier to healthy nutrition for low-income children. One important factor often indicated as shaping financial barriers to healthy nutrition is the relative price difference between energy-dense food and energy-low food (e.g. IE, NL). Also, the relatively high prices of specific products such as fruit and vegetables are often mentioned as a barrier (e.g. LT, SI). Various studies objectifying these different aspects are mentioned by the national experts. For example:

- According to a study carried out in 2022, 81.5% of respondents point to the high prices of healthy food products compared to parents' income as the main factor hampering the healthy nutrition of children in Bulgaria.
- A 2021 study conducted in Ireland found that the cost of a healthy diet would account for between 13% and 35% of the "weekly take home income" of low-income households, depending on the household composition and location.

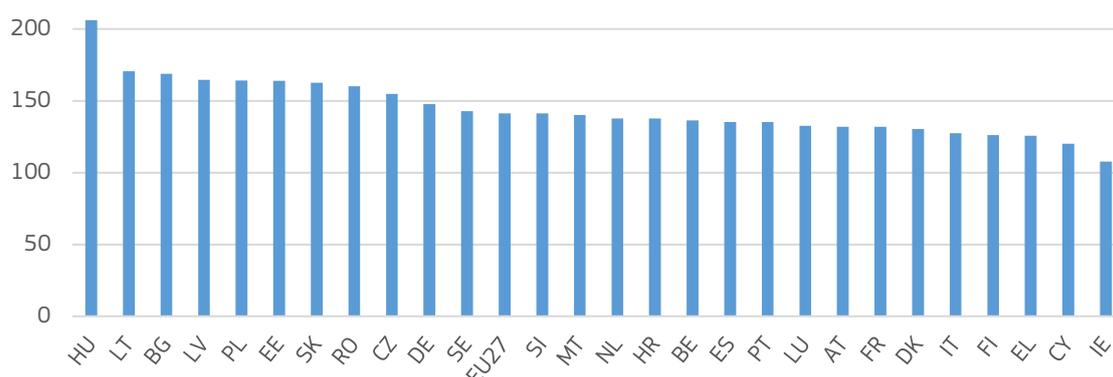
Finally, national experts from 13 Member States identify the current crisis, which has led to high inflation and rising prices affecting food, as hampering the access of (low-income) children to healthy nutrition.

In fact, according to Eurostat⁴⁷, in 2022, the annual inflation in the EU stood at 9.2%, versus 2.9% in 2021 and less than 2% between 2013 and 2020. The inflation rate in 2022 was particularly steep, above 15%, in the Baltic States (Estonia [19.4%], Lithuania [18.9%]) and Latvia [17.2%]) and in Hungary (15.2%).

Still according to Eurostat⁴⁸, the harmonised index of food consumer prices (Index, 2015=100) in the EU27 peaked at 141.3 in March 2023, following consecutive increases notably since 2022. In March 2022 it stood at 118.2, compared with 110.5 in March 2021. This has particularly affected countries such as Hungary, Lithuania and Bulgaria (Figure 5.2).

⁴⁷ Eurostat, PRC_HICP_AIND, downloaded 05/05/2023.

⁴⁸ Eurostat, PRC_HICP_MANR, PRC_HICP_MIDX, STS_INPPD_M, downloaded 05/05/2023.

Figure 5.2: Harmonised index of food consumer prices (Index, 2015=100), March 2023


Source: Eurostat, PRC_HICP_MANR, PRC_HICP_MIDX, STS_INPPD_M, downloaded 05/05/2023.

A few country teams report on studies which have already analysed the impacts of recent price increases on access to (healthy) nutrition. The expert for Denmark mentions a survey conducted by the Danish Federation of Non-Profit Housing among its tenants in 2023, which found that more than one-third of single parents living in social housing with children have reduced the amount of food they buy and consume, compared with one in six overall. The Irish report includes the results of a 2022 study focused on households and children under 18 years of age and involving a nationally representative survey of adults aged 18 years and over. One out of four respondents declared that they could not provide their children with sufficiently nutritious food in October 2022, up from 17% in January 2022. Almost two-thirds (64%) of parents said that they have cut down on other essential items to afford food costs.

The national reports on Austria, Finland and Sweden do not deem financial barriers to be particularly relevant. For instance, the national expert for Austria underlines that the limited data available suggest that affordability of (healthy) food may be an issue for low-income households, but that the size of the group affected is small. He further considers that an important driver for this is the rather generous universal cash benefits granted to all households with children by the Austrian welfare system. Similarly, the country team for Sweden considers that social transfers are in principle provided at levels sufficient to guarantee a healthy diet.

5.2.2 Non-financial barriers

Effective access for low-income children to healthy nutrition may also be hindered by non-financial barriers. Indeed, nearly all country teams identify such barriers.

These barriers include low education and lack of knowledge/literacy regarding health and/or healthy food, unhealthy eating habits, accessibility to healthy nutrition and institutional barriers (Table 5.3).

Table 5.3: Non-financial barriers to healthy nutrition for low-income children

Low education, lack of knowledge/literacy	Unhealthy eating habits	Difficulty with accessing healthy food/ supply of unhealthy food	Institutional barriers	Not enough evidence
BE, BG, CY, CZ, DE, EE, EL, ES, FI, IE, IT, LT, LU, MT, NL, PT, RO, SE, SK	CZ, DK, EE, EL, ES, FI, HR, HU, IT, LT, LU, MT, PT, SI, SK	BE, CY, IE, LT, NL, SI, SK	BG, DE, EL, HU, IT, RO	AT, LV, PL

Source: Own elaboration on the basis of the ESPAN national reports.

Most national reports mention low education or the lack of knowledge/literacy regarding health and/or healthy food (Table 5.3). For example:

- The national expert for Belgium stresses that illiteracy and low educational levels are important hurdles preventing people understanding food labels, which are sometimes complex to interpret.
- The experts for Germany highlight the results of a 2021 study which discovered that, 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.
- The national experts for Lithuania emphasise that the lack of knowledge about healthy food, unhealthy eating habits, and low capacity to prepare healthy meals among low-income households and other vulnerable households have a negative impact on both breastfeeding and the provision of meals at home.
- The report on Portugal highlights the results of a 2014 study according to which, along with the price of food, low literacy in terms of nourishment and health as determinants of food consumption have been highlighted as the main factors explaining the differences in food consumption according to socio-economic status.
- The national expert for Romania stresses that lack of knowledge regarding affordable healthy diets, their value, and their long-term benefits, as well as of medical prevention programmes, is an important trigger for preventable nutrition-related diseases.

The prevalence of unhealthy eating habits is mentioned by more than half of the country teams. These include, for instance, having fewer meals than other groups (e.g. DK, FI), eating fruit and vegetables less frequently (e.g. EE, ES, FI, HR, LU, PT), excessive consumption of salt and/or sugar (e.g. HR, IT, MT, SI), and consuming processed food and/or drinks more often (e.g. FI, HR, LU, MT, PT, SI).

Difficulties accessing healthy nutrition are noted by seven country teams. Some experts mention the growing supply of unhealthy food – including fast-food shops and restaurants – in low-income neighbourhoods (e.g. BE, NL). Others stress the limited availability of some types of food such as fresh fruits and vegetables, especially in marginalised environments (e.g. CY, IE, SK).

A few reports emphasise the concept of “food deserts”, a term coined in the 1990s to describe “poor access, measured geographically, to healthy and affordable food” (Smith and Thompson, 2022: 9). For example:

- A 2017 study on “food deserts” in Amsterdam finds that accessibility differences are real, but not yet an actual barrier to purchasing healthy food. Nonetheless, rising concerns have triggered coordinated efforts between major municipalities to map “food environments” and prepare policies to stimulate the creation of more healthy living environments. One of the various initiatives implemented in this context is the “Healthy School” (*Gezonde School*) programme, which helps educational professionals to promote a healthy lifestyle in the school environment.
- Reduced opportunities to buy food in certain areas, which are unevenly distributed across the regions in Slovakia, are also a barrier to a healthy diet. These “food deserts” are attracting growing attention in Slovakia. They can be found in rural areas with very low urbanisation and population density. In addition, they (and inhabitants who live there) tend to have lower earnings, limited mobility and unhealthy nutrition. According to 2017 data, “food deserts” are present in 106 municipalities in Slovakia, amongst which 62% have fewer than 250 inhabitants. It is estimated that 21,000 persons live in these municipalities.

Some national reports highlight non-financial barriers related to institutional factors, such as the characteristics of policy frameworks in place and the lack or limitations of existing programmes and/or services. For example:

- The national experts for Greece report the absence of a comprehensive national policy framework on nutrition. They consider that the very few policy measures implemented in various forms and with different eligibility criteria at the local level remain fragmented. As a result, not all children in need are covered, while access to the various measures implemented as well as the kind of provision depend on where the individual in need lives.
- The country team for Italy mentions that the Italian legal structure does not provide for a comprehensive national regulatory framework on the right to adequate food that takes into account all the various aspects of the phenomenon. It also reports that funds and actions in this field are fragmented and disconnected and that European and national public funds are poorly integrated.

5.3 Summing up

Poor adequacy of social transfers (which do not properly take into account the cost of healthy nutrition), low salaries, as well as, more broadly, insufficient “discretionary income” (i.e. the money remaining after taxes and essential household bills have been paid), hamper the access of low-income children to healthy nutrition. The situation is aggravated by the high(er) price of healthy food and by inflation in general.

The main non-financial barriers which hamper effective access to healthy nutrition are low education and a lack of knowledge/literacy regarding health or healthy food. However, unhealthy eating habits, inaccessibility of healthy meals and institutional barriers, such as the lack of comprehensive policy frameworks on nutrition as well the lack, limitations or fragmentation of existing programmes or services also play a role, at least in some countries.

Nearly all Member States implement publicly funded measures which directly support access to healthy nutrition outside of school meals for low-income children. These involve notably the distribution of food products (including through food banks and social grocery stores). In many countries, EU funds play a major role in the support provided.

Rather than focusing on the healthy dimension of nutrition, the measures in place often aim at providing food in general to low-income households to meet their basic daily nutritional needs. Likewise, children become recipients mostly because they are included in targeted households.

6. Effective access to adequate housing

According to the Recommendation establishing the ECG (Art. 4b), Member States should guarantee effective access for children in need to adequate housing.

Ensuring access to adequate housing for all children is key to preventing poverty and social exclusion as well as the risk of housing exclusion and homelessness. Poor housing conditions, including overcrowding and poor housing quality, are proven to have a negative impact on children's health and well-being, on school performance and on educational outcomes, and to increase the risk of perpetuating poverty down through the generations (De Schutter et al., 2023; Eurofound, 2023; Frazer et al., 2020; Eurofound, 2016; Friedman, 2010). Additionally, the lack of affordable housing constitutes an important blocking factor for the successful implementation of policies and measures facilitating access to adequate housing for low-income households in general (Guio et al., 2021; Baptista et al., 2017).

Section 6 describes the main publicly funded measures in place across the EU which aim at helping low-income households with children to cover their housing costs (Sub-section 6.1), as well as the main mechanisms put in place to foster effective access of these households to social housing (Sub-section 6.2). Finally, Sub-section 6.3 provides a comparative overview of the main financial and non-financial barriers hindering access for low-income children to social housing across Member States.

6.1 Housing allowances and other benefits which help households meet housing costs

6.1.1 Mapping of allowances and benefits

Based on the ESPAN national experts' reports, this sub-section provides an EU overview of the housing allowances and other benefits aimed at helping low-income households with children to cover their housing costs.

In 10 Member States (BE, DK, EL, ES, IE, IT, LT, MT, NL, SI), the experts highlight that the main purpose of housing allowances or other relevant benefits is to help households (with or without children) to pay their rent (Figure 6.1). Eligibility criteria for accessing these benefits always take into account the household's income and, in most cases, also the presence of children in the household.

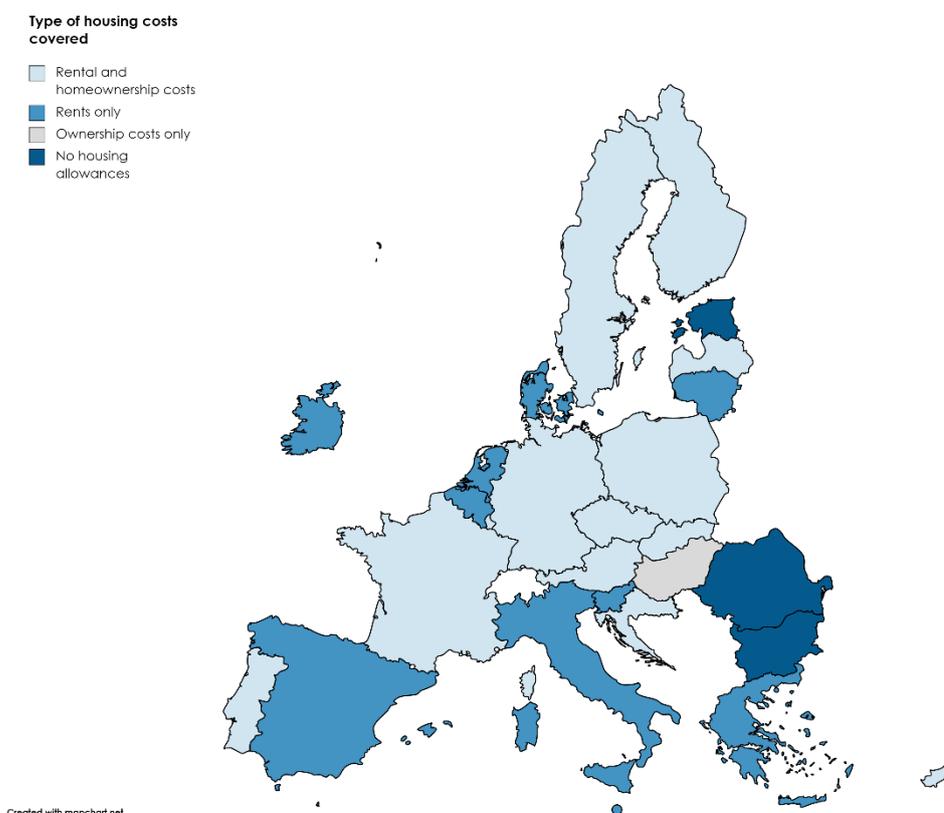
In four of these countries (BE, EL, IE, MT), these allowances/benefits are available only to tenants renting on the private market. For example:

- In Ireland, the system of housing allowances in place comprises two main schemes: Rent Supplement and Housing Assistance Payment. However, both schemes are only available to low-income tenants renting accommodation from private (for-profit) landlords.

However, in the remaining six countries (DK, ES, IT, LT, NL, SI) in the group providing rent-only support schemes, there are no eligibility restrictions regarding the type (private/public) of landlord. For instance:

- The national expert for Denmark explains that, in principle, anyone living in rented accommodation can apply for a housing allowance. However, he adds, housing allowance is, in practice, targeted at low-income households, and the conditions in place favour households with children.
- In Slovenia, the means-tested housing benefit is available to various housing tenures, such as renters in both the non-profit and private housing markets.

Figure 6.1: Housing allowances and other benefits available to low-income households with children, according to the type of housing costs covered



Source: Own elaboration on the basis of the ESPAN national reports.

In 13 Member States (AT, CY, CZ, DE, FI, FR, HR, LU, LV, PL, PT, SE, SK), national experts explain that housing allowances/benefits provide wider coverage by including both low-income renters and homeowners or by helping low-income households cover their housing costs, irrespective of the type of tenure.

- In Vienna (AT), for example, the housing allowance is accessible to tenants on the private market, in social housing and in limited profit housing associations but, according to the national expert, under specific circumstances, even persons living in owner-occupied flats may be eligible for housing allowance. A basic precondition for receipt of housing allowance in Vienna is to prove a household income below a minimum, the level of which depends on the household composition (e.g. number and age of children).
- The national experts for Finland emphasise the rather generous and comprehensive housing allowance system in place. Housing subsidies are available to all low-income households (with or without children; both owners and renters) to help cover the costs of housing, thus, they argue, effectively compensating for the costs of housing and improving access to adequate housing. For low-income households, social assistance compensates costs that are not covered by the housing allowance scheme.
- In Portugal, the national expert notes, two temporary measures providing support to low-income households (with or without children) and to households with mortgages were approved in March 2023: the extraordinary rent support, valid for a five-year period, and an allowance for monthly mortgage interest payments, valid till 31 December 2023. Prior to the

approval of these two temporary measures, no housing benefits and/or allowances were available at national level to low-income households with children.

- In Slovakia, the national experts highlight that the housing allowance is only provided to households who receive the minimum income benefit.
- The national expert for Sweden describes the housing support scheme specifically for households with children, highlighting the overall context of the Swedish integrated rental housing market, with a relatively large sector of not-for-profit rental accommodation of high quality. The housing allowance for households with children is available to both owners and renters and covers part of the housing costs. For low-income households, the remaining housing costs may be paid in the form of a supplement to social assistance.

Household income is the most widespread eligibility criterion mentioned by the experts in the above 23 Member States. The presence of children in the household often affects eligibility thresholds and the amount of the allowance.

In Hungary, the national experts argue that the eligibility criteria applied in the mechanism in place exclude many low-income households with children. The Family Home Allowance, they explain, is a non-refundable subsidy scheme aiming to help households with children to buy a home, and with certain limitations, to increase the size of the owner-occupied dwelling. It is only available if at least one of the applicants has social security insurance, i.e. he/she is working with a legal contract ensuring social security at the time of application. It can be claimed either by couples or single parents already having children, or by married couples committing themselves to have children in the coming years. In the latter case, unmarried couples or singles are not eligible.

In the three remaining Member States (BG, EE, RO), according to the national experts, there are no housing allowances and/or benefits to help low-income households with children cover their housing costs. Even though these countries do not have housing allowances or other relevant benefits, the minimum income scheme available there plays an important role in helping low-income households with their housing expenses.

6.1.2 Assessing the adequacy of housing allowances and benefits

This sub-section provides an assessment of the extent to which the housing allowances and/or benefits available in Member States adequately cover the housing costs of low-income households with children. This assessment is based on relevant available evidence (studies and/or data) gathered by the national experts.

In those Member States where they could identify such evidence-based assessments (e.g. AT, CZ, FI, FR, HU, IE, IT, NL, SE), national experts highlight the fact that in most cases the studies/data available focus on the overall situation of low-income households in general, rather than on that of low-income households with children. Examples of evidence gathered by national experts include the following:

- In Czechia, the Research Institute for Labour and Social Affairs conducted an analysis of second-quarter 2022 housing allowance recipient data which demonstrated that two-parent households with children are better protected than single-parent households.
- In France, in 2020, 13.3 million people (20% of the population) lived in a household receiving a housing benefit, 17% of which were couples with children, and 21.2% were lone-parent households. Referring to the outcomes of the 2020 annual report by the Court of Auditors, the national experts note that although the personalised housing assistance scheme lacks clarity and exhibits implementation gaps, it has a strong positive impact on the solvency of poor households and remains one of the most important sources of social redistribution.

- In Finland, reporting on the current situation of the national housing allowance system, the national experts estimate that the housing allowance reduces the share of housing costs in household income from 43% to 22% for a single parent with two children and from 55% to 26% for a household of two parents and two children. Moreover, they add, the upper income limits for eligibility for the benefit are much higher than the AROP threshold. Almost one fifth of all households receive a housing allowance.
- In Ireland, there are no data on the number of households with children in receipt of the two housing allowances currently in place. However, the experts note that there is significant evidence which indicates that housing assistance payment rates are no longer sufficient to meet housing needs effectively for many low-income households with children, because the maximum rents eligible for these subsidies have not been increased since 2016. On the positive side, the authors argue that this allowance has played an important role in preventing homelessness among households with children or enabling them to exit homelessness, although Housing Ministry data suggest that the number of households exiting homelessness with the help of this allowance has declined by 28% over the course of 2021.
- In Italy, the national experts refer to a 2018 study conducted in the region of Tuscany⁴⁹, which confirms that housing allowances are significantly underfinanced in Italy, while the governance of the housing sector is territorially fragmented, resulting in a residual social policy field not guaranteeing sufficient protection to all age groups, including children. The experts argue that 2021 data provided by ISTAT confirm the inadequacy of public support for those living in rented housing and reveal that a large share of households with children are struggling to pay their rent.

One concrete example (Box 6.1) of the inadequacy of existing housing support systems for low-income households with children is provided by the country team for Slovakia, based on reports by non-governmental organisations working with homeless people and persons at risk of housing exclusion.

Box 6.1: Illustrating the inadequacy of housing assistance in Slovakia

The non-governmental organisation “OZ Vagus” provides a concrete example of housing allowances that “do not work”, illustrated by the case of a single mother with one young child who, in 2022, was receiving a housing allowance (€89.2/month) and assistance in material need (€130.9/month). When the mother started a low-paid part-time job (net monthly salary of €375), she lost entitlement to both benefits, since the housing allowance is only available for beneficiaries of minimum income protection (i.e. the assistance in material need). However, her income was not enough to cover the rent (€400) in Žilina, one of the regional capitals in Slovakia. One “alternative” would be to live in a hostel; however, the national experts note, she would then lose the support of the housing allowance - available only to households who are either tenants or owners of their dwelling – and would still struggle to cover other basic needs after paying for the accommodation.

Source: ESPAN national report for Slovakia.

⁴⁹ The national experts note that, given the highly fragmented and complex implementation of the national Fund to support low-income tenants across regions and municipalities (see Sub-section 6.1.1), there is no comprehensive assessment available.

The national experts for Latvia, however, note recent developments which may have a positive impact on the adequacy of the housing benefit system in their country, despite the lack of studies analysing whether the current housing benefit adequately covers the housing costs of low-income households with children. They explain that the substantial increase in the GMI coefficient (from 1.5 to 3) in October 2022 has significantly contributed to the adequacy of the housing benefit⁵⁰ and to the growing numbers of benefit recipients at the end of 2022 and during the first months of 2023.

Reforms are also underway in the Netherlands in response to adequacy gaps in the provision of the rent allowance scheme, as reported by the national expert. Apart from the legislative proposal submitted to Parliament in February 2023, which would result *inter alia* in 116,000 new recipients of rent allowances, the Dutch government announced that the rent allowances for 2023 will increase (by around €16 per month), while about 510,000 households on low incomes who rent from a housing association will benefit from a rent reduction.

6.2 Access for low-income households with children to social housing

Unaffordable housing is an issue across the EU (Eurofound, 2023). A 2023 OECD note⁵¹ on the access of young people to housing confirms the decline in social housing which has occurred in most OECD countries over the past decade, thus limiting affordable housing options for all, especially for low-income households.

O’Sullivan (2020) mentions research which found that having access to social housing has a statistically significant positive impact on households’ housing trajectories: a higher probability of people maintaining their tenancy and lower probability of experiencing different forms of disadvantage, including homelessness, compared to people living in privately rented housing and receiving rent supplements.

Although an overview of the provision of social housing in the EU is hampered by a lack of common definitions and comparable data and would go well beyond the scope of this report, the share of social housing remains very small in many Member States. The data included in the national reports show that social housing accounts for only 5% or less of the total housing stock in nine Member States (CZ, ES, HR, HU, IT, LU, LV, PT, RO) and in only three Member States (AT, DK, NL) does publicly funded housing make up 20% or more of the total housing stock. In Greece, there is no provision of social housing, although the country team points out that changes in this area may occur as a result of the new housing strategy adopted in December 2022.

Similarly to what has been described in previous sections, data limitations often prevent a specific assessment of the effective access to social housing of low-income households with children. Additionally, social housing is mostly regulated at sub-national level, resulting in considerable diversity in the effective delivery of social housing to households in general, including to low-income households with children. Examples provided by national experts include the following:

- In Croatia, local authorities are responsible for the provision of social housing. The national experts point out that the stock of social housing is very limited and that in the last 20 years only larger cities have invested in social rental housing. Every five years, for example, the City of Zagreb announces a tender for the allocation of social flats to people who have not resolved their housing problem, or who cannot resolve it in another way.
- In Czechia, there are no data or studies allowing detailed examination of the access to social housing of (low-income) households (with children). The decision as to whether to establish a social housing system, and the form it should take, is the responsibility of individual

⁵⁰ The amount of the housing benefit is calculated with reference to the GMI.

⁵¹ <https://www.oecd.org/housing/no-home-for-the-young.pdf>

municipalities. These have a great deal of discretion in establishing eligibility rules which, according to the national experts, may not always be consistent with the needs of low-income households.

- Publicly funded measures supporting access to social housing in Germany are regulated at three levels: national, sub-national and municipal. The provision of rental housing is particularly intended to assist households with children, pregnant women, young childless households, low-income households and households with special difficulties in obtaining housing.

Overall, the descriptions provided in the 27 national reports reveal that, in most cases, there is no specific provision of social housing for low-income households with children and that these households have to meet the same access criteria to social housing as other households. The most common type of criterion for accessing social housing across Member States is related to household income.

However, the presence of children in the household often entails priority in access (e.g. BE, BG, CZ, EE, HR, HU, IT, NL, PT, RO) and may have an impact on the income conditions for application or on the support received (e.g. CY, ES, LT, IT). For instance:

- In Denmark, the national expert points out that low-income households with children have access to social housing simply by applying for social housing.
- In Italy, only households with children living in severe poverty and/or in very vulnerable situations can access the Public Residential Housing (ERP). In general, every year, municipalities implement a “ranking list” to determine access to the ERP. In the region of Lombardy, for example, single-parent households have priority access to this ranking list.
- In Spain, the national experts explain that access to social housing for households with children at risk of poverty is facilitated by relatively favourable income limits which serve as the main criterion for accessing social housing.
- In Portugal, the criteria for priority access to social housing are established by each municipality. However, the national expert notes, households with children are sometimes granted priority and, in other cases, lone-parent households and households with three or more children score the maximum number of points on one of 15 criteria, and the number of children in the household may be a tiebreaker.
- In Romania, the national expert briefly analyses the criteria used by a few large municipalities to allocate social housing, and concludes that households with children, especially those with two or more children and single-parent households, are among the vulnerable groups identified for prioritisation in the allocation of social housing.

Apart from income-related criteria for accessing social housing, country teams mention other relevant requirements which help determine access to existing programmes and apply to all households – with or without children. These include, *inter alia*, residency or local connection rules (e.g. AT, BG, CY, HR, IT, MT), citizenship (e.g. BG, DE, MT), employment status (e.g. BG, CZ, RO), time already spent on a waiting list (e.g. AT, BE, DK, IE), and urgent housing needs (e.g. AT, BE, DK, EE, FI, RO). In some cases, there is evidence that these (additional) criteria create barriers for particularly vulnerable groups of children.

The following sub-section addresses precisely the main barriers, as identified by national experts, which low-income households (with children) face in accessing social housing.

6.2.1 Financial barriers to accessing adequate social housing

National experts from 10 Member States describe different types of financial barriers hampering access to social housing, the most important of which is the high level of rents or other types of financial contributions, followed by strict means-testing. It is important to highlight that a significant number of national experts report no significant financial barriers to accessing social housing in their countries. (Table 6.1)

Table 6.1: Financial barriers to effective access to social housing for low-income children

High rents or other financial contributions	Means testing	Hidden costs	No financial barriers	No studies
AT, DE, DK, FR, LT, NL, SK	IT, LV, MT, SK	MT	BE, BG, CY, CZ, EE, ES, FI, HR, IE, LU, PT, RO, SI	HU, PL

Note: Greece and Sweden are not included as there is no provision of social housing per se in these countries.

Source: Own elaboration on the basis of the ESPAN national reports.

The particularly vulnerable financial situation of low-income households (with children) may impede effective access to social housing or create severe difficulties making ends meet. For instance:

- In Austria, in order to access dwellings allocated by the Limited Profit Housing Association, applicants usually have to pay a “financing contribution”. The national expert notes that, for new buildings, this usually consists of a contribution to the price of the plot on which the building was built, plus a contribution to the building costs (in Vienna this currently amounts to 12.5% of the building costs).
- In Denmark, evidence shows that rent in social housing may still be high, even after receipt of the housing allowance. The national expert argues that double-digit general inflation from October 2022 onwards has affected low-income households. As a consequence, he adds, more people than usual are having difficulties paying their rent, meaning that they end up owing money to the social housing organisation; and if they do not pay up, they may lose their accommodation if the municipality does not intervene and give extra help to meet the rent.

Effective access to social housing may also be hindered by eligibility conditions, notably the income thresholds used as a criterion to apply for existing social housing programmes. According to the country teams for Latvia and Malta, only households on very low incomes are eligible to apply, given the very strict income thresholds. In Slovakia, the social housing system is not accessible to some vulnerable groups, particularly those on minimum income protection. The national experts note that this is mainly because many municipalities examine households’ ability to pay rent, and/or set a minimum income level as an eligibility condition for social housing.

Finally, the national experts for Malta point out a specific financial barrier affecting eligible households living on a very low income: the need to furnish the apartment. This, they argue, poses a particular challenge to very low-income families in Malta.

6.2.2 Non-financial barriers

The Seventh overview of housing exclusion in Europe (FEANTSA and Fondation Abbé Pierre, 2022) warns of the insufficient supply of social housing relative to overall demand, and a lack of both supply and affordability, particularly in the private rental sector.

The assessment included in the 27 national reports confirms that the low or insufficient supply is by far the most common non-financial barrier which hinders access of low-income households (with children) to social housing. It is mentioned by national experts from 21 Member States (Table 6.2).

Table 6.2: Non-financial barriers to effective access to social housing for low-income children

Low or insufficient supply	Waiting times	Geographical disparities	Eligibility rules	Legal and/or administrative obstacles	Housing typology/ conditions	Discrimination and/or stigmatisation
BE, BG, CY, DE, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SI, SK	AT, BE, DK, ES, FI, IE, LT, LU, MT, NL, PL, SI, SK	AT, DE, DK, EE, ES, FI, HU, IE, IT, NL, PT, RO, SI, SK	BE, CY, CZ, IT, PL, PT	BG, CY, CZ, ES	FR, HU, IE, RO, SK	DE, HU, LT, MT, RO, SK

Note: Greece and Sweden are not included as there is no provision of social housing per se in these countries.

Source: Own elaboration on the basis of the ESPAN national reports.

The major challenge for low-income households (with children) hampering access to social housing is the low or insufficient supply of housing compared to existing needs. This situation often explains another barrier explicitly identified in 13 national reports: the long waiting times. For example:

- In Finland, there is a lack of cheap rental dwellings which, according to the national experts, is a problem in larger cities and in fast-growing municipalities. In some cases, there are long waiting lists.
- In Ireland, the national experts highlight that although output of social housing has increased in recent years, there remains a significant shortage of dwellings, which is most acute in cities. Households with children living in these areas, they argue, are likely to have to wait significantly longer for a social housing tenancy.
- In Lithuania, the national experts explain that there is a shortage in the supply of social housing, despite recent changes: social housing in Lithuania is available to only about half of those on the waiting list. Additionally, they claim, it was estimated that the supply of new social housing planned for a five-year period (2019-2024) would cover less than 20% of the current demand.
- In Malta, the national experts emphasise the process leading to the currently very limited supply of social housing and long waiting lists: the depletion of the existing supply by indefinite allocations over the years and by a scheme allowing (pre-2022) tenants to become owners of their property.
- In Portugal, a social housing model aimed at rehousing the poorest, most spatially concentrated, and most socially homogeneous households living in so-called “slums” in the metropolitan areas of Lisbon and Porto has resulted in a permanent shortage of social housing, as this model has failed to meet the housing needs of other groups of low-income households.

In the Netherlands, the national report provides evidence of the falling share of social housing (with regulated prices): between 2012 and 2021, this share has decreased by three percentage points to 34% of the total housing stock and, as a result, waiting lists for social housing are increasing.

As mentioned in Sub-section 6.2, the provision of social housing is mostly regulated at sub-national level. In a context of overall insufficient supply, national reports provide several examples of geographical disparities (Table 6.2) among regions and/or municipalities, thus creating additional “selective” barriers to low-income households, including low-income households with children. For example:

- The national expert for Denmark points out that availability differs across municipalities and that waiting periods can be very long in some municipalities, especially those belonging to the City of Copenhagen.
- The national experts for Germany report geographical disparities, with the situation being more difficult in the western German states and in urban areas.
- The national expert for Romania argues that there is evidence of severe disparities between large cities and rural areas, as small administrative units, with low financial and administrative capacity, are at a relative disadvantage.
- The national experts for Slovenia explain that the unmet demand for social housing – in an overall context of low availability – is higher in urban environments and is based on irregular calls for social housing allocation.

Another set of barriers hindering access to social housing relate to existing eligibility rules and access criteria. These conditions often create obstacles for specific vulnerable sectors of the population (e.g. migrants, unemployed people), including low-income households with children. For instance:

- In Czechia, according to a 2020 report by the Ombudsman, some municipalities use allocation rules for granting access to municipal housing that may breach the right to equal treatment. These criteria may disadvantage individuals receiving a parental or maternity allowance or people with disabilities, and disproportionately benefit people with income from economic activity.
- In Italy, the national experts report that most regions require at least five years of residence in the region (or in the municipality), thus preventing many low-income households (with children) with a migrant background from accessing social housing.

Complex bureaucratic/administrative procedures are identified by four country teams (BG, CY, CZ, ES) as important barriers to accessing social housing, particularly among vulnerable potential applicants (e.g. migrants, asylum seekers, refugees).

Another type of non-financial obstacle identified relates to the characteristics of the social housing stock. These include the inadequacy of the existing housing supply in relation to demand – the typology of the units available (e.g. FR, IE), and the location (e.g. FR) – as well as the quality of the housing available (e.g. HU, RO, SK). The situation in Ireland is particularly illustrative of the obstacles faced by low-income households with children:

- In Ireland, there is a shortage of housing for households of different sizes. The national experts highlight that most of the local authority social housing stock consists of dwellings with three bedrooms, meaning that small (lone parents with one child) and large households with children (e.g. households with five or more children) are likely to wait longer to be allocated a social housing tenancy.

Finally, a few national reports provide evidence of discriminatory practices and stigmatisation directed at social housing beneficiaries. In Germany, the national experts highlight the presence of discriminatory selection processes, with landlords preferring not to rent to people from vulnerable groups. In Slovakia, the national experts refer to a 2020 study which emphasised the excessive discretionary power of municipalities in applying rules and conditions for social housing eligibility; this “independence”, they argue, creates room for discrimination and limits access for some vulnerable groups.

6.3 Summing up

The available evidence shows that in most Member States the provision of housing support does not specifically target low-income children, but is, rather, focused on the overall situation of low-income households. In nearly all Member States there are housing allowances and/or benefits which help low-income households with children cover their housing costs, targeting either only households living in rented accommodation or both households living in rented accommodation and homeowners. Although the presence of children in the household is not a common eligibility criterion for accessing housing benefits, in most cases it influences access conditions and the amount of the support received.

Where evidence on the adequacy of housing allowances is available, there are mixed signs regarding their effectiveness. On the one hand, positive impacts of this support can be seen, enabling low-income households with children to access adequate housing; but, on the other, there is evidence of inadequacy of existing support schemes, or the erosion of their protective role against rising housing costs.

The provision of social housing accounts for 5% or less of the total housing stock in at least one out of three Member States. In most cases, there is no specific provision of social housing for low-income households with children: these households have to meet the same access criteria for social housing as other households. The most common criterion is related to household income. However, the presence of children in the household often entails priority in access and may have an impact on the income conditions for application or on the support received.

There are non-financial barriers to effective access to social housing for low-income children in almost all Member States where social housing programmes exist. Unsurprisingly, low or insufficient supply of social housing constitutes the most frequent non-financial barrier (present in 21 Member States). Other important hindrances identified in many countries include long waiting lists for social housing, as well as geographical disparities which create access inequities. In some countries, there is also evidence of barriers linked to the inadequacy of the existing social housing supply given the characteristics of potential applicants (e.g. lone parents with one child and large families) and to eligibility criteria excluding specific vulnerable children (e.g. migrant children).

Annex A: Presentation of the ESPAN network management team and the 38 ESPAN country teams (June 2023)

A1. ESPAN Network Management Team

The European Social Policy Analysis Network (ESPAN) is managed jointly by the Luxembourg Institute of Socio-Economic Research (LISER), the independent research company APPLICA and the European Social Observatory (OSE).

The ESPAN Network Management Team is responsible for the overall supervision and coordination of the ESPAN. It consists of six members:

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⁵² The Expert Network for Analytical Support in Social Policies (ENASSP) has two components. First, it manages a network of independent national social policy experts (the European Social Policy Analysis Network [ESPAN]). Second, it is responsible for the secretariat of the governmental experts on social protection systems (the Mutual Information Systems on Social Protection [MISSOC]).

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