



**Study on the economic implementing framework of  
a possible EU Child Guarantee Scheme  
including its financial foundation**

**Final Report**

**EUROPEAN COMMISSION**

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SECOND PHASE OF THE FEASIBILITY STUDY FOR A CHILD  
GUARANTEE

**STUDY ON THE ECONOMIC  
IMPLEMENTING FRAMEWORK OF A  
POSSIBLE EU CHILD GUARANTEE  
SCHEME INCLUDING ITS FINANCIAL  
FOUNDATION**

**Final Report**

(coordinated by A-C. Guio, H. Frazer and E. Marlier)



in partnership with



In 2015, the European Parliament called on the European Commission and the European Union Member States "to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty". Following the subsequent request by the Parliament to explore the potential scope of a Child Guarantee (CG) for children in vulnerable situations, the Commission has commissioned a three-phase Preparatory Action with a view to analysing the design, feasibility, governance and implementation of such a scheme in the EU Member States:

1. A first *Feasibility Study for a Child Guarantee (FSCG1)* was carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with Eurochild and Save the Children, and with the support of thematic experts, national experts and an independent study editor. It assessed the feasibility, efficiency and overall benefits of an EU CG Scheme and made concrete suggestions for improving policies and programmes at EU and (sub-)national levels. It focused on access by four groups of children to the five social rights identified by the European Parliament: children with disabilities, children residing in institutions, children with a migrant background (incl. refugee children), and children living in precarious family situations. The FSCG1 Final Report is available at <https://ec.europa.eu/social/BlobServlet?docId=22869&langId=en>
2. A second *Feasibility Study for a Child Guarantee (FSCG2)*, whose results are presented in the present report, was carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with PPMI, Eurochild and Save the Children, and with the support of thematic experts, national experts and an independent study editor. It is a detailed study that explores what could be some of the costs and benefits for the competent authorities to guarantee in practice that all children at risk of poverty in the EU have access to the five social rights under scrutiny. This study, which is complementary to the first phase, provides a thorough economic analysis of the design, feasibility, governance and implementation options of a CG in all EU Member States.
3. The third phase of the Preparatory Action is being carried out by UNICEF. It is testing the CG through a series of pilot projects implemented by UNICEF in Bulgaria, Croatia, Greece and Italy as well as a series of national policy and programmatic deep dives and development of National Child Poverty and Social Exclusion Action Plans in Bulgaria, Croatia, Germany, Greece, Italy, Lithuania and Spain. It started in the summer of 2020 and will last for two years.

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## List of official Member State abbreviations and other acronyms

### Official Member State abbreviations

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

### Other acronyms

AROP	At risk of poverty (at-risk-of-poverty)
AROPE	At risk of poverty or social exclusion (at-risk-of-poverty or social exclusion)
ARS	Regional health administration (in Portugal)
BSCFA	Back to school clothing and footwear allowance (in Ireland)
CBA	Cost-benefit analysis
CESCR	United Nations Committee on Economic, Social and Cultural Rights
CG	Child Guarantee
CIT	Community integrated team (in Romania)
CSR	Country specific recommendation
DEIS	Delivering Equality of Opportunity in Schools (in Ireland)
DGS	Direção-Geral Da Saúde (Directorate-General for Health, in Portugal)
DIATROFI	Program of food aid and promotion of healthy nutrition (in Greece)
EAPB	Education and participation benefits (in Germany)
ECEC	Early childhood education and care
EMCO	Employment Committee
ENOC	European Network of Ombudspersons for Children
EOH	European Observatory on Homelessness
EPSR	European Pillar of Social Rights
ERDF	European Regional Development Fund
ESC	European Social Charter
ESF	European Social Fund (also European Social Fund Plus: ESF+)
ESIF	European Structural and Investment Funds
ESPN	European Social Policy Network

EU	European Union
EU-SILC	European Union statistics on income and living conditions
FHAT	Family homeless action team (in Ireland)
FEAD	Fund for European Aid to the Most Deprived
FEANTSA	European Federation of National Organisations Working with the Homeless
FRA	European Union Agency for Fundamental Rights (“Fundamental Rights Agency”)
FSCG1	First Feasibility Study for a Child Guarantee
FSCG2	Second Feasibility Study for a Child Guarantee
GMI	Guaranteed minimum income
HF	Housing first
HF4Y	Housing first for youth
IKC	<i>Integraal kindcentra</i> (integral child centres in the Netherlands)
ISCED	International standard classification of education
MS	Member State
MSP	Minimum service package (UNICEF programme in Romania)
NCC	Net childcare cost
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PNPSE	<i>Programa Nacional de Promoção do Sucesso Escolar</i> (national programme for the promotion of school success, in Portugal)
PNPSO	<i>Programa Nacional de Promoção da Saúde Oral</i> (national programme for the promotion of oral health, in Portugal)
RCT	Randomised controlled trial
SES	Socio-economic status
SSCH	“Sure start” children’s home
SPC	Social Protection Committee
TaxBEN	OECD tax-benefit model
TEU	Treaty on European Union
TFEU	Treaty on the Functioning of the European Union
TIMSS	Trends in International Mathematics and Science Study
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

## Structure of the report, authorship and acknowledgements

This report was coordinated by members of the team in charge of managing the second phase of the Feasibility Study for a Child Guarantee (FSCG2): Hugh Frazer (Maynooth University, Ireland), Anne-Catherine Guio and Eric Marlier (both Luxembourg Institute of Socio-Economic Research: LISER).

The results and analysis presented in the report are extensively based on: (a) a detailed mapping of the relevant (sub-)national policies in the 27 European Union (EU) Member States that was carried out by the FSCG2 national experts between June and August 2020; and (b) in-depth assessments of policies and programmes/projects, prepared in November and December 2020 (also by FSCG2 national experts) in a selection of Member States. The list of FSCG2 national experts is presented below.

FSCG2 national experts	Country
M. Fink	Austria
I. Nicaise and L. Vandervoort	Belgium
G. Bogdanov	Bulgaria
S. Zrinščak	Croatia
M. Kantaris, M. Theodorou M., and M. Popovic	Cyprus
T. Sirovátka	Czechia
J. Kvist	Denmark
K. Arrak, M. Masso, and M. Murasov	Estonia
O. Kangas	Finland
M. Legros	France
W. Hanesch	Germany
A. Capella and D. Konstantinidou	Greece
F. Albert	Hungary
E. Polat and M. Daly	Ireland
M. Raitano	Italy
E. Kļave	Latvia
A. Poviliūnas and E. Šumskienė	Lithuania
R. Urbé	Luxembourg
M. Vassallo	Malta
D. Bijman, B. van Waveren, and B. Dekker	Netherlands
I. Topińska and A. Chłóń-Domińczak	Poland
P. Perista	Portugal
L. Pop	Romania
D. Gerbery	Slovakia
N. Stropnik	Slovenia
F.J. Moreno-Fuentes and G. Rodríguez-Cabrero	Spain
K. Nelson and J. Palme	Sweden

This report consists of eleven parts. Parts A-C were prepared by the editors of the report. Part A explains the origins and context of the first and second phase of the Feasibility Study for a Child Guarantee (FSCG1 and FSCG2), and presents the consortium responsible for carrying out the second phase. Part B recalls some of the important evidence gathered in the context of FSCG1. Part C outlines the main FSCG2 definitions and the step-by-step methodology followed throughout FSCG2.

Parts D to I cover the six priority actions analysed in FSCG2. These parts were prepared by the FSCG2 thematic experts (see presentation of FSCG2 consortium in Chapter A2), on the basis of the national experts' mapping and in-depth assessments of policies and programmes/projects: Part D was prepared by Gwyther Rees, Part E by Michel Vandebroek, Part F by Alina Makarevičienė, Part G by Rita Baeten and Stéphanie Coster, Part H by Isabel Baptista, and Part I by Alina Makarevičienė and Paula Maria Rodriguez Sanchez.

Part J focuses on cost computation and cost-benefit analyses (CBAs) of the FSCG2 priority actions. It was prepared by the editors, with inputs from the thematic experts. The editors are also most grateful to Olga Rastrigina (Organisation for Economic Cooperation and Development: OECD) and Emilio Di Meglio (Eurostat) for kindly providing them with ad hoc computations, as well as to Maxime Ladaique and Olivier Thévenon (OECD) and to Kenneth Nelson and Rense Nieuwenhuis (Swedish Institute for Social Research: SOFI, Sweden) for fruitful methodological discussions. Any remaining errors are the responsibility of the editors.

Part K concludes and provides the main recommendations.

The editors would like to thank FCSG2 partners (Applica, PPMI, Eurochild and Save the Children), the members of the FSCG2 Advisory Board, as well as the national and thematic FSCG2 experts, for their important contributions to this report. They would also like to thank the European Commission and the various reviewers who kindly commented on a previous draft of this report for their helpful feedback (colleagues from COFACE, Eurocities, EuroHealthNet, European Social Network, and European Federation of National Organisations Working with the Homeless – FEANTSA). Finally, the draft findings of FSCG2 were presented to a wide range of stakeholders at an online closing conference on 11 February 2021. Their comments and suggestions have also been taken into account in finalising this report.<sup>1</sup>

Neither the European Commission nor any person or institutions mentioned above bear any responsibility for the analyses and recommendations presented in this report, which are solely those of the editors of this report.

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<sup>1</sup> See Annex 5 for a presentation of the key points from the FSCG2 closing conference.

## PART A: INTRODUCTION

### Chapter A1: Origins and context of the Feasibility Study for a Child Guarantee (FSCG)

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

Phase 1 of the *Feasibility Study for a Child Guarantee* (FSCG1) provided a comprehensive overview of the situation in each EU Member State in relation to children in vulnerable situations (i.e. children living in precarious family situations, children residing in institutions, children with a migrant background – including refugee children, and children with disabilities). It showed the extent to which children experiencing disadvantage in each Member State have access to the five key social rights identified by the European Parliament, and provided an assessment of the strengths and weaknesses of existing EU and national (and where appropriate regional/local) policies and programmes. It made concrete proposals to strengthen policies and programmes and their effective delivery in each policy area, so as to benefit the key groups of children experiencing disadvantage; and it tested these at four fact-finding workshops and at the FSCG1 closing conference. It also developed suggestions on concrete ways in which EU funds might best assist in supporting the development of more effective policies and programmes.<sup>2</sup>

This second phase of the Feasibility Study (FSCG2) consists of an in-depth study analysing what could be some of the costs and benefits for the competent authorities to realise in practice such a CG for all children **at risk of poverty (AROP) in the EU**. FSCG2 is complementary to FSCG1 and provides a thorough economic analysis of the design, feasibility, governance, and implementation options of a CG scheme in all EU Member States. It makes full use of the rich evidence gathered and lessons learned in the first phase.

Even though, in line with the FSCG2 terms of reference, the focus of this study is exclusively on AROP children, ample evidence was provided in FSCG1 on the specific needs of **other groups of children in vulnerable situations**, including children with disabilities, children with a migrant background and refugee children, and children in precarious household situations. Some of these children are not covered in this study because they do not belong to a household at risk of poverty; others combine poverty and other vulnerabilities. However, all these children also often face serious problems of access to one, or even several, of these social rights. It is crucial that the future CG recognises and takes into account the additional needs of these children.

To reach the European Parliament objective of guaranteeing access to the five key social rights under scrutiny, the FSCG1 Final Report and the discussion at the FSCG1 closing conference highlighted the need to develop in parallel: (a) a comprehensive strategic approach focusing on the general policy outcomes to be achieved by the CG; and (b) understandable and tangible policy levers – that is, (sub-)national policies, programmes, and projects – to achieve the desired policy outcomes and create accountability of Member

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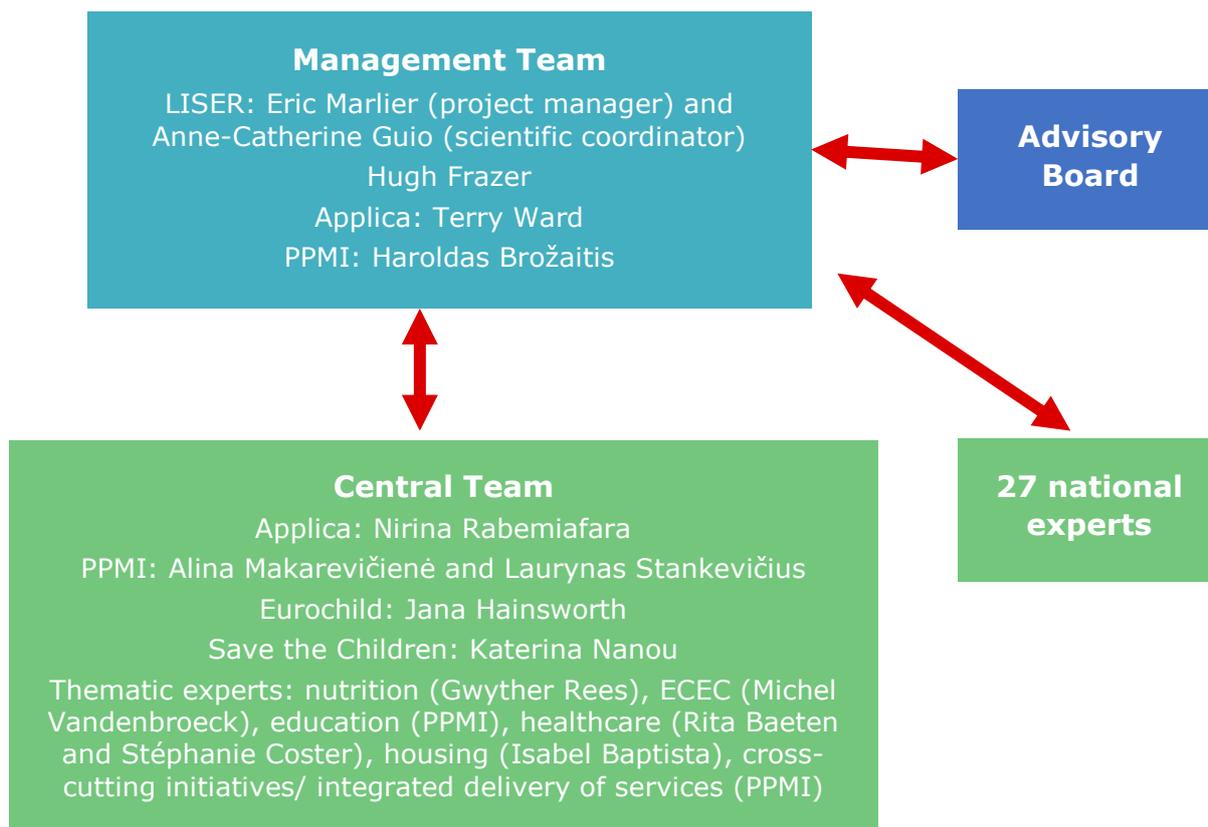
<sup>2</sup> The FSCG1 Final Report – Frazer, Guio and Marlier (2020) – is available [here](#).

States under each specific component of the CG. The aim of FSCG2 is the “operationalisation” of this second aspect.

## Chapter A2: Presentation of the FSCG2 consortium

FSCG2 was carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER).<sup>3</sup> The consortium was reinforced by the close participation of PPMI (Lithuania), Eurochild, and Save the Children, as well as thematic and national experts (see Diagram A1).

**Diagram A1: Management structure**



The project manager was Eric Marlier (International Scientific Coordinator of LISER) and the scientific coordinator was Anne-Catherine Guio (Senior Researcher at LISER). They were part of the management team which also included the following experts:

- Haroldas Brožaitis (PPMI)
- Hugh Frazer (independent study editor)
- Terry Ward (Applica).

All members of the management team contributed to the development of the guidelines, provided comments on the deliverables, and performed quality control. They were supported by additional experts from Applica, Eurochild, PPMI, and Save the Children. A pool of thematic experts on each of the areas covered in FSCG2 (healthcare, education, housing, nutrition, and early childhood education and care – ECEC), and national experts for each of the 27 Member States, complemented the team.

<sup>3</sup> The first phase of the Feasibility Study for a Child Guarantee (FSCG1) was carried out by a consortium consisting of Applica and LISER, in close collaboration with Eurochild and Save the Children, and with the support of thematic experts, national experts, and an independent study editor.

Moreover, the consortium was supported by an Advisory Board composed of high-level experts with internationally recognised expertise in the fields of children’s rights, social policies, international regulations, and EU funds (see Chapter A3).

## **Chapter A3: Role of the Advisory Board and consultation of key stakeholders**

### **A3.1 Advisory Board**

The FSCG2 consortium was supported by an Advisory Board composed of high-level experts with internationally recognised expertise in the fields of children’s rights, social policies, international regulations, and EU funds. The FSCG2 Advisory Board was consulted on the methodologies used to analyse the design, feasibility, governance, and implementation options of the possible future CG scheme, as well as the main recommendations that were derived from the analysis.

It was composed of the following high-level experts:

- Bruce Adamson, European Network of Ombudspersons for Children (ENOC)
- Pamela Dale, United Nations Children’s Fund (UNICEF)
- Maria Herczog, Institute for Human Services
- Emmanuele Pavolini, University of Macerata
- Olivier Thévenon, OECD
- Grigorios Tsioukas, EU Agency for Fundamental Rights (FRA)
- Frank Vandenbroucke, University of Amsterdam, until his nomination as Belgian Federal Minister of Health (September 2020).

### **A3.2 Consultation of key stakeholders**

During FSCG1 and FSCG2, many stakeholders, EU agencies, national authorities, and non-governmental organisations (NGOs) were consulted at the national and EU level.

Organisations that were consulted in the first and/or second phases include: OECD, UNICEF, ENOC, FRA, the EU Alliance for Investing in Children, the European Social Network, Eurocities, COFACE, FEANTSA, and EuroHealthNet, as well as other EU NGOs, national NGOs, national public administrations and managing authorities responsible for the use of EU funds, and experts and academics in each policy area.

Moreover, Eurochild and Save the Children were formal FSCG1 and FSCG2 partners, and were therefore fully involved at the different stages of the studies.

## **PART B: DRAWING ON THE EVIDENCE GATHERED AND THE LESSONS LEARNED IN THE FIRST PHASE OF THE FEASIBILITY STUDY (FSCG1)**

### **Chapter B1: FSCG1 main learnings**

In view of their importance in the reflection on the CG, some of the overall conclusions drawn in the light of the rich evidence collected during FSCG1 are worth recalling, as follows.<sup>4</sup>

- Available data and evidence collected in FSCG1 show that access by children in vulnerable situations to the five policy areas to be covered by the CG (adequate nutrition, free ECEC, free education, free healthcare, and decent housing) needs to be improved.
- The literature gathered shows that failure to ensure access to the five policy areas has short- and long-term negative consequences for children and society.
- The FSCG1 review of existing EU and other international frameworks on children's rights shows that the lack of access to the five policy areas represents a failure to uphold children's rights.
- The FSCG1 mapping of current policies and programmes in the EU Member States highlights the different blocks and barriers to accessing the five policy areas. It also demonstrates that there exist successful policies to overcome them in some Member States.
- Although FSCG1 was specifically tasked with looking at access by children in four Target Groups (i.e. children residing in institutions, children with disabilities, children with a migrant background – including refugee children, and children living in precarious family situations), in the course of the study it became clear that the gaps and challenges that these children face in accessing these social rights are often also faced by other children in vulnerable situations.
- To guarantee access to children who are most disadvantaged, FSCG1 discussed the advantages of a twin-track approach in which all children, including those most in need, should have access to mainstream services; and, where necessary, those children facing the greatest barriers to access should receive additional and targeted support to ensure their access.
- It was also clearly demonstrated that ensuring access to the five policy areas on its own is not sufficient: mainstream services also need to be inclusive and of high quality, so as to ensure that children in vulnerable situations benefit fully and avoid stigma and segregation.
- The evidence collected by FSCG1 shows that those Member States that are most successful in ensuring children in vulnerable situations have access to the five areas under scrutiny have a comprehensive range of policies in place and a strategic and well-coordinated approach.
- FSCG1 consultation showed that there is a strong view from practitioners that existing EU efforts to support and encourage Member States to ensure access by children in vulnerable situations to the five policy areas have been, while useful, not as prioritised, coordinated, and effective as they could have been. In particular, the 2013 EU Recommendation on *Investing in children: breaking the cycle of disadvantage*<sup>5</sup> has not had as great an impact as hoped for – the European semester has not sufficiently

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<sup>4</sup> Frazer, Guio and Marlier (2020), Chapter 9.

<sup>5</sup> The text of this Recommendation is available [here](#).

prioritised tackling child poverty and social exclusion,<sup>6</sup> and EU funds have not been used as extensively or strategically as they could have been.<sup>7</sup>

## Chapter B2: EU legal competence in the policy areas covered by the CG, and “value added” of EU action

As described in detail in the FSCG1 Final Report<sup>8</sup> and discussed at the FSCG1 closing conference,<sup>9</sup> there is a broad landscape of children’s rights upon which the CG can rest. The Treaty on European Union (TEU) draws on both the European Convention on Human Rights 1950 and the United Nations Convention on the Rights of the Child 1989 (UNCRC). Specifically, Article 3(3) of the TEU states that: “*The Union ... shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the **rights of the child***” (emphasis added). Article 6(1) of the TEU further states that: “*The Union recognises the rights, freedoms and principles set out in the Charter of Fundamental Rights of the European Union*”, and the charter itself makes specific reference to the rights of the child. EU action in relation to children, including of course the proposed CG, is thus fully consistent with international human rights and children’s rights guidance. Furthermore, the EU Charter of Fundamental Rights includes detailed references to children’s rights at EU constitutional level. In particular, it “*recognises that EU policies which directly or indirectly affect children must be designed, implemented, and monitored in a way that takes into account the principle of the best interests of the child; guarantees the right to such protection and care as is necessary for the well-being of children; and recognises the need to protect children from abuse, neglect, and violations of their rights, and situations which endanger their well-being*”.<sup>10</sup>

Furthermore, many provisions of the Council of Europe’s European Social Charter advance the rights of children in a way that is relevant to the CG. Of particular relevance to a CG is Article 30 of the revised charter, which requires states to “*promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance*”. According to the FSCG1 Final Report,<sup>11</sup> the five key social rights under scrutiny are reflective of the issues highlighted in Article 30.<sup>12</sup>

The FSCG1 Final Report and the FSCG1 closing conference, particularly the presentations by Helen Stalford (University of Liverpool) and Grigorios Tsioukas (EU Agency for Fundamental Rights),<sup>13</sup> also discussed in detail the way competencies are divided between the EU and its Member States in the policy areas covered by the proposed CG, as follows.<sup>14</sup>

- “*This sharing of competencies depends on the areas.*”
- “*In so far as the principles of conferral and subsidiarity delineate EU action in the field of the fight against poverty, which is not among the areas where the EU may adopt directives (Article 153(2) Treaty on the Functioning of the European Union: TFEU), there is not much space for an EU horizontal legislative measure covering in one single instrument all the domains of a future EU CG. Combating child poverty and delivering on a future EU CG fall primarily within the responsibility of Member States.*”

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<sup>6</sup> FRA (2018).

<sup>7</sup> Brožaitis et al. (2018).

<sup>8</sup> Frazer, Guio and Marlier (2020), Chapter 6 and its annexes.

<sup>9</sup> Frazer, Guio and Marlier (2020), Annex 9.5.

<sup>10</sup> Frazer, Guio and Marlier (2020), p. 90.

<sup>11</sup> Frazer, Guio and Marlier (2020), p. 93.

<sup>12</sup> It is worth noting that only 13 EU Member States have agreed to be bound by Article 30.

<sup>13</sup> Frazer, Guio and Marlier (2020), Section 5 of Annex 9.5.

<sup>14</sup> Frazer, Guio and Marlier (2020), pp. 279-280.

- *However, ... there is space for EU legislative action in areas relating to children's rights if the EU can share competence to take action; that is, where Member States cannot address that issue acting alone. This can cover areas such as migration, poverty caused by cross-border mobility, and trafficking. In such areas, the EU does not just have the option or possibility of legislation; it has a legal obligation to minimise the effects of its own laws and policies on child poverty. This is the case if the area concerned does not fall within the EU's exclusive competence, if the objectives of the proposed action cannot be sufficiently achieved by the Member States, and if the action can, therefore, by reason of its scale or effects, be implemented more successfully by the EU.*
- *... In other areas, the EU has a supporting competence: action is limited to interventions that support, coordinate or complement the action of Member States. These include: protection and improvement of human health (e.g. cross-border healthcare; the European Monitoring Centre for Drugs and Drug Addiction; and the EU action plan on childhood obesity 2014-2020); education (e.g. EU Council Recommendation on high-quality ECEC systems; and migrant intervention programmes); and young people (EU youth strategy 2019-2027 – mainly 16+).*
- *... the EU can play a role in supporting and complementing action by Member States in all areas related to combating child poverty and the CG; that is, that there is a legal basis for the EU to act in this way in these areas. This could be done by providing guidance (including addressing recommendations to Member States); encouraging cooperation; setting objectives; ensuring coordination and monitoring by Member States (for instance through the use of the European Semester mechanism); and by funding policies implementing the CG.*
- *An EU Council recommendation establishing the CG (could be) a valuable step in the direction of concrete action based on setting objectives, policies, and measures supporting Member States' monitoring of implementation and evaluation of results."*

The evidence collected by FSCG1 also suggests that there is a strong view among practitioners that existing EU efforts to support and encourage Member States to ensure access by children in vulnerable situations to the five key social rights covered by the proposed CG have been, while useful, not as prioritised, coordinated, and effective as they could have been.<sup>15</sup> In particular, the implementation of the 2013 EU Recommendation has not had as great an impact as hoped for,<sup>16</sup> the European semester has not sufficiently prioritised tackling child poverty and social exclusion,<sup>17</sup> and EU funds have not been used as extensively or strategically as they could have been.<sup>18</sup>

The **value added** of EU action as well as the possible nature of this action are therefore very clear. There is space for more effective and dynamic use of EU instruments (especially policy coordination and guidance – including research, innovation, and knowledge sharing – and financial support) in support of the 2013 Recommendation and, where necessary, their reshaping to support innovative and practical initiatives.<sup>19</sup> This is also important in the context of Principle 11 of the European Pillar of Social Rights (EPSR) and in view of the action plan for implementation of the EPSR proposed by the European Commission on 4 March 2021,<sup>20</sup> as well as in the context of the EU strategy on the rights of the child, to be adopted during the first half of 2021.

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<sup>15</sup> Frazer, Guio and Marlier (2020), especially Chapters 4, 8, and 9.

<sup>16</sup> Frazer and Marlier (2017).

<sup>17</sup> FRA (2018).

<sup>18</sup> Frazer, Guio and Marlier (2020), Chapter 8.

<sup>19</sup> Frazer, Guio and Marlier (2020), Annexes 9.1 and 9.2. Drawing on the evidence collected, these set out some possible solutions as to how this might be achieved through focusing on the legal and policy frameworks for enforcing children's rights and through enhanced policy coordination and guidance.

<sup>20</sup> European Commission (2021). See also [here](#).

## **PART C: FSCG2 DEFINITIONS AND METHODOLOGY**

Part C of the report consists of four chapters. Chapter C1 underlines that, in line with the terms of reference for this study, the focus of FSCG2 is specifically on AROP children; the chapter explains how this concept is implemented in practice in FSCG2 and stresses that the future CG will have to ensure that all children in vulnerable situations, not only those in poverty, have access to the five key social rights identified by the European Parliament. Chapter C2 investigates a practical definition of a CG scheme and describes the CG components selected in FSCG2. Chapter C3 links these components with the concrete priority actions analysed in FSCG2. Finally, Chapter C4 outlines the step-by-step methodology followed in FSCG2.

### **Chapter C1: Focus on AROP children**

Children should be understood as all individuals aged 0-17. In FSCG2, some specific age sub-groups deserved additional attention depending on the policy area studied.

For each of the five CG components covered in this study, except for the housing one,<sup>21</sup> the focus is on AROP children, as requested in the tender specifications of the study. At EU level, AROP children are defined as children living in a household whose total equivalised income is below a threshold set in each Member State at 60% of the national median household equivalised income (using the OECD-modified equivalence scale). However, for the specific analyses to be carried out in the context of FSCG2, this EU definition is most often not appropriate, as access to the various (sub-)national policies/programmes/projects is based on (sub-)national income-related criteria rather than the EU indicator. The best proxy for identifying AROP children in (sub-)national policies is using the national low-income criterion (or criteria) that apply. This low-income threshold varies according to the country; and, quite often, within a particular country, it also varies according to the selected policies/programmes/projects under consideration.

It is important to highlight that children with disabilities, those with a migrant background and/or other vulnerabilities, and children in alternative care (who are not included in this study if they do not live in a low-income household) may also suffer from problems of access. It is therefore important to take into account the additional needs of these children when designing policies that will support the future CG, as analysed in detail in FSCG1 and emphasised by the European Commission in its presentation of the CG initiative: “*The Child Guarantee is meant to ensure that all children in Europe who are at risk of poverty, social exclusion, or are otherwise disadvantaged, have access to essential services of good quality*”.<sup>22</sup>

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<sup>21</sup> For the housing component, the concept is not related to income per se, as the priority action is the provision of services for preventing and fighting child homelessness.

<sup>22</sup> See link [here](#).

## Chapter C2: Investigating a practical definition of a CG scheme – possible CG components

It is not possible to fully “operationalise” the CG scheme without defining concretely its scope and focus (i.e. without defining “what should be guaranteed”). However, at the time of finalising this report (8 March 2021) the scope and focus of a possible CG have not yet been defined at EU level. Defining them will be, to a large extent, a matter of political choice that will involve the 27 Member States, the European Commission, and other relevant stakeholders. The purpose of FSCG2 is not to make this choice but to provide further evidence that can inform it. Our analysis is therefore based on **plausible** CG components and related “flagship” priority actions, the selection of which was made on the basis of a careful analysis of the evidence collected during FSCG1 and then further discussed and fine-tuned with the European Commission.

Based on the general objectives defined by the European Parliament and the FSCG1 insights into the barriers to access, and after discussion with the European Commission, FSCG2 analyses five possible components of the CG, which are concrete examples of objectives and performance expectations for each of the five rights identified by the European Parliament, in order to inform the concrete design and implementation of the CG.

The **five CG components** examined in the context of FSCG2 are defined as follows:

- each AROP child should receive at least one healthy balanced full meal per day;
- each AROP child should have access to free ECEC services;
- there should be no school costs for AROP children attending compulsory school;
- each AROP child should be provided with free regular health examinations and follow-up treatment at their successive growth stages; and
- there should be no homeless children.

Boxes C1 to C5 below present in detail the five CG components that are analysed in the context of FSCG2, as well as their link with the general policy outcomes defined by the European Parliament to be pursued by Member States, and the barriers to access identified in FSCG1.<sup>23</sup>

For example, in the policy area of adequate nutrition (Box C1), the general policy outcome to be achieved is to ensure that all AROP children are protected from malnutrition in all its forms, as defined by the World Health Organization (WHO). The barriers identified in FSCG1 include insufficient financial household resources, cost of adequate nutrition, availability of and advertising for unhealthy products on public premises, inadequate health-related behaviour, and unhealthy eating habits. The specific CG component that is examined (i.e. the example of an operational objective for which the relevant public authorities would be held accountable that has been selected in FSCG2) is securing at least one healthy balanced full meal per day for each AROP child.

In the domains of ECEC, education, and healthcare, the European Parliament called for *free* access. In FSCG2, we assume that a service is free when the private net out-of-pocket cost is zero – that is, when the cost *really* paid by parents (i.e. after taking into account *all* possible benefits received and also tax credits) is nil.<sup>24</sup>

Free provision is not sufficient if quality is not guaranteed. In the rest of the study, we therefore discuss the quality requirements linked to each CG component.

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<sup>23</sup> Each box also includes a short summary of the FSCG1 legal analysis of the existing EU and other international frameworks related to the component.

<sup>24</sup> It is important to highlight that fee reimbursement, allowance provision and/or receipt of a tax credit may take time to be made effective, which can then make the upfront instalment unaffordable for some parents.

### **Box C1: CG component in the area of adequate nutrition**

**Policy objective (as requested by the European Parliament):** Adequate nutrition for AROP children.

*General policy outcome: All AROP children should be protected from malnutrition, as defined by the WHO, that is: undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age); micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and overweight, obesity, and diet-related non-communicable diseases.*

**Barriers to access identified in FSCG1:** Insufficient financial household resources; cost of adequate nutrition; inadequate health-related behaviour; lack of information about healthy habits.

**Specific CG component studied in FSCG2:** Each AROP child should receive at least one healthy balanced full meal per day.<sup>25</sup>

**Legal basis related to this component:**<sup>26</sup> *The right of children to adequate nutrition overlaps with a number of other children's rights, as is seen in both Articles 24 and 27 of the UNCRC. Article 24 of the UNCRC enshrines the right of children to the enjoyment of the highest attainable standard of health, and to facilities for the treatment of illness and rehabilitation of health. Access to adequate nutrition is encompassed within the Article 24(2) right: "States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures ... To combat disease ... , through the provision of adequate nutritious foods and clean drinking-water ... And to ensure parents and children are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition." Similarly, Article 27 of the UNCRC provides for the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development. Article 27(3) UNCRC stipulates that: "States Parties ... shall in case of need provide material assistance and support programmes, particularly concerning nutrition, clothing and housing".*

*Article 11 of the International Covenant on Economic, Social and Cultural Rights also enshrines the right to adequate food. United Nations Committee on Economic, Social and Cultural Rights (CESCR) General Comment No 12 highlights (para. 4) that the right to adequate food is indivisibly linked to the inherent dignity of the human person and is indispensable for the fulfilment of other human rights, and that violations of the covenant occur when a state fails to ensure the satisfaction of, at the very least, the minimum essential level required to be free from hunger. Food needs to be available and accessible. The comment considers that the right to adequate food implies both economic and physical availability and accessibility; and that socially vulnerable groups, particularly impoverished segments of the population, may need attention through special programmes (paras 13 and 21). It asserts that adequate food must be accessible to everyone, including physically vulnerable individuals, such as infants and young children. On the need for "adequate nutrition" as specified in relation to the CG, the comment says that the food available must meet certain quality standards and dietary needs, implying that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance, and for physical activity that is in compliance with human physiological needs at all stages throughout the life-cycle (para. 9). Food needs to be available to everyone without discrimination (para. 18) and when the right to food is violated a remedy and reparation should be available to the victim (para. 32).*

*The right of the child to adequate nutrition is covered in more general terms by Article 24 of the EU Charter of Fundamental Rights, which provides that "children shall have the right to such protection and care as is necessary for their well-being". Similarly, Article 1 of the Charter provides for the right to dignity, which is: "inviolable. It must be respected and protected". Notably, these provisions are drawn upon in EU hard law, such as under the reception conditions for refugees provided under EU asylum legislation.*

<sup>25</sup> WHO (2018).

<sup>26</sup> This information comes from the FSCG1 Final Report. For more information, see: Frazer, Guio and Marlier (2020), Chapter 6 (Section 6.3.4) and related annexes, including Annex 9.5 (Section 5).

## **Box C2: CG component in the area of ECEC**

**Policy objective (as requested by the European Parliament):** Free ECEC for AROP children

**General policy outcome:** All AROP children should have access to high-quality ECEC services. Such services are defined as any regulated arrangement that provides education and care for children from birth to compulsory primary school age – regardless of the setting, funding, opening hours or programme content – and includes centre and family day-care; privately and publicly funded provision; pre-school and pre-primary provision.<sup>27</sup> The minimum standards are defined in the “quality framework for early childhood education and care”, set out in the Annex to the EU Council Recommendation of 22 May 2019 on high-quality early childhood education and care systems.<sup>28</sup>

**Barriers to access identified in FSCG1:** Unaffordable parental fees; lack of available places and geographical disparities; low-quality services in poor neighbourhoods; lack of expertise in ECEC; opening hours not adapted to needs; lack of accessible information for parents.

**Specific CG component studied in FSCG2:** Each AROP child should have access to free ECEC services.

**Legal basis related to this component:**<sup>29</sup> The 2013 EU Recommendation on investing in children calls for particular attention to be given to how to reduce inequality at a young age by investing in ECEC.

The EU Council Recommendation of on high-quality ECEC systems is based on Article 165 of the TFEU (relating to education, youth, and sport). It also builds upon the EU Council conclusions of 21 June 2018, the 2017 European Commission’s Communication on school development and excellent teaching for a great start in life, Principle 11 of the EPSR, and United Nations (UN) sustainable development goal 4.2. Developed as a result of the European Commission report on the Barcelona objectives, the EU Council Recommendation is considered as taking a serious step towards child rights’ protection, in terms of recommending minimum standards at the EU level for ECEC (from birth until the compulsory primary school entry age).

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<sup>27</sup> European Commission (2014).

<sup>28</sup> See link [here](#).

<sup>29</sup> This information comes from the FSCG1 Final Report. For more information, please see: Frazer, Guio and Marlier (2020), Chapter 6 (Section 6.3.5) and related annexes, including Annex 9.5 (Section 5).

### **Box C3: CG component in the area of education**

**Policy objective (as requested by the European Parliament):** Free education for AROP children.

**General policy outcome:** All AROP children should have access to free compulsory education. Education is to be understood as compulsory education, which normally includes primary and secondary schooling.

**Barriers to access identified in FSCG1:** High school costs (such as fees, materials, books, school trips, transport); gaps in provision in remote rural areas; clustering of disadvantaged children in disadvantaged schools (insufficient resources, difficulties in retaining high-quality teachers, bad infrastructure).

**CG component studied in FSCG2:** There should be no school costs for AROP children.

**Legal basis related to this component:**<sup>30</sup> UNCRC Article 28 requires that: "States Parties recognise the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, shall, in particular: a) make primary education compulsory and available free to all; b) encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need; ... d) make educational and vocational information and guidance available and accessible to all children; e) take measures to encourage regular attendance at schools and the reduction of drop-out rates."

The requirement that primary school education must be free of charge, and that secondary education should be made progressively free of charge, is also affirmed by the European Court of Human Rights.

The importance of the right to education is also recognised in Principle 1 of the EPSR: "Everyone has the right to quality and inclusive education, training and life-long learning in order to maintain and acquire skills that enable them to participate fully in society and manage successfully transitions in the labour market". Moreover, the 2013 EU Recommendation on investing in children highlights the need to "Increase the capacity of education systems to break the cycle of disadvantage, ensuring that all children can benefit from inclusive high-quality education that promotes their emotional, social, cognitive and physical development".

As far as the EU competence is concerned, Article 165 of the TFEU limits its competence to impose binding laws on Member States in the field of education. This restricts the role of the EU to merely contributing to the development of good-quality education by encouraging cooperation between Member States, while leaving them with the responsibility for the organisation of education systems.

The importance of access to digital education as a priority is recognised by the digital education action plan (2021-2027), which outlines the European Commission's vision for high-quality, inclusive, and accessible digital education in Europe.<sup>31</sup>

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<sup>30</sup> This information comes from the FSCG1 Final Report. For more information, please see: Frazer, Guio and Marlier (2020), Chapter 6 (Section 6.3.2) and related annexes, including Annex 9.5 (Section 5).

<sup>31</sup> See link [here](#).

#### **Box C4: CG component in the area of healthcare**

**Policy objective (as requested by the European Parliament):** Free healthcare for AROP children.

**General policy outcome:** No AROP children should have problems in accessing healthcare or unmet need for healthcare. Dimensions of access relating to the healthcare system include affordability, user experience, and availability of healthcare services, which can lead to individual unmet need due to cost, distance, and/or waiting times, as well as inadequate outreach services.

**Barriers to access identified in FSCG1:** Lack of disease prevention and health promotion (many health promotion programmes, where they exist, do not reach out to the most vulnerable); cultural/language barriers; health literacy; lack of coverage for healthcare; out-of-pocket payments and user charges for healthcare, medicines and prescribed treatments, dental care, mental care, and linguistic/speech development; insufficient protection measures for vulnerable groups; non-take-up of subsidised/free provision; unequal geographical coverage of healthcare providers.

**CG component studied in FSCG2:** Each AROP child should be provided with free regular health examinations and follow-up treatment at their successive growth stages.

**Legal basis related to this component:**<sup>32</sup> The right to healthcare is a fundamental right, recognised by UN Universal Declaration of Human Rights (Article 25(1)) and the UNCRC (Article 24). Paragraphs 22-24 of General Comment 14 of the CESCR are particularly relevant, as they relate directly to: children's rights to adequate healthcare; promotion of healthy development of infants and children; children and adolescents' right to the enjoyment of the highest standard of health; access to facilities for the treatment of illness; the need for youth-friendly healthcare; and so on. The convention links these goals to ensuring access to child-friendly information about preventive and health-promoting behaviour, and to support for families and communities in implementing these practices. Although Article 24 does specify the means of healthcare provision, it does not go as far as prescribing that this should be free of charge. Rather, it obliges states to ensure that no child is deprived of their right of access to such healthcare services (for example, through the imposition of prohibitive charges).

At EU level, the importance of guaranteeing access to affordable, preventive, and curative healthcare of good quality for children is recognised in Principle 16 of the EPSR and in the 2013 EU Recommendation on investing in children. The latter stresses the need to "Ensure that all children can make full use of their universal right to healthcare, including through disease prevention and health promotion as well as access to quality health services".

As far as migrant children are concerned, the EU has incorporated numerous provisions to protect and advance children's rights into binding legislation which, in so far as they are directly applicable across the Member States, are potentially more effective than the other international law obligations identified. Specifically, in the context of asylum, Member States have an obligation, under Article 29(3) of the EU Directive 2004/83 on the protection of refugees, to ensure the provision of adequate healthcare under the same conditions as those for nationals, particularly to "minors who have been victims of any form of abuse, neglect, exploitation, torture, cruel, inhuman and degrading treatment or who have suffered from armed conflict".

EU law elaborates more comprehensively on the health-related assistance that should be available to children identified as trafficked.

These hard law measures, although not applicable to all children, provide firm and enforceable measures to uphold children's rights when they apply. For all other children not protected by the EU provisions, healthcare falls primarily within the responsibility of Member States.

As far as the EU competence in the field of healthcare is concerned, it is limited by Article 168 of the TFEU to "support, coordinate and supplement the actions of Member States".

Regarding the quality and scope of the healthcare provision, there is no common quality framework at EU level.

<sup>32</sup> This information comes from the FSCG1 Final Report. For more information, please see: Frazer, Guio and Marlier (2020), Chapter 6 (Section 6.3.1) and related annexes, including Annex 9.5 (Section 5).

### **Box C5: CG component in the area of housing**

**Policy objective (as requested by the European Parliament):** Decent housing for AROP children.

**General policy outcome:** All AROP children should live in decent housing.

**Barriers to access identified in FSCG1:** Insufficient financial household resources; lack of affordable privately rented decent housing; insufficient supply of social housing; rent subsidies not sufficient to cover actual housing costs; risk of eviction; tenure insecurity; lack of protection from the justice system.

**Specific CG component studied in FSCG2:** There should be no homeless children.

**Legal basis related to this component:**<sup>33</sup> The European Social Charter (ESC)<sup>34</sup> provides a description of what the right to housing entails in its Article 31: "With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures designed: 1. to promote access to housing of an adequate standard; 2. to prevent and reduce homelessness with a view to its gradual elimination; and 3. to make the price of housing accessible to those without adequate resources". Under the ESC, the right to housing is thus protected in a specific article and includes an obligation on states to prevent homelessness. In its case law, the European Committee of Social Rights has determined that children in particular, irrespective of their immigration status, are entitled to shelter on the basis of Article 31(2) of the ESC.<sup>35</sup> In a later case, the committee came to the same conclusion on the basis of Article 17 of the ESC, which provides children with economic, social, and legal protection.

Regarding children, the European Commission's Recommendation "Investing in children: breaking the cycle of disadvantage" clearly spells out – Article 2.2 regarding access to affordable good-quality services – that Member States should provide children with a safe, adequate housing and living environment, namely by supporting families and children at risk of homelessness by avoiding evictions, unnecessary moves, and separation from families, as well as by providing temporary shelter and long-term housing solutions.

The EPSR (Principle 19) calls for housing and assistance for the homeless, via: (a) access to social housing or housing assistance of good quality; (b) appropriate assistance and protection against forced eviction; and (c) adequate shelter and services to promote social inclusion of homeless people.

It should be noted, however, that the EU does not have competence to dictate Member States' approach to housing policy. The only context in which it has been able to impose concrete legal obligations relates to migrants and migrant children, specifically concerning a right to be accommodated and the right to social assistance (Article 28(1) of EU Directive 2004/83 on the protection of refugees, and Article 13(2) of EU Directive 2001/55 on temporary protection of displaced persons). On the issue of housing, Article 18 of EU Directive 2013/33 on reception standards for those seeking international protection states: "1. Where housing is provided in kind, it should take one or a combination of the following forms: a) premises used for the purpose of housing applicants during the examination of an application for international protection made at the border or in transit zones; b) accommodation centres which guarantee an adequate standard of living; c) private houses, flats, hotels or other premises adapted for housing applicants. ... 3. Member States shall take into consideration gender, and age-specific concerns and the situation of vulnerable persons in relation to applicants within the premises and accommodation centres referred to in paras. 1(a) and (b)."

<sup>33</sup> This information comes from the FSCG1 Final Report. For more information, please see: Frazer, Guio and Marlier (2020), Chapter 6 (Section 6.3.3) and related annexes, including Annex 9.5 (Section 5).

<sup>34</sup> European Treaty Series – No 163. Strasbourg, 3.V.1996.

<sup>35</sup> In the case of DCI v. the Netherlands (European Committee of Social Rights, Complaint No 47/2008, Decision of 20 October 2009 at paras 46-48 and 63-64), the committee highlighted that Article 31(2) on the prevention and reduction of homelessness is specifically aimed at categories of vulnerable people and that children, whatever their residence status, come within the personal scope of the article.

## Chapter C3: Linking the CG components with priority actions

Establishing and implementing the CG is about delivering on the rights of children. Successful actions and effective services provided to children in different CG components help to realise some of the rights of the child, and to fulfil obligations and commitments that derive from the EU Charter of Fundamental Rights, other international human rights instruments (in particular the UNCRC), and the EPSR. The CG should therefore be clearly linked to the EU strategy on the rights of the child (2021-2024).<sup>36</sup> (See also Chapter B2 above.)

As is clear from FSCG1, for most policy areas a CG may need to include more than one component. For example, to guarantee that all AROP children have access to adequate nutrition (general policy outcome), providing them with one healthy balanced full meal per day (CG component studied in FSCG2) is necessary but not sufficient. A healthy breakfast, a healthy snack, and other meals are also important. National policy drivers include policies which contribute to increasing the adequacy of minimum-income protection, policies which support the promotion of healthy eating (and breastfeeding for the youngest children), provision of food through foodbanks, and so on.

Similarly, to guarantee that all AROP children have access to decent housing (general policy outcome), guaranteeing that there is no homeless child is obviously not sufficient. Member States should also be encouraged to improve the affordability, accessibility, availability, and quality of housing. For this, they should be offered a “structured menu” which takes into account their national specificities. This menu should provide a wide range of policies that can address specific barriers and priority problems, such as increasing the supply of social housing (if the problem is quantity, and if social housing fits in well into the national or sub-national policy legacies); investing in the renovation of social housing (notably taking into account energy-saving, but also more general quality standards); supporting the renovation of privately owned houses for low-income households and the renovation of dwellings rented in the private market, while keeping them affordable; and launching or improving housing benefits for low-income tenants in the private sector.

This holds true for healthcare, where a structured menu including a wide range of policies would also be needed to help Member States to provide free and readily available healthcare for children. Indeed, the organisation and delivery of healthcare are radically different in each Member State, and barriers differ in importance (including affordability, availability and waiting lists, geographical coverage, quality of care).

Furthermore, the evidence collected in the context of FSCG1 shows that those Member States that are most successful in ensuring that children in vulnerable situations have access to the five rights under scrutiny have a comprehensive range of policies in place and a strategic and well-coordinated approach. Although specific policies in the five areas are important in their own right, to be fully effective they need to be in line with the 2013 EU Recommendation and to be set in the wider context of a comprehensive national strategy for addressing poverty and social exclusion among children and ensuring their access to these rights. In line with the political agreement reached in January 2021 between the European Parliament and EU Member States (in the EU Council) on the European Commission's proposal for a Regulation on the European Social Fund Plus (ESF+), such strategies will be a requirement of the next programming period for the European Structural and Investment Funds (ESIF), and this will include a specific section focusing on children. The need to “invest in children” is clearly emphasised in this agreement, as highlighted by the European Commission in a press release issued on 29 January 2021: *“Member States with a level of child poverty above the EU average should use at least 5% of their ESF+ resources (2021-2027) to address this issue. All other Member States must allocate an appropriate amount of their ESF+ resources to targeted*

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<sup>36</sup> See link [here](#).

*actions to combat child poverty and the Commission is urging Member States to use this and other existing funding opportunities to further increase investments in the fight against child poverty.”<sup>37</sup>*

Although all these actions are relevant and important for a CG, it would not have been possible to perform an in-depth assessment of all of them in the context of FSCG2: that is, to explore their feasibility, cost, benefits, design, governance, and implementation for every possible measure that could improve children’s access to the five policy areas under scrutiny. Therefore, for each of the five CG components, FSCG2 focused on some **concrete, practical output/result-oriented priority actions**. FSCG2 also analysed a few “cross-cutting initiatives” which seek to ensure integrated delivery of nutrition, education/ECEC, healthcare, and/or housing, as well as social services, and the horizontal interconnectedness of various actors and stakeholders engaged in this delivery.

The **six priority actions**, which are subject to an in-depth assessment in the context of FSCG2, are the following:

- provision of free/reduced-price full school meals for children in low-income households;
- provision of free ECEC for children in low-income households;
- removal of school costs, including indirect costs, for children in low-income households attending compulsory school (as far as materials and activities formally required for the curriculum are concerned);
- organisation of free post-natal health examinations; home visits or other forms of regular examinations organised during the first years of life and then regular health monitoring (general health, dental care, vision and hearing screening) in school or in other settings for children in low-income households;
- provision of services aimed at preventing and fighting homelessness among children and their families – such as eviction prevention or rapid “rehousing” systems for families with children in need and unaccompanied minors; services providing emergency or temporary accommodation; “housing first” (HF) or housing-led solutions for families; and services aimed at strengthening the transition to a stable and independent adult life for children in alternative care; and
- provision of integrated delivery of services, such as organisation of extended/whole-day schools or networked provision of key services in day-care or other settings (cross-cutting initiatives).

## Chapter C4: Step-by-step methodology

For each of these six priority actions, FSCG2 has carried out:

- a systematic mapping of relevant (sub-)national policies and instruments in each Member State;
- an in-depth assessment of carefully selected policies/programmes/projects, to analyse the conditions for implementation (including administrative and governance aspects; monitoring and assessment; the level at which – EU, national, and sub-national – provision could best be operated, and under what conditions and through what means; and how non-take-up and stigmatisation of children living in low-income households can be avoided) as well as the key conditions for success;
- an analysis of the benefits of different provisions;
- a review of the cost components and available CBAs;
- an investigation of sources of funding; and
- a review of the options for monitoring different provisions.

The results are presented by priority action in Parts D to I.

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<sup>37</sup> See link to press release [here](#).

## PART D: PROVISION OF FREE SCHOOL FULL MEALS

The FSCG2 priority/flagship action in the domain of nutrition is the provision of free school full meals. As explained in this part of the report, if effectively designed and delivered, such provision can make a significant and cost-saving contribution to achieving the selected FSCG2 component “one healthy balanced full meal per day” and thus to meeting one of the key policy objectives of the CG. However, as explained in Chapter C3, the provision of school meals is not the only policy that can help to guarantee that children have a balanced full meal per day: the adequacy of minimum-income protection, and policies which support the promotion of healthy eating or direct provision of food, are also important.

Part D is organised as follows: Chapter D1 describes the main expected benefits of the provision of school meals; Chapter D2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter D3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter D4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; and finally, Chapter D5 summarises the main findings and conclusions.

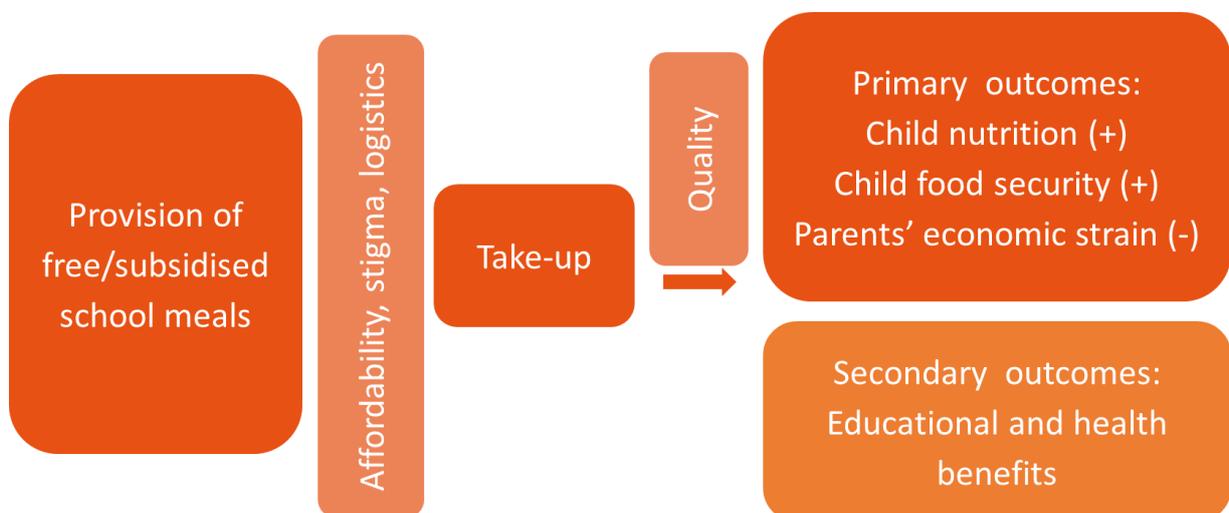
### Chapter D1: Main expected benefits

#### D1.1 Potential benefits for children

Access to free or subsidised school meals may have different types of benefits (as highlighted in Figure D1):

- primary outcomes – ensuring adequate child nutrition, reducing food insecurity for children, and reducing parents’ economic strain; and
- secondary outcomes – educational benefits (engagement, attendance, behaviour, and attainment) and health benefits.

**Figure D1: Expected benefits of free or subsidised school meals**



## D1.2 Key conditions for realising these potential benefits

A key issue is the difference between availability and take-up. Merely providing free and subsidised meals does not guarantee their utilisation. Attention needs to be paid to issues of stigmatisation and peer-group effects, modes and timings of meal provision, and waste. Furthermore, to ensure that children receiving school meals fully benefit from them, the quality of the food provided is crucial. Clear quality guidelines on the content and balance of meals, food preparation, and hygiene should be defined and monitored. Variation in provision to meet the requirements of children from different cultural backgrounds is also important.

## Chapter D2: EU mapping

The objective of this chapter is twofold. First, it provides an overview of school meals provision in EU Member States. Second, it outlines the challenges of ensuring access to good-quality free school meals for low-income children.

### D2.1 Free and subsidised full school meals provision in the EU Member States

To inform this section, Member States are divided into four broad groupings:

Group 1: Universal free meals (at least at some ages)	EE, FI, LT, LV, SE
Group 2: Targeted free meals across the whole Member State	CY, CZ, DE, ES, HU, LU, MT, PT, SI, SK
Group 3: Subsidised meals and/or free meals not covering the whole Member State	AT, BE, BG, EL, FR, HR, IE, IT, PL, RO
Group 4: No provision	DK, NL

#### D2.1.1 Universal free meals (with some age limitations)

Five Member States provide universal free meals for all or some age groups.

Finland is the earliest example of free provision. Since 1948 there have been universal and free school meals for all children attending school (pre-school and primary school pupils as well as high school and vocational primary education students). The advantages of such free provision are summarised as follows by the national expert: *“First, joint participation in school meals is a part of educational activities. Second, for many low-income children and other children in vulnerable situations the school meal may be the most important daily meal. Furthermore, since provision is universal, there is no stigma linked to receiving meals. For a comprehensive review, see ‘School Meals for All’ (Ministry for Foreign Affairs, 2019)”*.<sup>38</sup>

In Sweden, all primary and secondary compulsory schools are required to provide free school meals to all pupils, and there is also generally provision for young people aged 16-19 in gymnasiums.

The scheme in Estonia also covers all age groups in school. This is as seen as a policy for social inclusion and it is argued that *“many studies show that targeted policies are not effective in terms of tackling poverty, due to the extremely high administrative costs of precisely identifying the poor (Mkandawire 2005)”*.<sup>39</sup>

Latvia introduced free school meals for first grade students in 2008, then in 2013 for second grade students too, and since 2015 one hot meal per day is provided for first to fourth

<sup>38</sup> Kangas (2020), p. 5.

<sup>39</sup> Arrak and Masso (2020), p. 6.

grade students. Whereas the provision of school meals is the responsibility of municipalities, many of them provide free meals for older students.<sup>40</sup>

Lithuania began, in 2020, to provide free meals for pre-primary and first-grade pupils.

### **D2.1.2 Targeted free meals for some groups of children across the whole country**

The 10 Member States in group 2 provide free meals to some children on the basis of household income, and in some cases also to other groups of children who may face disadvantages, such as children in public care and refugee families and children. Some of this provision relies partly on EU funds (CZ, PT). Table D1 provides the eligibility criteria for such provision by Member State.

Such targeting has advantages and disadvantages. Cost reduction is the main advantage, as compared with universal provision. However, the risk of stigmatisation, the administrative burden of identifying the targeted children, and the risk of missing those most in need are the main challenges of such provision. As explained by the expert from Czechia, although the policy did reach significant numbers of children in need, it did not reach all of them and: *“it would be better to provide free lunches for all children in order to integrate poor children among them”*.<sup>41</sup>

Similarly, in Germany there is a scheme that provides eligibility for some groups of children based on household circumstances (receipt of various types of benefits). The federal government estimated in 2017/2018 that almost 2.5 million children were eligible for the scheme based on one of the qualifying benefits, but the families of only a little more than 400,000 made use of the entitlement. The expert commented that: *“only a small number and a very small proportion of children benefit from the education and participation benefits (EAPB). This is due to the fact that because of the very bureaucratic and deliberately deterrent nature of the benefit conditions only a small proportion of parents in need make use of them. The most recent reform in 2019 has changed little in this respect.”*<sup>42</sup>

The scheme in Hungary provides full free meal entitlement for eligible children in primary school but only a 50% reduction for those in secondary school. The expert thought that this *“cannot be regarded as good practice: It cannot be justified why only primary aged children are entitled to a means-tested needs-based provision, and why secondary school students are excluded.”*<sup>43</sup>

The situation in Slovakia is fluid. Over the last two years the free meal scheme for low-income households has been expanded (although it is still not a universally accessed scheme like the Member States in group 1). However, there have been implementation and cost issues.<sup>44</sup> The government has recently decided to change approach, although subsidies will still be available for some low-income children (so for low-income children, there is no change): *“The aim is to make more effective use of the public budget, through better targeting. Furthermore, an increase in the level of child tax credits is seen as a step supporting parents’ freedom of choice on how to spend their income. These changes are expected to come into force as of January 2021.”* However, there are concerns that this may undermine social cohesion and may *“in particular affect the relationship between the majority and members of marginalised Roma communities.”*<sup>45</sup>

On the other hand, some national experts highlighted the advantages of existing targeted provisions.

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<sup>40</sup> Kļave (2020).

<sup>41</sup> Sirovátka (2020), p. 6.

<sup>42</sup> Hanesch (2020), p. 6.

<sup>43</sup> Albert (2020), p. 6.

<sup>44</sup> Gerbery (2020a).

<sup>45</sup> Gerbery (2020b).

In Cyprus, school meals are free to pupils (in primary all-day schools) in households on the guaranteed minimum income (GMI). The provision is seen by the national expert as *“an exceptionally good practice as it is being reassured that children in need receive during all/most of the school days a full balanced lunch ... Children are not allowed to bring their own food from home making sure that all children are equal, and all have access to a balanced nutritious meal”*.<sup>46</sup>

The scheme for low-income households in Luxembourg was also regarded as good practice *“because on the one hand it provides children from households on minimum income with adequate nutrition<sup>47</sup> at least for lunch, and this fact puts no constraint on these households’ finances”*.<sup>48</sup> All other children in primary school are also granted a public subsidy for their meals, depending on the revenue of the household and the age of the child. Thus the price their parents have to pay varies between €0.50 and €4.50 per meal.

In Malta the scheme *“targets students facing socio-economic problems such as the risk of poverty or social exclusion and aims to improve their education and quality of life”*;<sup>49</sup> and it can include other benefits such as photocopying, stationery, uniforms, and extra-curricular activities in addition to meals.

In Portugal the expert suggested that the scheme could be regarded as good practice and noted that: *“There are many reports from relevant stakeholders – and also the minister for health has referred to this situation – expressing that, in many cases, lunch at school is the only decent meal that children living in low-income households have during the day”*.<sup>50</sup>

The expert in Slovenia also viewed the scheme as good practice: *“The quality and nutritional value of meals are adequate and monitored. The meals are balanced and healthy. It is also a health promotion measure for children living in households that cannot provide them with adequate nutrition at home. They also receive a free school snack ... 82% of elementary school children consume two meals at school that are free for children living in low-income households.”*<sup>51</sup>

In Spain there is some form of provision targeted at low-income and other disadvantaged groups across the whole country, although entitlements vary by area. The expert viewed this as *“good practice, although there are often budget limits on the part of local and regional governments that grant school meals aids.”*<sup>52</sup>

**Table D1: Selection criteria in group 2**

<b>Cyprus</b>	Free to pupils in all-day primary schools (no lunch in public secondary schools) who live in households that are on GMI. <i>Additional groups: Children of asylum-seekers, unaccompanied migrant children, and children under the guardianship of the state (Social Welfare Services).</i>
<b>Czechia</b>	Free lunches provided to low-income children (receiving minimum income). Children aged 3-15 qualify for free lunches at kindergartens and primary schools that participate in the project/funding scheme (based on application submitted by schools).

<sup>46</sup> Kantaris et al. (2020), p. 5.

<sup>47</sup> The meals provided are of good quality, as pointed out in the FSCG1 national report for Luxembourg.

<sup>48</sup> Urbé (2020), p. 5.

<sup>49</sup> Vassallo (2020), p. 5.

<sup>50</sup> Perista (2020), p. 4.

<sup>51</sup> Stropnik (2020), p. 5.

<sup>52</sup> Moreno-Fuentes and Rodríguez Cabrero (2020), p. 5.

<p><b>Germany</b></p>	<p>Low-income households with children, young people, and young adults (aged under 25 and not in receipt of a training remuneration) can apply to have the cost of school lunches covered as part of the EAPB. Households have access to the EAPB if they receive minimum-income benefits under social code books II (basic income support for jobseekers) and XII (social assistance) or the Asylum Seekers Benefits Act. Households also have access to it if they receive the supplementary child benefit or housing benefit (under the Child Benefit Act). There is therefore no single legal basis for the EAPB: unfortunately, there are no uniform data on recipients either.</p> <p>The low-income definition for eligibility is not uniform. It varies according to the different criteria for the different benefits above.</p> <p>In August 2017 a total of 436,183 children were reimbursed for the cost of lunch at a day-care centre or school. But this is likely to be a small proportion of those who would be eligible (as noted in the introductory text to this section).</p> <p>Additionally, 95% of all school meals in Germany are subsidised by local authorities and offered at reduced prices. However, there are very large variations in the extent of subsidisation or the corresponding price reductions.</p>
<p><b>Hungary</b></p>	<p>Low-income children are those who are eligible for the <i>regular child protection benefit</i>: that is, who live in households whose per capita net income does not exceed 135% of the minimum old-age pension. However, the amount of the minimum old-age pension has not been increased since 2008.</p> <p>The income limit is somewhat higher for single-parent households or if there is a permanently sick or disabled child in the household, or if the child is aged over 18 but still at school.</p> <p>The income limit below which the benefit is paid is:</p> <ul style="list-style-type: none"> <li>• one parent and two children – HUF 115,425 (€326) per month; and</li> <li>• two adults and two children – HUF 153,900 (€435) per month.</li> </ul> <p>School meals are free for primary school children, but only a 50% reduction is available for secondary school.</p> <p><i>Additional groups: Foster care (primary school); foster care or receiving after-care (secondary school).</i></p>
<p><b>Luxembourg</b></p>	<p>Low-income children are children living in a household receiving the minimum income.<sup>53</sup> The amounts of the minimum income are €2,220.26 for single parents with two children and €2,833.80 for couples with two children.<sup>54</sup> These are gross amounts.<sup>55</sup></p> <p><i>Additional groups: The social workers of the responsible local or regional social office may grant free school meals to children from a household they identify as "experiencing precariousness or social exclusion". They base this identification on discretionary criteria, which may include (or not) some of the above-mentioned criteria; they may also include other financial criteria going beyond the sole revenue criterion (e.g. when the household has to pay back debts).</i></p> <p><i>All other children in primary school are also granted a public subsidy for their meals, depending on the revenue of the household and the age of the child. Thus the price their parents have to pay varies between €0.50 and €4.50 per meal.<sup>56</sup></i></p>

<sup>53</sup> For details of the Luxembourg minimum-income scheme (Revis), see the relevant law: Grand-Duché de Luxembourg (2018a).

<sup>54</sup> There is a system called CSA (*chèques service-accueil* – childcare vouchers). This covers both ECEC and care (including lunch) for pre-school children and schoolchildren. For details see Grand-Duché de Luxembourg (2008).

<sup>55</sup> The amounts (in the version of 20 May 2020) are published [here](#).

<sup>56</sup> These amounts can be found [here](#).

<b>Malta</b>	<p>Scheme 9, which applies nationally but only to state schools, and includes benefits other than the meal, is available to students coming from a household with an annual income not exceeding €15,000, or according to other criteria.</p> <p><i>Additional criteria:</i></p> <ul style="list-style-type: none"> <li>• a student has a need that cannot be satisfied through other means;</li> <li>• a student/parent/sibling suffers from terminal or chronic mental health illness;</li> <li>• a student is experiencing neglect due to family difficulties including domestic violence or substance abuse; and</li> <li>• refugee status / asylum-seeker / subsidiary temporary protection.</li> </ul>
<b>Portugal</b>	<p>The state co-funds all meals served in school canteens throughout the country. After co-funding from the central state, meals have a reference price, to be established on a yearly basis by ministerial order. In the school year 2019/2020, the price to be paid by pupils was €1.46. However, there is additional co-funding for pupils who are beneficiaries of the school social programme.</p> <p>The meal is provided free of charge to children placed in the first income band of child benefit – annual household income lower than 0.5 x social support index (IAS) x 14: i.e. €3,071.67 in 2020). Children placed in the second income band of the child benefit (annual household income higher than 0.5 x IAS x 14 and lower than 1 x IAS x 14: i.e. €6,143.34 in 2020) should pay 50% (i.e. €0.73).</p> <p><i>Additional criteria: Co-funding is 100% for children with disabilities.</i></p>
<b>Slovakia</b>	<p>Current situation: There is a state subsidy for lunches that amounts to €1.20 per child per day. A financial subsidy is provided to all children in primary schools and all children in the last year of pre-school education (who attend kindergartens). In addition, the following children are entitled:</p> <ul style="list-style-type: none"> <li>• children aged 2-5 who attend kindergarten, provided they live in a household that receives minimum-income benefit or has an income below the subsistence minimum;<sup>57</sup> and</li> <li>• children who attend a kindergarten where at least 50% of all children live in household receiving minimum-income benefit.</li> </ul>
<b>Slovenia</b>	<p>Free provision is targeted.</p> <p>General conditions: Income below income threshold.</p> <p>Free lunch: For children living in households with a net per capita income below €382.82 per month.</p> <p>Income threshold for single parents with two children: €1,148.46 (3 x €382.82) net of taxes.</p> <p>Income threshold for couples with two children: €1,531.28 (4 x €382.82) net of taxes.</p>
<b>Spain</b>	<p>To get a full meals scholarship during the school year, the basic requirement is to be a member of a low-income household. This requirement varies between the 17 autonomous communities and two autonomous cities (Ceuta and Melilla). The most accepted general requirement is to have an annual household income below 2 x IPREM (<i>indicador público de rentas de efectos múltiples</i>): the indicator in 2019 was €7,519.59. (Household income is often counted net of taxes.)</p> <p>In addition, with some differences between autonomous communities, the general trend is that households with an income of 2.5 x IPREM (€18,799 in 2019) have to pay only 25% of the cost of lunch; households with incomes of 3 x IPREM (€22,558.77) have to pay 50%.</p> <p><i>Additional criteria (that discriminate positively):</i></p> <ul style="list-style-type: none"> <li>• size of household (large households, i.e. with four or more children);</li> <li>• single-parent households with a low income;</li> <li>• children protected in family and residential fostering;</li> <li>• households suffering from gender-based violence;</li> <li>• victims of terrorism;</li> <li>• unaccompanied minors;</li> </ul>

<sup>57</sup> The subsistence minimum represents a threshold used for assessment of minimum-income protection entitlements. Only households with income below the subsistence minimum are entitled.

- |   |
|---|
| <ul style="list-style-type: none"><li>• disabilities equal to or greater than 33%; and</li><li>• special situations not foreseen.</li></ul> |
|---|

### D2.1.3 Subsidised meals and/or free meals not covering the whole country

In the third group, some Member States have free meal schemes that mostly target schools rather than individuals, others have free targeted schemes that have some limitations that do not qualify for group 2, and France has a primarily subsidised system. The provision in each Member State concerned can be summarised as follows (Table D2 examines the provision in detail).

Croatia and Poland have individual-based assessment using income criteria, as in group 2. These countries are, however, included in this group because in practice not all children meeting the income criteria may receive a meal. In Croatia this relates to whether the school provides meals. In Poland, there are quotas and caps on expenditure. The “meal at school and at home” in Poland may be seen as a good practice example. It includes three components: (a) for children; (b) for adults; and (c) development of school canteens. Free or co-financed school meals may be provided to pupils or students of primary and secondary schools who pass an income test set at 150% of the social assistance threshold (and other children such as victims of disasters).

In France, only 50 (small) municipalities out of 35,000 have opted to make school meals free for all pupils. The national expert noted that there were other examples in the past in larger municipalities that have since been stopped; and that “*Several bills presented to the National Assembly proposing free school meals have been rejected. (Gaël Le Bohec, 7 March 2018 – Clémentine Autain, 21 January 2020).*”<sup>58</sup> In general, subsidies for meals are provided. There is a great deal of local variation in subsidy arrangements and pricing.

The remaining seven Member States have schools-based targeting. Typically, schools are selected in disadvantaged areas. Some schemes are run by national or local government, a few by NGOs. Some are established, while others are new. One of the criticisms of the schools-based targeting approach, made by several experts, is that it misses many disadvantaged children. However, some of these schemes are very efficient in providing free school meals at local level and could usefully be scaled up in these countries to provide meals on a more universal basis.

- Austria: There is a new scheme providing free school meals on a targeted basis in Vienna primary schools.
- Belgium: There is a pilot scheme in the French-speaking region, started in 2018, and targeted at 78 disadvantaged elementary schools.
- Bulgaria: There has been a Bulgarian Red Cross scheme for 15 years which provides a free hot lunch every school day to children in need. This helps to reduce the school drop-out rate. The provision is targeted at specific schools in 24 districts, and around 1,600 children benefit from it. According to the national expert: “*This provision is considered as a good practice toward low-income children and could be adopted by government, and not remain dependent on an NGO.*”
- Greece: There are two schemes reaching large numbers of schools:
  - a government scheme which, for the school year 2019/2020, provided free school (full) meals to all the children who attended 992 (out of 4,449) selected primary schools in 74 out of 332 municipalities of the country; and
  - a smaller scheme based on private donations (“program of food aid and promotion of healthy nutrition”: DIATROFI), which has been the subject of academic journal articles.
- Ireland: There is a government scheme targeted at disadvantaged schools (“delivering equality of opportunity in schools”: DEIS), which schools can opt in to. They can then

<sup>58</sup> Legros (2020), p. 4.

provide meals to selected students. However, the expert notes that the meal is neither full nor hot (consisting of a cold sandwich), and that there are implementation issues due to infrastructure limitations. There is also a new project, which started to run in September 2019, called the hot school meals pilot project (funded by government), in 36 selected primary schools. Neither of these schemes has been fully evaluated.

- Italy: The situation is fragmented, with substantial geographical variation in the arrangements for subsidised or free meals.
- Romania: A government pilot programme was established in 2016 in 50 schools, and is being extended to 150 in 2020-2021. The national report comments on difficulties in implementation.

**Table D2: Selection criteria in group 3**

<p><b>Croatia</b></p>	<p>Targeting practices vary across the country. This is individual rather than schools-based targeting, but not all schools provide meals. It is a legal obligation only for primary schools but may not always be implemented in practice.</p> <p>Financial support for low-income children is decided by local authorities and there are no data collected at the national level about that. In the city of Zagreb (City of Zagreb, 2019) a free meal (dairy meal, or full meal, or snack) is provided for: (a) beneficiaries of GMI (which is the Croatian name for social assistance) or of one-time assistance benefit; (b) children whose parents (both parents if it is a two-parent household and one parent if it is a single-parent household) are unemployed, registered with the Croatian Institute for Employment, and did not get a salary in the last two months; (c) children of disabled people from the Croatian Homeland War; and (d) children of deceased Homeland War defenders. The amount of GMI is set at the national level: for single parents with two children it amounts to HRK 1,680.00 (€224), and for a couple with two children it amounts to HRK 1,600.00 (€213). In addition, there is a fee reduction for child benefit recipients, which means a 50%, 65% or 86% reduction in the price of the meal, depending on the category of child benefits.</p> <p>Although data are not collected systematically, available information suggests that GMI beneficiaries might be exempt from paying school meals in the whole country, if a school provides meals.</p>
<p><b>Poland</b></p>	<p>In theory, Poland could fit into group 2. But it seems in practice that there are caps on what proportion of children in each school are eligible. There are also caps on national and municipal budgets. This means that it is not, or does not appear to be, a universal targeted scheme.</p> <ul style="list-style-type: none"> <li>• The food programmes are not universal. Free or co-financed school meals may be provided to pupils/students of primary and secondary schools who pass an income test set at 150% of the social assistance threshold. The same rule applies to children below the school age who may receive food support, say, at home or in kindergartens. This income test may be overlooked in some special cases (not listed in the law), at the discretion of the school manager. However, the number of these non-income-tested beneficiaries cannot exceed 20% of the total number of pupils/students provided with the school meals in the previous month.</li> <li>• For the income test, thresholds are set net of taxes and social contributions, and net household incomes are considered. All incomes are expressed per month. From October 2018, the threshold level for four-member households (no distinction is made between children and adults) is equal to PLN 3,168 (€737). In the case of three-member households, such as a single parent with two children, the threshold would be PLN 2,376 (€495). Municipalities may increase these thresholds, and this happens occasionally.</li> </ul>

<p><b>France</b></p>	<p>The service is not free, except in around 50 municipalities (out of 35,000) that have opted to make school meals free for all pupils. These municipalities are mainly small.</p> <p>Financial aid provided by local authorities to pay for canteen services almost exclusively depends on the size of the municipality. The vast majority of towns with under 1,500 inhabitants apply a single meal price. In 2018, this price ranged from €2.59 to €3.55. For municipalities with 1,500-10,000 inhabitants, one third apply variable pricing based on social criteria, while for towns with over 10,000 inhabitants this variable pricing system is very widely applied. Depending on the local authority, differences can be significant. In Paris (in 2020), the pricing scale comprises 10 levels ranging from €0.13 to €7.00, which is a ratio of 1 to 50. In Marseille, for the 2019/2020 academic year, the full price was €3.67 per meal and the reduced price was €1.83 (ratio of 1:2). Lastly, some municipalities and <i>départements</i> offer free school meals for the lowest-income children.</p> <p>For high schools, which are run by the regions, pricing takes household income into account. The price scale is not based on EU or French poverty thresholds but rather is based on a family allowance rate calculated by the family benefits fund (<i>caisse d’allocations familiales</i>). This allowance rate is calculated as follows for a month: (1/12 of taxable income for year N-2 + the monthly amount of family benefits) divided by the number of fiscal units. The parents or single parent count as two units, each child as ½ unit, and an additional ½ unit is allocated to households with three children or more.</p> <p>In the Paris region (Ile-de-France), the pricing scale is divided into 10 segments from €1.54 to €4.09 (ratio of 1:2.6). In Lille, the pricing scale features 15 segments from €0.50 to €4.75 (ratio of 1:9.5). A single-parent household with two children under 14 whose income is just below the poverty threshold (€1,642) will have a family allowance rate of €547 and a meal price of €1.21. If the family allowance rate is €400, the meal price is only €0.50. A couple with two children with an identical income to the previous family would pay the same price per meal, given that its family allowance rate is identical. Based on 36 weeks of four school days a year, for a child in this income bracket the annual amount paid by parents would be €174.24 in Lille. In Marseille, the same household would be eligible for a reduced price of €1.83 and pay €263.52 per child per year.</p> <p>As part of the 2017 poverty action plan, local authorities offering a progressive price scale with price segments equal to or below €1 can benefit from a state contribution of €2 per meal served. Households that have difficulties paying can request various one-off assistance packages, ranging from deferred payment to allowances paid out by local social services.</p>
<p><b>Austria</b></p>	<p>In Vienna: The definition of low income is based on the household’s net income. The usual parent’s contribution to the costs of school meals was €3.83 per day in 2019/2020. These costs have to be covered by parents if the household income exceeds €1,095.59 net per month. For every additional child in the household the threshold is increased by €408.92 net per month. For both a single parent with two children and a couple with two children, the threshold amounts to €1,504.51 net per month.</p> <p>This income threshold used for targeting appears to be rather restrictive, excluding many pupils from households with comparatively low income from free school meals. For this reason, the country expert would not qualify this provision as good practice.</p>
<p><b>Belgium</b></p>	<p>A pilot project in the French-speaking community of Belgium, is “first and foremost targeted at the most disadvantaged schools”. No further information on criteria for school selection is provided.</p>
<p><b>Bulgaria</b></p>	<p>The Bulgarian Red Cross initiative is aimed at low-income children and is “targeted at specific schools in 24 districts in the country”.</p>

<b>Greece</b>	The government scheme has a target “992 (out of 4,449) selected – by the Ministry of Education – primary schools in 74 out of 332 municipalities of the country”. Full school meals are provided to all children attending these schools, though the criteria for selection of schools are not specified in the report. The DIATROFI scheme covered “73 schools in vulnerable socio-economic areas” in 2019-2020.
<b>Ireland</b>	The provision of school meals is not universal. Schools or local organisations need to apply for state funding to deliver this service. <sup>59</sup> Priority is given to DEIS schools. This programme, initiated in 2005, included some 890 schools in the 2019/2020 school year. These comprise 692 primary schools (334 urban and 358 rural) and 198 post-primary schools. Schools are selected to participate in the programme on the basis of a number of community characteristics, <sup>60</sup> such as the concentration of unemployed households, households in local authority housing, traveller families, or large households.
<b>Italy</b>	There are various different arrangements across different regions and municipalities.
<b>Romania</b>	For hot meals (rather than snacks, which are more widely provided), in 2016 the government started a pilot programme in 50 selected schools. This is being extended to 150 in 2020-2021. Schools have been selected so as to cover in a balanced way the whole geographic area of the country, and to include diverse residential areas such as big cities, towns, and suburbs but also various types of rural areas, such as big/small rural communities, hard-to-access rural communities, and isolated rural communities. The schools have been selected by the Ministry of Education and the list has been included in the emergency ordinance which extends the programme (GEO 9/2020). The ordinance was passed in February 2020 but there was some delay in the implementation due to school closures.

#### **D2.1.4 Group 4: No provision**

No free or subsidised provision was reported in Denmark or the Netherlands.

The national expert in Denmark reports: “*Social assistance has been set at levels that is expected to allow having an ordinary life, including eating well and nutritiously. However, especially for families with children of recent migrants and refugees it may be difficult to uphold a balanced diet because of low benefits.*”<sup>61</sup>

The Netherlands report did not cover school meal entitlements. The national report from phase 1 of the CG stated that: “*School canteens are not embedded in the Dutch school system as in other countries (e.g. England). In the Netherlands, primary school students are required to bring their own lunch to school. Secondary and vocational schools do have school canteens but students are expected to pay for all food products.*”<sup>62</sup>

#### **D2.2 Free full school meals provision when schools are closed**

For children who do not receive food at home in sufficient amounts or of adequate quality, the provision of school meals is essential, even when schools are closed.<sup>63</sup> Experts were asked what, if any, provision of school meals there was during holidays and the first COVID-19 lockdown in spring 2020. A summary of responses is provided below. An interesting aspect of countries’ responses is that they highlight two different rationales for providing school meals – a nutritional rationale and an educational rationale. Some countries clearly saw the primary rationale for school meals as an educational. Others focused on the

<sup>59</sup> For more information on the school meal scheme, please see [here](#).

<sup>60</sup> For more information on how DEIS schools are selected, please see [here](#).

<sup>61</sup> Kvist (2020), p. 5.

<sup>62</sup> van Waveren et al. (2019), p. 16.

<sup>63</sup> Morgan et al. (2019 and 2019a).

nutritional benefits. Both perspectives are valid but the primary educational rationale for school meals fits better within the education category than the nutrition one.

### **D2.2.1 Provision during the holidays**

Seven Member States operate some kind of provision during the holidays, as follows.

- France: School canteens are not open but there are recreational holiday centres, used by around 2 million children, which provide lunch on similar financial conditions to school meals.
- Hungary: Although there is no available study regarding the effectiveness of this service, it can be considered a good practice for the following reasons.
  - It reaches a high proportion of low-income children. In 2018, 152,283 received meals during the holidays, which is 75% of those entitled, 51% of low-income children.<sup>64</sup> The extension of eligibility to the full circle of low-income children may result in even better coverage.
  - The provision of meals can be linked to free-time activities, which could provide a useful way of spending time for children from low-income households during the holidays.
  - The use of vegetables and fruits produced locally on municipal plots is linked to such meals provision in an increasing number of municipalities which have their own canteens, and this practice increases the quality of catering (HBH, 2018).
- Luxembourg: Primary school children may participate in the activities offered by local ECEC facilities during holiday periods and thus continue to receive meals there.
- Malta: Eligible free school meal recipients continue to receive free meals during holidays.
- Poland: Some municipalities make provision.
- Portugal: School canteens remain open during the Christmas and Easter holidays for pupils who are beneficiaries of the school social programme.
- Spain: Public (but not private) schools and school canteens remain open between 21 June and 31 July. There are also summer camps for low-income/vulnerable children and a new national programme for the school holidays.

### **D2.2.2 COVID-19 provision (first lockdown – spring 2020)**

14 Member States made some kinds of provision. Often this was left to municipalities and therefore varied in extent and form of delivery, as follows.

- Bulgaria: Food and other support by members of the National Network for Children. Provision of a school breakfast monthly, and later-on weekly, by the state.
- Estonia: Alternative arrangements were made for children who would usually get a free school meal, although the exact provision was determined locally and varied.
- Finland: Municipalities were responsible for providing free meals to all primary school pupils. Arrangements varied by locality and some municipalities failed to provide meals.
- France: Numerous local authorities provided exceptional solutions to the difficulties encountered by families.
- Germany: Most municipalities did not make provision but there were examples of initiatives (pick-up food services) in two cities.
- Hungary: A scheme was set up for distribution of food from school canteens, although the expert notes that there is no information about how successful it was.
- Ireland: School meals funding was not discontinued and it was up to schools to arrange the provision. It is not known exactly how this worked in practice. Funding was extended into the summer holidays in 2020.

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<sup>64</sup> KSH Information database, regional data (2018).

- Latvia: Here also, there was a municipality-based scheme which included free lunch delivery to homes, food packages to the child's family, and soup kitchen services.
- Lithuania: When schools were closed, municipalities were asked to develop alternative arrangements; these varied, including weekly or bi-weekly rations for children who would usually get a free school meal.
- Malta: Beneficiaries continued to receive lunches. No information was provided on modes of delivery.
- Poland: Provision could include cash rather than food but the rules were not implemented smoothly according to a statement/question from the Ombudsman.
- Portugal: Some school canteens remained open to provide meals for pupils who are beneficiaries of the school social programmes.
- Slovakia: Schools, including canteens, were initially closed, then allowed to reopen for provision of meals. It is not known how many facilities reopened or how many children benefited.
- Spain: All children receiving free meals before COVID-19 have been guaranteed until the end of the school year.

### **D2.3 Concluding remarks and implications for the selection of practices assessed during the second stage**

Our review of national policies shows the diversity of provision within the EU (universal for some or all age groups; targeted for some groups; targeted for some schools or geographical areas; none). The political priority given to provision of free school meals to low-income children differs substantially across the EU. Some Member States clearly prioritise such provision to all/most children as part of their health/education policy. Studying the budget allocated to this priority and the conditions of implementation is crucial to helping other Member States prepare themselves to possibly use this kind of lever to guarantee one full meal to low-income children in the context of the CG. Other Member States have opted to target their provision of free school meals at some children in vulnerable situations or some schools. In some Member States, where school meals are not provided on a large scale, some pilot programmes exist and may also provide interesting insights. The source of funding and level of organisation are also very diverse. In some Member States, EU funds are used to provide school meals.

The conditions of provision may have an impact on the benefits of free full school meals for children in low-income households, and the extent to which problems of stigmatisation may arise or low take-up occurs.

When selecting "good practices" (i.e. policies/programmes/projects for the second-stage in-depth assessment), we have therefore ensured that these include different types of provision (universal/targeted; large-scale/small-scale; national/local/EU funding; recent/long-lasting scheme), in order to highlight the key conditions for success in different contexts.

## Chapter D3: Overview of the in-depth assessed policies/programmes

Programmes were selected for in-depth assessment based on the groupings presented in Chapter D2 (Table D3). It was intended that at least two Member States were included in each of groups 1 to 3. However, for practical reasons including availability of information, this proved not to be possible. In-depth reports were received from experts in three Member States in group 1 (EE, FI, LT), one in group 2 (CY), and one in group 3 (BG). An additional programme in group 3 (EL) was included based on the initial expert assessment and published literature.

Based on the additional detail provided in these in-depth reports, it was evident that two of the programmes did not fit neatly into the three groupings. The Estonia scheme is universal, but in some municipalities, except in the case of children in poor economic circumstances, the scheme is subsidised rather than free and therefore parents have to meet part of the costs. It can therefore be considered either as in group 1 or as a hybrid of groups 1 and 2. The scheme in Bulgaria is implemented through schools-based targeting in some areas and individual targeting in others, and therefore is a hybrid of groups 2 and 3.

**Table D3: List of in-depth assessed policies/programmes<sup>65</sup>**

<b>Bulgaria</b>	A free hot lunch provided by the Bulgarian Red Cross to disadvantaged children aged 7-18. The programme is focused on particular schools and regions where need is high. In 2019/2020, 1,673 children benefited from it.
<b>Cyprus</b>	Free lunch to children in low-income households and some other target groups in 134 public primary schools that have a compulsory or optional all-day curriculum (a minority of primary schools). An estimated 1,280 students benefit each year.
<b>Greece</b>	DIATROFI Programme: since 2012, with funding from the Stavros Niarchos Foundation and other private donors (under the auspices of the Ministry of Education), it has supported students in socio-economically vulnerable areas throughout Greece by offering a healthy free meal to all students in specific schools and promoting healthy nutrition through educational activities. In 2019/2020 the scheme covered 4,712 students in 73 schools.
<b>Estonia</b>	A universal scheme providing free or subsidised lunch to all children in grades 1 to 12 and in vocational schools. In the case of subsidised lunch, additional support is provided to parents in a poor economic situation.
<b>Finland</b>	Finland was the first country in the world to provide free meals to all children at schools, vocational schools, and colleges. Around 900,000 children benefit from the scheme.
<b>Lithuania</b>	A universal free school meals programme for children in pre-primary settings and grade 1. The scheme started in 2020 and is expected to reach 57,110 children across the two age groups in the 2020/2021 school year.

<sup>65</sup> See Annex 1.1 for summary country fiches.

## Chapter D4: Key learning of the assessments and main recommendations

### D4.1 Participation of children in general, and low-income children in particular, in the different types of policies/programmes

#### D4.1.1 Promoting participation

There are three main options for provision of free school meals – universal, schools-based targeting, and individual targeting.

Universal programmes effectively ensure that all low-income children are covered, or have the entitlement to be covered. In Finland, the take-up is reported to be 100%.<sup>66</sup> The gradual expansion of the scheme in Estonia provides an illustration of how take-up increases when universal provision is introduced.<sup>67</sup> From 2006, all children in basic schools (grades 1 to 9) were eligible for the school lunch scheme, while secondary pupils were not. A survey in 2011-2012 found that almost 100% of basic school students ate school lunch, whereas among upper secondary school students only 68% did so.<sup>68</sup>

Programmes targeted at schools, such as part of the scheme in Bulgaria, the DIATROFI programme in Greece, and models in some other Member States listed in group 3 above, can ensure participation by providing meals to all children in the school. This can be reinforced if children are not able to bring their own food to school. On the other hand, schools-based targeting can only hope to reach some or most vulnerable children in the country, as there will be pockets of deprivation in prosperous areas.

Programmes targeted at individual children have the potential to promote the participation of all AROP children, but there are limitations in terms of means-based or rules-based criteria and the potential for stigmatisation and bureaucracy being barriers to take-up by parents. The issue of how to set appropriate criteria to reach out to children who need free meals is a crucial one in assessing the effectiveness of targeted programmes, and was raised by several FCSG2 national experts in different Member States. For example, the experts in Austria and Czechia both regarded the threshold as too low to ensure that all disadvantaged children had access to school meals.

It should also be noted that two of the five programmes studied in depth – in Cyprus and Lithuania – only included children in primary school. In the case of Cyprus, the provision only reaches 1,280 students, out of 16,000 AROP children in primary or secondary education, because the provision is only targeted at children in vulnerable situations attending public primary schools that have a compulsory or optional all-day curriculum (a minority of primary schools). In the case of Lithuania, in fact, the programme covers pre-primary and grade 1 children only. There is also a focus on primary school children in other Member States (AT, DE, HR, HU, LV, SK). This is a paradoxical approach, especially in the context of Member States that wish to prevent school dropping-out, which is more likely to happen at older ages. As the expert in Hungary noted, there does not appear to be any rationale for this prioritisation of the nutritional needs of primary school children over secondary school children: *“It cannot be justified why only primary school students are entitled to a means-tested, needs-based provision, and why secondary school students are excluded. Taking into account that school costs tend to increasingly burden the household budget as the student grows older, it would be justified to provide free meals for students from needy families for the whole duration spent in public education, or at least until the end of compulsory education (16 years of age). As poor children are disproportionately more exposed to early school leaving, the reduced costs of public education – including the*

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<sup>66</sup> Kangas (2020), p. 8.

<sup>67</sup> Murasov and Arrak (2020), p. 8.

<sup>68</sup> Hillep et al. (2012).

*decreased cost of school meals – may act as an incentive to stay longer in the public education system.*<sup>69</sup>

#### **D4.1.2 Barriers to take-up**

Targeting requires some sort of assessment and administrative procedure, and this can create barriers to families accessing support. The example of Germany, where there is low take-up of a scheme providing financial support for school meals, was highlighted in Section D2.1.2.

In the Cyprus programme, using individual targeting in the schools included in the initiative, meals were provided to all children in the school on either a free or paid basis. This uniformity of provision may be a factor in reducing barriers to take-up. Children are not allowed to bring their own food from home, ensuring that all children are equal, and all have access to a balanced nutritious meal. Exceptions can only be made for children with health issues (such as food allergies, diabetes).<sup>70</sup>

Other barriers to take-up include poor-quality food, or the perception that it is of poor quality, and lack of flexibility/adaptation to groups of children with different or specific dietary needs. The importance of the quality of school lunches for take-up was highlighted in the mapping of national policies.

#### **D4.1.3 Risks of reverse targeting**

Reverse targeting is built in by design to universal schemes and those using schools-based targeting. This is the case in Bulgaria, for example, where in some areas the scheme was co-funded by the local authority. This meant that the programme was applied to all children in the school. However, the expert argued that this *“would also have a positive outcome since it would minimise stigmatisation of low-income children receiving the hot meal”*.<sup>71</sup>

A well specified and individually targeted scheme, on the other hand, will largely avoid this issue, although there is the possibility of a residual amount of reverse targeting due to the difficulties of specifying need and vulnerability precisely.

#### **D4.1.4 Avoiding stigmatisation**

Stigmatisation is a known problem when some children are being provided with free or subsidised meals, and can deter take-up.

This may not be an issue in the Member States that run universal programmes, and therefore this can be a notable advantage of this approach. This is conditional on school meals being provided to all children. In Finland, for example, take-up is 100%: *“joint participation in school meals is part of educational activities”*.<sup>72</sup> In circumstances where children are allowed to bring their own food to school in place of a school meal, stigmatisation could still occur.

Individual stigmatisation is also not an issue in programmes that adopt schools-based targeting, although stigmatisation of schools is a possibility. In Bulgaria, the meals are provided to all children in some schools. At least six other Member States also have school-based targeting (see Table D2).

Where targeting is individual, additional measures are needed to avoid stigmatisation. In some schools in Bulgaria with individual targeting, the possibility of stigmatisation is mitigated by a system of vouchers which are paid for by the parents (for non-eligible

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<sup>69</sup> Albert (2020), p. 6.

<sup>70</sup> MECSY (2019), quoted in Kantaris, Popovic and Theodorou (2020).

<sup>71</sup> Bogdanov (2020), p. 6.

<sup>72</sup> Kangas (2000), p. 6.

children) and by the Red Cross (for eligible children). In Cyprus, it was noted that care is taken with data protection regarding the eligibility lists held at schools.

On the other hand, there is evidence, from some of the experts consulted, of problems with stigmatisation. Two studies undertaken in Lithuania of the individually targeted scheme that preceded the current universal initiative highlighted the stigmatisation of eligible pupils, and the problems this created in terms of discrimination by school staff and peers.<sup>73</sup> Stigma was also noted as an issue in a qualitative study in Hungary:<sup>74</sup> *“parents are often ashamed of claiming it, as they are afraid of the negative judgement of their environment, based on which they are incapable of providing for their children themselves”*.<sup>75</sup>

As noted in Section 4.1.2, the risks of stigmatisation can be reduced by ensuring that all children are expected to participate in meals in the same way as the rest of school life, irrespective of whether they receive a free/subsidised meal or not. This approach was also noted in a school breakfast scheme in Spain: *“To ensure that the programme is inclusive and does not stigmatise the most vulnerable students within each school, breakfast must be provided on a mandatory basis to all pupils in the school once the school is incorporated into the programme.”*<sup>76</sup>

An informative experiment relevant to understanding stigmatisation was conducted as part of the DIATROFI programme in Greece.<sup>77</sup> A sample of 34 schools were randomly assigned to two different methods of food delivery – a daily lunch box for children and a monthly food voucher for parents. Children were found to be less stigmatised with the lunch box provision than the voucher provision. Additionally, this type of provision was found to reduce children’s food insecurity more effectively than the voucher system, which did, however, help to manage household food insecurity. The lunch box approach also appeared to have educational benefits for children in terms of promoting healthy eating. This indicates that the method of delivery of food support can be an important factor in determining outcomes.

#### **D4.1.5 Reaching the most vulnerable**

In terms of reaching the most vulnerable children who attend schools, universal schemes are clearly effective. In contrast, forms of targeting inevitably have limitations. Schools-based targeting, if organised according to relevant criteria, will be effective in reaching many of the most vulnerable but will not reach all of this group. In particular, children living in pockets of vulnerability in more prosperous areas will miss out. These children may be in greater difficulty and more stigmatised than children living in more homogeneously disadvantaged areas. Individual targeting may appear to overcome this difficulty, but if it is purely based on income it will not reach all vulnerable and socially excluded children. On the other hand, attempts to cover all vulnerable groups become increasingly complex, and potentially costly, to administer. As an example, the report on the scheme in Cyprus lists 12 different categories of children who may be eligible:<sup>78</sup>

- households receiving public assistance from the social welfare services;
- children residing in children’s shelters or under the legal guardianship of the social welfare services;
- households receiving services from the Shelters of the Association for the Prevention and Handling of Family Violence;
- large households (usually more than five members);

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<sup>73</sup> Trakšelys (2015), Martišauskienė and Trakšelys (2017).

<sup>74</sup> Husz (2018).

<sup>75</sup> Albert (2020), p. 8.

<sup>76</sup> Moreno-Fuentes and Rodríguez Cabrero (2020a), p. 8.

<sup>77</sup> Dalma et al. (2018)

<sup>78</sup> Kantaris, Popovic and Theodorou (2020), p. 8.

- single-parent households;
- households with divorced parents and/or children under the responsibility of other family relatives;
- households with parents receiving a disability pension;
- households in which a member has a serious health problem;
- households in which a member has a severe disability;
- low-income households (GMI recipients);
- migrant/refugee/asylum-seeking families;
- unaccompanied migrant children; and
- enclaved families.

The children eligible for this scheme in each school are identified by a school advisory committee in collaboration with the local church and social partners, which have information about students' needs, and care is taken to protect confidentiality and to respect each child's and family's dignity.<sup>79</sup>

Although lists such as this are extensive and go well beyond considering only income, it is still not certain that all eligible children are identified administratively (automatic rights) or ask for the provision (in case of voluntary request for eligibility) and that all children who may be missing out on nutrition due to household circumstances are included. Furthermore, the meal scheme is only available at all-day compulsory and optional schools (which operate until 4 pm) (i.e. 137 out of 332 primary schools in 2018).

Additionally, school meals only apply to children in vulnerable situations who regularly attend school. There is a well-established link between vulnerability and issues with school attendance, exclusion, and dropping-out. Therefore, by definition, all school meals schemes will miss some of the most vulnerable children (e.g. Roma children) and will need to be complemented by other nutritional initiatives aimed at children who miss out.

Vulnerability is not static. New vulnerabilities can emerge due to disasters and emergency situations. In Bulgaria, the scheme was also targeted towards areas hit by natural disasters (such as earthquakes and floods). This is a pertinent issue in the face of the COVID-19 pandemic.

#### **D4.1.6 Summary: Reach, stigmatisation, segregation, reverse targeting, and cost**

Different constellations of the issues discussed above arise across the different types of scheme.

Universal free or subsidised schemes ensure children in vulnerable situations at school are reached, and can entirely avoid stigmatisation and segregation. On the other hand, this comes at a higher cost than targeted schemes, and involves a substantial amount of reverse targeting. There are, however, cost savings in terms of the administrative costs of determining eligibility and other organisational costs of non-universal delivery.

Schools-based targeting can avoid stigmatisation and segregation, but is a blunt tool that cannot possibly reach all children in vulnerable situations, and at the same time it entails a certain amount of reverse targeting. It is less costly than universal schemes although there will be administrative costs in terms of determining school eligibility.

Well-designed individual targeting is likely to reach the most vulnerable more comprehensively than schools-based targeting. It also minimises reverse targeting and therefore may be the most cost-efficient, although some of the efficiencies will be offset by higher administrative costs in determining eligibility and the administrative burden or shame of parents when they have to prove their eligibility, which can in turn lead to non-

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<sup>79</sup> Kantaris, Popovic and Theodorou (2020), p. 9.

take-up. It does, furthermore, run the highest risk of stigmatisation and non-effectiveness. Measures may be taken to mitigate this but may be difficult to implement.

## **D4.2 Benefits for children, their families, and society**

### **D4.2.1 Intended benefits**

Beyond the immediate nutritional benefit, different motivations are evident in the in-depth reports:

- reducing costs for household with children;
- improving children's health, and reducing underweight and overweight/obesity;
- enabling children to learn about food and encouraging healthy eating;
- encouraging school attendance and reducing dropping-out; and
- improving students' abilities to concentrate at school, and thus boosting learning and outcomes.

Additionally, all the reports focused in one sense or another on broader aims such as reducing socio-economic disadvantage and providing dignity. These ideas come through in a number of the national in-depth assessments. For example, from the Cyprus report: *"It can be said that overall the scheme is applied successfully, ensuring that all students who fulfil the criteria, at all levels of education receive daily free quality breakfast in the most discreet possible way, within a framework of confidentiality and respect to each child's and family's dignity"*;<sup>80</sup> and, from Lithuania: *"School meal is more than nutrition and shall be treated as an integral element of school life, providing a healthy environment, sustainable schooling and personal dignity"*.<sup>81</sup>

The Finland in-depth assessment provides an illuminating account of the evolution of ideas about the purpose and benefits of the free school meals programme:

*"There were several motivations behind the early legislation. The first and most immediate one was related to children's health status. When the legislation was enacted, the country was poor and war-stricken. Children in many poor families suffered from malnutrition and various diseases linked to it. The immediate intent to abolish malnutrition was linked to longer-term plans to improve population health—which goal, in turn, was linked to hopes of improving youngster's fitness for military service. Also, pedagogical reasons were central and mentioned in the legislation. Healthiness and nourishment were regarded as essential preconditions for good learning results. In the beginning, the intention also was to teach pupils good eating habits and table manners. There were also educational aspects linked to hard work: pupils were required to do a reasonable amount of work outside of school hours to grow vegetables and collect groceries for the school canteen (Elo-foundation, 2020)."*<sup>82</sup> *Gradually, in pace with societal change and urbanisation, the last requirement disappeared.*

*Today, food education in schools is a holistic pedagogic tool, which extends far beyond nutrition and the school lunch itself (Elo-foundation, 2020, Op.Cit.). According to the Finnish National Agency for Education (2020)."*<sup>83</sup> *The task of school meals is to support the healthy growth and development of students, their ability to study, and their food skills. The health, social, and cultural significance of meals should be considered when organising school meals. Furthermore, school meals have not only the task of promoting pupils' physical well-being and ability to study, but also an educational*

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<sup>80</sup> Kantaris, Popovic and Theodorou (2020), p. 12.

<sup>81</sup> Poviliūnas and Šumskienė (2020), p. 11.

<sup>82</sup> See link [here](#).

<sup>83</sup> Finnish National Agency for Education (*Opetushallitus*), "Kouluruokailun historiaa" [History of School Meals], 2020. (See link [here](#).)

*function. While eating formally, they learn to be sociable and develop interaction skills. Thus, school meals are a central part of the overall educational curriculum.”<sup>84</sup>*

#### **D4.2.2 Evidence of benefits**

The most direct benefit of school meals is in terms of children’s nutrition. This also reduces the pressure on family finances. In fact, a key component of the cost-benefit calculation conducted by the World Food Programme in a number of non-European countries is the value transfer to households.<sup>85</sup> If children take up good-quality school meals there is necessarily a nutritional benefit. Rates of take-up and controls on food quality are therefore useful proxy measures for benefit. The Finland case study report notes that: “*There are indirect indications on the importance of school meals: on Mondays the consumption of food can be 20% more than on other weekdays—which may indicate that during weekends children in low-income families may not get enough food.*<sup>86</sup> ... *Consequently, malnutrition is not a major problem in Finland. The proportion of children in the country who live in a household where there is at least one child lacking fruits and vegetables daily for affordability reasons is one of the lowest among EU Member States; and this includes all children, including those of immigrants, single parents, or from income-poor families.*”<sup>87</sup>

There is also evidence from the United States of America (US) that food security and sufficiency in holiday periods is lower than in school periods in economically disadvantaged households.<sup>88</sup> Studies in Greece have also reported positive effects of the DIATROFI school meal provision on food security.<sup>89</sup> The evaluation showed that the programme had a positive impact on students’ food security, with a more important effect among poor students and those who participated for a longer period in the programme. Indeed, 64.2% of children’s households experienced food insecurity and 26.9% experienced hunger when entering into the programme. During the intervention, food insecurity dropped by a statistically significant 6.5%, and for each additional month of participation in the programme the odds of reducing food insecurity increased by 6.3%; a significant reduction in food insecurity levels was observed after at least three months of participation. This is one of the first experimental studies on the impact of school meals on food insecurity in a high-income country.<sup>90</sup> Research in Portugal also showed an impact on poverty alleviation.<sup>91</sup> These findings on food security are important because food insecurity in the EU rose during the great recession<sup>92</sup> and the current sanitary crisis and, for example, a global review has found that food insecurity is associated with adolescent suicide attempts.<sup>93</sup>

The findings on health outcomes associated with school meal provision are a little more mixed. Some early US studies found no evidence of health benefits either in the short term<sup>94</sup> or in the longer term.<sup>95</sup> One US study<sup>96</sup> found a small increase in adult obesity linked to the national school lunch programme. Other analysis of the same interventions using

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<sup>84</sup> Kangas (2020), p. 7.

<sup>85</sup> World Food Programme (2016).

<sup>86</sup> HS, Helsingin Sanomat [Newspaper], “Maanantai on kouluissa isojen ruoka-annosten päivä” [Monday in schools is day of big food portions]. (See link [here](#).)

<sup>87</sup> Kangas (2020), p. 10.

<sup>88</sup> Arteaga and Heflin (2014), Huang, Barnidge and Kim (2015), Huang and Barnidge (2016), Huang, Kim and Barnidge (2016).

<sup>89</sup> Petralias et al. (2016); Dalma et al. (2019).

<sup>90</sup> Dalma et al. (2019), p. 6.

<sup>91</sup> Cardoso et al. (2019) in Portugal; Bakhshinyan, Molinas and Alderman (2019) in Armenia.

<sup>92</sup> Loopstra et al. (2016), Pettoello-Mantovani et al. (2018).

<sup>93</sup> Koyanagi et al. (2019).

<sup>94</sup> Campbell et al. (2011).

<sup>95</sup> Hinrichs (2010).

<sup>96</sup> Petersen (2013).

more sophisticated statistical techniques<sup>97</sup> has, however, found some positive health benefits. There is also some positive evidence of the health benefits of free school meals in Norway<sup>98</sup> and the United Kingdom (UK),<sup>99</sup> and this is also argued to be the case in France and Japan.<sup>100</sup> On the one hand, a study in Denmark<sup>101</sup> reported increases in obesity in boys as an outcome of a healthy free school lunch. On the other hand, an analysis of the DIATROFI programme found evidence of significant reductions in overweight/obesity.<sup>102</sup>

A study in South Korea<sup>103</sup> found that the introduction of a free school meal programme was associated with drops in student fitness, and notes that there is a risk of the costs of meals leading to lower funding for sports and related facilities. This, of course, is not relevant if there is new funding for meals. A global systematic review concluded that school meal programmes may have small physical and psycho-social health benefits for children in economically disadvantaged households.<sup>104</sup> It seems, however, that these gains may be stronger in low-income countries,<sup>105</sup> and a comparative study<sup>106</sup> concluded that in higher-income countries there is little evidence of short-term or longer-term improvements in health or dietary habits linked to school meal provision.

There is also evidence of positive educational outcomes of school meal provision. These positive outcomes include: reduced behavioural problems in South Korea;<sup>107</sup> a positive impact of a universal free school meals pilot on attainment in England;<sup>108</sup> and reductions in school dropping-out and improved school concentration, behaviour, and performance in a randomised controlled trial (RCT) in Greece in the context of the DIATROFI provision.<sup>109</sup>

Other authors argue that the benefits of school food interventions in general should be seen in terms of not only health and educational outcomes but also the potential learning gained by children.<sup>110</sup> A study of a school meal scheme cited by the expert in Ireland<sup>111</sup> reported increased social skills among children, a result that was attributed to the experience of eating together. Universal school meals can also be seen to embody a broader social welfare system, as has been the case in Sweden.<sup>112</sup>

There is also a substantial literature on school breakfasts, primarily in the US but also covering other high-income countries within and outside Europe. Briefly, although there are some findings of no or limited effect,<sup>113</sup> such schemes have been found to: reduce food insecurity;<sup>114</sup> reduce breakfast skipping;<sup>115</sup> improve diet;<sup>116</sup> reduce obesity;<sup>117</sup> and potentially improve educational attendance,<sup>118</sup> behaviour, mental performance,<sup>119</sup> and

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<sup>97</sup> Gundersen, Kreider and Pepper (2012), Howard and Prakash (2012).

<sup>98</sup> Illøkken et al. (2017), Vik, Lippevelde and Øverby (2019).

<sup>99</sup> Kitchen et al. (2013).

<sup>100</sup> Moffat and Thrasher (2016).

<sup>101</sup> Ask et al. (2010).

<sup>102</sup> Zota et al. (2016).

<sup>103</sup> Baek, Choi and Lee (2019).

<sup>104</sup> Kristjansson et al. (2007).

<sup>105</sup> Snilstveit et al. (2016).

<sup>106</sup> Oostindjer et al. (2017).

<sup>107</sup> Altindag et al. (2020).

<sup>108</sup> Kitchen et al. (2013).

<sup>109</sup> Veloudaki et al. (2016).

<sup>110</sup> Hawkes et al. (2015), Earl and Lalli (2020).

<sup>111</sup> Polat and Daly (2020).

<sup>112</sup> Persson Osowski, Göransson and Fjellström (2010), Persson Osowski and Fjellström (2018).

<sup>113</sup> For instance Murchu et al. (2013).

<sup>114</sup> Bartfield and Ahn (2011), Fletcher and Frisvold (2017).

<sup>115</sup> Basch (2011), Bartfield and Ryu (2011), Christensen, Mikkelsen and Toft (2019).

<sup>116</sup> Jenkins et al. (2015).

<sup>117</sup> Askelson et al. (2017a and 2017b), Millimet and Tchernis (2013).

<sup>118</sup> Anzman-Frasca et al. (2015), Bartfield et al. (2018), Bartfield, Berger and Men (2020).

<sup>119</sup> Zipp and Eissing (2019).

attainment.<sup>120</sup> Some of these potential benefits have also been identified in an ongoing school breakfast initiative in Spain which was reviewed by national experts for this report. This included an evaluation<sup>121</sup> which indicated positive added value in terms of anthropometric measures, school performance, social skills, and cognitive functioning.<sup>122</sup>

Finally, it should be noted that there is a shortage of robust statistical evidence on the benefits of school meals in the EU, and that provision is too rarely assessed in terms of short- and long-term benefits for children. Policies and programmes which are evidence-based and adequately documented can be more easily replicated in other countries/regions.

### **D4.3 Key conditions for realising the benefits for low-income children**

In order to realise the potential benefits of school meal provision for low-income children, a number of key conditions need to be met. The issue of affordability in terms of either free or subsidised meals needs to be addressed. It is also important to consider removing barriers to take-up and ways of avoiding stigmatisation (see Sections D4.1.2 and D4.1.4 respectively). The quality of the food provided must also be assured in order to encourage take-up and to realise the health benefits and potential longer-term changes in food habits. The issue of how to fill gaps in provision during weekends and holiday periods should also be considered (see Section D2.2.1). Bearing these issues in mind, there are several key aspects of learning from current initiatives in relation to governance, political commitment, infrastructure, replicability, and the engagement of children and parents.

#### **D4.3.1 Governance of the schemes**

All five programmes incorporated a mixture of both national and local governance. In Estonia, Finland, and Lithuania the programmes were founded on national legislation. In Cyprus, there is no legal framework, but the scheme is put into effect by formal circulars from the Ministry of Education, Culture, Sports and Youth. The programme in Bulgaria is designed by the Red Cross at a national level.

In all five Member States, the practical implementation of the school meal provision is devolved to more local bodies, such as municipalities, and to the individual schools. These localised elements of governance were viewed as key ingredients of success. For example, in Cyprus, outsourcing to the very local level was seen as a benefit, since schools and communities “*are the most suitable to identify and assess the needs emerging from socioeconomic hardships*”.<sup>123</sup>

On the other hand, devolution of responsibility to municipal and school levels also created inequities in provision and in quality of food. For example, in Estonia, the scheme is not totally universal: in some schools the meals are subsidised rather than free. In the case of poorer families, it is often the municipalities that meet the remaining costs.<sup>124</sup> The fact that the intervention depends on the local government is an element that causes inequalities. This also requires some form of means testing. In terms of quality, the report on Finland notes variations across municipalities regarding “the content and quality of the meals”.<sup>125</sup>

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<sup>120</sup> Adolphus, Lawton and Dye (2019), Bartfield et al. (2018), Bütikofer, Mølland and Salvanes (2018), Yao, Liu and Zhou (2019).

<sup>121</sup> Rodríguez Santos (2013).

<sup>122</sup> For more recent information gathered from the programme, see Moreno-Fuentes and Rodríguez Cabrero (2020a).

<sup>123</sup> Kantaris, Popovic and Theodorou (2020).

<sup>124</sup> Murasov and Arrak (2020), p. 8.

<sup>125</sup> Kangas (2020), p. 8.

### **D4.3.2 Political commitment and public support**

An overarching message from the experience of the three universal schemes was the fundamental importance of substantial public support and political will for the provision of school meals that had been built up over a long period of time. In Finland, the first legislation was introduced in 1943, but it was not until the 1970s that the right to a free school meal was extended to secondary education. Estonia has gradually extended its scheme from grades 1 to 4, in the introductory phase in 2002, to include secondary schools up to grade 12 in 2015. Estonian organisations such as the Union for Child Welfare were active in calling for such extension. It was also explained that this incremental process has happened because: *“the measure has clearly been primarily an agenda of a political party (the Centre Party). Within their periods of power, they have expanded target groups and increased allowance rates. Other parties have not made a significant contribution to the measure. However, they have also not reversed nor restricted it in any other way.”*<sup>126</sup> Lithuania may be on a similar gradual trajectory as the programme has initially been introduced only for pre-primary settings and then grade 1.

The programme in Bulgaria is the only non-governmental scheme considered. It is a longstanding programme and the expert notes that it is dependent on the broader support of the Bulgarian Red Cross, other partners, and a network of volunteers. The more recent involvement of some municipalities in co-funding has also aided the continuation and development of the programme.

The main impetus for the Cyprus programme of school full meal and breakfast schemes was a crisis: *“These are exceptional initiatives whose need arose mainly from the unprecedented for Cyprus financial crisis of 2011-2016”*.<sup>127</sup>

### **D4.3.3 Infrastructure issues**

The existence of adequate universal infrastructure across schools is a key prerequisite for providing school food.

No infrastructure issues were mentioned in Cyprus, Estonia, Finland or Lithuania. This perhaps indicates that these programmes are already sufficiently well embedded. The Bulgaria report noted that in some case lunches are provided in the canteens of the Red Cross or in local restaurant facilities, indicating that there may be some lack of infrastructure within schools.

The phase 1 synthesis report for the CG initiative on nutrition<sup>128</sup> noted that some EU Member States had reported that school canteens were not universally provided at secondary school level. This was also reflected in the country mapping for this phase of the work. The experts in Croatia, Hungary, and Italy all noted that not all schools had canteens. For example, in nine out of 20 regions in Italy more than half of students in primary and lower secondary schools did not have access to school canteens.<sup>129</sup> Apart from strengthening infrastructure, alternative approaches in these circumstances are to buy in food from a service provider – an approach that has been adopted in Hungary.<sup>130</sup>

### **D4.3.4 Challenges in replicability**

The challenges in replicability vary according to the type of programme. For all types, sufficient infrastructure is required and, as noted above, this would require capital investment in some Member States.

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<sup>126</sup> Murasov and Arrak (2020), p. 11.

<sup>127</sup> Kantaris, Popovic and Theodorou (2020), p. 14.

<sup>128</sup> Bradshaw and Rees (2019), p. 11.

<sup>129</sup> Raitano (2020), p. 5.

<sup>130</sup> Albert (2020), p. 9.

Universal programmes offering free school meals to all children – such as those operated in Estonia, Finland, and Sweden, as well as for some age groups in Latvia and Lithuania – have advantages. They can prevent stigmatisation of low-income children and also avoid the complexities, administrative burden, and barriers to take-up of the assessments required for targeted schemes. The establishment of such programmes, however, appears to take substantial time, and political and public support for them needs to be built up gradually. They may also be implemented most easily in countries that have a more general approach to providing universal services (e.g. universal family allowances).

The two programmes reviewed using schools-based targeting – in Bulgaria and Greece – relied on the support of NGOs. However, the country mapping (Chapter D2) identified other schemes using government funding, including in Austria, Belgium, Ireland, and Romania.

As regards programmes using individual targeting, as noted in Chapter D2, similar programmes are already in existence in a number of other EU Member States, either at a national level or within specific regions, municipalities or groups of schools. Some attention needs to be paid to identifying children and households to be targeted, as income is only one possible criterion. The Cyprus scheme appears quite comprehensive in this respect. Other similar sets of criteria were also evident in other countries described in Chapter D2. For example, in addition to income, the following criteria are considered in some regions of Spain: *“the size of the household, students belonging to special large families, protected in family and residential fostering, those living in households suffering from gender-based violence, victims of terrorism, unaccompanied minors, with disabilities equal to or greater than 33% and special situations not foreseen”*.<sup>131</sup> The expert report from Cyprus notes the following factors that can support successful implementation: (a) funding and support from a national government ministry; (b) outsourcing at a local level in order to effectively identify need; and (c) sponsors and local stakeholders who are willing to support the scheme.<sup>132</sup>

#### **D4.3.5 Involvement of children and parents/carers in design and implementation**

There are several examples from the in-depth studies of good practices involving children and parents in the design, implementation, and monitoring/evaluation of the programmes.

In Bulgaria, feedback is gathered by the Bulgarian Red Cross from children through questionnaires. A similar approach is taken in Estonia where feedback is gathered through a national student satisfaction survey. In Finland: *“Pupils are encouraged to participate in the planning, implementation, and evaluation of school meals in general and at mealtimes in particular”*.<sup>133</sup>

In Finland, parents are also involved in the organisation of school meals; in Cyprus a representative of the parent association is a member of the advisory committee within the school.

### **D4.4 Quality of the provision**

#### **D4.4.1 Key elements of quality of provision**

In Cyprus, Estonia, Finland, and Lithuania, detailed guidelines on aspects such as the content and balance of meals, food preparation/hygiene, and quality standards are provided by national expert bodies or organisations. In Bulgaria, quality standards are determined by the Bulgarian Red Cross. An example of the national approach is in Cyprus where a weekly menu including the main food groups is designed by the Cyprus Dietetic

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<sup>131</sup> Moreno-Fuentes and Rodríguez Cabrero (2020a), p. 4.

<sup>132</sup> Kantaris, Popovic and Theodorou (2020).

<sup>133</sup> Kangas (2020), p. 9.

and Nutrition Association. In Estonia, as well as national government guidelines, some municipalities have applied additional criteria. For example, the city of Tartu promotes the use of organic ingredients in the meals, and the city of Tallinn has piloted a similar approach with food at kindergartens. The need for variation in provision to meet the requirements of children from different cultural and ethnic backgrounds was noted in the Finland report, and for children with special needs in the Cyprus and Lithuania reports.

#### **D4.4.2 Monitoring and enforcement of quality standards**

In Cyprus and Estonia, the monitoring of food standards is conducted at the school level. This includes, in Cyprus, a member of the school's parent association. In Estonia, feedback is gathered from students about the school lunches. In Finland and Lithuania, on the other hand, the responsibility for monitoring lies with national departments. In Finland, this duty lies with the school health promotion study of the Finnish Institute for Health and Welfare, while there have been a number of research studies "analysing the quality, nutritional value and acceptance of school meals".<sup>134</sup> In Lithuania, quality control is the responsibility of the state food and veterinary service which, with the Ministry of Health and the Ministry of Education Science and Sport, has "established the mobile team of experts to control the quality of nutrition in educational institutions".<sup>135</sup> In Bulgaria, national and regional offices within the Bulgarian Red Cross undertake monitoring of the implementation of the scheme.

An extensive approach was also reported in the mapping report from Slovenia:

*"In accordance with the School Meals Act (2013), schools must follow the guidelines for nutrition in educational institutions adopted by the Council of Experts of the Republic of Slovenia for General Education when organising school meals (Article 4 of the Act). The guidelines include:*

- *objectives, principles and educational activities related to school nutrition; and*
- *professional guidelines and instructions defining the criteria for food selection, composition planning, quantitative norms and the method of preparing school meals and the time frame for its implementation, determined by the National Institute of Public Health.*

*Professional monitoring to determine the compliance of school nutrition with professional guidelines is exercised at least once a year by the National Institute of Public Health and its regional offices. They also provide counselling. There is also an internal monitoring through surveys among pupils/students and parents on their satisfaction of with school meals. The Inspectorate for Education and Sport of the Republic of Slovenia is in charge of external control (School Meals Act, 2013).*

*Since 2019, a research project has been going on, implemented by the National Institute of Public Health. Its title is "Analysis of the nutritional composition of meals in elementary schools and testing of the effectiveness of the computer model in support of the implementation of guidelines for healthy eating in educational institutions in Slovenia."<sup>136</sup>*

#### **D4.4.3 Sustainability**

The environmental impact of school meals provision is another important factor that should be considered. The use of local food suppliers may have the dual benefit of stimulating local economies and reducing the carbon footprint of school meals. The expert in France reported that EU funds have been used to promote the use of organic produce and encourage the use of local produce in school catering. There are also other initiatives to improve catering practices: "For example, the Fondation pour la Nature et l'Homme and the Restau'Co network have created a free tool called Mon Restau Responsable promoting

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<sup>134</sup> Kangas (2020), p. 9.

<sup>135</sup> Poviliūnas and Šumskienė (2020), p. 10.

<sup>136</sup> Stropnik (2020), p. 6.

*positive action carried out by restaurants and creating a network of establishments involved in the transition towards sustainable development and organic produce.”<sup>137</sup>*

The problem of possible waste of school food also needs to be addressed. For instance, a survey conducted in 2019 in Estonia<sup>138</sup> indicated that nearly 1,400 tonnes of school meals go to waste every year. The extent of waste depends on different aspects that need to be taken into account in the planning and delivery of school meals. Information/awareness-raising sessions about the cost and environmental impact of waste, as well as satisfaction surveys and participation of students, should help to find ways of better addressing this important issue when implementing free school meals programmes.

## **D4.5 Source(s) of funding**

### **D4.5.1 Sources and proportions of funding**

In Bulgaria, around one third of the funding is provided directly by the national Red Cross and around two thirds by the Care Partner Network (25 corporations). Some municipalities also fund the initiative directly. The Red Cross also covers some of the central management costs of the initiative.

In Cyprus, two thirds of the funding is provided centrally by the Ministry of Education, Culture, Sports and Youth, through the transfer of funds to each regional school board committee. The remaining one third is covered by the parents’ association of each school.

In Estonia, the central government contributes €175 per pupil per school year. Other costs are paid by municipalities and vary. Data on these costs are not available.

In Finland, municipalities cover all costs of the scheme, including salaries for the staff, the cost of food, equipment, facilities, and transport. The scheme accounted for 6% of total education budgets in the municipalities in 2019.

In Lithuania, expenses for the products acquired are funded through a targeted subsidy from central government to the municipalities, while the costs of administration are funded by municipalities.

As noted in Section D4.3.1, the involvement of local partners was seen as a strength of the schemes examined in depth. Municipalities and/or schools often provided part of the funding for schemes and this can promote engagement and a sense of ownership. On the other hand, as also noted earlier, there may be drawbacks or complexities in terms of variability of funding and geographical disparities. These factors need to be weighed up in considering the advantages and disadvantages of a mixture of national and local funding arrangements.

### **D4.5.2 The potential of private sector partnerships**

The primary example of a private sector partnership involved in funding the schemes was in Bulgaria, where a majority of the funding is raised by the Bulgarian Red Cross from a charity partnership network that includes 25 corporations. The report on Cyprus cites growing interest from social partners and sponsors at a local level. The DIATROFI programme in Greece has been funded jointly by a charitable foundation and private sponsors. The mapping report from the expert in Poland also identified initiatives that had been supported by a humanitarian action organisation and by a foundation.

Cooperation with local or large-scale food providers could potentially provide additional funds and be of interest as a way to substantially reduce the public cost of school meal provision. It is, however, important that the quality of school meals be defined according

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<sup>137</sup> Legros (2020), p. 6. For more information see [here](#).

<sup>138</sup> For more information see [here](#).

to clear professional guidelines, which are not influenced by the marketing strategy of private funders.

#### **D4.5.3 The potential role of EU funding**

No specific comments about this issue were made in the in-depth reports. Information from other sources has highlighted some existing uses of EU funding for school meals provision. This includes a scheme in the Croatian city of Virovitica, Virovitica-Podravina county, where funding from the Fund for European Aid to the Most Deprived (FEAD) was used to distribute daily meals to 195 children in primary schools who were in, or at risk of, poverty; and the use of FEAD funds in Czechia towards the “school lunches for disadvantaged children” programme. The country mapping reports also identified some uses of EU funds. FEAD funding has been used to indirectly support the holiday meals scheme in Spain and to invest in school canteens in Italy. The ESF was used in Portugal to co-fund school meals for certain paths involving professional courses and to provide meals with the specific aim of reducing early school dropping-out in Latvia.

Given the fact that many existing schemes involve a mix of funding from a variety of sources at national, municipal, and school levels, sometimes combined with local donations, there may be scope for EU funding to contribute to this mix through matched funding and thereby encourage the expansion of existing initiatives.

The EU school fruit, vegetables, and milk scheme offers an interesting example of how EU funds can be used to promote healthy eating.

#### **D4.6 Monitoring**

Children’s nutrition should be monitored regularly for the general population of children, and for poor children in particular, in order to assess the need for public intervention. Data on enforced lack (due to affordability reasons) or simple lack (due to preferences or other reasons) of nutrients (fruits, vegetables, and proteins), on the level of children’s food insecurity and hunger, and on obesity risks, should be used (and collected where not available).

When school meals programmes are in place, monitoring and evaluation could cover different aspects of these programmes (Table D4).

Outputs of the scheme could be measured in terms of numbers of meals provided for free, and how many of these meals were provided to children in specified target groups (such as those on low income). When not free for all children, the net out-of-pocket costs of school meals should be estimated for all children and for target groups (such as those on low income, lone parents).

Systems of monitoring the implementation of carefully defined quality standards and the quality of food should be put in place. Satisfaction with the programmes could be measured by questionnaires to children and parents/carers. This could be achieved by standardised questionnaires issued by schools, or could be incorporated into national surveys (e.g. annual student surveys, general population surveys). The latter approach is likely to provide more robust and representative data, as surveys administered by schools would have unpredictable response rates and may also suffer from response bias. Children and parents could be asked standard questions about satisfaction with the way school meals are delivered, meal content and variety, and food quality.

Outcomes to be measured could include primary objective (food security and nutrition level) and intended secondary benefits, including standardised measures of progress and achievement and rates of underweight/overweight/obesity. Measures of progress and achievement might include student scores in international tests such as progress in: the international reading literacy study (PIRLS); the trends in international mathematics and science study (TIMSS); the programme for international student assessment (PISA); and

results in national tests. Where possible, these scores could also be disaggregated to analyse the scores of children in the target groups. Underweight/overweight/obesity could be gathered from health records, or height and weight could be asked in surveys of children (although this method is prone to high levels of missing data). If these outcomes data were gathered in relation to newly developed schemes, they may at least provide correlational evidence of changes in outcomes linked to the introduction of a new programme, which could be used to make comparisons with schools or regions where the programme has not been implemented.

**Table D4: Criteria to assess specific school meals programmes**

Criteria	Sub-criteria	Indicator	Definition of the indicator and possible sources
Accessibility	Reach of scheme to target groups	Extent of take-up of scheme by low-income children	Percentage of poor children receiving free full school meals [School records and administrative data]
Accessibility	Affordability	Cost paid by parents when not free	Net out-of-pocket cost for poor children (after deduction of possible fee reductions, allowances and tax credits) [School records and administrative data]
Accessibility/organisation	Children's and parents' satisfaction with mode of operation	Satisfaction with how the scheme is available and is run	Self-reported satisfaction question (0 to 10 or smiley faces) [Survey]
Adequacy/Quality	Children's and parents' satisfaction with meal content	Satisfaction with meal content	Self-reported satisfaction question (0 to 10 or smiley faces) [Survey]
Adequacy/Quality	Children's and parents' satisfaction with food quality	Satisfaction with food quality	Self-reported satisfaction question (0 to 10 or smiley faces) [Survey]

Outcomes	Children suffering from food insecurity	Food security level	Self-reported food security of poor/all children [Food security survey module <sup>139</sup> student survey]
	Children underweight/overweight/obesity	Children who are deemed underweight, overweight or obese	Body-mass index, if reliable height and weight can be collected [Health records/student self-report]
	Household's economic strain	Children living in households who have difficulties in making ends meet	Capacity to make ends meet [EU-SILC]
Quality standards	Control of nutritional quality and hygiene		
Participation	Monitoring and evaluation in the best interest of the child and involving all stakeholders		
Monitoring that supports continuing improvements	Monitoring and evaluating produces information at the relevant local, regional, and/or national level to support continuing improvements in the quality of policy and practice		
Transparency	Information on the quality of the school meal system is publicly available		

## Chapter D5: Main recommendations and conclusion

There is a huge diversity of approaches to full school meal provision across the EU. A small number of Member States provide universal provision for at least some age groups of children and, at the other end of the spectrum, others provide nothing at all. In between there is a range of targeted schemes focused either on schools or individual children meeting certain criteria.

A clear picture emerges of the way in which school meal provision reflects different philosophies in different Member States. In Finland, the first country in the world to provide free meals to all schoolchildren, and in Sweden, the concept of a school meal is much more than a nutritional intervention. It has become embedded in the culture, and in children's experience of childhood. One study argues<sup>140</sup> that this development is intrinsically linked to the social democratic welfare state regime in Esping-Andersen's (1990) classification. This is an important point because the drive to provide free meals to all in these two countries can be seen as part of a broader approach of universal services aimed at social inclusion. While improving children's nutrition after the Second World War was a motivating factor in both countries, it is clear that ideas of social inclusion provided an important theoretical underpinning for the initiative. The other countries within the EU that have to a lesser or greater extent also implemented some type of universalistic approach are the three Baltic nations, two of which are also included in the in-depth assessments above. Although other countries can no doubt learn much from these initiatives, any attempts at replication in different types of welfare state regimes imply the need for substantial philosophical as well as practical realignment.

<sup>139</sup> Bickel et al. (2000).

<sup>140</sup> Persson, Osowski and Fjellström (2018).

10 Member States provide a more targeted form of provision throughout the whole country. These include a block of six central European countries (CZ, DE, HU, LU, SI, SK) and four southern European countries (CY, ES, MT, PT).

A further 10 Member States (AT, BE, BG, EL, FR, HR, IE, IT, PL, RO) provided targeted provision that did not cover the whole country. This included subsidised and free meal schemes targeted either at the individual or school level.

Two Member States (DK, NL) did not provide any form of free or subsidised school meal provision.

In view of the analysis conducted and presented in previous sections, the following conclusions and observations are made.

- 1. Philosophy.** The form of school meal provision needs to be consistent, and coherent with broader philosophies of social welfare intervention within the country. The establishment of universal programmes in Finland and Sweden, for example, was supported by a widespread acceptance of the value of universal interventions. There are examples in other countries of differing approaches to school meal provision according to the political administration. Depending on the starting point, the establishment of universal schemes may require some time, and the development of political and public support. The countries with universal coverage have all adopted an approach of gradually expanding the scheme across age groups. School meals can be viewed as a form of social protection and the costs must be weighed up against alternative courses of action. For example, the Danish expert argued that: *“Social assistance have been set at levels that is expected to allow having an ordinary life, including eating well and nutritious”*<sup>141</sup> but it was acknowledged that lower levels of benefits for recent migrant and refugee families may undermine this argument. Nevertheless, school meals are a means of ensuring that expenditure directly reaches and benefits children. It is therefore recommended that the CG encourages Member States to develop their school meals schemes in ways which ensure full coverage.
- 2. Universal/targeted approaches.** The choice between universal and targeted approaches should take account of the above underlying philosophical and political ideas and consider the balance between costs and ensuring that all disadvantaged children are reached. Schools-based targeting can reach the majority of AROP children but, by definition, cannot reach all and therefore does not fully meet the concept of a “guarantee” for all poor or vulnerable children. Individual targeting does, at least theoretically, have the potential to reach all children in the CG target groups. This requires a broader set of criteria than household income alone. Some examples of sets of criteria are provided above (e.g. CY). Nevertheless, in practice it may be difficult to ensure that criteria are comprehensive enough to reach all disadvantaged children. Individual targeting within schools also runs the risk of stigmatisation of eligible children, although mechanisms to avoid or minimise this risk were identified (see Chapter D4). Universal approaches overcome the limitations of targeted approaches at a cost. It is therefore recommended that universal schemes be developed, as they allow all children at school to be reached and avoid stigmatisation and administrative burden, wherever it is possible from a political and financial point of view. When this is not possible, more targeted schemes should be developed, in ways that ensure high levels of take-up and avoid stigmatisation. In this regard it could be helpful for the European Commission, in supporting the implementation of the CG, to support the exchange of good practices between Member States and draw on this to develop guidelines on how best to improve take-up and avoid stigmatisation.

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<sup>141</sup> Kvist (2020), p. 5.

3. **Infrastructure.** Capital investment may be required as part of ensuring the CG for all children. School meal provision requires infrastructure. Few issues with infrastructure were identified in the in-depth case studies, but these mostly relate to programmes that are already well embedded. It was noted in FSCG1 that in some Member States there are gaps in the necessary infrastructure in terms of school canteens and catering facilities to make the provision of school meals a possibility throughout the country. Creating a nationwide universal or targeted school meal system in these countries to provide a guarantee for all AROP children will therefore require capital investment. It is therefore recommended that, in the context of the CG, EU funds are made available to support those Member States that need to invest in building up infrastructure.
4. Clarity about benefits and links with other components of the CG.
  - **Nutritional benefits.** Based on available evidence, school meals of good quality should be seen first and foremost as a nutritional intervention, rather than a health or educational one. This provision should be seen as a key method of achieving the CG's objective in relation to ensuring that all AROP children have access to adequate nutrition (see Box C1 for a definition). Viewed in this way school meals of good quality inevitably achieve their intended outcomes as they are a direct nutritional benefit to children. They also offer financial relief to families. However, it was clear from the experts' consultation that school meals were not viewed in this way in all countries. In response to a question about meals provision during the COVID-19 pandemic, one expert commented that no alternative arrangements were made because children were not in school. This provided further evidence of a pattern that in some countries school meals were viewed as an educational rather than nutritional intervention.
  - **Health benefits.** Experts reported that some Member States saw the provision of school meals, alongside related initiatives to engage children in learning about food, as a means of improving health outcomes linked to nutrition. There is some research to support this. In Greece, an evaluation of a school meals intervention based on schools-based targeting found reductions in obesity rates. Long-term benefits of adequate nutrition can also be expected, but there is a shortage of studies assessing such crucial long-term impacts of school nutrition.
  - **Educational benefits.** There is some evidence that the provision of school meals may encourage school attendance and therefore reduce the likelihood of pupils dropping out. On the other hand, it is less clear whether school lunches boost educational attainment. Even if they do, there may be much more cost-effective ways of achieving this outcome.<sup>142</sup> If boosting educational progress is the key intended outcome, school breakfast provision also shows promising results and could be considered as a less costly alternative.

It is therefore recommended that, in terms of the CG, provision of school meals is promoted first and foremost as a nutritional intervention. There may also be secondary benefits for health and education.

1. **Need for robust evaluations and CBAs of implemented programmes.** There is a need for more well-designed evaluation studies and CBAs of school meals interventions. There is relatively little such research in EU Member States, and this is a barrier to providing policymakers with robust and reliable evidence on which to base decisions. It is recommended that the EU supports and encourages a greater degree of evaluation of school meals programmes as part of the implementation of the CG.

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<sup>142</sup> See, for example, Kitchen et al., (2013).

2. **Quality assurance.** To maximise its benefits, the provision of school meals should be accompanied by well-informed quality standards and systems for monitoring the implementation of these standards and the quality of food. There are some good examples of such standards and guidelines in some countries, and these may form a useful starting point for other countries wishing to implement this approach. In this regard the European Commission could usefully support the exchange of good practices and consider developing guidelines to support Member States' implementation of the CG in this area.
3. **Governance.** Devolved approaches to the governance of school meals programmes should be considered. The in-depth schemes analysed for this report were all characterised by governance arrangements divided between national and local levels, and sometimes school level. In most of these countries there were also cost-sharing arrangements across the different levels of responsibility. In some countries, the programmes were enshrined in national legislation but the responsibility for delivery was still located at the municipality and/or school level. The experts saw these shared governance models as an important aspect of successful implementation. This learning could be transferrable to other countries. On the other hand, local and school governance arrangements were noted as sometimes leading to variations in the pricing model of schemes (either free or subsidised) and quality of food. There are risks to be aware of, therefore, in terms of avoiding geographic inequities in provision which suggests that quality, pricing, and monitoring should not be decided at local level. It is recommended that any initiatives are underpinned by clear national legislation, even if much of the governance is devolved to regional, municipal or school levels.
4. **Inclusivity across the age range for compulsory schooling.** The age range for school meals provision should be inclusive. There was a tendency in many Member States to focus school meals provision on younger children, particularly in primary schools. Coverage at secondary school level was typically patchier. There is no clear rationale for this. Whether the aim is to ensure that all children have adequate nutrition, to improve health or to boost educational progression, these objectives can only be achieved if school meals are available universally across the whole of childhood and adolescence. It is therefore recommended that, in the context of the CG, Member States that have not yet done so should move progressively towards the extension of school meals across the whole of childhood and adolescence (i.e. from ECEC to the end of compulsory secondary schooling).
5. **Participation of children and parents/carers.** The design and planning of school meals should involve children and parents/carers. Some measures were identified in terms of children and parents participating in the design and evaluation of provision. This included surveys of children and the involvement of parents in school planning committees. These examples could be replicated elsewhere. Again, the European Commission, in supporting the implementation of the CG, could usefully support the exchange of good practices in this area and consider developing guidelines to support Member States.
6. **Gaps even in universal provision.** Supplementary forms of nutritional provision should be considered to complement meals at school. Even "universal" free school meal schemes are not truly universal. First, there may be children who attend school irregularly or have dropped out of school. By the age of 15, substantial numbers of children in EU Member States do not attend school.<sup>143</sup> Second, there are a limited number of school days in the calendar year. Children's nutritional needs continue during weekends and school holiday periods. In Finland, it is noted<sup>144</sup> that: "*on Mondays the consumption of food can be 20% more than on other weekdays—which may indicate*

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<sup>143</sup> OECD (2019).

<sup>144</sup> Kangas (2020).

*that during week-ends children in low-income families may not get enough food”.*<sup>145</sup> “Holiday hunger” is an area of concern and the holiday provision in some countries reviewed in Section D2.2 could be adopted more widely as part of implementing the CG. Similarly, in countries in which all-day schools are not widespread, school meals provision could be organised before children leave to go back home.

7. **Resilience of systems and crisis response.** In light of the COVID-19 pandemic, it is also clear that if school meals are seen as a nutritional (rather than educational) intervention, systems of providing food should have flexibility and resilience to be able to cope with emergencies and crises. Some good examples of such responses were provided in Section D2.2. It will be important to distil learning from responses to the pandemic and consider how to improve these in similar future circumstances.
8. **Potential uses of EU funding.** As noted in Section D4.5, it is recommended that EU funding is used in two ways to promote adequate nutrition for children through school meal provision. The first would be to support improvements in school meals infrastructure, which in some countries is a prerequisite for a guarantee of a school meal for all children. In view of the fact that mixed funding packages are a feature of a number of the well-established schemes, a second mechanism could be a fractional contribution to school meals from EU funding, which could stimulate expanded provision through matched funding from national government, municipalities, schools, charitable foundations, and private donors.

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<sup>145</sup> HS, Helsingin Sanomat [Newspaper] (2020), “Maanantai on kouluissa isojen ruoka-annosten päivä” [Monday in schools is day of big food portions]. (See link [here](#).)

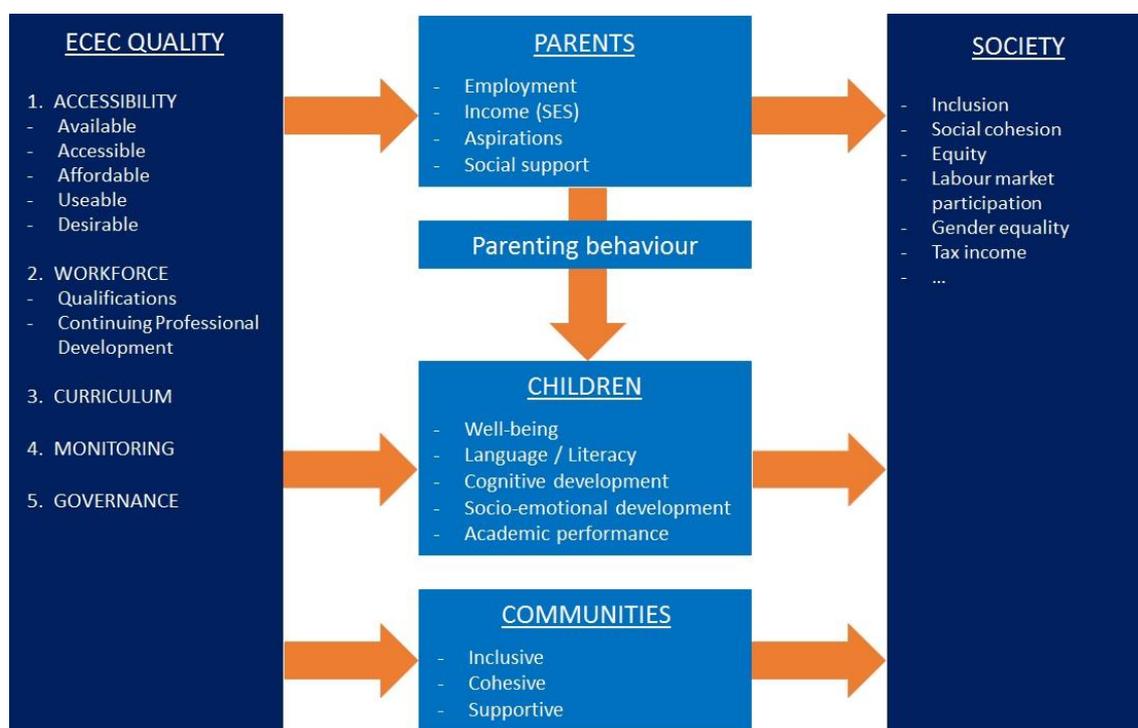
## PART E: PROVISION OF FREE ECEC

Part E is organised as follows: Chapter E1 describes the main expected benefits of ECEC; Chapter E2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter E3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter E4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; and finally Chapter E5 summarises the main findings and conclusions.

### Chapter E1: Main expected benefits

ECEC refers to “any regulated arrangement that provides education and care for children from birth to compulsory primary school age – regardless of the setting, funding, opening hours or programme content – and includes centre and family day-care; privately and publicly funded provision; pre-school and pre-primary provision”.<sup>146</sup>

**Figure E1: Summary of the beneficial impact of high-quality ECEC<sup>147</sup>**



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.<sup>148</sup> 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

<sup>146</sup> European Commission (2014).

<sup>147</sup> Adapted from Vandenbroeck (2016).

<sup>148</sup> Lazzari and Vandenbroeck (2012), Vandenbroeck, Lenaerts and Beblavy (2018).

comprehensive curriculum,<sup>149</sup> is well monitored, and has adequate governance. This is summarised in Figure E1.

### **E1.1 Potential benefits for children**

From the 1960s to the 1980s, a series of experiments were launched in the US that provided high-quality ECEC for children in poverty. In the iconic studies relating to these, children were followed over many years and robust evidence was produced on the beneficial impact of high-quality ECEC on the cognitive as well as socio-emotional outcomes of the children concerned, including on their later school and professional careers. These much cited studies formed the basis for the calculations of a positive cost-benefit balance.<sup>150</sup> Since then, longitudinal studies of the impact of ECEC on children have been conducted in many EU Member States. One of the most comprehensive studies is the “effective provision of pre-school education” (EPPSE) study in England<sup>151</sup> following a cohort of 3,000 children from when they were toddlers. When these children were aged 7, the study revealed three important facts:<sup>152</sup> (a) *all* children benefit from ECEC; (b) as all children benefiting, there is not necessarily a convergence between children from low socio-economic status (SES) and high SES, meaning that ECEC is not necessarily an equaliser; but (c) although children from high-SES parents always possess the necessary competences to succeed in primary school (whether they attended ECEC or not), this is not the case for children from lower-SES parents. For these children, attending high-quality ECEC has a substantial impact on their chances of success in primary school.

In sum, most studies concur that high-quality ECEC has a positive impact on school readiness, on cognitive and social skills, and on executive functions. Longitudinal datasets show that – as a result of the beneficial impact at the start of the learning process – high-quality ECEC can have a long-lasting impact on educational careers. The EPPSE study, as well as other studies, has demonstrated that this impact can be observed way beyond primary school and even into adulthood.<sup>153</sup> As a result, it can be assumed that investing in the early years may yield economic returns later on, in the form of lower welfare spending and higher tax income. However, the calculations of the economic benefits are extremely complex and tentative, and we should therefore be cautious when expressing them in terms of exact numbers.<sup>154</sup>

In contrast to these studies, there are a few studies that have not shown the beneficial results expected.<sup>155</sup> They can be considered as additional evidence that certain quality conditions need to be in place to achieve the potential benefits. Moreover, studies measuring the stress hormone cortisol in young children show that low-quality childcare can in fact be harmful.<sup>156</sup>

### **E1.2 Impact on parents and communities**

One of the most frequently cited reasons for encouraging investment in ECEC is its impact on the labour market participation of parents, and of mothers in particular.<sup>157</sup> The upsurge in women’s labour market participation since the 1960s has been documented in many studies. In most EU Member States, both parents are active in the labour market nowadays

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<sup>149</sup> An adequate curriculum provides both emotional support (sensitive responsivity) and educational support (i.e. facilitating exploration, language support, feedback) by balancing child-centred and adult-centred activities.

<sup>150</sup> Barnett (2011), Heckman (2006).

<sup>151</sup> For more information see [here](#).

<sup>152</sup> Sylva et al. (2004).

<sup>153</sup> For instance, Havnes and Mogstad (2011).

<sup>154</sup> Temple and Reynolds (2007), Reynolds et al. (2011).

<sup>155</sup> Caille (2001), Fukkink et al. (2015).

<sup>156</sup> Gunnar et al. (2010).

<sup>157</sup> See Kimmel (1998), Maron and Meulders (2009), Van Lancker (2013).

in most households. As a result, the demand for childcare has increased tremendously. This, however, also implies that a lack of affordable and high-quality ECEC may impose barriers to labour market participation and could affect parents' work-life balance. Mothers are likely to reduce working time (e.g. work part time instead of full time) or drop out of the labour market altogether, particularly when their children are still young, if high-quality ECEC provision is unavailable or expensive. It has been demonstrated that mothers take up more working hours per week when childcare becomes more available.<sup>158</sup> This is particularly the case for single-parent households (mostly single mothers), who have a significantly higher risk of poverty in many countries. Employment in combination with childcare can be a way of avoiding this risk.

The impact on parents also has an indirect one on children. It is well documented that poverty has an impact on parental behaviour<sup>159</sup> and indirectly on brain development.<sup>160</sup> Job insecurity has a negative impact on mental and emotional well-being, and on marital relationships, as well as on parents' aspirations for their children.<sup>161</sup>

It has been extensively documented that informal social support among parents is the most universal and salient form of parental support and a buffer against parenting stress.<sup>162</sup> ECEC can function as a meeting place for parents that fosters these forms of social support.<sup>163</sup> In so doing, ECEC can not only support individual parents, but also foster social cohesion. Children can be brokers of relations that help overcome language barriers, cultural backgrounds, and socio-economic differences. As a result, there is an increasing awareness that ECEC can make a substantial contribution to social cohesion in contexts of increased diversity.<sup>164</sup>

### **E1.3 Key conditions for realising these potential benefits**

#### **E1.3.1 Accessibility and affordability**

It is abundantly clear that in order to yield the potential impact of ECEC, services need to be accessible<sup>165</sup> for children from poor households. This is often not the case, as in most EU Member States children from low-income households are less often enrolled in childcare than their more affluent peers.<sup>166</sup>

The most important barrier to access to high-quality ECEC is a lack of places, particularly (but not limited to) the youngest children. However, the shortage of provision is unequally distributed: most Member States show significant geographical disparities in the distribution of places. Most often, remote and/or poorer areas have fewer ECEC places of high quality available. In cases of shortage, there is a risk that private ECEC takes over, requiring higher parental fees. In those cases, priority is also often given to women at work, resulting in barriers for children from unemployed or low-employed households.<sup>167</sup>

When places are available, they are not always affordable, and costs are one of the main reasons why poor households do not make use of high-quality ECEC. The costs of childcare have a significant negative impact on the labour market participation of women.<sup>168</sup> There is a consensus about the negative relationship between ECEC cost and labour market

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<sup>158</sup> Rainer et al. (2011).

<sup>159</sup> Brooks-Gunn (1997), Conger (2002).

<sup>160</sup> Neville et al. (2013).

<sup>161</sup> Brotman et al. (2013).

<sup>162</sup> Sarason et al. (1990), Jack (2000).

<sup>163</sup> Geens and Vandenbroeck (2013).

<sup>164</sup> Geens et al. (2017), European Commission (2015), OECD (2006).

<sup>165</sup> Accessibility is a multidimensional concept which includes: availability, (physical) accessibility, affordability, usability and desirability. Here, the focus is on availability and affordability.

<sup>166</sup> Van Lancker and Ghysels (2012).

<sup>167</sup> Vandenbroeck (2019).

<sup>168</sup> Connelly (1992), Kimmel (1998).

participation, with the size of the elasticities depending on the country's labour force participation rate, extent of part-time working, and level of social spending.<sup>169</sup>

Importantly, comparisons between countries have shown that cultural factors (especially attitudes towards women's labour participation) may explain overall lower childcare use, while structural barriers (availability and affordability) explain the gap in childcare use between richer and poorer households.<sup>170</sup>

### **E1.3.2 Quality**

The beneficial impact of ECEC on children can only reach its full potential when it is of a high quality. What makes the most important difference is *process quality*, meaning the emotional and educational qualities of the interactions between adults and children and among children. Process quality is influenced by structural characteristics, yet not in simple one-dimensional ways.<sup>171</sup> While it is not possible to draw a clear causal relationship between each structural quality dimension and children's outcomes, there is robust evidence that the competences of the workforce matter both for childcare quality and for children's outcomes, and that these competences are related to both qualifications and ongoing professional development.<sup>172</sup> Competences need to be viewed in the light of a competent system, where individual competences of the staff interact with working conditions and the wider context, including interagency collaboration, leadership, and governance. There is consensus that high quality is not a matter of technical professionalism, but is about a reflective profession nurtured by documentation, thought, and dialogue.<sup>173</sup> Most international organisations and literature studies concur that ideally 50% of staff should have a training at bachelor level (ISCED<sup>174</sup> 5 or 6) and that child-free hours are a necessary condition for reflection. A second structural feature that affects process quality is the child-staff ratio, or the number of children per adult.<sup>175</sup> This ratio differs substantially across EU Member States, as will be highlighted in Chapter E2. However, it is recommended that: for the youngest children (aged around 1 or under) there should be no more than three or four children per adult; while for those aged 2-3, not more than six children per adult should be allowed. For family day-care providers, these numbers may even be lower, considering that they also have domestic tasks to fulfil.

In sum, ECEC has an impressive potential influence on societies, through its combined impact on children, parents, and local communities. However, only when the structural conditions are fulfilled can we expect this potential impact to be realised. These conditions are well summarised in the European quality framework (EQF).<sup>176</sup> Considering that we live in a historic period when, as never before, large cohorts of children spend many hours in formal care outside the family, the policy decisions that are made regarding the availability, affordability, and quality of ECEC will determine the future of these generations.<sup>177</sup>

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<sup>169</sup> Akgündüz et al. (2015).

<sup>170</sup> Pavolini and Van Lancker (2018).

<sup>171</sup> Slot (2018).

<sup>172</sup> Fukkink and Lont (2007). Peleman et al. (2018).

<sup>173</sup> Urban et al. (2011).

<sup>174</sup> International standard classification of education

<sup>175</sup> Slot et al. (2016).

<sup>176</sup> European Commission (2018a and b).

<sup>177</sup> UNICEF (2008).

## Chapter E2: EU mapping

The objective of this chapter is twofold. First, it provides an overview of the ECEC provision in EU Member States. Second, it outlines the challenges of ensuring access to good-quality free ECEC for low-income children.

### E2.1 Accessibility and affordability of ECEC for low-income children

Table E1 provides the following information at the Member State level.

**Accessibility:** Legal entitlement to publicly funded childcare and, if not, preferential access for low-income households to childcare facilities:

- “No” means no legal entitlement and no priority;
- “ENT” means a legal entitlement for all children or for low-income children, followed by the age from which a place is guaranteed (in years unless stated otherwise); and
- “PRIOR” means some priority in access for low-income children.

Remark: Entitlement may vary according to the number of hours per week. The table does not mention these variations.

**Affordability:**

- “No” means this is not free and there are no other mechanisms to ensure affordability;
- “FREE” means free for low-income or all children, followed by the age from which ECEC is free (in years unless stated otherwise); and
- “FEE REDUCTION” means fee reductions for low-income children, or means-tested fee or cash benefits for childcare expenses (tax reliefs are **not included** here).

Note that childcare may be **both free** for some low-income children **and means-tested** for other low-income children. Free childcare may also be restricted to a **limited number of hours per week/day**. For instance, in Ireland this is restricted to 15 hours per week, in Austria 20, and in Belgium 23.

**Policy level** which regulates fees:

- “national” means fee regulated nationally;
- “sub-national” means fee regulated by sub-national entities (e.g. regions, communities, Länder or municipalities); or
- both.

When the information differs between centre-based and home-based care, it is provided for centre-based care.<sup>178</sup>

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<sup>178</sup> Centre-based care takes place in care spaces, not in the carer’s home or in a residential space, unlike home-based care.

**Table E1: Accessibility and affordability of ECEC for children living in low-income households in the 27 EU Member States**

	Childcare (usually under age 3)			Pre-school setting (usually age 3 to compulsory school age)		
	Accessibility	Affordability	Policy level	Accessibility	Affordability	Policy level
<b>BE</b>	No	Fee reduction	Sub-national	ENT 2½	FREE 2½	Sub-national
<b>BG</b>	PRIOR	Fee reduction	Both	ENT 3	FREE 5	Both
<b>CZ</b>	No	Fee reduction	Sub-national/school level	ENT 3	Fee reduction Local/school level FREE 5	National
<b>DK</b>	ENT 6 months	FREE or fee reduction	Both	ENT 6 months	FREE or fee reduction	Both
<b>DE</b>	ENT 1	Fee reduction	Both	ENT 1	Fee reduction	Both
<b>EE</b>	ENT 1½	FREE 1½	National	ENT 1½	FREE 1½	National
<b>IE</b>	No	Fee reduction	No regulations	ENT 2 years 8 months	FREE 2 years 8 months (maximum 15 hours per week)	National
<b>EL</b>	No	Fee reduction	Sub-national	ENT 4	FREE 4	National
<b>ES</b>	PRIOR	Fee reduction	Sub-national	ENT 3	FREE 3	National
<b>FR</b>	PRIOR	Fee reduction	National	ENT 3 (2 in deprived areas)	FREE 3 (2 in deprived areas)	National
<b>HR</b>	No	Fee reduction in some localities	Sub-national	No	Fee reduction in some localities	Sub-national
<b>IT</b>	PRIOR	Fee reduction	Sub-national	ENT 5	FREE 3	National
<b>CY</b>	No	No	Sub-national	ENT 4 years 8 months	FREE 4 years 8 months	National
<b>LV</b>	ENT 1	FREE 1½	National	ENT 1½	FREE 1½	National
<b>LT</b>	PRIOR	Fee reductions	Sub-national	ENT 6	Fee reduction	Local
<b>LU</b>	No	FREE 1	National	ENT 3	FREE 1	National
<b>HU</b>	PRIOR	Fee reduction/FREE	National	ENT 3	FREE 3	National
<b>MT</b>	PRIOR	FREE	National	ENT	FREE 2 years 9 months	National
<b>NL</b>	PRIOR	Fee reduction	No regulations	ENT 5	FREE 4	National
<b>AT</b>	No	Fee reduction (most federal provinces) 0 (from birth); FREE (some federal provinces) different ages	Sub-national	ENT 5	FREE 5 Fee reduction (most federal provinces) 0 (from birth); FREE (some federal provinces) different ages	Both
<b>PL</b>	ENT 20 weeks	Fee reduction	Sub-national	ENT 3	FREE 3	National
<b>PT</b>	PRIOR	Fee reduction	No regulations	ENT 4	FREE 3	National
<b>RO</b>	ENT 3 months	Fee reduction	National	ENT 3	FREE 3	National
<b>SI</b>	ENT 11 months	FREE or fee reduction	National	ENT 11 months	FREE or fee reduction	National

<b>SK</b>	No	No	No regulations	No	FREE 5 and fee reduction	National
<b>FI</b>	ENT 9 months	FREE	National	ENT 9 months	FREE 6	National
<b>SE</b>	ENT 1	Fee reduction	Both	ENT 1	FREE 3	National

Source: Eurydice and OECD, further checked by FSCG2 national experts.

Table E1 shows the diversity of situations in the EU. Member States differ in the extent to which children from poor families are entitled to a place in childcare, in the age of the entitlement, in the fee reductions, in the priorities set, and in the policy levels that regulate accessibility and affordability.

Entitlement to a free childcare place for low-income children at the earliest age is the exception rather than the rule. It exists in Denmark, Finland, and Slovenia as well as in Vienna and Burgenland (AT). In some other Member States there is an entitlement, combined with fee reductions, rather than free ECEC (e.g. DE, PL, RO,<sup>179</sup> SE) or an entitlement at a later age (EE 1½, LV 1½).

It should be noted that in these Member States childcare is a universal entitlement, rather than targeted at children from poor families, whereas the affordability measures may be targeted (i.e. in DK). It is probably not a coincidence that these Member States also have the lowest relative inequality in take-up of formal childcare for children aged 0-2.<sup>180</sup>

Particularly in split systems (which separate childcare for toddlers from pre-school settings for children up to compulsory school age), entitlements and free access are much more common for pre-school provision (often from age 3 or 4 onwards) than for children aged 1-2. In most EU Member States, access to free ECEC is the norm in pre-schools, from age 3 or 4 onwards. (Exceptions are: AT, CZ, IT, NL at age 5; LT at age 6; SK no entitlement at all; and HR obligatory enrolment for only 150-250 hours of pre-school preparation in the year before entering school.) Where ECEC is free, the number of hours of free ECEC a family can take up also varies considerably from one Member State to another.

ECEC can be entirely free (i.e. EE, LV, MT, some provinces of AT), but more often fees are means-tested and, when they are, they may include the possibility of free childcare for targeted groups (for instance DK, LU, RO or the municipality of Sofia in BG). In some cases, the affordability for target groups such as children from poor families is realised through vouchers (e.g. EL, RO).

In most cases, reduced fees (or free ECEC) are an automatic right, but sometimes parents need to request it (DE, HU). Obviously, the automatic entitlement results in lower bureaucratic thresholds and less stigmatisation, and is therefore more effective.

In most Member States (AT, BE, CY, CZ, DE, EL, ES, HR, IT, LT, PL, RO, SE), accessibility and affordability are at least partially a local competence (e.g. the municipality, the regions or Länder), rather than entirely of the central or federal level. In addition, in a majority of Member States, local municipalities have a significant degree of autonomy in defining priorities and/or fees and, as a result, the situation may be very different from one municipality to another (as in AT, BG, CY, DK, DE, EE, EL, FI, FR, HR, HU, LV, NL, SE).

Interestingly, in some Member States the municipal and the national levels are both responsible. In such cases (DK, FI, RO,<sup>181</sup> SE) the national level sets the guidelines (such as the entitlement and the maximum fees) and the municipal level implements and adapts them according to local needs.

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<sup>179</sup> In Romania, the entitlement is set through national legislation, and fee reductions apply to all households according to income, with free provision for poor households (based on locally set criteria, as all pre-school facilities are under the financial responsibility of local councils); thus, poor families receive free provision in most communities where ECEC units are available.

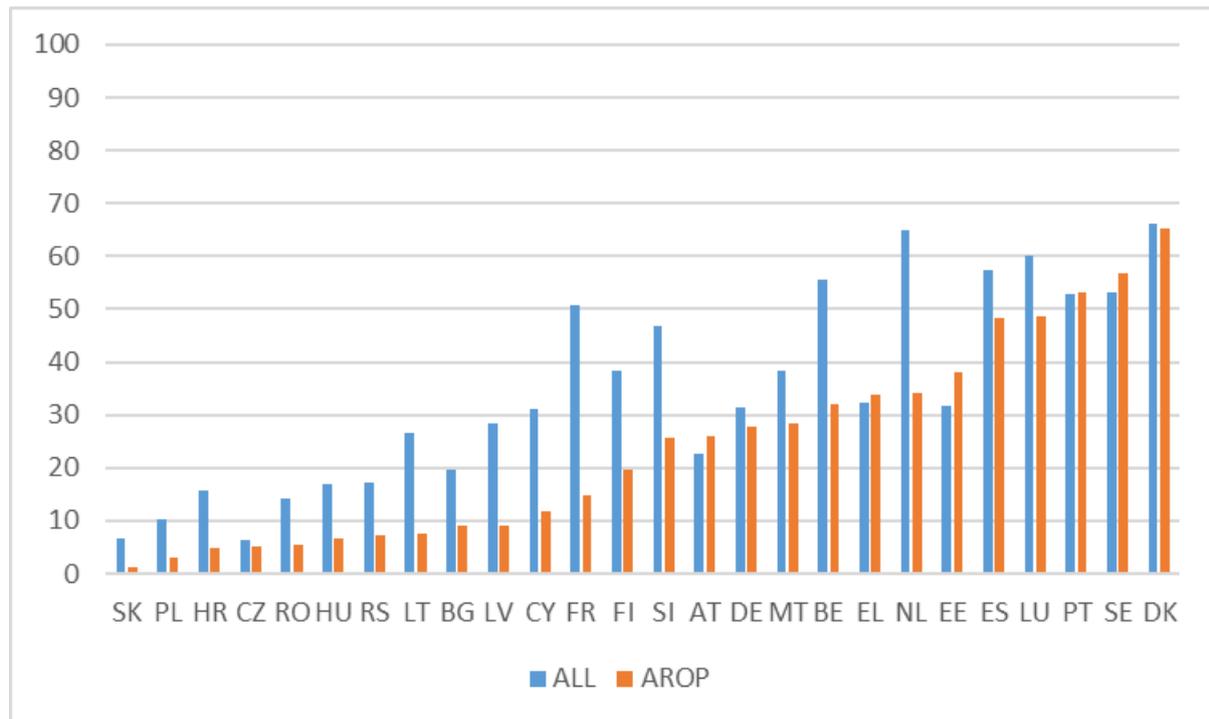
<sup>180</sup> Van Lancker and Ghysels (2016).

<sup>181</sup> In Romania, national legislation sets the framework and the state budget covers the basic costs (which include the costs of human resources and basic educational supplies). Entitlements to reduced costs corresponding to daily maintenance fees (food, other educational supplies, extra-curricular programmes, and so on) are also set through national legislation. Local authorities are responsible for the maintenance of the building and investment in additional equipment and/or educational supplies. Local authorities can decide to cover all or part of the daily maintenance costs (which vary from place to place). According to their income, some families receive vouchers which can be used to cover these costs.

Finally, it is to be noted that the entitlement to free childcare does not necessarily mean that all children in poverty can profit from the offer. In many Member States (LT, ES, FR are salient examples) the shortage of places limits access, and children from poor families are more often excluded from ECEC due to the lack of availability.

Depending on the Member State, legal entitlements and free or reduced-fee childcare for low-income children do not necessarily ensure high participation in childcare or equality in childcare use for poor children (see Figure E2).

**Figure E2: Participation rates in ECEC, all children and AROP children, ages 0-2, 2019, %**



Source: EU-SILC 2019; no data for IT, IE.

In general, Member States that manage to combine high *overall* enrolment rates with low inequality of take-up are also those that have the highest numbers of children in poverty making use of childcare. Denmark, Sweden, Portugal, Luxembourg, and Spain are examples of a successful approach combining accessibility and affordability through a combination of: entitlements at an early age (corresponding with the end of parental leave entitlements); sufficient supply; and free or means-tested fees.

In addition, there are a few Member States that combine above-average enrolment rates (though somewhat less than is the case in the Scandinavian countries) with higher inequalities in take-up, such as the Netherlands, Belgium, Slovenia, and France. These Member States combine some of the effective measures regarding either availability or affordability and yet are not efficient in both domains. Some fee reductions and some priorities are set, yet there is a substantial shortage of places, resulting in average overall enrolment, combined with higher inequality of enrolment.

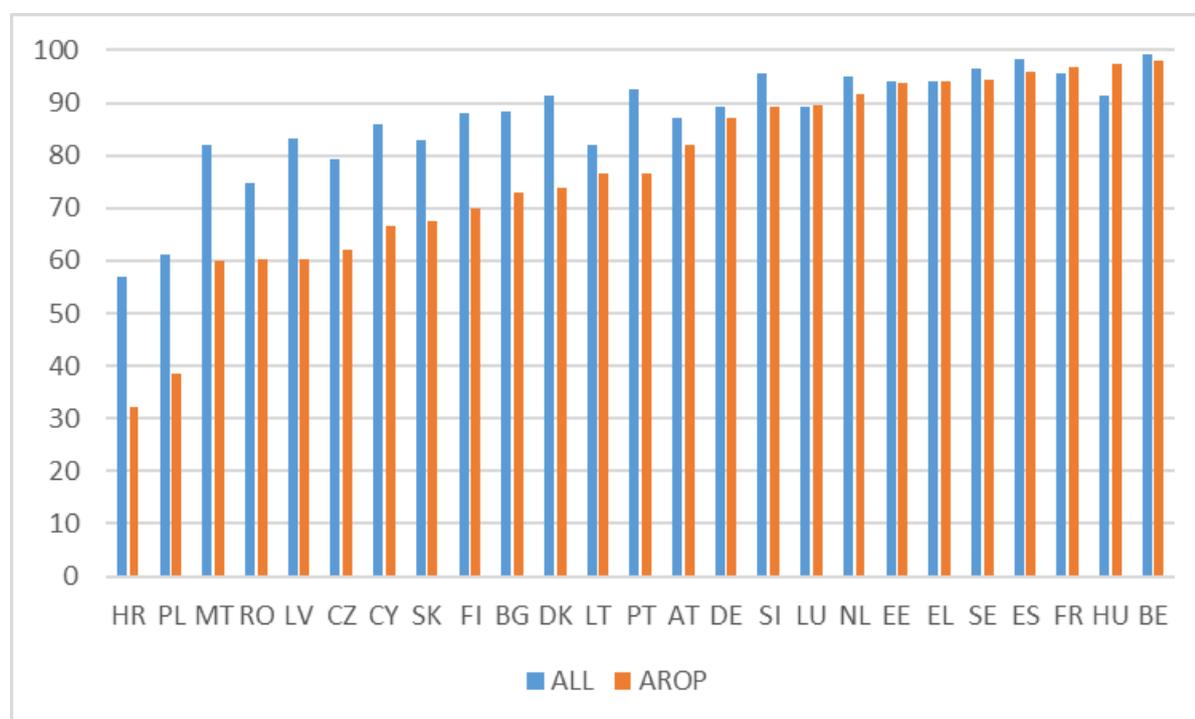
It needs to be noted that Member States vary in terms of the mechanisms used to ensure affordability. Although most ensure that children from poor families have access to free childcare and compensate the centres through supply-side funding (e.g. DK, SE), others work with vouchers or demand-side funding (e.g. EL, NL). It is well documented that the latter is less efficient in ensuring equal access as well as high quality (Vandenbroeck, 2020).

Despite the universal right to day-care for children (universal accessibility), the share of children enrolled in organised day-care in Finland is lower than in Finland’s Nordic neighbours.<sup>182</sup> On average, only 38% of children aged 0-3 are in institutional day-care. The main reason for these low figures is a Finnish peculiarity – a home care allowance (i.e. a cash payment to those families that care for their children aged 0-3 at home). In principle, each child has a right to institutional public day-care, but about 90% of families use the possibility provided by the home care allowance to stay home with their children a little longer. Although take-up is not linked to socio-economic characteristics, the length of the time period does correlate with socio-economic factors such as education, family status, and income. The utilisation of long (longer than 26 months) home care allowance periods is 1.4 times more frequent among the lowest income quintile than among the second-highest quintile.<sup>183</sup>

In general, Member States that have low overall take-up, due to a more limited number of available places, are also those with highly unequal take-up and therefore very low numbers of children in poverty attending childcare (there are some exceptions, such as CZ). Very often, these are also countries where the scarce available places are also hard to afford for a low-income family. Obviously, in countries with low overall enrolment, due to a lack of availability, setting priorities for children in poverty does not result in high take-up by these children.

In sum, availability and affordability are equally important, and the most successful countries – regarding the uptake of childcare by children of poor families – are those that have the highest overall take-up (by poor, middle-class, and higher-SES children as well).

**Figure E3: Participation rates in ECEC, all children and AROP children, ages 3+, 2019, %**



Source: EU-SILC 2019; no data for IT, IE.

<sup>182</sup> Kangas (2020).

<sup>183</sup> Haataja and Juutilainen (2014), pp. 45-48, quoted in Kangas (2020).

For the age group between 3 and compulsory school age, take-up increases greatly in most Member States (see Figure E3). Older children are proportionally more likely to attend ECEC than younger children. Attendance attains 90% or more, with no disparity between AROP children and the whole population in many Member States (BE, HU, FR, ES, SE, EL, EE, NL, LU, DE, AT), but remains unequal in the others.

## **E2.2 Quality standards**

### **E2.2.1 Child-staff ratios**

Table E2 provides the child-staff ratio per Member State and age group. This provides information about the maximum number of children per full-time member of staff present at the same time.

Lower child-staff ratios are found to be consistently supportive of child-staff interactions across different types of ECEC setting, and therefore – albeit indirectly – influence the quality of provision and the developmental outcomes of children.<sup>184</sup> Child-staff ratios differ significantly from one country to another and within countries, and they often differ according to the age of the children.

For the youngest children (ages 0-2) the ratios vary from 4:1 (i.e. four children per adult) (DE, EL, HU, FI, and even 3:1 for babies in NL) to 12:1 (ES) and even 14:1 (PT). Most EU Member States, however, limit the number of the youngest children per adult to no more than around 5:1 or 6:1, which seems reasonable.

Most Member States allow a slightly higher number of children per adult when toddlers aged 2-3 are concerned. The ratio varies from 4:1 (DE, HU) or 5:1 (FR, SE) to 16:1 (ES) or even 18:1 (PT). Most EU Member States limit the ratio to around 7:1 or 8:1.

In pre-school settings for children aged over 3, the ratio may be significantly higher and may even be more than 20:1 (BE, BG, ES, CY, LT, AT, PT).

These requirements are not always respected. For example, in Croatia, some studies showed that the child-staff ratio (for educators and other professionals) was 16.3:1 in childcare and 22.6:1 in pre-school settings in 2016. This means that the majority of children, both in childcare and pre-school settings, attend groups with a higher number of children than prescribed.<sup>185</sup> In Romania, the last report of the Ministry of Education shows for kindergarten (ages 3-5) an average ratio of 15:1, with 14:1 in urban areas and 17:1 in rural ones (2017/2018).

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<sup>184</sup> OECD (2020).

<sup>185</sup> Dobrotić, Matković and Menger (2018).

**Table E2: Child-staff ratio, number of children to number of staff members**

	Under age 1 (1)	Aged 1-2 (2)	Aged 2-3 (3)	Aged over 3 (4)
<b>BE</b>	8:1	8:1	8:1	18.5:1
<b>BG</b>	3-4:1 to 6-8:1	3-8:1 to 12-16:1	n/a	1-3:1 to 12-23:1
<b>CZ</b>	n/a	n/a	n/a	13:1 (estimate)
<b>DK</b>	3:1	3:1	n/a	6:1
<b>DE</b>	4.2:1	4.2:1	4.2:1	8.4:1
<b>EE</b>	7:1 (8:1 if extra children added to group)	7:1 (8:1 if extra children added to group)	7:1 (8:1 if extra children added to group)	10:1 (12:1 if extra children added to group)
<b>IE</b>	3:1	5:1	6:1	8:1
<b>EL</b>	4:1 (public centres – 12:3; private centres – 8:2)	4:1 (public centres –12:3; private centres – 8:2)	4:1 (public centres – 12:3; private centres – 8:2) 25:2 (aged over 2½)	25:2 (aged over 2½ – both in public and private centres)
<b>ES</b>	8:1	12-14:1	16-20:1	25:1
<b>FR</b>	5:1 (for children who do not walk) or 8:1 (children who walk)	5:1 (for children who do not walk) or 8:1 (children who walk)	5:1 (for children who do not walk) or 8:1 (children who walk)	8:1 (assuming they can all walk)
<b>HR</b>	5:1	8-12:1	12-14:1	14-25:1
<b>IT</b>	5-6:1	7-8:1	10:1	13:1
<b>CY</b>	6:1	6:1	16:1	24:1
<b>LV</b>	n/a	n/a	n/a	n/a
<b>LT</b>	6:1	10:1 (age 1-1½)	15:1 (age 1½-3)	20:1
<b>LU</b>	6:1	6:1	8:1	8-11:1
<b>HU</b>	4:1	4:1	4:1	8.33:1
<b>MT</b>	3:1	5:1	6:1	6:1 <sup>186</sup>
<b>NL</b>	3:1	5:1	8:1	8:1
<b>AT</b>	15:2	15:2		25:1.5
<b>PL</b>	8:1	8:1	8:1	8:1
<b>PT</b>	10:1	14:1	18:1	25:1
<b>RO</b>	4:1 (group of max. 7 children)	5:1 (group of max. 9 children)		6:1 (group of max. 9 children)
<b>SI</b>	n/a	7:1	n/a	9:1 (age 3) 12:1 (age 4+)
<b>SK</b>	n/a	n/a	10:1	15-20:1
<b>FI</b>	4:1	4:1		7:1
<b>SE</b>	5.2:1	5.2:1	5.2:1	5.2:1

<sup>186</sup> In respect of children aged 3, 14:1 maximum. If the class is assigned 13 or 14 children, a learning support assistant is also assigned. However, if a child in the class requires special assistance, the maximum ratio is reduced to 12:1. In respect of children aged 4, 19:1 maximum. However, if a child in the class requires special assistance the maximum ratio is reduced to 16:1.

## E2.2.2 Staff qualifications

There is a large international consensus that the level of qualifications is closely related to quality and children’s outcomes. Highly qualified staff result in a more stimulating environment and high-quality pedagogical practices, which boost children’s well-being and learning outcomes.<sup>187</sup> In countries with a split system, the qualifications of staff with the youngest children are much lower and less regulated.

**Table E3: Qualifications for staff working with the youngest children**

	Main qualification level	Name
<b>BE</b>	Secondary vocational	<i>Kinderbegeleider</i>
<b>BG</b>	Bachelor	<i>Detski uchitel</i>
<b>CZ</b>	Secondary vocational	<i>Pečující osoba</i>
<b>DK</b>	Bachelor	<i>Paedagog</i>
<b>DE</b>	Tertiary vocational <sup>188</sup>	<i>Erzieher</i>
<b>EE</b>	Secondary + 1 year	<i>Lapsehoidja</i>
<b>IE</b>	Post-secondary vocational	<i>Room leader</i>
<b>EL</b>	Master Post-secondary vocational	<i>Vrefonipiagogos</i> <i>Voithos vrefonipiagogou</i>
<b>ES</b>	Tertiary vocational	<i>Técnica superior en educación infantil</i>
<b>FR</b>	Secondary vocational	<i>CAP petite enfance</i>
<b>HR</b>	Bachelor/tertiary vocational	<i>Odgajatelj</i>
<b>IT</b>	Bachelor	<i>Educatore</i>
<b>CY</b>	Tertiary vocational	<i>Early childhood professional</i>
<b>LV</b>	Tertiary vocational or bachelor	<i>Pirmsskolas izglītības skolotājs</i>
<b>LT</b>	Bachelor	<i>Auklėtojas</i>
<b>LU</b>	Secondary +3 years, bachelor Secondary Tertiary vocational	<i>Instituteur, pédagogue social</i> <i>Educateur auxiliaire de vie</i>
<b>HU</b>	Bachelor	<i>Kisgyermeknevelő</i>
<b>MT</b>	Tertiary vocational diploma	<i>Childcare worker</i>
<b>NL</b>	Secondary vocational	<i>Pedagogisch medewerker (leidster)</i>
<b>AT</b>	Tertiary vocational	<i>Kindergartenpädagogin</i>
<b>PL</b>	Secondary vocational	<i>Opiekun dziecięcy</i>
<b>PT</b>	Bachelor	<i>Educador de infância</i>
<b>RO</b>	Tertiary education or secondary vocational	<i>Educatori puericultori and îngrijitor</i>
<b>SI</b>	Bachelor	<i>Vzgojitelj</i>
<b>SK</b>	Secondary vocational	<i>Sestra v jasliach</i>
<b>FI</b>	Bachelor/Secondary vocational	<i>Lastentarhanopettaja/lastenhoitaja</i>
<b>SE</b>	Bachelor/Secondary vocational	<i>Förskollärare/barnskötare</i>

Source: [www.seeapro.eu](http://www.seeapro.eu)

In Table E3, the main qualification level refers to the qualifications that are usually found in the staff working with children aged 0-3, according to the national experts of the EU-wide “systems of early education and professionalisation” (SEEPRO) project. This is not necessarily the required minimal level. It is for instance possible that there are no requirements but that many of the staff have a bachelor-level qualification. In most Member States, the designated qualification is not necessarily prevalent, as many “teachers” or “educators” are assisted by unqualified or less qualified assistants. As shown by an OECD study, a large number of staff in most OECD countries are under-qualified and may have working conditions that do not ensure high quality. As a result, high turnover

<sup>187</sup> OECD (2020).

<sup>188</sup> The classification of educator training at technical schools (where the vast majority of educators are still trained today) is controversial in Germany because it does not meet the requirements of academic training.

and staff shortages are prevalent in many countries.<sup>189</sup> It is generally assumed that a minimum of 50% staff with a bachelor-level qualification (ISCED 5 or 6) is necessary to expect positive learning outcomes for children.<sup>190</sup>

### **E2.3 Concluding remarks and implications for the selection of ECEC practices assessed during the second stage**

The mapping of ECEC policies and programmes which are currently being implemented in the 27 Member States documents the diversity of ECEC provision in the EU, in terms of: the extent that children from poor households are entitled to a place in childcare; the age of the entitlement; fee reductions; and the policy levels that regulate accessibility, affordability, and quality requirements. The degree of effort needed in the future to guarantee affordable, available, and high-quality ECEC to low-income children therefore differs substantially between Member States.

When selecting “good practices” (i.e. policies/programmes/projects for the second-stage in-depth assessment), we have therefore ensured that these include national provision of ECEC services which ensure high enrolment rates and a low inequality index in relation to their use (i.e. a successful approach combining accessibility and affordability through a combination of: entitlements at an early age; sufficient supply; and free or means-tested fees, possibly complemented with targeted programmes).

Because our mapping shows that, in many Member States, the level of accessibility and affordability are at least partially a local competence, rather than entirely at the central or federal level, we included examples of local provision in addition to the analysis of national approaches.

Furthermore, in view of the difficulties of reaching out to the most vulnerable children, we included programmes that are designed to reach out to and support Roma children in ECEC as examples of successful targeted provision.

## **Chapter E3: Overview of the in-depth assessed policies/programmes<sup>191</sup>**

### **E3.1 Universal entitlement: the case of Sweden<sup>192</sup>**

#### **E3.1.1 Accessibility**

ECEC in Sweden is a legal entitlement. Within four months of application to the municipality, each child (aged 1-5) should be offered a place in a pre-school facility. Only the place is guaranteed, not the particular facility. It should be noted that paid parental leave is comparatively generous in Sweden, and many mothers (or fathers) stay home with the child during the first year. According to statistics from the Swedish social insurance agency, parents use on average around 250 paid parental leave days during the child’s first year. The guarantee includes full-time attendance in a pre-school setting (i.e. the time needed to cover the work hours of the parents, including travel time). Children whose parents are on parental leave (or unemployed) are guaranteed a minimum of three hours in a pre-school setting per day, or 15 hours per week.

The municipalities are responsible for providing ECEC for children whose parents are registered and live in the municipality, within the regulations set out in the national frameworks. Many municipalities run their own ECEC services, often in combination with independent providers. Pre-school provision and related services are not targeted, but are

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<sup>189</sup> OECD (2019).

<sup>190</sup> Urban et al. (2011).

<sup>191</sup> See Annex 1.2 for summary country fiches.

<sup>192</sup> The information provided in this section draws extensively on Nelson (2020).

offered on a universal basis. There is thus no fixed number of available ECEC places. The opening hours are decided by the municipality but should match the work hours of the parents. However, municipalities are not required to offer pre-school provision during evenings, nights, weekends or major holidays. In 2016, around 70% of all municipalities provided pre-school facilities during odd hours.

Most children above age 1 go to a pre-school facility, and enrolment rates have increased during the last 10 years.<sup>193</sup> Around 90% of all children aged 2 attend a pre-school setting. Among children aged 3-5, attendance is above 90%. Around 2% of children aged 3-5 are in family day-care, instead of a pre-school facility. Children with an immigrant background (born outside Sweden or having two parents born outside Sweden) have slightly lower pre-school enrolment rates than native-born children. The enrolment rates of native-born children are 70 and 95% for those aged 1-2 and 3-5, respectively. Among children with an immigrant background, the corresponding percentages are 67 and 89. Close to one fifth of all children aged 3-5 who were not attending a pre-school setting were living in low-income households, defined as not being able to afford the most essential living costs. In comparison, only 8% of all children aged 3-5 were living in low-income households.

Other factors are also associated with non-participation in a pre-school setting. Non-participation is more common among children whose parents lack secondary education, and among children living in rented instead of owner-occupied dwellings. Many of the background factors are of course interrelated. People lacking adequate education often have lower income. People with lower income more often rent their dwelling, and so forth. The net effect of each background factor on non-participation is unclear.

From a comparative perspective, participation is quite high. Nonetheless, the Swedish National Agency of Education recently suggested that municipalities should take active steps towards increasing participation among vulnerable groups, for example by providing more tailored information about the rights of children to attend a pre-school facility.<sup>194</sup>

### **E3.1.2 Affordability**

Out-of-pocket pre-school expenses are based on household income up to a national maximum: SEK 1,478 (€151) per month for the first child, SEK 986 (€101) for the second child, and SEK 493 (€50) for the third child, in 2020. When the child is aged 3, fees are only paid on pre-school attendance exceeding 525 hours per year. Children with special needs may receive 15 free hours of pre-school provision per week. The fourth and subsequent children are free of charge. There is no fee at all if the household lacks income, and low-income households may not necessarily pay the maximum fee. All Swedish municipalities apply the maximum tariff, as they do for family day-care and the leisure-time centres. The open pre-school facility is often free of charge.

### **E3.1.3 Quality**

The Swedish ECEC is value-based. The main goals are to actively and consciously influence and stimulate children into eventually embracing the common values of the society and let them find expression in practical, everyday action in various contexts. It should also contribute to children developing an understanding of themselves and their environment, lay the foundations for children to understand what democracy is, and prepare them for continued education and lifelong learning.<sup>195</sup>

All pre-school settings need to have dedicated pre-school teachers (three and a half years' university programme). However, the law does not stipulate how many pre-school teachers

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<sup>193</sup> Skolverket (2000).

<sup>194</sup> Skolverket (2018).

<sup>195</sup> Skolverket (2000).

there need to be per unit, section, or child group. Nor do the recommendations issued by the National Agency for Education.

The child-staff ratio (full-time equivalent) was 5.2:1 in 2019. The similar ratio among staff with a university degree as pre-school teachers was 12:1. The child-staff ratios have been fairly stable in the last five years. In 2019, there were 101,243 full-time equivalent staff in Swedish pre-school settings. Less than half (39.5%) had a university degree as pre-school teachers. Slightly below 20% of the full-time equivalent staff had studied pre-school teaching (or something similar) at gymnasium (secondary education) but lacked a university degree.

The Swedish School Inspectorate (*Skolinspektionen*) is responsible for monitoring the performance of municipal pre-school facilities, municipal pre-school settings for children aged 6, and municipal family day-care. The municipality is responsible for monitoring the independent pre-school facilities. There is no national score sheet, nor are there any established quantitative criteria against which ECEC is evaluated.

### **E3.1.4 Conclusions**

Sweden has one of the highest enrolment rates in ECEC, combined with the lowest inequalities in enrolment, in the EU. This is due to universal provision, and low out-of-pocket costs. The combination of national guidelines (amongst others on the legal entitlements and maximum fees), and local (municipal) governance ensures reasonable adaptation to local needs, including childcare at odd hours. The national curriculum and the presence of highly qualified professionals (despite some shortages) ensure basic quality.

It should be noted that Sweden already began to expand ECEC in the 1970s, in parallel with a similar expansion of paid parental leave and the abolition of co-taxation. It is not necessarily the case that a similar expansion of ECEC would have the same effects on enrolment rates in other Member States. It is likely that the high enrolment rates in ECEC (70% of children aged 1-2, and over 90% of those aged 3-5) would require fundamental shifts in the overall system of work-family reconciliation policies, from a single-earner to a dual-earner model.<sup>196</sup>

## **E3.2 Local priorities in availability, quality and affordability: the case of Ghent**

### **E3.2.1 Accessibility**

Ghent is a city of around 260,000 inhabitants in Flanders (the Dutch-speaking community of Belgium). It is the three linguistic communities that are responsible for the organisation of ECEC in Belgium, not the federal state. Accessibility for children in poverty is problematic in Flanders. The total coverage rate in Flanders for children aged 0-3 is 45%, but affluent families use childcare around twice as much as families at the bottom end of the income gradient. There is a significant shortage of places (estimated to be over 7,000) and families in poverty, as well as families with a migrant background, are over-represented in the groups with unmet needs.<sup>197</sup> One of the complex reasons is that funded childcare, with means-tested parental fees, is more frequent in more affluent neighbourhoods.<sup>198</sup> On average, 30% of children in childcare are registered as being from “vulnerable” priority groups (meaning single parent, low income or foster children). Parents in poverty can obtain a reduction of their fee, yet this is attributed in less than 5% of childcare users.

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<sup>196</sup> Korpi (2000).

<sup>197</sup> Teppers et al. (2019).

<sup>198</sup> Van Lancker and Vandenbroeck (2019).

In Ghent, there are 4,500 childcare places, of which 1,300 are public (organised by the municipality). Taken together, the 4,500 places represent a coverage rate of just over 50% (compared with 45% for the rest of Flanders). This is partly achieved because the municipality funds 175 additional places that are not financed by the Flemish government. More importantly, the municipality deliberately embeds new places in areas with additional social needs. As a result, Ghent is one of the only cities where there is no negative relationship between average income and childcare coverage per neighbourhood.<sup>199</sup>

The municipality organises a centralised system where demand and supply are matched for all childcare centres, both public and private. The allocation model takes into account economic criteria (working), social criteria (such as unemployment, poverty), and mobility criteria. As a result, 42% of the population using childcare are vulnerable (meaning low income, unemployed, single parent or parents with a disability) compared with 30% in the rest of Flanders. 22% of the Ghent population is below the poverty threshold, defined as less than €11,500 per year, whereas this is the case for 32% of the childcare users. This means that although in Flanders vulnerable and poor families are underrepresented in childcare, this is not the case in Ghent.

### **E3.2.2 Affordability**

In Flanders, 3 out of 4 childcare places have means-tested fees. Somewhat less than 20% of families pay the minimal fee, and less than 5% pay less than the minimal fee. In Ghent this is significantly higher: 32% pay the minimal fee. In addition, when the welfare organisation of the municipality considers that there is sufficient reason to do so, parental fees may be waived. This happens for about 360 children per year.

### **E3.2.3 Quality**

In Flanders, there is a central system that monitors educational quality. After intensive observations and an interview, six dimensions are scored: well-being of the children; involvement of the children; emotional quality of interactions; educational quality of interactions; space; and interaction with parents and respect for diversity. One of the weaker points of quality in Flanders is the low staff qualification level (vocational level of secondary school) and the high child-staff ratio (nine children per adult). To compensate for this weakness, the municipality invests in pedagogical coaches (9.2 full-time equivalents) and funds additional staff to lower the child-staff ratio to 7:1. An in-depth case study showed that the investment in sustained professional development by these coaches may compensate for the lack of initial qualification.<sup>200</sup> In addition, the municipality decided that, from May 2021 on, 10% of staff should have a specific degree in early childhood education.

### **E3.2.4 Conclusions**

In a majority of EU Member States, national or regional regulations are subject to local (municipal) variations. The case of Ghent shows that accessibility and affordability, as well as quality, can be enhanced at the local level, even in a national context where there is a significant lack of places and there are inequalities in uptake. This can be realised by: a combination of long-term policies on where to fund new places (tackling geographical disparities); setting priorities in the matching of offer and demand (fair allocation of places balancing economic and social needs); adapting means-tested fees to individual needs; and avoiding bureaucratic thresholds. As a result, the population making use of childcare in Ghent is a correct representation of the overall population, and this is in contrast to what is happening elsewhere in Flanders.

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<sup>199</sup> Van Lancker and Vandenbroeck (2020).

<sup>200</sup> Vandenbroeck et al. (2016).

### **E3.3 Outreach to vulnerable groups: the cases of Slovenia and Bulgaria**

#### **E3.3.1 Accessibility and affordability**

One of the important barriers to the enrolment of children from poor families in ECEC is the lack of expertise among ECEC staff on poverty and diversity. This is a particular source of concern, as in many cases the most vulnerable children may not be reached by universal or targeted provision. This is especially true in the case of Roma children. In several Member States, however, projects have been running where Roma staff are hired and trained to reach out to Roma families and to bridge the gap between the families and the ECEC provision. In 2014-2015, a large-scale multi-arm RCT was implemented across 236 poor settlements across Bulgaria with the aim of improving full-day kindergarten participation by poor children, especially Roma and Turkish, funded by the World Bank.<sup>201</sup> Several conditions were tested: giving additional information about kindergarten only; ensuring free access only (affordability); giving food coupons with a value of BGN 7 or BGN 20; and various combinations of these. Enrolment in kindergarten was evaluated, as well as the impact on children's developmental outcomes (both cognitive and non-cognitive skills: emergent literacy, emergent numeracy, motor development, and socio-emotional skills). The project encouraged pre-school and kindergarten enrolment of 5,735 children from vulnerable groups.

The research found that removing the costs of kindergarten reduced the share of children aged 3-6 not registered in kindergarten by half – while also significantly increasing attendance by about 24%. Additional incentives (food coupons with a value of BGN 7 or BGN 20 monthly), conditional on attendance, had no clear impact on registration and attendance, suggesting that financial cost is a more important barrier than behavioural issues. Organising community meetings to provide information about the importance of kindergarten also did not affect participation in kindergarten, although it slightly improved parental perceptions of the benefit of kindergarten and raised parental aspirations for their children – especially girls. Overall, removing kindergarten costs was thus the most cost-effective strategy to increase kindergarten participation.

The short-term effects on children's academic skills (literacy, numeracy, motor tasks, and socio-emotional tasks) were mixed: slightly positive for Bulgarian children, while negative for Roma and Turkish children. The results after one year suggested that all children may not immediately have benefited from kindergarten, especially minority children who may need additional support to make a successful transition to, and benefit from, kindergarten exposure. Ethnicity was a disadvantage in its own right: the negative effect of providing free access to kindergarten was more pronounced for minority children who did not speak Bulgarian at home.

A follow-up study two years later, however, showed not only that the higher enrolment rates persisted, but also that the negative impact of kindergarten attendance on academic skills was reversed. Children at the greatest risk benefited most from kindergarten attendance, in terms of school readiness and academic skills.

Overall, these results call into question how minority children are treated in the kindergartens and to what extent it is difficult for them to adjust to a new and strange environment. The study also shows that additional support is needed for teachers working with the diversity in their class. This finding is consistent with research on Roma families in pre-school settings in other European areas, showing that egalitarian dialogue, trust, and confidence-based relations between families and provision are crucial.<sup>202</sup>

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<sup>201</sup> World Bank (2017), Bogdanov (2019).

<sup>202</sup> Khalfaoui et al. (2020).

It has been documented that such support for teachers and building trust with families is enhanced by Roma assistants. An interesting case in this vein is the “together for knowledge” project implemented in Slovenia since 2016.<sup>203</sup> A typical example of the project is the preparatory kindergarten in the Roma settlement of Kerimov Grm, which started 10 years ago, for children aged 2-5 without kindergarten experiences. The Roma assistants introduce an individual approach and daily assistance to Roma parents, preparing them for the transition to mainstream kindergarten. Although at the start of the project almost no Roma children enrolled in kindergarten, their enrolment rate now reaches 75%. The programme facilitates adaptation to the elementary school environment, overcoming language barriers and, in so doing, prevents early school-leaving, as well as overcoming prejudices and stereotypes. According to qualitative data from kindergarten teachers, the children now appreciate kindergarten better, are better socialised, and have fewer conflicts.

### **E3.3.2 Conclusions**

The experiences in Bulgaria and Slovenia illustrate that the availability of services does not always ensure equal enrolment, and that the most vulnerable children may need additional support, even in cases of universal access and means-tested fees. In situations of extreme poverty, as well as significant cultural gaps between families and schools, additional services are both needed and feasible. The Roma settlements present a particular interesting case in point. Targeted projects can succeed in increasing the enrolment of Roma children in mainstream provision by offering free ECEC and individualised support in the transition. Affordability (free ECEC) is more effective than conditional cash transfers. One cannot necessarily expect beneficial outcomes for children in the short term. It may take several years before these become obvious. In order to obtain sustainable results and a positive impact on children’s school readiness and developmental outcomes, it is important that teachers are supported to deal with diversity issues and that prejudice and stereotypes are actively addressed. Roma assistants therefore make a significant contribution, both in enhancing accessibility and in building trust and sustainable outcomes in the long term.

## **E3.4 Free ECEC: the cases of Vienna<sup>204</sup> and Latvia<sup>205</sup>**

### **E3.4.1 Accessibility**

Latvia and Austria both offer free ECEC: from age 1½ to 6 or 7 in Latvia, and from 0 to 6 in Vienna. Both Latvia and Austria are marked by a lack of available places (overall enrolment of less than 30% for those aged 0-2) and demand by far exceeds supply. It needs to be noticed that Vienna has the highest coverage in Austria, 44% for those aged 0-2. In Latvia low overall enrolment is combined with high inequality of enrolment (less than 10% of children aged 0-2 AROP, as against 28% of all children aged 0-2) and around 60% of those aged 3 and over (as against 83% of all children in the same age group); whereas this is not the case for Austria, where the level of enrolment of AROP children is almost equal to the overall enrolment rates. In Austria, responsibility for ECEC is generally located at the level of the federal provinces (*Bundesländer*) and the municipalities, with the result that different concrete models apply in different areas. Similarly, in Latvia, local authorities (municipalities) are responsible for the provision of equal access for children aged 1½ and over.

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<sup>203</sup> Stropnik (2020a).

<sup>204</sup> The information provided in this section draws extensively on Fink (2020a).

<sup>205</sup> The information provided in the section draws extensively on Kļāve (2020a).

### E3.4.2 Affordability

In public facilities run by the city of Vienna, parents do not have to provide private co-payments for half- or standard full-day ECEC. ECEC in private facilities gets co-financed by the city of Vienna according to the same cost rates which are applied to public facilities – a maximum of €268.55 for an “attendance contribution” (*Betreuungsbeitrag*) plus a maximum of €343.59 for a “basic contribution” (*Grundbeitrag*), per month. Out-of-pocket expenses for parents amount to anything between around €100 and €230 per month, including a fee for meals.

In Latvia, public (meaning municipal) ECEC is free. The insufficient number of available places results in waiting lists for public pre-school provision. Private provision is more easily accessible, yet it is not totally free; but local municipalities provide the same financing for children attending public and private childcare centres. The insufficient number of municipal places is estimated to be over 10,000 in Latvia (around 10% of all children). Parents in poverty cannot afford the fees that prevail in the private sector, hence the inequalities in overall enrolment. This is especially the case in urban areas, where the demand for ECEC is higher than in rural areas.

In Vienna, free public ECEC is combined with substantial public co-payments for children looked after in private childcare facilities, significantly reducing parental fees (*Modell beitragsfreier Kindergarten*).

### E3.4.3 Conclusions

Providing free childcare may solve the problem of affordability for children from poor families. However, it does not solve the problem of accessibility, especially when demand exceeds supply. In order to achieve equal enrolment opportunities, childcare needs to be available in diverse neighbourhoods. Where there are shortages, it is important to have clear priorities that balance economic functions (employment) and social functions (parent support, reduction of poverty).

## E3.5 Availability of ECEC in Poland<sup>206</sup>

### E3.5.1 Availability

The case of Poland illustrates the challenge in terms of ECEC availability, and the negative impact that policies may have on access by the youngest children to ECEC.

The first institutionalised access to ECEC in Poland was introduced in 1924, through legislation that obliged employers to provide ECEC facilities if they employed more than 100 women. In the 1950s, responsibility for organising ECEC was shifted to the Ministry of Health, which regulated requirements for the establishment of ECEC facilities.<sup>207</sup> The coverage of ECEC among the youngest children was very low. In 1989, only 4.4% of children aged under 3 were enrolled in nurseries.<sup>208</sup> After 1989, local government bodies (*gminy*) were made responsible for operating nurseries and kindergartens. Almost immediately, *gminy* began to experience a financial squeeze that resulted in cutting expenditure for ECEC. Between 1990 and 1997 expenditure for nurseries declined from 0.10 to 0.03% of GDP and the number of nurseries dropped by about two thirds. Additionally, *gminy* passed their higher operating costs on to parents in the form of higher charges, so that parents were covering around 30-40% of the total costs of the nurseries and kindergartens. In 2004, on EU accession, only 2% of children aged under 3 participated in formal childcare, and this share did not change until 2011.

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<sup>206</sup> The information provided in the section draws extensively on Chłoń-Domińczak (2020).

<sup>207</sup> Stolińska-Poborska (2012), quoted in Chłoń-Domińczak (2020).

<sup>208</sup> Balcerzak-Paradowska et al. (2003), quoted in Chłoń-Domińczak (2020).

In 2011, new legislation on childcare was passed, marking a change in ECEC policy and delivery in Poland. Following the Act of 4 February 2011 on Childcare Services for Children, ECEC coverage for children aged 0-3 has been increasing (in 2019, it attained 10.2%).

The coverage of ECEC in Poland in recent years has been increasing quickly, though it is still below the EU average. But there are several factors that contribute to these positive developments which could be of interest for other countries. These include the following.

- Regular evaluation of the implementation of the Act, which leads to the adjustment of the legislation (extension of the catalogue of entities that may create care institutions, adaptation of requirements for the establishment of ECEC facilities).
- Increases in funding, notably via the “toddler+” programme, which meets the demand for funding both from public and non-public institutions that want to establish an ECEC facility (see Annex 1 for a detailed description of this programme). Institutions located in areas with a higher risk of unemployment and the worst economic situation receive preference. Between 2011 and 2019, the toddler+ programme contributed to the development of 56,600 places in ECEC. In 2019, 13,000 ECEC places were created and 60,400 children had their ECEC co-financed from the programme. According to the government report on the implementation of the 2011 Act,<sup>209</sup> the places that were co-funded by the toddler+ programme constituted 40% of all ECEC places created in the period 2011-2019.

In terms of targeting, local governments have to introduce preferential rules for children from disadvantaged backgrounds and for children with disabilities (i.e. easier access to ECEC facilities, reduced-cost or free ECEC provision).

A particularity of this programme is the funding of public (local government) and non-public institutions. These include: natural persons (including employers and entities cooperating with employers), legal persons and organisational units without legal personality (including universities and entities cooperating with them). The focus on deprived and rural areas was also key. Data from Statistics Poland indicate that the growth in the increase in the participation in ECEC was larger in rural areas than in urban areas.

The Polish in-depth assessment also illustrates how EU funds can have a strategic role in increasing the supply of ECEC (See Annex 1 for a detailed description of the regional programme in the Polish Kujawsko-Pomorskie *voivodship*). The funds were used in 134 projects which were assessed, including projects focusing on:

- investment in social infrastructure (seven projects);
- supporting employment of carers who return to the labour market (81 projects); and
- development of ECEC services for children below age 3 (19 projects).

Within the projects that were subject to evaluation, 1,080 ECEC places were created and 1,929 parents (carers) received support for the participation of their children in ECEC.

### **E3.5.2 Conclusions**

The example of the development of ECEC in Poland shows that the proper combination of the regulatory framework and financing can lead to a rapid increase in ECEC availability. The legislation should ensure (on the one hand) the flexibility that reduces the initial costs of establishing an ECEC institution and (on the other hand) the necessary conditions to maintain the quality standards of ECEC.

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<sup>209</sup> Quoted in Chłoń-Domińczak (2020).

## Chapter E4: Key learning of the assessments and main recommendations

### E4.1 Participation of children in general, and low-income children in particular, in the different types of policies/programmes

Universal access combined with a legal entitlement from the end of parental leave to the start of compulsory schooling is without doubt the most effective policy to ensure accessible ECEC for all children, including children from poor families and other vulnerable groups. In addition, free ECEC for children in poverty is important to ensure the affordability of ECEC. Consequently, such an approach is not stigmatising and has the advantage of serving a mixed population and therefore also potentially fostering social inclusion and cohesion. An overview of the use of ECEC, especially for the youngest children (aged 0-3), as well as the Swedish case, illustrates the effectiveness of universal provision. Independent research also confirms that countries with high levels of overall enrolment and legal entitlements also enable access for children from poor families.<sup>210</sup>

However, universal entitlements may not suffice. Even in the case of Sweden, for instance, enrolment is not entirely equal. Enrolment rates of native-born Swedes are 70% for children aged 1-2 and 95% for those aged 3-5, compared with 67% and 89% for children with an immigrant background. In addition, providing a funded place, adapted to the needs of each family, comes at a substantial economic price, especially if one wishes to ensure high quality in all provision and avoid reverse targeting.

A thorough cost-benefit comparison between Norway and the Netherlands<sup>211</sup> suggests that universal systems may generate medium quality, while targeted systems may more easily achieve the highest levels of quality that make the difference for the developmental outcomes of children in vulnerable situations. In other words, targeting access and quality may yield a higher return on investment. However, that also comes at a price: segregation and stigmatisation. Therefore, the authors advise seeking either universalism within targeting or targeting within universalism. The latter means that additional services for needy families are embedded *within* universal provision, avoiding stigmatisation. The former means, for instance, that provision is open to all families within a certain geographical area where there are higher levels of poverty. The Ghent policy may be considered as a case in point.

Most Member States need to deal with a lack of available places, combined with geographical inequalities, making ECEC more accessible for families at the higher end of the socio-economic scale. Unequal enrolment becomes even more problematic when waiting lists are combined with priorities for working parents (or for dual-income families) and when enrolment is conditioned by more administrative regulations. The cases of Ghent and Vienna illustrate that local government can make a difference in such situations. A voluntarist policy about where to locate additional ECEC and on how to manage the matching of supply and demand, in ways that achieve a balance between economic and social needs, can ensure more equal take-up. The downside of such a policy, designed to distribute scarcity equally, is that it is more difficult to gather social and political support. When more places are provided to poor parents in contexts of scarcity, this inevitably means that some dual-income families will not be served, and these families are often more able to advocate for a policy change.

In all cases, additional measures are needed in order to reach the poorest of the poor, those who need public services most. The experiments in Roma settlements can be considered as a case in point of targeting within universal systems. These examples, as well as the Ghent case, have shown that free ECEC and transitional spaces can increase

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<sup>210</sup> Van Lancker and Ghysels (2016).

<sup>211</sup> Leseman and Slot (2020).

enrolment in mainstream provision in sustainable ways, provided that at the same time investment is made in professional development and support for staff to work with these very vulnerable families. Assistants recruited from the target groups can be of significant help for the outreach that is necessary to realise such a targeting within universalism. It is well known that poverty is a multi-layered, “wicked” issue, which calls for joined-up working, combining attention to non-material needs (parent support, education) as well as material needs (nutrition, housing).<sup>212</sup> Lithuania provides an interesting case for evaluating to what extent central and local municipalities can stimulate community-based networking that includes day-care for families in poverty. It is, however, too early to do so. A quasi-experimental study in England showed that the integration of services, including day-care and health services as well as services for parents (i.e. employment, housing) in “sure start” children’s homes (SSCHs), has proven to have substantial impact both on children’s outcomes and on poverty.<sup>213</sup> The model has also been implemented in Hungary for disadvantaged children (including Roma), funded by the ESF and the Norwegian Fund. Despite the important structural and governance challenges of the project, they have confirmed the positive outcomes (on enrolment, social skills of children, parental competences, and parent-staff communication).<sup>214</sup>

Special care will be needed when implementing targeted systems, be it within universal systems or not. Targeting of resources needs to involve the fewest possible administrative measures. In the case of Ghent, several central measures of positive action have been countered by local changes in regulations, because the central regulations are too complex for vulnerable families to fulfil.

A lack of available places in the neighbourhoods where families in poverty live is still one of the main barriers to access.<sup>215</sup> The cases of Latvia or Vienna show that free childcare is an interesting policy, but also that it does not lead to enrolment of children in poverty when there is a lack of availability and when there are long waiting lists. Obviously free childcare places contribute to affordability, but they should be accompanied by targeted priorities that also enhance accessibility. The case of the toddler+ programme in Poland illustrates how a specific programme can be used to increase availability, particularly in rural or economically disfavoured areas.

Poverty in general and child poverty in particular is a wicked multi-layered problem<sup>216</sup> and lack of enrolment of children in poverty may also be caused by problems that reside outside of ECEC. In order to increase uptake by children in poverty, it may be necessary to network closely with other welfare organisations, housing organisations, employment offices, and other public or NGO-run services that address the needs of families in poverty, including material needs. It may also require networking with specialised staff (such as speech and other therapists, specialists in post-traumatic stress) to provide institutional support and capacity development.<sup>217</sup>

Finally, it needs to be noted that there is often a lack of available data, especially in the younger age group, that would enable enrolment rates for children to be disaggregated along different criteria, including levels of poverty and ethnicity. It is advisable that enrolment is more closely monitored and documented to make it possible to evaluate policies and assess “what works”.

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<sup>212</sup> Roets et al. (2016).

<sup>213</sup> Melhuish et al. (2008).

<sup>214</sup> Albert (2019).

<sup>215</sup> KJave (2020a).

<sup>216</sup> Roets et al. (2016).

<sup>217</sup> Antonowicz (2018).

## **E4.2 Benefits for children, their families, and society**

As explained in Chapter E1, most studies concur that high-quality ECEC has a positive impact on school readiness, on cognitive and social skills, and on executive functions. Mid-term and long-term impacts include long-lasting effects on educational careers.

Among the provisions assessed in depth, several studies confirm these positive effects.

The Swedish Public Health Agency and the Centre for Epidemiology and Community Medicine in Stockholm performed a systematic review of the health outcomes of children in Swedish pre-school settings.<sup>218</sup> Many of the studies in the review were using natural experiments. The review shows that children enrolled in pre-school facilities perform better in language and mathematics. They also have better psycho-social health and attract fewer infectious diseases. As adults, they tend to have higher educational attainment and higher income than children who did not attend pre-school facilities. The pedagogical qualifications of staff (university degree as pre-school teacher), skills development, and established routines for the transition from pre-school facilities to the primary school system, were factors that contributed positively to the cognitive abilities and psycho-social health of children (whereas the child-staff ratio itself was less important).

In Latvia, free ECEC is seen as one of the most important prerequisites for meeting one of the basic rights of child defined by the Law on the Protection of Rights of the Child (i.e. the state guarantees equal rights and possibilities for all children to acquire an education appropriate to their abilities).<sup>219</sup> The first aim of ECEC is to ensure equal opportunities for all children to receive good-quality pre-school education, and to prepare them for starting school according to a unified education programme, which, in turn, makes it possible to ensure the continuity of sequential levels of education. The indirect support for low-income families with children is also highlighted by the national expert.<sup>220</sup> In practice, providing free pre-school care and education for children from poor and disadvantaged social and economic backgrounds is an opportunity for them to develop in a safe and child-friendly environment and to receive three healthy and balanced meals each day. Finally, the economic benefit of free provision for parents and society in terms of labour participation is also important (pre-school educational institutions are open for 12 months a year, five days a week and 12 hours a day – on average from 7:00 in the morning to 18:00 in the evening or even later). Parents are therefore able to meet the financial needs for the upbringing and development of children.

For children from minority communities, such as Roma, the study in Bulgaria showed that the effects of ECEC on children's academic skills can be mixed in the short term but reversed after two years. Such children may not immediately benefit from kindergarten and may need additional support to make a successful transition to, and benefit from, kindergarten exposure. This shows that in situations of extreme poverty as well as significant cultural gaps between families and pre-school provision, additional services are both needed and feasible. Roma assistants in Slovenia provide an example of efficient support.

## **E4.3 Key conditions for realising the benefits for low-income children**

The crucial elements of ECEC provision that may lead to high enrolment and low inequalities, as in the case of Sweden, are: availability; low net out-of-pocket costs/ free provision for the poorest children; national guidelines on legal entitlements and maximum fees, among other things; and local (municipal) governance that ensures a reasonable degree of adaptation to local needs.

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<sup>218</sup> Swedish Public Health Agency and Center for Epidemiology and Community Medicine in Stockholm (2017).

<sup>219</sup> K|ave (2020a).

<sup>220</sup> K|ave (2020a).

The quality of provision is also crucial for ensuring that the poorest children get benefits from ECEC attendance.

As shown in the case of Latvia, providing free childcare may solve the problem of affordability for children from poor families. However, it does not solve the problem of accessibility, especially when demand exceeds supply. In order to achieve equal enrolment opportunities, childcare needs to be available in diverse neighbourhoods.

In addition, the importance of local governance is illustrated by the case of the municipality of Ghent, which compensates for inequalities in the central governance with additional local measures.

The experiences in Bulgaria and Slovenia illustrate that the availability of services does not always ensure equal enrolment by children from minority groups, and that the most vulnerable children may need additional support and adaptation to fully profit from the benefits of ECEC. Once adequate adaptation and support are provided, these children can benefit from ECEC. For example, the Slovenian programme has, among others, the following benefits.

- Early inclusion of Roma children in good-quality pre-school programmes in their environment, as a preparation for their later inclusion in a regular kindergarten and then schools – enabling them to acquire basic skills and knowledge, with particular emphasis on learning Slovenian and mother tongue, as well as encouraging both their socialisation in an educational institution and their emotional development.
- A reduction of the deficits in the field of linguistic, social, and emotional development, which subsequently affects the children's holistic development and their success in further education.
- An increase in confidence on the part of both Roma children and parents in ECEC and educational activities and, in this process, parents benefiting from professional assistance in the field of childrearing and building up family relationships.

A key condition of success highlighted by the national expert is the involvement of the project team, characterised by: (a) many years of continuous direct engagement in fieldwork (i.e. work in Roma settlements) with the Roma communities; and (b) enhanced ways of working, grounded in the needs and interests of these communities. In this way, the project team has gained the communities' trust, which is key to the success of the project activities.

#### **E4.4 Quality of the provision**

Quality is not a univocal concept. What we consider as quality ultimately depends on what we believe early childhood education is for. Some countries traditionally focus more on ECEC as a preparation for compulsory schooling than others and may therefore value cognitive developmental outcomes more. Others would value a more holistic perspective and cherish socio-emotional skills; and still others may be more value-oriented and therefore less inclined to measure outcomes.<sup>221</sup> Some scholars<sup>222</sup> have argued for dropping the concept of quality as an overarching consensual term, while others<sup>223</sup> are more cautious and warn us that instruments to measure quality may be more culturally specific than is generally assumed.

When it comes to the impact of quality on the developmental outcomes of children in poverty, there is a general consensus that what matters most is process quality: the interactions between adults and children and how these interactions also foster child-child interactions, as these are salient predictors of children's outcomes<sup>224</sup> and of significant

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<sup>221</sup> Bennett (2005), Prammling-Samuelson (2006).

<sup>222</sup> Dahlberg et al. (1999).

<sup>223</sup> Pastori and Pagani (2017).

<sup>224</sup> La Paro and Pianta (2000).

skills such as self-regulation.<sup>225</sup> There also is a general consensus on what matters in process quality: emotionally supportive and sensitive interactions on the one side; and educational and developmentally supportive and challenging interactions on the other side, sometimes labelled more specifically as language and reasoning or learning activities.<sup>226</sup> In sum, there is agreement that the focus of process quality is on adult-child interactions, and that in these interactions both emotional and educational dimensions matter, albeit that they may be framed in different conceptual wordings, according to the measurement instruments that are used.

In-depth measurements of process quality seem to concur that the quality of emotionally supportive interactions ranges from medium to good, while the quality of educationally supportive interactions may sometimes range significantly lower<sup>227</sup> – often below the level needed to ensure the looked-for benefits. This indicates that it is important to look at what may influence the educational quality of ECEC, in particular, without necessarily evolving towards a “schoolification” of ECEC<sup>228</sup> if we want children in vulnerable situations to develop their full potential. We therefore need to look at structural quality dimensions. There is no simple causal relation between single structural quality variables and process quality,<sup>229</sup> but taken together we know that staff qualifications and processes of professional development, the curriculum, and the child-staff ratio all matter.

It is well documented that higher staff qualifications are associated with higher educational quality and with better child outcomes.<sup>230</sup> It is generally recommended that at least 50% of staff should have a bachelor’s degree in early childhood education. However professional development is equally important and may even compensate for a lack of pre-service training, provided it is intensive, sustained, and accompanied by coaching in the workplace.<sup>231</sup> Short-term training may disseminate information, yet hardly affect adult-child interactions or children’s outcomes.

Regarding the curriculum, a balance is needed between child-initiated and adult-initiated activities. Curricula need to adopt a holistic “educare” perspective, not distinguishing learning from care, but rather integrating both. This does not mean that we need pre-programmed curricula that reduce the teacher to a technician, as the reflective skills of the teacher are crucial. But the curricula need to advise about areas of experience that matter, and make teachers aware of their important educational function, including during caring tasks.<sup>232</sup>

Fostering sensitive, emotionally supportive, as well as educationally challenging, interactions obviously calls for limited group sizes and decent child-staff ratios.<sup>233</sup> It is generally accepted that, when working with the youngest children, not more than five or six children per adult is reasonable, as most EU Member States do. When working with toddlers, these numbers may be slightly higher. For family day-care, the numbers of children per adult should be lower than for centre-based childcare, as family day-care providers have to combine their attention to the children with household activities, and

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<sup>225</sup> Cadima et al. (2016).

<sup>226</sup> Vandenbroeck, Hulpia and Slot (in press).

<sup>227</sup> See for instance Barros et al. (2016) in Portugal, Vandenbroeck et al. (2016) in Belgium, Slot et al. (2020) in The Netherlands, Jamison et al. (2014) in the US.

<sup>228</sup> Hjort (2006).

<sup>229</sup> Slot et al. (2016).

<sup>230</sup> Early et al. (2007), Fukkink and Lont (2007), Urban et al. (2011).

<sup>231</sup> Peleman et al. (2018).

<sup>232</sup> Leseman and Slot (2014), Van Laere et al. (2012).

<sup>233</sup> For children in vulnerable situations, this ratio is even more crucial, as is the ability of relevant staff (mainstream or specialised) to tackle special needs within inclusive or pedagogical settings. This has obviously some important cost implications in terms of staff management and staff training. See, as an example, the “access and inclusion odel” reform in Ireland ([here](#)) aimed at enhancing the inclusiveness of ECEC for including children with disabilities by investing *inter alia* in hiring more staff in order to modify these ratios.

studies have shown that the quality of interaction there significantly drops when there are more children present.<sup>234</sup>

Quality is a systemic feature, also including inter-agency quality<sup>235</sup> and the quality of the interactions may also be influenced by the networking of the staff with adjacent fields (welfare organisations), as well as with diverse specialists that may foster capacity-building. In order to secure needs-based networking, time also needs to be allocated to meetings and discussion.

#### **E4.5 Source(s) of funding**

Member States and local authorities differ significantly in how funding is organised. They differ according to the governmental level that provides funds (national, regional and/or local) as well as to the degree to which the funding is given to providers (supply-side funding) or to users (demand-side funding). It is sometimes argued that demand-side funding can work as an incentive to increase quality through competition between providers to attract the funding of the “clients” and that it may also increase the supply where demands exceed supply. These assumptions, however, have been refuted by empirical research in many regions.<sup>236</sup> In Finland, the home care allowance, financing parents who do not make use of childcare, has led to increasing inequality in take-up of ECEC. In the Netherlands, the shift from supply-side funding to demand-side funding (among others through tax systems) has initially yielded higher geographical inequalities in available childcare places<sup>237</sup> and lower quality. Only after significant additional supply-side funding has the quality again increased,<sup>238</sup> yet in the meantime commercial corporations, funded by private equity funds, have used demand-side funding to obtain a substantial part of the Dutch “childcare market” and appear to deliver lower-quality services.<sup>239</sup> In France, the shift from supply-side funding (*prestation de service unique*) to demand-side funding in specific crèches (*CMG de la Paje*)<sup>240</sup> puts the working conditions of the professionals, as well as their levels of qualification, under pressure, as these may form a hindrance for commercial operators seeking to yield returns on their investment. It also occurs outside of Europe. In Canada<sup>241</sup> and California,<sup>242</sup> studies showed that the introduction of voucher systems increased inequalities in enrolment. In Hong Kong, the shift from supply-side to demand-side funding has been accompanied by an increase in inequality in enrolment and, as a result of public contestation, the kindergarten education scheme decided to re-orient public funding to the supply side.<sup>243</sup>

Geographical inequalities in enrolment often reflect variations in cost and financing practices across the country. Central regulations and funding mechanisms are necessary to avoid such regional imbalances and inequities. When costs and funding are left to the regions or municipalities, this may mean that poorer areas also have fewer means to invest in ECEC, while solidarity needs to be played out on a larger scale. A comparison of funding mechanisms in Croatia, Slovenia, Austria, and Germany – all countries with a decentralised system of ECEC governance<sup>244</sup> – shows that the lack of coherence between central and local governance and financing is one of the main reasons for the geographical inequalities and low enrolment in Croatia. The study shows the importance of coherence between the central (national) framework and the devolved implementation. Local governance can

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<sup>234</sup> Vandenbroeck et al. (in press).

<sup>235</sup> Urban et al. (2011).

<sup>236</sup> Vandenbroeck (2020).

<sup>237</sup> Noailly et al. (2007).

<sup>238</sup> Slot et al. (2020).

<sup>239</sup> Van der Werf et al. (2020).

<sup>240</sup> Haut Conseil de la famille, de l'enfance et de l'âge (2018).

<sup>241</sup> Cleveland et al. (2007).

<sup>242</sup> Whitebook et al. (2007).

<sup>243</sup> Yuen and Lam (2017), Yuen (2018).

<sup>244</sup> Matković et al. (2020).

ensure that local variations in needs can be taken into account, while a strong central framework is needed to ensure the necessary financial input as well as coherent quality standards. This is for instance the case in Sweden, where the municipality is responsible to ensure the entitlement to a childcare place but needs to operate within a strong value-based central framework and taxation system. In addition, the importance of local governance is illustrated by the case of the municipality of Ghent, which compensates for inequalities in the central governance.

In sum, a strong framework including structural quality standards (i.e. qualifications, child-staff ratio) and a curriculum is important to avoid children in poorer regions or neighbourhoods enrolling in lower-quality provision. Within such a framework it should be possible to have local variations to serve local needs (such as, for instance, serving ethnic minority communities). Central structural quality standards entail that national and regional governments should co-finance investment in ECEC in order to reduce geographical differences in ECEC provision and increase the inclusion of children in vulnerable situations.

In terms of sources of funding, the role of EU funds can be instrumental to support the development of experimental initiatives, on condition that national funding can ensure the sustainability of efficient projects in the long term. EU funds currently support vulnerable families in many Member States via provision of vouchers. In-depth assessment of the impact of this provision is needed as, depending on the context and the market, provision of vouchers (demand-side funding) may have many drawbacks, as explained above. The use of EU funds to increase availability of places in the case of the Polish region of Kujawsko-Pomorskie *voivodship* illustrates how EU funds can support the supply side.

#### **E4.6 Monitoring**

Monitoring is an essential part of an ECEC system that addresses the issue of poverty. An extensive literature study on monitoring of ECEC on behalf of the OECD<sup>245</sup> and the subsequent OECD *Starting Strong* report<sup>246</sup> conclude that the process of monitoring itself is one of the more salient ways to increase quality. There is, however, some debate as to what to monitor to ensure accessibility, affordability, and quality.

As far as accessibility is concerned, an EU target for guaranteeing that all children in poverty have access to high-quality ECEC should be agreed upon. A series of indicators can help to monitor the progress that Member States make in achieving this goal. The targets set in Barcelona in 2002<sup>247</sup> and regularly monitored<sup>248</sup> do not suffice as they focus on the average enrolment of children below and above age 3, without breaking down the numbers according to income or vulnerability. Specific indicators of enrolment rates below and above age 3 are needed for children from AROP families.

The literature is less conclusive on using data on children's outcomes as indicators of quality, as outcomes may be influenced by many other criteria; data may be less valid as development tends to fluctuate significantly in young children; there is little consensus on valid methodologies; and provision may educate "to the test", somewhat ignoring the cultural variations in what matters, which may lead to a democratic deficit.<sup>249</sup>

There is a consensus that parental satisfaction is not a valid way to monitor quality. As many studies have shown, parents' opinions about quality and their satisfaction levels do

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<sup>245</sup> Litjens (2014).

<sup>246</sup> OECD (2015).

<sup>247</sup> European Council (2002).

<sup>248</sup> European Commission (2013).

<sup>249</sup> See for instance Moss et al. (2016) for this critique.

not relate to objective measures of quality, as the essence of process quality happens when they are not present.<sup>250</sup>

Scholars in diverse Member States have argued that any monitoring system needs to be transparent and democratic.<sup>251</sup> This means that the different stakeholders have been included in deciding what there is to monitor and have access to how the monitoring is done, what the results are, and how these are put to use. It is also therefore important to evaluate (or monitor) the monitoring system.

The EQF decided by the European Commission presents a sound basis to define what we assume to be the crucial quality dimensions: accessibility, staff, curriculum, monitoring, and governance.<sup>252</sup> The EQF is, in turn, the basis for a series of 21 quality indicators that enable Member States to monitor their ECEC policies.<sup>253</sup> We take this framework as a starting point and comment on the indicators that directly or indirectly form the conditions for realising the process quality that makes a difference for children in vulnerable situations (Table E4). Quality criteria that are particularly relevant for children in poverty are added to the EQF. Indeed, some quality criteria are particularly salient for these children: the provision of material support (such as free meals and bathing facilities); networking with other social services (such as welfare organisations, social housing, employment); and experience to reach out to vulnerable families.

As regards affordability, the net childcare cost (NCC) for distinct groups of children in vulnerable situations should be computed. The NCC computed by OECD for different household types of working parents should be complemented by computations for non-working parents in different socio-economic situations.

**Table E4: Monitoring of accessibility, affordability, and quality of ECEC**

Criteria	Sub-criteria	Indicator
Accessibility	Availability	The percentage of children AROP aged under 3 who have publicly funded subsidised access to ECEC
	Availability	The percentage of children AROP aged between 3 and compulsory school age who have publicly funded subsidised access to ECEC
	Affordability	The percentage of children AROP aged under 3 who have access to free ECEC
	Affordability	The percentage of children AROP aged over 3 who have access to free ECEC
	Affordability	NCC for distinct groups of children in vulnerable situations aged under 3: minimum-income earners, single parents, recent migrants
	Affordability	NCC for distinct groups of children in vulnerable situations aged over 3: minimum-income earners, single parents, recent migrants
	Equality	Attendance rates for distinct groups of children in vulnerable situations aged under 3: single parents, recent migrants, children with disabilities, Roma
	Equality	Attendance rates for distinct groups of children in vulnerable situations aged over 3: single parents, recent migrants, children with disabilities, Roma

<sup>250</sup> Mocan (2007), Janssen et al. (2021).

<sup>251</sup> Musatti (2012), OECD (2015).

<sup>252</sup> European Commission (2014).

<sup>253</sup> European Commission (2018a, b).

	Equality	The difference in attendance rates between the highest income percentiles and the lowest income percentile for children aged under 3
	Equality	The difference in attendance rates between the highest income percentiles and the lowest income percentile for children aged over 3
Staff	Staff qualifications	The percentage of staff working directly with children who have completed professional education relevant to their role in an ECEC setting
	Staff qualifications	The percentage of staff working directly with children with tertiary education
	Staff experience	The percentage of staff working directly with children who have experience in working with children in poverty and/or working with specific ethnic groups
	Internship	The percentage of qualified staff working directly with children who have received at least three months' relevant working experience as part of their initial training programme
	Induction	The percentage of staff who received formal support for at least their first six months at work
	Working conditions	The numbers of child-free hours that the staff have for observations, reflection, planning, teamwork, and cooperation with parents
	Working conditions	The opportunities the staff have for team meetings and coaching in the workplace
	Working conditions	The average salary of ECEC staff employed in the public sector (with similar qualifications to primary school teachers) as a percentage of the average salary of a primary school teacher
	Leadership	The percentage of ECEC leaders working in an ECEC setting who have completed leadership training or have a recognised, relevant leadership qualification
	Children per adult	The average ratio of children to all staff working directly with children
	Children per adult	The average ratio of children to professionally trained staff working directly with children
Curriculum	Clear guidelines	There is an official, approved or mandatory curriculum for ECEC in the entire territory
	Clear guidelines	The percentage of settings whose work with children is based on an ECEC curriculum framework
	A reflective curriculum	The curriculum or other guiding documents requires staff to collaborate with children, colleagues, and parents and to reflect on their own practice
	A reflective curriculum	The curriculum or other guiding documents requires staff to use feedback from children, parents, and colleagues to systematically improve their practice
Monitoring	Monitoring that supports continuing improvements	<p>Monitoring and evaluating produces information at the relevant local, regional, and/or national level to support continuing improvements in the quality of policy and practice.</p> <p>The percentage of ECEC settings which use administrative and pedagogic data to improve the quality of their provision.</p>

	Transparency	Information on the quality of the ECEC system publicly available
	Participation	Monitoring and evaluation in the best interest of the child and involving all stakeholders
Networking	Collaboration	A formal set of arrangements enables parents and partner organisations to work with ECEC settings
Material support	Meals	The percentage of settings that provide free meals to children in poverty
	Hygiene	The percentage of settings that provide the infrastructure for hygiene (including bathing or showering)

## Chapter E5: Main recommendations and conclusion

### E5.1 The right to ECEC

Access to high-quality ECEC should be an entitlement for every child. An entitlement does not necessarily mean an obligation, as parents should have the freedom to have a say in what they judge the best interest of their child before the age of compulsory school. In those Member States where ECEC is an entitlement *and* is universally available (e.g. Sweden or Denmark), not only is the overall enrolment higher than average, but the enrolment of children from poor families is also high and inequalities are far below average. Legal entitlements from the end of parental leave to the start of compulsory schooling for the entire pre-school population tend to yield more general public support than targeted entitlements – when the availability is universal to ensure the correct implementation of this entitlement – despite the substantial investment that may be needed to realise the coverage that is necessary to ensure this right.

### E5.2 Free ECEC for low-income children

Costs are one of the main barriers to accessing high-quality ECEC for children from poor families. For these children, free ECEC would substantially lower the thresholds. In several countries, pre-school facilities are free of charge from age 3, as it is considered to be part of the right to education. It seems at odds with current knowledge about the importance of early entry into ECEC that childcare for children aged 0-2 would not be free. Where free ECEC is not possible (or not feasible in a foreseeable future), means-tested parental fees may be an intermediate solution, as they are for instance in the case in Ghent. However, in that case too, parental fees should be waived for AROP children, as every parental contribution (however modest) is a barrier for the most vulnerable families. In the case of waived or reduced parental fees for some categories of children, one needs to be aware of the administrative procedures to obtain such a right (e.g. providing proof of low income or household composition) and how these may form another barrier for the most vulnerable (through stigmatisation). One should also note that even free ECEC may entail significant indirect costs for some families (such as transport, meals or clothing). It may therefore be necessary to reach out to those families (see Section E5.9) and to network with other welfare organisations (see Section E5.10).

### E5.3 Address geographical disparities

As was shown in the cases of Latvia, Vienna, and other cases, free or means-tested ECEC cannot ensure equal enrolment, when demand exceeds supply. In a majority of Member States, increasing the enrolment of children from poor families will first and foremost mean increasing the infrastructure and the number of available places for all children, especially for the youngest children. The paucity of childcare is most often unequally distributed. This may mean that rural areas have less provision than urban areas, and in urban areas it often means that poorer neighbourhoods have less high-quality childcare places than

neighbourhoods with higher-income families. A voluntarist policy on where to build new places, balancing economic and social needs, is necessary.

#### **E5.4 Comprehensive pre-school policies**

The distinction between childcare (of the youngest children, mostly up to age 3) and pre-school settings (for children up to compulsory schooling, often above age 3) usually results in discrimination against the youngest children. There are fewer places; staff have lower qualifications and poorer working conditions (i.e. salaries or opportunities for continuous professional development); and there is less funding. In addition, the separation of care and education into two distinct systems often means a lack of education for the youngest children and a lack of care for older children.

It also means an additional transition (from childcare to pre-school settings) between two systems with different cultures. Such a transition creates an extra risk of school failure, especially for children from families who are less familiar with these institutional cultures. Whether the pre-school period is institutionally and governmentally integrated or not, there needs to be a comprehensive policy and a similar pedagogy for the entire age range from birth to compulsory schooling.

#### **E5.5 Coherent policies (at different levels)**

Policies need to be coherent along different governance levels: national, regional, and local. In most EU Member States, part of the ECEC policy is devolved to local or regional levels (municipalities, regions, Länder, provinces). Policy domains that are devolved may or may not include financing, infrastructure, parental fees, structural quality criteria, monitoring, and other domains. It is important that clear guidelines on structural quality and financing (including funding and out-of-pocket expenses for parents) are set at the national level, to avoid inequalities in conditions for children, depending on where they are born. Funding on a larger scale also organises the solidarity between richer and poorer regions, avoiding a situation where municipalities with a higher prevalence of low-income families lack the means to serve families' needs and provide the necessary childcare places. The Swedish national framework with the implementation responsibilities of the municipalities is an example of such a coherent policy.

#### **E5.6 Clear quality frameworks**

For the same reasons that underpin the need for coherence between different policy levels, general quality criteria need to be set at the highest possible levels. We know that process quality matters most, and Member States need to ensure that the conditions are in place to support this for all their citizens. This is important for all children, but matters most for children in vulnerable situations. The minimum quality criteria need to avoid a lack of balance between the regions and to avoid a situation where the quality of childcare depends on the region where a child is born. In particular, children born in poor areas should not receive childcare of poorer quality. The minimum structural quality criteria need to encompass criteria about the quantity and quality of the workforce as well as the curriculum and its monitoring. The EQF guidelines can serve as the basis for such quality criteria.

In contexts where demand still exceeds supply, priorities in enrolment also need to be part of the guidelines. These priorities cannot only depend on waiting lists (first come first served) as that would favour two-income families. The priorities need to carefully balance economic, educational, and social needs.

In addition to these quality criteria, local policy levels (i.e. regions, provinces, municipalities) can have additional quality criteria to adapt to local needs, such as criteria on: specific expertise in relation to ethnic groups; local health issues; multilingualism; or additional input in quantity and quality, as in the case of Ghent.

### **E5.7 Invest in the workforce quantity**

The quality of the workforce is one of the structural measures that is the most salient predictors of process quality, and therefore of the beneficial impact of ECEC on children. This is especially the case for children from vulnerable families. The number of children per adult (child-staff ratio) is an important cost factor, but also a crucial precondition for quality. Higher numbers of children per adult are associated with less sensitive reactions of adults, less feedback to children and therefore less emotional and educational support. This is particularly the case when childcare takes place in the home and other household activities have to be taken care of. It is generally accepted that adults should not take care of more than four babies, six toddlers or 15-20 pre-school children (as in BG, DK, DE, EL, HU, IE, MT, NL, RO, FI).

### **E5.8 Invest in the workforce quality**

As well as the number of adults working with the children, their competences also matter. Staff competencies are of a systemic nature and depend on the interaction between pre-service qualifications, in-service professional development opportunities, and working conditions. Regarding pre-service qualifications, it is recommended that around 50% of staff should have a qualification at bachelor level (ISCED 5 or 6). They can be supported by assistant staff with lower qualifications, provided there are staff development opportunities for all staff. These need to be comprehensive and sustained, with on-the-job coaching opportunities that call for an active role by staff members (for instance by discussing pedagogical documentation from the staff). This calls for qualified leadership in ECEC that is about not only management but also about vision and support and establishing a culture of critical reflection. Finally, investing in qualifications and professional development will be in vain if working conditions are below standard, as this would inevitably lead to high attrition/turn-over rates of staff. In systems where childcare for the youngest is separated from pre-school facilities for the older children, salaries between both systems should be aligned.

### **E5.9 Outreach expertise**

Particular attention needs to be given to the competences of staff in working with vulnerable children and their families. This includes insights into what it means to live in poverty and what implicit barriers for families poverty represents. In most regions, this would also mean intercultural competencies and knowledge of specific communities (for instance Roma). Having staff who can represent the diversities of the target public is therefore an advantage. Having people from the target communities who can help to form a bridge to ECEC services may be of significant help. It is indeed the case that even where there is a universal entitlement and ECEC is free, the take-up may be lowest in the most vulnerable families. Active outreach to inform parents, to understand thresholds and to build mutual trust, as well as specific support, is therefore necessary.<sup>254</sup>

### **E5.10 Networking**

Poverty is a wicked, multi-layered issue where material and immaterial needs can hardly be separated. It is as much about having a roof over one's head as about reading books to children. ECEC can make a substantial contribution to alleviating the impact of poverty on children, but cannot by itself solve the problem of poverty. ECEC provision should therefore ally with partner organisations and form close networks with various fields of social work (parent support, housing, welfare, employment). Examples of such networking include the English "sure start" centres, which have also been implemented in Hungary. This in turn also calls for leadership in ECEC.

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<sup>254</sup> Pavolini and Van Lancker (2018).

## PART F: REMOVING SCHOOL COSTS

Removing school costs is crucial to guarantee access to education. However, it has to be kept in mind that, as largely documented in FSCG1, the cost of education is not the only barrier that prevents access to good-quality and inclusive education for children in vulnerable situations. Gaps in accessibility for some groups of children, non-inclusive settings, segregation, and poor quality are important problems that need to be addressed in many Member States. The priority actions that are aimed at guaranteeing the FSCG2 CG component related to education is that “*there should be no school costs for children at risk of poverty attending compulsory school*”. Even if the removal of school costs is crucial, the priority actions relevant to this component, which are the focus of Part F, should be complemented by progress on other elements required to ensure inclusive, good-quality education.

Part F is organised as follows: Chapter F1 describes the main expected benefits of the priority action; Chapter F2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter F3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter F4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; and finally, Chapter F5 summarises the main findings and conclusions.

### Chapter F1: Main expected benefits

Children’s basic education through formal schooling is a social good, a basic right, and a pathway for the development of individuals and societies. Educational outcomes have many aspects, both when children are at school and in their future life (see Table F1).

**Table F1: Outcomes that can be affected by education**

<b>Children/young people</b>	<ul style="list-style-type: none"> <li>• Behavioural/emotional</li> <li>• Cognitive</li> <li>• Educational achievements</li> <li>• Health</li> <li>• Anti-social/risky behaviour</li> </ul>
<b>Adults</b>	<ul style="list-style-type: none"> <li>• Family functioning</li> <li>• Education achievements</li> <li>• Economic</li> <li>• Health</li> <li>• Crime and substance abuse</li> </ul>

Source: Karoly (2012).

In all EU Member States, compulsory public education is free, or virtually free. However, the removal of school fees is an important but insufficient step towards the elimination of material and structural barriers to educational enrolment and completion.<sup>255</sup> Even in public schools, where school fees have formally been eliminated, children and families may be asked or required to finance their education directly in different ways. School supplies, uniforms, school trips, and examination fees continue to make “fee-free” education far from free.<sup>256</sup> Such expenditure has been shown to function as a barrier to school completion rates, especially in developing countries<sup>257</sup> and for low-income households.

<sup>255</sup> Kattan and Burnett (2004).

<sup>256</sup> Bray (2007), Tomasevski (2003).

<sup>257</sup> Lewin and Sabates (2012).

Guaranteeing that school is really free is crucial to reducing the financial burden on low-income households, who struggle to afford the costs of school and have to cut back on other essential expenses. The difficulty of paying for school costs can lead to children in low-income households being excluded, stigmatised, and bullied because they cannot afford the same things as their peers. This may affect, in turn, their ability to engage in learning and their self-esteem.<sup>258</sup> Making sure that children receive a genuinely free education may therefore have a positive impact on:

- reducing the level of household deprivation resulting from school costs;
- increasing children’s well-being and self-esteem;
- reducing deprivation, stigmatisation, and bullying;
- (as a result) improving school involvement and attainment, and making the choice of certain subjects or programmes independent of the additional cost of equipment associated with them; and
- reducing early school-leaving and school drop-out rates.

The existing studies show that public spending on education is important for the development and well-being of individuals, and is also one of the key sources of economic development. Spending on education should therefore be considered as a form of investment, not as a consumption of common resources.

## Chapter F2: EU mapping

In FSCG2, school costs have to be understood as costs to accessing education (i.e. all activities organised by the school that are **part of the curriculum**). Here, education is defined as **primary and secondary compulsory education**. FSCG2 only considers **publicly funded or (partially) subsidised and accredited provision**.<sup>259</sup> In the following sub-sections, we present an overview of the results of the mapping of Member State policies, including identification of the “hidden costs” of compulsory education, and an overview of policies to reduce or remove school costs for low-income children.

The value of school costs is related to various normative questions (e.g. to what extent do we think schools should organise trips abroad? Which materials should be provided at different ages?). In this report, the choice of materials and activities necessary for the curriculum are considered as fixed by the competent authority. Their opportunity, quality, and individual cost are not discussed.

### F2.1 School costs in the EU Member States

Mapping of the national policies showed that, depending on the country and the school within the same country, school costs typically include:

- exams registration;
- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- equipment requested by the school (computer/tablet, sport or music instrument);
- compulsory *extramural* activities (e.g. school trips, sport, culture) that are part of the curriculum;
- cost of compulsory internship/apprenticeship (secondary vocational education);
- other compulsory costs.<sup>260</sup>

Based on the results of a consultation, only in three Member States (CZ, LT, SK), is there an official definition of school costs or a definition/list of school materials/items that are

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<sup>258</sup> Children’s Society (2019).

<sup>259</sup> Home-schooling or private schools are not included, as these fall beyond the scope of a CG.

<sup>260</sup> Costs of the transport to/from to school are not included.

necessary for the achievement of attainment targets. However, except for Finland and Sweden providing universal free-of-costs primary and secondary education, only Flanders in Belgium implements a staggered system of maximum billing for the expenses imposed by the school that are not strictly necessary for the achievement of attainment targets. In (pre-school and) primary education, these expenses (including for one-day excursions) cannot exceed €90 per year (“sharp maximum bill”); the second (“less sharp”) maximum bill applies to excursions of more than one day that are organised during school time and cannot exceed €440 overall across the period of primary schooling.<sup>261</sup> Regulations in other Member States are limited to listing the individual school materials and/or personal items that are required or recommended (FR, NL). Additionally, typical categories of costs can be identified from national surveys that are regularly conducted by national statistical offices (HU), other national/regional authorities (AT, PL) or NGOs (IE) (see examples in Table F2).

**Table F2: Definitions and categories of school costs in EU Member States**

Definitions and categories of school costs in place	
<b>BE/FI</b>	<p>In (pre-school and) primary education, a staggered system of <b>maximum billing</b> was imposed by law:</p> <ul style="list-style-type: none"> <li>• registration and materials necessary for the achievement of attainment targets are free of charge;</li> <li>• expenses imposed by the school that are not strictly necessary for the achievement of attainment targets (including one-day excursions) cannot exceed €90 per year (“sharp maximum bill”);</li> <li>• a second (“less sharp”) maximum bill applies to excursions of more than one day that are organised during school time (max. €440 overall across primary school); and</li> <li>• other school-related expenses need to be approved by the school council, in which parents are represented, and publicised in school regulations.</li> </ul> <p>In secondary education:</p> <ul style="list-style-type: none"> <li>• registration is free of charge; and</li> <li>• other school-related expenses need to be approved by the school council, in which parents are represented, and publicised in school regulations.</li> </ul>
<b>CZ</b>	<p>There is no definition of school costs in primary and secondary education in legislation. Some items are listed (in a rather general manner) in the Act on Material Need No 111/2006 Coll. In principle, these are costs related to education of children at the primary and secondary level and to their leisure activities.</p>
<b>IE</b>	<p>Barnardos, a well-known NGO in Ireland, itemised school costs under the following headings:</p> <ul style="list-style-type: none"> <li>• clothing;</li> <li>• footwear;</li> <li>• school books;</li> <li>• stationery;</li> <li>• classroom resources; and</li> <li>• voluntary contributions.</li> </ul>
<b>FR</b>	<p>Recommendations published annually by the French education ministry, which lists the school supplies required for the forthcoming academic year. For the start of the 2019/2020 school year, these were as follows:</p> <ul style="list-style-type: none"> <li>• “schools should produce a list of school supplies taking three factors into account: a reasonable budget for families, a lightweight schoolbag, recyclable items;</li> <li>• they should limit and standardise requests made by teachers; and</li> <li>• they should organise staggered purchases and make grouped purchases wherever possible.”</li> </ul> <p>These recommendations are accompanied by a list of typical school supplies.<sup>262</sup></p>

<sup>261</sup> Nicaise and Vandevort (2020).

<sup>262</sup> See the list of typical school supplies [here](#).

<b>LT</b>	<p>According to the Order No V-622 of 29 June 2018 of the Minister of Education and Science, school materials include schoolbag, notebooks, atlases, maps, diaries, sports uniform and sports shoes, music instrument, USB, pupil ID, and other necessities (including pens, pencils, markers, paper, paint – 32 items).</p> <p>According to the Law on Social Assistance for Pupils, school supplies means individual learning aids (exercise books, calculators, writing, drawing, painting and other learning aids used individually by a pupil), sports clothes and footwear, clothes and other supplies essential for the education of a pupil that are not supplied to pupils, following the procedure laid down by the Law of the Republic of Lithuania on Education and other legal acts.</p>
<b>HU</b>	<p>A special publication of the Hungarian Central Statistical Office<sup>263</sup> defines school costs as average spending on textbooks, school supplies, stationery, sports clothing and schoolbag. They also include the cost of clothing and shoes, monthly contribution calls “class money” (<i>osztálypénz</i>) to cover costs of extra-curricular activities, costs of school trips and contributions to be paid for school foundations, costs of private and language teachers, and costs of food consumption in the school canteen.</p>
<b>NL</b>	<p>Learning materials: Schools provide their pupils with most textbooks and other learning materials. However, this does not include supplementary items such as atlases and dictionaries, so parents are required to buy these as specified by the school. Schools also provide adapted learning materials for disabled pupils, including those with a visual impairment or dyslexia. Examples include audiobooks; Braille books; large-print editions.</p> <p>Educational expenses: Certain educational expenses have to be met by parents. They include gym clothes and shoes; atlases; dictionaries; calculators. Schools may ask parents to pay a voluntary contribution towards such items as school camps, excursions, and cultural activities.<sup>264</sup></p>
<b>AT</b>	<p>A survey undertaken by the Chamber of Labour (<i>Arbeiterkammer</i>) in different federal provinces, addressing the school year 2015/2016, used the following dimensions:</p> <ul style="list-style-type: none"> <li>• stationery and materials (general);</li> <li>• stationery and materials (subject-specific);</li> <li>• clothing and footwear;</li> <li>• books and media;</li> <li>• computer/tablet/EDP;</li> <li>• school events one day and several days;</li> <li>• other contributions (e.g. costs for parents’ association, class cash desk, copy money, music school fee);</li> <li>• ongoing private tuition/grinds during the school year (without summer tuition); and</li> <li>• other costs (e.g. donations, farewell gifts for teachers, locker rental, class photo, dyslexia treatment).</li> </ul>
<b>PL</b>	<p>Surveys/opinion polls conducted regularly by the Public Opinion Research Centre (<i>Centrum Badania Opinii Społecznej</i>) consider the following costs: textbooks, compulsory school materials (such as pens, notebooks, schoolbag or scissors), compulsory school clothing, and other compulsory fees, such as life insurance. But costs may also include quasi-compulsory payments: for the parental council, participation in some events or extra-mural activities (such as visits to museums, theatres).</p>
<b>SK</b>	<p>The Education Act recognises costs related to the provision of food and participation in a school club. The amount of fees is determined by municipalities or other school providers.</p>

<sup>263</sup> KSH (2016).

<sup>264</sup> For more information see [here](#).

Based on identified categories of costs, Tables F3-F5 provide an overview of the school costs amount and list the school costs components which are free in each Member State. There are three separate tables, one for each of the following types of education:<sup>265</sup>

- primary education;
- general secondary education; and
- vocational secondary education (type: butcher, cook or related).

The results of national policy mapping demonstrated that information on actual and “hidden” school costs is often difficult to obtain, compare, and summarise due to the differences in practices and implementation models within and across Member States, as well as the absence of a unified methodology for calculating such costs. The information in Tables F3-F5 represent experts’ judgement based on the information available in media, surveys of national statistics bureaux on household budgets (2015 and later), studies and surveys conducted by other organisations (e.g. *Confédération Syndicale des Familles*), personal estimations, and the educated guesses of national experts. In view of the aforementioned difficulties related to definitions, the diversity of sources, and the lack of comparable data, the annual amount of school costs provided in Tables F3-F5 should not be used to make comparisons between Member States but should rather be interpreted as a rough estimate of the extent to which access to education is not free.

School costs incurred by parents with children in primary education in most Member States include the costs of school textbooks and notebooks, specific clothing, informatics and other equipment. The parents of an “average child” also have to cover the costs of compulsory *extramural* activities such as school trips, sport and culture (see Table F3). Though Tables F3-F5 provide estimates of the annual school costs incurred by families, most of these are borne before and at the beginning of the school year.

Although in many Member States school textbooks are formally free for all children, schools can decide to use additional exercise books or textbooks (e.g. for teaching foreign languages), imposing extra costs on families. Free or (almost) free-of-costs primary education is universally accessible in Finland, Sweden (except the costs of schoolbag), the Netherlands and, partially, in Denmark and Germany. The cost of primary education in other Member States varies from €78 in Hungary to €657 in Austria. The data on the costs in three Member States (BG, EE, SK) were not available, but the qualitative assessments made by national experts demonstrate that families with children in primary education incur most of the categories of costs analysed. Though formally any additional school fees in most Member States are not applicable and/or are even illegal, the mapping results show that in a number of countries fees and donations to school or class funds are substantial and widespread.

An assessment of the annual school costs of general and vocational secondary education showed that the costs incurred by families with children are even higher:

- up to €1,150 in Italy in general secondary education schools; and
- up to €1,036 in France in vocational secondary education schools.

Though data on the costs of vocational secondary education are scarce and often unavailable (due to the differences in national education systems), according to estimates by national experts the costs are rather similar to those incurred in general secondary education. It is worth noting that in most Member States compulsory internships and apprenticeships are free of costs for students in vocational secondary education, except in Belgium, Spain, Croatia, and Luxembourg (see Tables F4 and F5).

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<sup>265</sup> FSCG2 consultation, except for amount with a start, which comes from Penne et al. (forthcoming).

**Table F3: School costs of primary education in the 27 EU Member States**

	Free for all/almost all children (Yes/No)									Annual costs for an "average child" €	Benefits for low-income children	Annual benefits for low-income children to cover school costs €
	Exams	Basic material	Books	Clothing	IT	Sport or music equipment	Extramural activities	Fees	Other			
<b>BE</b>	Yes	No	No	No	No	No	No	Yes	No	<b>449*</b>	<b>Yes</b>	<b>NA</b>
<b>BG</b>	Yes	No	Yes	No	No	No	No	Yes	-	<b>NA</b>	<b>No</b>	<b>-</b>
<b>CZ</b>	Yes	No	No	No	No	No	No	Yes	-	<b>238*</b>	<b>Yes</b>	<b>Up to 1,485</b>
<b>DK</b>	Yes	No	Yes	-	No	Yes	Yes	Yes	-	<b>150</b>	<b>Yes</b>	<b>150</b>
<b>DE</b>	-	No	Yes	-	Yes	Yes	No	-	-	<b>NA</b>	<b>Yes</b>	<b>150</b>
<b>EE</b>	Yes	No	Yes	No	No	No	Yes	-	-	<b>NA</b>	<b>Yes</b>	<b>Max. 382</b>
<b>IE</b>	-	No	No	No	No	No	No	No	No	<b>380</b>	<b>Yes</b>	<b>150</b>
<b>EL</b>	-	No	Yes	-	-	-	No	-	-	<b>140-210</b>	<b>No</b>	<b>-</b>
<b>ES</b>	Yes	No	No	No	No	No	No	Yes	No	<b>617</b>	<b>Yes</b>	<b>NA</b>
<b>FR</b>	Yes	No	No	No	Yes	Yes	No	No	No	<b>291</b>	<b>Yes</b>	<b>370</b>
<b>HR</b>	Yes	No	Yes	No	Yes	No	No	Yes	-	<b>200</b>	<b>Yes</b>	<b>NA</b>
<b>IT</b>	Yes	No	No	-	No	No	-	Yes	-	<b>250</b>	<b>Yes</b>	<b>NA</b>
<b>CY</b>	-	No	No	No	No	No	No	No	-	<b>410</b>	<b>Yes</b>	<b>NA</b>
<b>LV</b>	Yes	No	Yes	No	Yes	Yes	Yes	Yes	-	<b>200-250</b>	<b>Yes</b>	<b>20-45</b>
<b>LT</b>	Yes	No	No	No	Yes	No	Yes	Yes	-	<b>240-280</b>	<b>Yes</b>	<b>78</b>
<b>LU</b>	Yes	No	Yes	No	Yes	-	No	-	No	<b>193</b>	<b>Yes</b>	<b>115+630-946</b>
<b>HU</b>	Yes	No	Yes	No	No	No	Yes	NA	NA	<b>126*</b>	<b>Yes</b>	<b>114</b>
<b>MT</b>	Yes	No	No	No	Yes	Yes	No	No	-	<b>300</b>	<b>Yes</b>	<b>In-kind</b>
<b>NL</b>	Yes	Yes/No	Yes	No	Yes/No	Yes	Yes	-	-	<b>122*</b>	<b>Yes</b>	<b>NA</b>
<b>AT</b>	Yes	No	Yes	No	No	No	No	No	No	<b>657</b>	<b>Yes</b>	<b>171</b>
<b>PL</b>	Yes	No	Yes	No	No	No	No	-	No	<b>165</b>	<b>Yes</b>	<b>70 + 24 + school grants</b>
<b>PT</b>	Yes	No	No	No	NA	No	NA	NA	NA	<b>90-205</b>	<b>Yes</b>	<b>Max. co-funding 16</b>
<b>RO</b>	-	No	No	No	No	No	No	No	No	<b>250</b>	<b>Yes</b>	<b>5.2+21</b>
<b>SI</b>	-	No	No	-	-	-	Yes	-	Yes	<b>1,200</b>	<b>Yes</b>	<b>NA</b>
<b>SK</b>	Yes	No	No	No	No	Yes	No	-	No	<b>NA</b>	<b>Yes</b>	<b>33</b>
<b>FI</b>	Yes	Yes	Yes	-	Yes	Yes	Yes	Yes	-	<b>0</b>	<b>Not relevant</b>	<b>-</b>
<b>SE</b>	Yes	No	Yes	-	Yes	Yes	Yes	Yes	-	<b>0</b>	<b>Not relevant</b>	<b>-</b>

Source: Based on FSCG2 mapping and Penne et al. (forthcoming) for figures with a \*. Notes: NA – not available. See Annex 4 for country notes.

**Table F4: School costs of general secondary education (a child aged 15) in the 27 EU Member States**

	Free for all/almost all children (Yes/No)										Annual costs for an "average child" €	Benefits for low-income children	Annual benefits for low-income children to cover school costs €
	Exams	Basic material	Books	Clothing	IT	Sport or music equipment	Extramural activities	Fees	Apprenticeship	Other			
<b>BE</b>	Yes	No	No	No	No	No	No	Yes	No	No	<b>674*</b>	<b>Yes</b>	<b>NA</b>
<b>BG</b>	Yes	No	No	No	No	No	No	Yes	No	-	<b>NA</b>	<b>Yes</b>	<b>NA</b>
<b>CZ</b>	Yes	No	No	No	No	No	No	Yes	Yes	-	<b>537-698</b>	<b>Yes</b>	<b>Up to 1,485</b>
<b>DK</b>	-	No	Yes	-	No	Yes	Yes	Yes	Yes	-	<b>225</b>	<b>Yes</b>	<b>225</b>
<b>DE</b>	Yes	No	Yes	-	Yes	Yes	No	-	-	-	<b>NA</b>	<b>Yes</b>	<b>150</b>
<b>EE</b>	Yes	No	Yes/No	No	No	No	Yes	-	-	-	<b>NA</b>	<b>Yes</b>	<b>Max. 382</b>
<b>IE</b>	No	No	No	No	No	No	No	No	NA	No	<b>735</b>	<b>Yes</b>	<b>275</b>
<b>EL</b>	-	No	Yes	-	-	-	No	-	-	-	<b>250-350</b>	<b>No</b>	<b>-</b>
<b>ES</b>	Yes	No	No	No	No	No	No	Yes	No	No	<b>631</b>	<b>Yes</b>	<b>NA</b>
<b>FR</b>	Yes	No	No	Yes/No	Yes	Yes	No	No	No	No	<b>906</b>	<b>Yes</b>	<b>390-404</b>
<b>HR</b>	Yes	No	No	No	No	No	No	Yes	No	-	<b>580</b>	<b>Yes</b>	<b>NA</b>
<b>IT</b>	Yes	No	No	-	No	No	-	Yes	Yes	-	<b>1,150</b>	<b>Yes</b>	<b>NA</b>
<b>CY</b>	No	No	No	No	No	No	No	No	-	No	<b>670</b>	<b>Yes</b>	<b>NA</b>
<b>LV</b>	Yes	No	Yes	No	Yes	Yes	Yes	Yes	-	-	<b>200-250</b>	<b>Yes</b>	<b>20-45</b>
<b>LT</b>	Yes	No	No	No	Yes	No	Yes	-	-	-	<b>240-280</b>	<b>Yes</b>	<b>78</b>
<b>LU</b>	Yes	No	Yes	No	Yes	-	No	-	No	No	<b>273</b>	<b>Yes</b>	<b>235+630-946</b>
<b>HU</b>	Yes	No	Yes	No	No	No	Yes	NA	NA	NA	<b>126*</b>	<b>Yes</b>	<b>114</b>
<b>MT</b>	Yes	No	No	No	Yes	Yes	No	No	Yes	-	<b>350</b>	<b>Yes</b>	<b>In-kind support</b>
<b>NL</b>	Yes	Yes/No	Yes	No	Yes	Yes	Yes	-	Yes		<b>550*</b>	<b>Yes</b>	<b>243-434</b>
<b>AT</b>	Yes	No	Yes	No	No	No	No	No	-	No	<b>999</b>	<b>Yes</b>	<b>78</b>
<b>PL</b>	Yes	No	No	No	No	No	No	No	No	No	<b>186</b>	<b>Yes</b>	<b>24+70+ school grant</b>
<b>PT</b>	Yes	No	Yes	No	NA	No	NA	NA	NA	NA	<b>105-255</b>	<b>Yes</b>	<b>Max. co-funding 16</b>
<b>RO</b>	-	No	No	No	No	No	No	No	Yes	-	<b>281-392</b>	<b>Yes</b>	<b>6.3+21</b>
<b>SI</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>NA</b>	<b>Yes</b>	<b>NA</b>
<b>SK</b>	Yes	No	No	No	Yes	Yes	No	-	-	No	<b>NA</b>	<b>Yes</b>	<b>23-45</b>
<b>FI</b>	Yes	Yes	Yes	-	Yes	Yes	Yes	Yes	-	Yes	<b>0</b>	<b>Not relevant</b>	<b>-</b>
<b>SE</b>	Yes	No	Yes	-	Yes	Yes	Yes	-	-	Yes	<b>0</b>	<b>Not relevant</b>	<b>-</b>

Source: Based on FSCG2 mapping and Penne et al. (forthcoming) for figures with a \*. Notes: NA – not available. See Annex 4 for country notes.

**Table F5: School costs of vocational secondary education (a child aged 15) in the 27 EU Member States**

	Free for all/almost all children (Yes/No)									Annual costs for an "average child" €	Benefits for low-income children	Annual benefits for low-income children to cover school costs €
	Exams	Basic material	Books	IT	Other equipment	Extramural activities	Fees	Apprenticeship	Other			
<b>BE</b>	Yes	No	No	No	No	No	Yes	No	No	<b>674*</b>	<b>Yes</b>	<b>NA</b>
<b>BG</b>	Yes	No	No	No	Yes	Yes	-	-	-	<b>NA</b>	<b>Yes</b>	<b>NA</b>
<b>CZ</b>	Yes	No	No	No	No	No	No	Yes	-	<b>493-690</b>	<b>Yes</b>	<b>Up to 1,485</b>
<b>DK</b>	-	No	Yes	No	Yes	Yes	Yes	Yes	-	<b>NA</b>	<b>Yes</b>	<b>NA</b>
<b>DE</b>	Yes	No	Yes	Yes	Yes	No	-	Yes	-	<b>NA</b>	<b>Yes</b>	<b>150</b>
<b>EE</b>	Yes	No	Yes/No	No	No	Yes	-	Yes	-	<b>NA</b>	<b>Yes</b>	<b>Max. 382</b>
<b>IE</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>735</b>	<b>Yes</b>	<b>275</b>
<b>EL</b>	-	No	Yes	Yes	Yes	No	-	-	-	<b>250-350</b>	<b>No</b>	<b>-</b>
<b>ES</b>	Yes	No	No	No	No	No	Yes	No	No	<b>237</b>	<b>Yes</b>	<b>NA</b>
<b>FR</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>1,036</b>	<b>Yes</b>	<b>390-404</b>
<b>HR</b>	Yes	No	No	No	No	No	Yes	No	-	<b>700</b>	<b>Yes</b>	<b>NA</b>
<b>IT</b>	Yes	No	No	No	No	-	Yes	NA	-	<b>900</b>	<b>Yes</b>	<b>NA</b>
<b>CY</b>	No	No	No	No	No	No	No	-	No	<b>580</b>	<b>Yes</b>	<b>NA</b>
<b>LV</b>	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	-	<b>200-250</b>	<b>Yes</b>	<b>20-45</b>
<b>LT</b>	Yes	No	No	No	No	No	Yes	Yes	-	<b>NA</b>	<b>Yes</b>	<b>78</b>
<b>LU</b>	Yes	No	Yes	Yes	No	No	-	No	-	<b>NA</b>	<b>Yes</b>	<b>235+630-946</b>
<b>HU</b>	Yes	No	Yes	No	No	Yes	NA	NA	NA	<b>78</b>	<b>Yes</b>	<b>114</b>
<b>MT</b>	Yes	No	NA	Yes	Yes	No	Yes	Yes	-	<b>140</b>	<b>Yes</b>	<b>In-kind</b>
<b>NL</b>	Yes	Yes/No	Yes	Yes/No	Yes	Yes	-	Yes	-	<b>456</b>	<b>Yes</b>	<b>243-434</b>
<b>AT</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>PL</b>	Yes	No	No	No	No	No	-	Yes	-	<b>233</b>	<b>Yes</b>	<b>24 + 70 + school grant</b>
<b>PT</b>	Yes	No	Yes	NA	No	NA	NA	Yes	NA	<b>35-110</b>	<b>NA</b>	<b>NA</b>
<b>RO</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>NA</b>	<b>Yes</b>	<b>21</b>
<b>SI</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	<b>NA</b>	<b>Yes</b>	<b>NA</b>
<b>SK</b>	Yes	No	No	No	Yes	Yes	No	-	-	<b>NA</b>	<b>Yes</b>	<b>23-45</b>
<b>FI</b>	Yes	Yes	No	No	No	Yes	Yes	Yes	-	<b>200-250</b>	<b>Yes</b>	<b>243 monthly</b>
<b>SE</b>	Yes	No	Yes	Yes	Yes	Yes	Yes	-	-	<b>Not relevant</b>	<b>Not relevant</b>	<b>-</b>

Source: Based on FSCG2 mapping and Penne et al. (forthcoming) for figures with a \*. Notes: NA – not available. See Annex 4 for country notes.

To summarise, evidence and estimates of school costs provided by the national experts showed that “hidden costs” of compulsory education in most EU Member States constitute a substantial part of the family budget.

## **F2.2 Policy support to reduce school costs**

Though some schemes subsidise school-related costs (such as for books, materials, uniforms, school canteens or transport), the scale and types of this support often depend on the financial capacity and priorities of local/regional/national government, and it is not always sufficient to cover all school costs. Guaranteeing that school is free is crucial to reducing the financial burden of school costs for low-income households, who struggle to afford the costs of school and have to cut back on other essential expenses.

### **F2.2.1 Universal policies which reduce school costs for “average” children**

Mapping of national policies revealed that successful policies which reduce school costs for all children are in place in Finland, Sweden, and Estonia. Finland and Sweden have universal free-of-costs education systems. All children – be they poor or rich – benefit from free education in Finland.<sup>266</sup> In Sweden, access to high-quality and free-of-costs education is also not dependent on economic conditions. Universal free-of-costs education allows for the avoidance of poverty traps and the stigmatisation of children coming from families on low-income or in other vulnerable situations.<sup>267</sup>

The most evident feature of the Estonian education policy regarding equity in education is that there are no special measures meant solely for students from a lower socio-economic background, and that all measures that could help such students are available to all students (e.g. free meals, school supplies present in the classroom all the time). The universal provision of benefits can be considered as a good practice.<sup>268</sup> The research of the Network of Education Policy Centres argues that the link between socio-economic background and students’ achievements in PISA assessments in Estonia is small and decreasing, and that that could be somewhat related to the universal education system.<sup>269</sup> Additional allowances and support for low-income families to cover school costs in compulsory education are also in place in Estonia (see next section).

In Poland, to reduce the costs of compulsory education for all children and young people aged under 20 attending school (24 if with disabilities), a one-off allowance of PLN 300 (around €70) is granted to every student/pupil at the beginning of the school year, under the “good start” (*dobry start*) programme. It is intended specifically to cover/co-finance school costs. Although designed as a universal policy instrument (there is no income test), it certainly mostly supports low-income students. Started in September 2018, the programme costs over PLN 1.4 billion (around €0.3 billion) per year and covers 4.6 million students. In the Netherlands, the child-related budget for children aged 12-18 is automatically increased by €243 (ages 12-15) and €434 (ages 16-17) per child per year. This increase is intended as an allowance for school costs and families do not need to apply for it separately. In Poland, means-tested school grants and a supplement of family allowances complement the good start allowance.

In Luxembourg, the framework of family benefits also contains a “back to school” allowance, a once-a-year allowance for schoolchildren. The amount of this universal benefit depends on the age of the child: below the age of 12 it is €115 per child; from 12 onwards it is €235 per child. A similar allowance is also paid in Belgium.

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<sup>266</sup> Kangas (2020).

<sup>267</sup> Nelson and Palme (2020).

<sup>268</sup> Arrak and Masso (2020).

<sup>269</sup> Mlekuž et al. (2018).

Finally, in Flanders (Belgium), the aforementioned regulation on maximum school billing contributes to reducing school costs incurred by parents. In primary education, registration and materials necessary for the achievement of attainment targets are free of charge and other expenses imposed by the school cannot exceed €90 per year. A second maximum bill applies to excursions of more than one day and cannot exceed €440 overall during the whole period of primary schooling. Other school-related expenses both in primary and secondary education need to be approved by the school council, in which parents are represented, and publicised in the school regulations.

Other initiatives to reduce school costs for all/almost all children are implemented at the national, regional or local level. For example, in Hungary, there is a new universal system of free access to books in both primary and secondary schools. In Spain, several autonomous communities make available school books via book banks operated by schools, and promote a culture of sharing and environmental conscience among students. This could be considered a good practice, particularly when compared with those other regions that provide very little support to families confronted by these educational expenses.<sup>270</sup> In Croatia, a recent government decision to provide textbooks from the school year 2019/2020 for all primary education children (and for minimum-income recipients attending secondary school) is seen as a breakthrough decision, taking into account the long history of parents being solely responsible for providing all textbooks and other school materials for their children. Before that, only a few richer regions or cities (such as the city of Zagreb) provided textbooks for all children. This contributed to widening inequality and unequal life chances, as in poorer regions parents did not have any support from the local or central government. The decision to provide free textbooks also prompted some local government authorities to financially help parents in providing other teaching/school materials; it therefore shifted considerably public discourse on schooling costs in Croatia.<sup>271</sup>

### **F2.2.2 Targeted policies which reduce school costs for low-income children, as compared with “average” children**

In most EU Member States, policies to reduce school costs for low-income children are in place. Study grants and other education allowances, as well as the in-kind provision of school materials, are designed to reduce inequality and support low-income families with children. Tables F3-F5 summarise the results of national mapping and provide estimates of the financial benefits available to low-income children in primary and secondary education. Different means-tested measures and schemes are implemented at the national or local level, and schools also have a right to reduce/remove school costs on their own initiative.

In Ireland, under the free education scheme, funding is available to public primary and post-primary schools to help with the cost of school books. Funding comes from the Department of Education and Skills and the scheme is administered in each school by the school principal. The scheme is mainly aimed at pupils from low-income families and families experiencing financial hardship. It can be used to set up a book rental scheme within the school or help individual students to buy books. In Ireland, low-income children are also eligible for a one-off “back to school clothing and footwear allowance” (BSCFA) paid at the start of the school year (€150 for children aged 4-11).<sup>272</sup> The number of children who received the BSCFA was 266,700 in 2018 (reference population – 930,671). The BSCFA can be identified as a good practice, in that it recognises that primary and secondary education in Ireland is not free of costs and that families face significant challenges.

In Germany, low-income families with children entitled to benefits for the EAPB can apply for an annual lump sum for personal school needs. This should cover the costs of

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<sup>270</sup> Moreno-Fuentes and Cabrero (2020).

<sup>271</sup> Zrinščak (2020).

<sup>272</sup> For more information see [here](#) and [here](#).

compulsory basic school materials and equipment. The flat rate was €150 in 2020. The costs of school excursions (of one or more days) are also covered under the EAPB in accordance with the actual costs.

In Slovakia, subsidies for school supplies are paid for low-income children, including children from households receiving minimum-income benefit and children from households with income below or equal to the subsistence minimum. These subsidies are paid to school providers and amount up to €33 per year per child.

The French system does not include reduced-cost/free supplies or school services, but instead compensates for the expenditure of low-income children through different allocation systems: grants, benefits, and exceptional allowances. In France, an income-related allowance for the start of the academic year (*allocation de rentrée scolaire*) is paid out by the family benefit fund and the *Mutualité Sociale Agricole* to families with at least one child in school aged 6-18. The amount varies with the age of the child, from €369.95 for pupils aged 6-10, to €390.35 for those aged 11-14, and €403.88 for those aged 15-18. On 15 July 2020, exceptionally and due to the health crisis, this allowance was increased by €100.<sup>273</sup>

In Poland, a mix of targeted and universal measures (the aforementioned good start programme) has been implemented to reduce school costs. First of all, school grants (*stypendia szkolne*) are targeted at low-income students/pupils and are used to cover school costs and main educational activities, if payable (Act on the Educational System of 1991, Chapter 8a). In fact, covering school costs is prioritised. Schools usually present a list of items (textbooks, notebooks, school appliances, compulsory clothing) that may be taken into consideration, and applicants have to submit invoices documenting purchase. Eligibility requires passing an income test, with a threshold used by the social assistance system, namely PLN 528 (€123) per capita per month (PLN 2,112 – €491 – per household of four), from October 2018. School grants are paid monthly, and the duration of payments is 1-10 months. The grant level was PLN 99-248 (€23-57) in 2017. Supplements to family allowances are also paid once a year at the beginning of the school year (*dodatki związane z rozpoczęciem roku szkolnego*: Act on Family benefits of 2003). They are granted to the recipients of family allowances, at the level of PLN 100 (€24), on passing an income test – the threshold is PLN 674 (€157) per capita per month, or PLN 2,696 (€627) for a family of four (from November 2018). In 2018, approximately 200,000 supplements were paid.<sup>274</sup>

In Estonia, there are study grants schemes, scholarships, and other education allowances for low-income families to cover school costs in compulsory education, but they are mostly decided at the local government level and therefore vary (Social Welfare Act, 2020). Some of them apply to all children in a certain region, but some of them are targeted at low-income families. For example, in Estonia's largest municipality, Tallinn, the maximum rates of income-related allowances per person per calendar year are as follows (as of 2018):

- €350 for a child younger than 18 if in primary education or general secondary education, and younger than 19 if in vocational secondary education; and
- €32 for a child going to school (for a child in a family that receives subsistence allowance).

Someone is considered eligible to apply for these allowances if their household net income for a first household member is less than the current minimum wage (€584) and less than 80% of the current minimum wage for every further household member. The decision to grant the allowances is individual, and in each case the household income, financial situation, and living expenses are also taken into consideration.<sup>275</sup>

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<sup>273</sup> Legros (2020).

<sup>274</sup> Topińska (2020).

<sup>275</sup> Arrak and Masso (2020).

In Malta, during the school year 2019/2020, 1,535 students were benefiting from scheme 9. Under this locally funded scheme, eligible recipients receive the following in-kind benefits and services at schools:

- Lunch;
- Photocopies;
- extra-curricular activities;
- stationery; and
- uniform.<sup>276</sup>

A household annual income not exceeding €15,000 is one of several criteria for a child to qualify for the benefits of scheme 9.

In Hungary, those who are entitled to regular child protection receive in-kind provisions, namely two *erzsébet-vouchers*, which can be used to purchase ready-made food, clothes or school supplies. However, as noted by the national expert, 80,000 families in poverty have lost entitlement to this benefit as a result of (among other things) an increase in the minimum wage, which itself did little to significantly improve their living conditions.<sup>277</sup> The eligibility criteria for regular child protection benefit remained unchanged between 2008 and 2017. Significant numbers of poor children therefore lost eligibility.<sup>278</sup>

Romania has several benefits in place to reduce the costs associated with pre-school and school attendance for low-income children, the main benefits being: “kindergarten tickets” for children aged under 6 attending any pre-school educational form; and a social assistance fellowship (income-based) for school-age children, including for young people attending vocational education. These are complemented by a series of benefits addressing all children, such as merit/study/performance fellowships for schoolchildren, and vouchers for school supplies and sports equipment/apparel.<sup>279</sup>

There is also a large range of local initiatives which support low-income children’s school costs.<sup>280</sup>

In the period 2015-2019, in-kind support to low-income children was also available under FEAD programmes in Austria, Ireland, Latvia, Bulgaria, and Croatia. For example, in Austria, the Federal Ministry of Labour, Social Affairs and Consumer Protection has been providing FEAD assistance for school supplies to address material deprivation among families and reduce inequality. A variety of 11 different parcels are offered, valued at approximately €70 each. Applicants can choose the most suitable package according to their needs. Starter parcels are distributed to all eligible young children identified by their local authorities. The Red Cross starts distributing parcels in July each year and ends in September. Within this programme, 84% of eligible schoolchildren were reached.

Other EU-funded projects that address the problem of the financial burden of school costs are aimed at digitalisation of school materials and access to informatics equipment. For example, since May 2015 in Estonia, all study materials have had to be digitally available. As explained in more detail in Chapter F3, a web platform *e-Koolikott* has been created and free digital books are financed through the ESF.<sup>281</sup> In Poland, a project launched by the Ministry of Digitalisation in March 2020, targeting students in need, was aimed at providing students and schools with laptops and free access to the internet. This project will be financed by EU funds of PLN 180 million (€43 million). Distance learning (after

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<sup>276</sup> Uniform includes cap, chino trousers, PE shorts, PE t-shirt, polo shirt (long sleeve), polo shirt (short sleeve), tracksuit trousers, TS jacket, winter jacket.

<sup>277</sup> Farkas (2015).

<sup>278</sup> Albert (2020).

<sup>279</sup> Pop (2020a).

<sup>280</sup> Eurocities (2020).

<sup>281</sup> Digital textbooks (2020).

lockdown of schools due to COVID-19) revealed inequalities and major problems with the equipment, especially in poor families, and this has led to the project's launch.<sup>282</sup>

### **F2.3 Concluding remarks and implications for the selection of practices assessed during the second stage**

The results of the mapping of national policies and programmes which have been implemented in the EU Member States aimed at removing or reducing school costs for low-income children have shown that in most countries these costs exist, even for low-income children. Most Member States apply means-tested schemes to support low-income families and reduce or fully cover school-related costs. However, national mapping revealed that targeted measures are often implemented at the regional and local level, and actual data on the amounts of benefits and number of children benefiting are scarce. Simultaneously, evidence on the efficiency and effectiveness of universal schemes aimed at free-of-costs and high-quality education for every child has been produced by studies and evaluations of Finnish and Estonian cases.

The policies and programmes which were selected for the in-depth assessment during the second stage of FSCG analysis comprise a set of universal, targeted, and mixed approaches to demonstrate the variety of possible solutions, provide evidence on their effects and efficiency, and identify the prerequisites for successful implementation.

The most promising practices in mainstream policies include examples of universally free-of-costs education systems accessible to every child. These cases provide evidence and useful insights relating to the public costs and social impact of free-of-costs education for all/almost all children. Other specific actions that were assessed include mixed approaches combining universal and targeted financial support measures and mix of financial and in-kind support to low-income children. Mixed measures demonstrate how various programmes contribute to the removal of school costs, and the effectiveness of these measures in the face of challenges during the implementation process (e.g. administrative burden). Some in-kind support initiatives for low-income children may also provide useful insights into non-stigmatising approaches to the provision of material support to those who most need it, and the conditions needed to better address the needs of target groups.

## **Chapter F3: Overview of the in-depth assessed policies/ programmes**

This chapter presents national policies, programmes, and projects aimed at removing school costs for all (or low-income) children in four Member States which were included in the in-depth assessment (see Annex 1.3 for detailed fiches). The mix of cases reflects different approaches taken by Member States to reduce/remove expenses incurred by parents of children in primary and secondary education. The in-depth assessment included the following four cases:

- universal free-of-costs education in Finland
- provision of free school materials in Estonia
- the BFSCA for low-income children in Ireland
- FEAD-funded school starter parcels in Austria.

### **Finland – universal free-of-costs system<sup>283</sup>**

The main objective of the Finnish education policy is to offer all citizens equal opportunities by guaranteeing free education from the lowest to the highest levels.<sup>284</sup> All children – be they poor or rich – benefit from free education in Finland, as highlighted in Chapter F2. In

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<sup>282</sup> For more information see [here](#).

<sup>283</sup> The information provided in this section draws extensively on Kangas (2020a).

<sup>284</sup> Finnish National Agency for Education (2019, quoted in Kangas (2020)).

addition to free and high-quality conventional education, Finnish schools also offer a wide variety of health and social services (see Part G of this report), free meals (see Part E), and recreational activities (see Part I). The structure of the Finnish education system reflects its universal principles. Education is free from the basic level to university.

As highlighted in Chapter F2, in the Finnish basic schools, all the direct costs linked to education are covered by the state (i.e. there are no tuition fees, and school meals and health services are free of charge). The same goes for textbooks, exercise books, school stationery, and compulsory extramural activities (such as school trips, sport, and cultural activities). There may be some costs for some specific items (such as computers, memory sticks, school bags). Some personal items (such as sports suits, running shoes, skis, skates) are also paid for by the pupils themselves.<sup>285</sup>

The aim of the universal and free education system is to guarantee that all children, regardless of their socio-economic or other background characteristics, have the same possibility to study and fully utilise the educational services. Furthermore, it is considered essential that the educational system be planned in such a way that there are no dead ends (i.e. in each form of education and at every level of education there should be possibilities to continue with further studies). The ultimate objective of the national education policy is to provide citizens with possibilities for personal development through education and cultural services, to guarantee the skills needed in the labour market, and to reinforce the national culture.<sup>286</sup>

### **Estonia – provision of free school materials<sup>287</sup>**

In Estonia, all measures that could help students from a low socio-economic background are available to all students (e.g. free meals, school supplies present in the classroom all the time). Starting from the school year 2007/2008, additional state budget support has been allocated to basic schools to provide students with all the study materials necessary for obtaining compulsory education free of charge.<sup>288</sup>

Based on the Basic Schools and Upper Secondary Schools Act, the school allows students acquiring basic education to freely use the educational literature (e.g. textbooks, workbooks, exercise-books, and worksheets) required for completion of the school curriculum.<sup>289</sup> For students acquiring general secondary education, the school allows the free use of textbooks required for completion of at least the school curriculum. The Ministry of Education and Research, according to the grade and subject, ensures the availability of the minimum educational literature required for completion of national curricula. Schools are free to choose the educational literature required in each grade for completing the school curriculum.

According to the Estonian FSCG2 national expert, the aim of the support was to reduce parents' expenses for educating their children. The costs of study materials, including workbooks and exercise-books, had increased year by year and had become a considerable expense for parents. As Estonian law provides for free basic education, basic teaching aids, such as workbooks and textbooks, must be provided by the state and parents should not be asked for money when teaching compulsory subjects to children.<sup>290</sup> Parents need to cover other costs (such as schoolbag, pens, notebooks, arts and crafts accessories, sports clothing, digital device or extramural activities).

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<sup>285</sup> Kangas (2020a).

<sup>286</sup> Ministry of Education and Culture (2020), quoted in Kangas (2020a).

<sup>287</sup> The information provided in this section draws extensively on Arrak and Murasov (2020).

<sup>288</sup> Arrak and Murasov (2020).

<sup>289</sup> Parliament of Estonia (2010), quoted in Arrak and Murasov (2020).

<sup>290</sup> Ministry of Education and Research (2006), quoted in Arrak and Murasov (2020).

As explained above, since May 2015 all study materials have also had to be digitally available.<sup>291</sup> A web platform *e-koolikott* (e-schoolbag) has been created. Free digital books are financed by the EU within the framework of the ESF-supported programme “development and introduction of modern and innovative teaching materials” (Digital textbooks 2020). Since the 2018/2019 school year, digital textbooks are available free of charge to all Estonian basic school students, teachers, educational technologists, and support specialists.<sup>292</sup>

The universal provision of benefits can be considered as a good practice.<sup>293</sup> The link between socio-economic background and students’ achievements in PISA assessments in Estonia is small and decreasing, and that may be somewhat related to the universal education system.<sup>294</sup>

### **Ireland – BSCFA**<sup>295</sup>

In Ireland, low-income children are eligible for a one-off BSCFA payment at the start of the school year (€150 for children aged 4-11). The main purpose of the BSCFA scheme is to provide assistance to low-income families towards the cost of clothing and footwear for their children in primary and post-primary schools. It is designed to reduce the pressure placed on low-income families to retain their children in school. It is considered as an anti-poverty measure which at the same time is aimed at promoting educational participation among children living in poverty.<sup>296</sup>

The scheme provides means-tested, targeted financial support. Income limits differ according to parents’ marital status and the number of dependent children in the household. Every June, the majority of the beneficiaries across Ireland are automatically qualified for the BSCFA following the annual evaluation of eligible families in the light of these criteria conducted by the Department of Employment Affairs and Social Protection. Those who are in receipt of a weekly welfare payment but who did not automatically get an award letter need to apply for their BSCFA benefit through an online portal.<sup>297</sup>

### **Austria – *Schulstartpaket* (FEAD)**

In order to address material deprivation among families and reduce inequality, the Federal Ministry of Labour, Social Affairs and Consumer Protection has been organising the provision of FEAD assistance for school supplies since 2015.

FEAD assistance consists of different parcels containing basic school materials (including school bags, stationery supplies, painting materials), depending on the age of children. A variety of 11 different parcels are offered. Parcels are valued at approximately €70 each. Applicants can choose the most suitable package according to their needs. Starter parcels are distributed to all eligible young children identified by their local authorities.<sup>298</sup>

The Red Cross starts distributing parcels in July each year and ends in September. According to the 2019 evaluation report, satisfaction with the school starter package support was very high – 92% of relatives interviewed were very satisfied and 7% were rather satisfied.<sup>299</sup>

To summarise, the policies and programmes which were selected for the in-depth assessment during the second stage of FSCG analysis comprise a set of universal, targeted,

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<sup>291</sup> Arrak and Murasov (2020).

<sup>292</sup> Arrak and Murasov (2020).

<sup>293</sup> Arrak and Murasov (2020).

<sup>294</sup> Mlekuž et al. (2018), quoted in Arrak and Murasov (2020).

<sup>295</sup> The information provided in this section draws extensively on Polat and Daly (2020a).

<sup>296</sup> Polat and Daly (2020a).

<sup>297</sup> Polat and Daly (2020a).

<sup>298</sup> Makarevičienė (2020).

<sup>299</sup> Reidl and Weber (2020), quoted in Makarevičienė (2020).

and mixed approaches to demonstrate the variety of possible solutions, provide evidence on their effects and efficiency, and identify the prerequisites for successful implementation. All in-depth assessments to some extent provided valuable figures on the potential costs of the selected schemes, participation rates for low-income children (in the case of targeted measures), and the main governance and implementation features. The following section presents the results of our transversal analysis of the selected interventions and identifies the main implications for FSCG2 conclusions and recommendations.

## **Chapter F4: Key learning of the assessments and main recommendations**

### **F4.1 Participation of children in general, and low-income children in particular, in the different types of policies/programmes**

Policies and programmes selected for the in-depth assessment represent different approaches of Member States to supporting children, and in particular low-income children in primary and secondary education. Free or almost free-of-costs education is offered on a universal basis in Finland, Estonia, and several other Member States (see Section F2.2.1), whereas others apply a mix of universal and targeted measures or means-tested benefits to support low-income children. There is no evidence of reverse targeting in the process of implementation of the programmes assessed in depth; however, they reveal several types of barriers which can hinder the performance of the programmes and the reduce participation of target groups.

Universal policies implemented in Finland and Estonia proved to be an effective way to promote equity in education and guarantee that all children, regardless of their socio-economic or other background characteristics, have the same opportunities to study and fully utilise the educational services. All schoolchildren in these Member States are provided with study materials and school supplies. As identified in the Estonian case, the aim of the support is to reduce parents' expenses for educating their children and to avoid the cost increase of school materials putting a strain on parents' budgets.<sup>300</sup>

The universal approach avoids stigmatisation and eliminates the risk of non-take-up. However, both in Finland and Estonia it is admitted that current schemes remove school costs only partially. For example, in Finland, some specific items such as computers and memory sticks, and also personal items (such as schoolbags, sports suits, running shoes, skis, and skates), are not free of cost and are paid for by the pupils themselves.<sup>301</sup> In Estonia, these personal items are also paid for by parents; however, means-tested benefits are available to low-income children to cover other school expenses. The amount of these benefits is set at municipality level and can vary significantly.<sup>302</sup>

Since under the universal approach all the services are free of charge, there should not be any obstacles for children coming from low-income families to participate in education. However, affordability of education is not the only element affecting school participation. The in-depth analysis of the Finland case reveals the challenges faced by specific target groups that require additional targeted support and outreach activities.

- Each year some pupils end their basic school without a degree or drop out from other forms of education. The problem is severe among Roma people.<sup>303</sup> A survey of the educational attainments among the Finnish Roma population showed that almost all

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<sup>300</sup> Arrak and Murasov (2020).

<sup>301</sup> Kangas (2020a).

<sup>302</sup> Arrak and Murasov (2020).

<sup>303</sup> Kangas (2020a).

women aged 18-24 had completed their education, but this was only true for 64% of Roma men in the same age bracket.<sup>304</sup>

- There are not enough resources to adapt the education system to the specific needs of disabled children.<sup>305</sup> According to the Act Amending the Basic Education Act (*Laki perusopetuslain muuttamisesta*) 642/2010,<sup>306</sup> pupils who need regular support in their learning or schooling must be given “enhanced support” in accordance with learning plans made for them. The municipalities are responsible for organising all the necessary assistance for disabled children to enable them to participate in integrated education. This assistance includes transport, equipment, and tutoring in the classroom. However, according to the Finnish national expert, the practical realisation of this goal is heavily affected by the resources available.
- The municipality of residence is also responsible for organising education for refugee children, but many municipalities have not arranged for proper access to schools, and the education services for refugees vary between the municipalities in terms of both quantity and quality.<sup>307</sup>

In Estonia, the decision of the Ministry of Education and Research to procure licences for digital textbooks and to make them available free of charge provided a good starting point for schools to switch to remote learning in the spring of 2020, due to the constraints arising from COVID-19.<sup>308</sup> Initially, the introduction of digital textbooks did not meet the initial expectations – the low demand by schools did not motivate publishers to make the necessary investment and develop high-quality digital textbooks. Schools did not have experience in integrating digital textbooks into the teaching process, and as digital textbooks from publishers were paid for, they were unsure whether it was worth investing in digital textbook licenses within a limited budget for study materials.<sup>309</sup> In addition to other measures taken in the face of COVID-19 crisis, the availability of digital textbooks to all schoolchildren contributed to the promotion of equity in education.

A targeted approach to reducing school costs for low-income children is designed to set the requirements and identify eligible people to be provided with financial or in-kind assistance. The results of national mapping showed that targeted support is usually based on the eligibility of parents or family to receive social protection benefits. For example, to qualify for the Irish BSCFA allowance, one must:

- have children aged 4-17 on or before 30 September, and/or aged 18-22 on or before 30 September if returning to full-time second-level education;
- be in receipt of a qualifying social protection payment or participate in an approved employment, education or training support scheme;
- be in receipt of an increase in respect of the child for whom the benefit is being claimed;
- have an assessable income for the household that is within a set limit;<sup>310</sup> and
- be a resident in the state (applies both to children and parents).

The BSCFA allowance is administered centrally – there are no local or regional differences or particularities.<sup>311</sup>

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<sup>304</sup> Rajala and Brumerus (2015), p. 17, quoted in Kangas (2020a).

<sup>305</sup> Kangas (2020a).

<sup>306</sup> Quoted in Kangas (2020a).

<sup>307</sup> Kangas (2020a).

<sup>308</sup> Arrak and Murasov (2020).

<sup>309</sup> Haaristo et al. (2019) quoted in Arrak and Murasov (2020).

<sup>310</sup> Income limits vary from €435.30 to €723.70 (and by €40 for the fifth and each additional dependent child) according to parents’ marital status and the number of dependent children in the household; Department of Employment Affairs and Social Protection (2019a).

<sup>311</sup> Polat and Daly (2020).

In Austria, FEAD-funded school starter parcels for low-income children are provided to households that are dependent on support from the needs-based minimum-income scheme to cover their living costs. However, the federal states which are responsible for granting this in-kind benefit have passed their own minimum-income laws that regulate the eligibility requirements. The benefit is awarded with a notification and is revalorised annually.<sup>312</sup>

In-depth analysis of targeted programmes in Ireland and Austria illustrated the challenge in identifying those in most need of support, as follows.

- In Ireland, the latest available data from 2019 show that 115,540 families were automatically identified as eligible for the BSCFA, with around 39,500 families applying online for the allowance. Overall, in 2019, 143,150 families and some 263,400 children benefited from the scheme. Compared with the number of primary and post-primary students in the school year 2019/2020 (939,166), this constituted 28% of all schoolchildren.<sup>313</sup> For reference, in Ireland the overall number of AROP children aged 6-17<sup>314</sup> was 226,000 or 25.5% in 2019.<sup>315</sup>
- In Austria, FEAD-funded in-kind support is much more focused on the most disadvantaged groups identified at regional level. In 2019, school starter parcels were distributed to 44,245 schoolchildren out of 50,488 eligible beneficiaries.<sup>316</sup> This constituted around 4.3% of all children aged 6-17. For reference, in Austria the overall number of AROP children aged 6-17<sup>317</sup> was 236,000 or 23.1% in 2019.<sup>318</sup>

In-depth assessments of the Irish and Austrian schemes revealed that the potential barriers to the take-up of the support for low-income children are:

- an administrative burden related to the requirement to regularly apply for support;
- eligibility criteria related to residence requirements;
- the risk of stigmatisation; and
- accessibility of support in the case of the in-kind assistance.

Though there is a lack of evidence on the current take-up rates for the BSCFA scheme, in 2003, an evaluation of the scheme identified non-take-up as a critical issue, warning that some children in need may not be receiving the allowance. To overcome this barrier and to ensure a higher take-up rate, the annual application requirement was discontinued, and the majority of BSCFA payments are now fully automated. This means that a big proportion of potential beneficiaries do not currently need to apply to receive the payment.<sup>319</sup> Such automated payments reduce both the administrative burden and the fear of stigmatisation for beneficiaries. However, figures show that there is still a considerable number of families that needed to put in an application. In 2019, families that received their BSCFA benefit through an application, rather than receiving it automatically, constituted approximately one fifth of all BSCFA beneficiaries. Almost 70% of these applications, which amounted to 27,610 families, were accepted.<sup>320</sup> This shows that the automated payment system still does not reach a significant number families and their children. There is therefore reason to think that there are children whose families, due to various reasons (such as lack of awareness, lack of knowledge and IT skills), might not be receiving a benefit that they are potentially eligible for.<sup>321</sup>

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<sup>312</sup> Makarevičienė (2020).

<sup>313</sup> Polat and Daly (2020).

<sup>314</sup> AROP rate (cut-off point: 60% of mean equivalised income before social transfers).

<sup>315</sup> Eurostat (2020).

<sup>316</sup> Makarevičienė (2020).

<sup>317</sup> AROP rate (cut-off point: 60% of mean equivalised income before social transfers).

<sup>318</sup> Eurostat (2020).

<sup>319</sup> Polat and Daly (2020).

<sup>320</sup> Polat and Daly (2020).

<sup>321</sup> Polat and Daly (2020).

In addition to this, there are also children who, despite their clear need, are not eligible to receive a BSCFA payment. Roma children have been identified as one of the most disadvantaged groups in that respect. According to the Children's Rights Alliance, many Roma families do not qualify for the BSCFA because they do not satisfy what is called the "habitual residence condition" – a set of requirements around the right to reside in Ireland, and the length and conditions of their residence, and so on.<sup>322</sup> As one needs to be in receipt of certain social welfare payments to qualify for the BSCFA, those Roma families who cannot satisfy the habitual residence condition also miss out on it. The habitual residence condition can therefore be identified as an important barrier blocking access to the BSCFA scheme.<sup>323</sup>

In Austria, the yearly take-up rate of the *Schulstartpaket* programme has grown constantly, and in 2019 had reached 88% of the number of eligible end-recipients as defined by the federal states, compared with 84% in 2018.<sup>324</sup> Several reasons for relatively high take-up rates have been identified by the evaluations and the FEAD managing authority, as follows.

- *Quality requirements:* To avoid the issue of stigmatisation, all the supplies (made from eco-friendly, high-quality materials) are purchased in regular shops and follow current fashions. The feedback survey showed that 99% of children were happy with the school materials received.
- *Geographical accessibility:* In order to increase the take-up of the support, seven out of nine federal states rolled out direct distribution of parcels from 20 to 42 distribution points in 2019. In 2019, 97% of the relatives surveyed found that access to the school starter package was well organised, and 79% rated it as very good.<sup>325</sup>
- *Involvement of a recognised partner:* The Red Cross, which was selected as an operational partner for *Schulstartpaket* delivery, has a high level of acceptance and recognition within Austria. The Red Cross handles the order processing and delivery of the school starter packages to the families concerned; sets up distribution points; and provides a hotline and email addresses in each federal state to answer open questions from the relatives.<sup>326</sup>

To summarise the analysis of the participation of children, and in particular of low-income children in the in-depth assessed programmes, both universal and targeted policies demonstrate high potential to be effective in reducing school costs. Programmes based on a universal approach contribute to the overall quality and equity of education and feature a low risk of stigmatisation, whereas targeted measures allow for a focus on the most disadvantaged groups. Though being of lower total cost, targeted approaches also possess risks in terms of: not reaching all vulnerable and socially excluded children; the complexity required of eligibility criteria in order to be effective; administrative costs and potential burden for applicants when not automatic; and stigmatisation.

The key lessons from the previous implementation experience showed that an automated identification of eligible recipients, the quality of the in-kind support provided, and a properly organised delivery process are critical in order to ensure sufficient take-up of the assistance. Furthermore, involvement of some specific target groups at risk of social exclusion and/or segregation may require additional efforts and outreach activities within the framework of the programmes analysed (both universal and targeted).

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<sup>322</sup> Children's Rights Alliance (2020).

<sup>323</sup> Polat and Daly (2020).

<sup>324</sup> Reidl and Weber (2020).

<sup>325</sup> Reidl and Weber (2020).

<sup>326</sup> Makarevičienė (2020).

## F4.2 Benefits for children, their families, and society

In the literature, benefits from education are assessed based on the main outcomes that can result, depending on the nature and goals of a particular educational programme or reform.<sup>327</sup> Some of them are interim and cannot be measured or monetised; however, they contribute to the final outcomes.

The in-depth assessments tend to indicate that universal schemes aimed at free-of-costs and high-quality education implemented in Finland and Estonia contribute to:

- equity in education;
- improved school involvement;
- higher attainment levels; and
- reduced intergenerational income disparities.

The research conducted by the Network of Education Policy Centres in Estonia argues that the small and decreasing link between socio-economic background and students' achievements in PISA assessments is related to the universal provision of benefits, including school supplies present in the classroom all the time, and could reduce deprivation and increase the well-being of students from lower socio-economic environments. *"In general, outcomes of the Estonian educational system could be regarded as very good in terms of participation rates (which are comparatively high at all levels of education), the general level of education acquired (90% of 25-64-year-old Estonians have at least a secondary education, which is the highest result in the EU) and quantitative study outcomes (Estonia is one of the best PISA performers in Europe as well as globally)."*<sup>328</sup>

One of the main conclusions reached by the authors of the in-depth assessment of the Estonian case is that school resources provided for all, with no segregation at any point, helps the education system to work together with other services – most health and social care policies are universal – to facilitate equal study opportunities for all children, regardless of their background characteristics.<sup>329</sup> These can be linked to a comparative survey<sup>330</sup> of targeted and universal educational policies for immigrants, which showed that universal educational policies are much more effective than targeted policies, since educational achievement is strongly affected by social exclusion, which could be a consequence of targeted policies. Moreover, many studies show that targeted policies are not effective in terms of tackling poverty, due to the extremely high administrative costs of precisely identifying the poor.<sup>331</sup>

In Finland, the transition to a free-of-costs basic school model in 1977 has significantly reduced the intergenerational income disparities and increased equality of opportunity. According to the research results, the basic school model also had a positive effect on competence, as measured in various skill tests. As a consequence of the reform, student performance improved; students educated in the basic schools performed better academically than those who studied under the old system; and, at least till 2009, Finland performed excellently in mathematics and scientific literacy and reading. The test scores for children coming from low-income and less-educated families especially improved, and the overall skill gaps narrowed without deterioration in any group.<sup>332</sup>

However, budget cuts in the Finnish education system are having repercussions at all levels of education. The excellent results in the PISA studies that Finland achieved have been declining since 2009 (see Figure F1). The overall scores are dropping, and the number of top performers is decreasing while the number of low performers is increasing. There is

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<sup>327</sup> Münich and Psacharopoulos (2018).

<sup>328</sup> Mlekuž et.al. (2018), quoted in Arrak and Murasov (2020).

<sup>329</sup> Arrak and Murasov (2020).

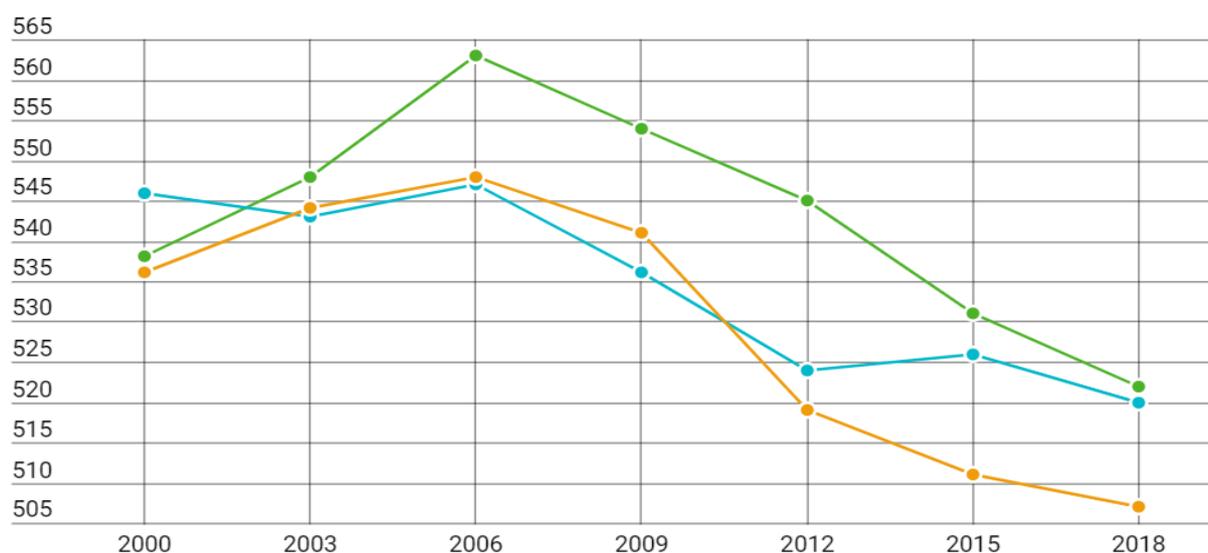
<sup>330</sup> Kisev (2016), quoted in Arrak and Murasov (2020).

<sup>331</sup> Mkandawire (2005), quoted in Arrak and Murasov (2020).

<sup>332</sup> Pekkarinen and Uusitalo (2012), Risku (2014), Jordan (2019), quoted in Kangas (2020a).

also a tendency for the socio-economic background to become more important in explaining results. Girls are still doing well, but there are problems with boys in general, and boys in eastern and northern Finland in particular. In the view of the Finnish national expert, cuts to the education budgets have contributed to this negative development.<sup>333</sup> There are more and more pupils per teacher and there are fewer tutors for children in need of special help and support.

**Figure F1: PISA results of Finnish pupils 2000-2018 (green = natural sciences, blue = reading, yellow = mathematics)**



Source: YLE, 2019 quoted in Kangas (2020a).

Despite the declining trend in its PISA results, Finland is still doing well compared with the OECD average and other countries.<sup>334</sup> The average difference between advantaged and disadvantaged students in reading is 79 points, compared with an average of 89 in OECD countries (see Table F6). Furthermore, Finland's average difference between advantaged and disadvantaged students in the PISA results is among the lowest of all OECD countries. In addition, the share of disadvantaged students who are academically resilient is among the highest, at 13% (OECD average: 11%). Finland has one of the lowest percentages of low performers among socio-economically disadvantaged students and one of the greatest percentages of top performers.<sup>335</sup>

<sup>333</sup> Kangas (2020a).

<sup>334</sup> OECD (2018).

<sup>335</sup> OECD (2020).

**Table F6: Student achievements and socio-economic gradients in Finland, 2018**

	Socio-economic gradient: % of variance explained by the socio-economic position of parents			Disadvantaged students' reading results	
	Reading	Mathematics	Science	% of low performers	% of high performers
<b>Finland</b>	9.2	11.6	10.5	20.9	6.0
<b>OECD average</b>	12.0	13.8	12.8	35.6	2.9

Source: OECD (2020), quoted in Kangas (2020a).

The Finnish case provides us with evidence that disadvantaged families and children seem to benefit from the social mobility effects of universal education.<sup>336</sup> However, if intergenerational inequalities are measured as the transmission of parental socio-economic resources on educational, occupational, income and household formation outcomes, the association between parental SES and outcomes among children is significant in all welfare states. Based on the research available, universal education does diminish intergenerational inequality, but it also sustains intergenerational advantage.<sup>337</sup>

Compared with the benefits of universal policies identified in Estonia and Finland, assessments of targeted programmes implemented in Ireland and Austria provide evidence of more output-level benefits for children and their families. Two key outcomes for children can be expected from the BSCFA, as follows.<sup>338</sup>

- Primarily, as this is a scheme to reduce school costs, a key outcome is that the cost of returning to school is meaningfully reduced.
- A secondary outcome relates to educational participation. Authors use “secondary” because the policy rhetoric around the BSCFA does not necessarily emphasise increased school enrolment as a key purpose.

A comprehensive evaluation of the BSCFA scheme that was carried out in 2004, which remains the only report to date that focused specifically on the BSCFA,<sup>339</sup> reviewed the outcomes of the scheme from both aspects mentioned above: reduction of school costs and removal of barriers to education for children.<sup>340</sup> On the reduction of school costs, the report concluded that the payment was adequate and that it was helpful in providing families with financial support to make their children's return to school easier. It was emphasised that the scheme was aimed at *assisting* low-income families – therefore the costs not covered by the scheme were not seen as a critical problem. It is true that the scheme plays a major role in reducing school costs for some low-income families, but the evidence suggests that the cost of education in Ireland, especially at the post-primary level, goes beyond the amount provided by the scheme: so much so that it would be hard to say the payment is enough to assist the most vulnerable families.<sup>341</sup> Table F7 provides

<sup>336</sup> Pöyliö used multi-level regression models to evaluate the relationships between children's and their parents' SES: Pöyliö (2019), quoted in Kangas (2020).

<sup>337</sup> (Pöyliö (2019), quoted in Kangas (2020a).

<sup>338</sup> Polat and Daly (2020).

<sup>339</sup> There are two other reviews that analysed the BSCFA, but in these the scheme is examined as part of the broader child income support policies in Ireland (e.g. analysed together in a package with child benefit and a number of other programmes). As such, these reviews do not allow conclusions specific to the BSCFA and are not as comprehensive as the 2004 review presented above. But for reference, one is the National Economic and Social Council's (NES) *Ireland's Child Income Supports: The Case for a New Form of Targeting* report (available [here](#)). The other review was conducted by the Department of Employment Affairs and Social Protection: it is available [here](#).

<sup>340</sup> Department of Employment Affairs and Social Protection (2004), quoted in Polat and Daly (2020).

<sup>341</sup> Barnardos (2020), quoted in Polat and Daly (2020).

estimates of the amounts of uncovered costs per child and per grade, on the basis on the amount of school costs at different grades and the amount of the BSCFA.

**Table F7: Estimated amounts of uncovered costs per child, by grade level**

	Senior infant school pupil (aged 5-6)	4 <sup>th</sup> class pupil (aged 9-10)	1 <sup>st</sup> year student (aged 12-13)
<b>Estimated total costs</b>	€330	€365	€735
<b>BSCFA amount</b>	€150	€150	€275
<b>Uncovered cost</b>	€180	€210	€460

Source: Polat and Daly (2020), based on Barnardos (2020).

Regarding the impact of the BSCFA in removing barriers to education for children, the 2004 evaluation concluded that the scheme had a positive impact. However, this evaluation was based only on statistics showing an increase in school enrolment. According to the Irish national expert, the causal mechanism between BSCFA receipt and educational outcomes remains unclear, and it would not be possible to claim that the scheme played a major role in this increase. One therefore needs to be cautious about the scale of impact, but it is reasonable to consider that the BSCFA will have a positive impact on children’s educational outcomes such as higher school enrolment and attendance as well as lower drop-out rates.<sup>342</sup>

In Austria, the distribution of start-up packages to the most deprived children has been identified as the ideal instrument for combating child poverty.<sup>343</sup> Evaluation of FEAD-funded school starter parcels in Austria concludes that in-kind support to low-income children at the beginning of the school year can considerably reduce the financial burden on families, which can be mitigated by awarding school start-up packages. The goals of the packages are, in addition to financial relief for households with low incomes and wealth, positive motivational effects for the pupils and de-stigmatisation.<sup>344</sup> Although the families targeted generally rated the packages as supportive and helpful in 2019, the evidence on the actual benefits is lacking. On the basis of the estimates of school costs presented in Chapter F2 (Tables F3-F5), it is clear that total school costs in Austria include many components other than the cost of the material provided in the parcels. It should therefore be complemented by the removal of other school costs.

To sum up, the evidence available from the in-depth assessed policies confirms that the main gain from free-of-costs schools is increased equity in education, resulting in a decreasing link between socio-economic background and students’ achievements, and a positive effect on the drop-out level, attainment, and skills. At the personal level, reduced school costs may contribute to positive motivational effects and de-stigmatisation of low-income children.

<sup>342</sup> Polat and Daly (2020).

<sup>343</sup> Reidl and Weber (2020).

<sup>344</sup> Reidl and Weber (2020).

### F4.3 Key conditions for realising the benefits for low-income children

Out of four in-depth assessed policies, three – Finnish, Estonian, and Irish – are implemented or at least framed and regulated at the national level. FEAD-supported intervention in Austria, though guided and implemented centrally, allows for flexibility in terms of defining the target group at regional/local levels.

In Finland, the system is legally regulated at the national level by legislation, which obligates the municipalities to organise all the education, healthcare, and other services that the legislation stipulates. The parliament prepares the legislation and decides on funding and general policies concerning the education system. The Ministry of Education and Culture is in charge of the planning and execution of education policies. It outlines the general guidelines and strategies of education policies within the limits of the state budget and prepares legislation and governmental decisions on education issues.<sup>345</sup> The Finnish National Agency for Education (*Opetushallitus*) is a central actor in the development of the education system and the execution of education policy. It prepares the national core curricula for general education and early childhood education, as well as the requirements for vocational and competence-based qualifications.<sup>346</sup> The agency also takes part in preparing education policy decisions by providing guidance and recommendations. Furthermore, it: keeps records on student admissions in upper secondary, vocational, and higher education institutions; offers language examinations; funds and organises further training for teachers; and is in charge of the recognition of foreign qualifications.<sup>347</sup>

Finnish municipalities are responsible for providing basic education to all children in their areas. They can also offer education at other levels. Upper secondary education and vocational training can be organised by the municipalities, joint municipal authorities, (private) registered communities or foundations. However, all education providers are guided by legislation and the national core curricula. Each municipality has at least one school board (*koululautakunta*), which is democratically chosen by the municipal council. The tasks of the school board are to manage the municipal school system, supervise schools, and take any necessary measures to develop the education system in accordance with the curriculum for primary and secondary schools.<sup>348</sup> With regard to the involvement of “clients” in the design and implementation of the education scheme, this is to some extent true only at the municipal level. According to the Finnish national expert, when it comes to the making of legislation, outside involvement is very limited and takes place via general elections and political processes.

The Irish BSCFA is a non-statutory administrative scheme, and, as such, is not defined in legislation. The scheme is entirely funded and implemented by the state – no other parties are involved. The evidence reviewed by the FSCG2 national expert indicates that a key factor in the successful implementation of the scheme is the absence of an application requirement for the majority of BSCFA beneficiaries.<sup>349</sup> With the introduction of the automated payment system, which has been one of the key modifications over the course of the programme, the allowance now carries the potential to reach as many children in need as possible, removing barriers to access benefits for some of the most vulnerable families. However, in the opinion of the Irish national expert, when the question is not *how many (children)* but *how much*, the BSCFA is challenged by the adequacy of payment. The rising tide of school costs makes the return to school an increasingly difficult time for low-income families, but the value of the allowance has not been sufficiently adjusted to reflect the growing costs of compulsory educational items and activities, let alone school trips,

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<sup>345</sup> Ministry of Education and Culture (2020), quoted in Kangas (2020a).

<sup>346</sup> Kangas (2020a).

<sup>347</sup> Finnish National Agency for Education (2020), quoted in Kangas (2020a).

<sup>348</sup> Kangas (2020a).

<sup>349</sup> Polat and Daly (2020).

extra-curricular activities, lunch, and so on. A stronger implementation of the BSCFA's goal around school cost reduction could therefore be achieved by increasing the benefit value.<sup>350</sup>

In Austria, the evaluation of the implementation of FEAD-funded distribution of school starter parcels showed that effective coordination is required to ensure the content of the parcels is adequate and their punctual delivery to the distribution centres. The managing authority collaborates with the nine federal states and the organisations responsible for implementing the country's minimum-income scheme. The managing authority, together with the suppliers and school authorities, decides on the content of parcels and delivery plan. Suppliers are selected by the managing authority, and the Red Cross is in charge of distribution and delivery planning. According to the 2015-2017 ex-post evaluation report,<sup>351</sup> the great logistical challenge was managed better with each successive implementation period due to the high level of commitment of everyone involved and the ongoing improvements. The evaluation provide a number of recommendations on how to improve delivery of targeted support, including:

- organising pilot deliveries;
- sufficient preparation of all partners involved;
- clear procedures and responsibilities of partners;
- reduced administrative burden for the end-recipients;
- improved accessibility of the distribution points by public transport; and
- non-stigmatising, gender-neutral, and diverse school start packages.

To sum up, the key conditions for realising the most benefits for low-income children are strong political and strategic commitment to ensuring free-of-costs education, combined with a universal approach that is adequately resourced and effectively coordinated and implemented. While targeted support schemes tend to be less effective than universal schemes in ensuring free-of-costs education, their impact is greatest when they: avoid complexity and are easy to implement; have a simple administration process; are easily accessible; provide sufficient levels of support to cover costs; and are delivered in ways that are as non-stigmatising as possible. All in-depth assessed cases demonstrate the importance of monitoring and evaluation of policies for the continuous improvement of policy implementation.

#### **F4.4 Quality of the provision**

The evidence available from in-depth assessed policies and programmes allows for the identification of several ways that the quality of universal and/or targeted support aimed at the reducing school costs has been ensured, as follows.

- Ensuring that material in kind is of sufficient quality and non-stigmatising, by setting the legal requirements and quality standards for learning materials and school supplies. In Estonia, the minister of education and research establishes the requirements for educational literature, the minimum requirements for reviewing and reviewers of educational literature, and the types of the minimum educational literature ensured by the state for each grade and subject:
  - educational literature should be based on the national curriculum of a basic school, the national curriculum of a gymnasium or a simplified national curriculum of a basic school;
  - the publisher is obliged to order at least two reviews of the educational literature manuscript, one of which is from the relevant registered association of teachers (the reviews are publicly available); and
  - data on educational literature must be registered by the publisher in the educational literature sub-register of the education information system.

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<sup>350</sup> Polat and Daly (2020).

<sup>351</sup> Federal Ministry of Social Affairs, Health, Care and Consumer Protection (2018).

The same regulation applies to digital learning materials for Estonian schools.<sup>352</sup>

- Regular monitoring and evaluation of education providers and services, including monitoring the quality of learning materials provided at schools. In Finland, education providers are tasked with evaluating the training they provide and participating in external evaluations of their activities. The purpose of these assessments is to develop the education system and improve the conditions for learning.<sup>353</sup> Monitoring, regular evaluations, and developing the implementation of the local curriculum and the academic year plan are also part of this task. The Finnish Education Evaluation Centre is an independent agency responsible for the national evaluation of education. The evaluations made by this centre cover the entire education system, from early childhood education to university level.<sup>354</sup> In many universities there are also separate units to evaluate the **national education system** and compare the results with results from other countries. For example, the University of Jyväskylä carries out international comparative large-scale assessment studies which are part of the national evaluation framework of the education system: the international civic and citizenship education study; international computer and information literacy study; programme for the international assessment of adult competencies; PIRLS; PISA; teaching and learning international survey; TIMSS. These studies provide information about learning results at the national, regional, school, and individual levels, as well as factors that are related to educational achievement, such as family background or the school environment. Furthermore, the university conducts evaluations of how changes in the education system affect equality in education.<sup>355</sup>
- *Monitoring and evaluation of the relevance, quality, and sufficiency of financial and material support.* Both the BSCFA and school starter parcels schemes have been assessed in terms of the quality and sufficiency of the assistance provided. Though the comprehensive evaluation of BSCFA schemes is available for 2004 only, a recent back to school survey<sup>356</sup> makes it possible to assess the sufficiency and relevance of BSCFA support. The FEAD-funded school starter scheme has been externally evaluated in 2017 and 2019, and regular surveys of the end-recipients are conducted and feedback is collected.<sup>357</sup> As already mentioned before, 99% of respondents are satisfied with the support, which indicates the sufficient quality of in-kind support and delivery organisation.

#### F4.5 Source(s) of funding

The in-depth assessed programmes and policies are mainly co-funded from the national and local budgets, as follows.

- In Finland, all costs are covered by the public education budgets (state and municipalities). The share of total spending on education covered by the municipalities, which are responsible for the costs of basic education and child day-care, was about 60%. The central government, which covers the costs of higher education, paid the remaining 40%. There are about 2,200 schools in Finland, and 98% of them are municipal schools.<sup>358</sup>
- In Ireland, the BSCFA scheme is entirely funded by the state – no other parties are involved. It is a popular scheme, seen to address a real need and to be an effective means to get support to the neediest children and their families. It is also clear that the new government recognises the value of the BSCFA. However, as noted by FSCG2

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<sup>352</sup> Arrak and Murasov (2020).

<sup>353</sup> Kangas (2020a).

<sup>354</sup> The Finnish Education Evaluation Centre (2020), quoted in Kangas (2020a).

<sup>355</sup> University of Jyväskylä (2020), quoted in Kangas (2020).

<sup>356</sup> Barnardos (2020).

<sup>357</sup> Makarevičienė (2020).

<sup>358</sup> Kangas (2020a).

national expert, although the scheme stays in operation and gets more funding each year, the value of the allowance has fallen over the years. Whereas in 2011 the amount of benefit per child was €200 for children aged 2-11 and €305 for children aged 12-22, in 2012 it was reduced to €150 and €250 respectively, and the eligible lowest age was raised from 2 to 4. This was mainly due to the cut-backs introduced following the 2009 recession. There have been some increases in the interim but the benefit value has not been restored to its 2011 level.<sup>359</sup>

- In Estonia, the main source of funding for study materials is the national equalisation and support fund.<sup>360</sup>

Other interventions in Estonia, including targeted FEAD in-kind assistance for schoolchildren, the development of digital textbooks and other materials, and state-financed licences for digital textbooks, are supported by EU funds, in particular the ESF and the FEAD.<sup>361</sup>

The FEAD co-funds 85% of costs of school starter parcels in Austria, and the remaining funding is provided by the national budget. Though in 2014-2020 under FEAD regulations only in-kind material assistance is eligible for financing, it is expected that financial assistance in the form of e-vouchers distributed to target groups will also be eligible under ESF+ regulation in the 2021-2027 programming period.<sup>362</sup>

In Estonia, ensuring sustainable funding is a key challenge in ensuring the availability of digital study materials, as until 2020 it has been up to 85% co-funded by the ESF. As already mentioned before, the parallel use of paper and digital textbooks is likely to continue in the coming years, and schools will need additional resources to purchase digital textbooks either from the national budget or ESF+.<sup>363</sup>

The main advantage of EU funding is the opportunity to support innovative/pilot and, in the long term, sustainable interventions (e.g. digital learning materials) and implement very targeted (though rather small-scale) support schemes such as the Austrian school starter parcels. Potentially, EU funding can have a leverage effect and attract additional funding from national/local budgets. In addition, if EU-funded initiatives and programmes are proved to be effective, they can be financed further from national budgets, thus ensuring sustainability of the results and long-term outcomes. However, it is often difficult to identify the results and effects of EU funding in fighting child poverty due to the lack of visibility of poor children as a separate target group in the strategic and monitoring framework of the ESIF.<sup>364</sup>

## F4.6 Monitoring

Based on the results of country consultation, only in three countries (CZ, LT, SK), is there an **official definition** of school costs or a definition/list of school materials/items that are necessary for the achievement of the curriculum.

Furthermore, the mapping revealed that there are no **harmonised data** sources on the amount of school costs in the EU Member States. For most Member States, the data presented in Section F2.1 do not come from national surveys or administrative data, but were derived from interviews and data gathering among a sample of schools. To measure school affordability adequately, school costs need to be defined and monitored regularly, following robust data collection methods. Data on the amount of school costs that parents have to pay should be collected for the whole population of parents and for those on a low

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<sup>359</sup> Polat and Daly (2020).

<sup>360</sup> Arrak and Murasov (2020).

<sup>361</sup> Arrak and Murasov (2020), Makarevičienė (2020).

<sup>362</sup> Makarevičienė (2020).

<sup>363</sup> Haaristo et al. (2019), quoted in Arrak and Murasov (2020).

<sup>364</sup> Brožaitis et al. (2018).

income. Furthermore, **the net out-of-pocket school costs** for poor families are largely unknown (i.e. costs really paid after taking into account education allowances). Microsimulation methods, such as those used by the OECD to compute the NCC, should be used to monitor the net school costs in all EU Member States. Without such monitoring, it is extremely difficult to assess the effectiveness of the policies in place to remove school costs.

The in-depth assessment of the programmes suggests that, to ensure effective implementation of the policies and programmes aimed at removing school costs for low-income children, a clear monitoring and evaluation framework should be developed. The analysis revealed that both internal and external evaluations are conducted to assess the efficiency and outcomes of programmes. Public bodies acting in the area of education – ministries, agencies, committees, as well as NGOs – can conduct evaluation themselves or contract external service providers. However, sufficient and reliable data are often lacking to provide robust evidence and practical recommendations on the programme in place.

A comprehensive monitoring framework would ensure the availability of regularly collected, comparable, and sufficient data on (Table F8):

- net out-of-pocket school costs computed for typical household types and different socio-economic characteristics, including low income;
- the number of children benefiting from the different schemes, as a proportion of the targeted population (output indicator);
- qualitative information on the accessibility and relevance of support (quality of implementation);
- the outcomes of the policy/scheme (enforced lack of material/activities; feeling of shame; episodes of bullying; drop-out rates); and
- evaluation studies.

**Table F8: Criteria to assess specific policies/schemes aimed at removing school costs**

Criteria	Sub-criteria	Indicator
Accessibility	Take-up	Take-up of scheme in proportion of the number of children in the group targeted by the scheme AND in proportion of all low-income/poor children
Accessibility/organisation	Children’s and parents’ satisfaction about accessibility/organisation	Proportion of children and parents satisfied with how the scheme is made available and run
Adequacy	Children’s and parents’ satisfaction about adequacy	Proportion of children and parents satisfied with the provision of in-kind materials or with the adequacy of in-cash support
Effectiveness	Net out-of-pocket school costs	Amount of net out-of-pocket school costs not covered by the scheme for the target group
Outcomes	Benefits of provision	Evolution of the following indicators before and during/after the provision: <ul style="list-style-type: none"> <li>• children lacking materials/activities necessary for achievement of curriculum;</li> <li>• difficulty making ends meet;</li> <li>• children’s feeling the choice of programmes can be independent of their cost;</li> <li>• feeling of shame, episodes of bullying;</li> <li>• drop-out rates; and</li> <li>• educational attainment.</li> </ul>
Participation	Monitoring and evaluation in the best interests of the child and involving all stakeholders	
Monitoring that supports continuing improvements	Monitoring and evaluating produces information at the relevant local, regional, and/or national level to support continuing improvements in the quality of policy and practice	
Transparency	Information on the cost of education and the efficiency of schemes publicly available	

Children and families should be directly involved in the monitoring and evaluation process as the main target group, able to provide their estimates of school costs, assess if the policies implemented addressed their actual needs and provide insights on the practical side of implementation. Surveys of the end-recipients, focus groups, and public consultations are the main tools to effectively involve children and families during the whole policy implementation cycle and to better address their needs.

## Chapter F5: Main recommendations and conclusion

The analysis of the CG component in the area of education “there should be no school costs for children at risk of poverty attending compulsory school”, conducted in order to identify the possible CG scheme aimed at removing school costs for low-income children, provides evidence on the financial burden for low-income families with schoolchildren, and the often inadequate level of support provided. It is also evident that a genuinely free education may have a positive impact on increasing children’s well-being and self-esteem; reducing deprivation, stigmatisation, and bullying; and, as a result, improving school involvement and attainment. In addition, in the light of the UN Universal Declaration of Human Rights (Article 26) and the UNCRC (Article 28), it is clear that primary education should be free for all children, and secondary education free at least for those in need. This means it is

essential to put in place the necessary policies and measures that ensure free-of-costs education.

The results of national mapping reflect the variety of policies, programmes, and measures taken by the Member States to cut education-related expenses incurred by low-income, or in case of universal policies by all, families. However, both national mapping and in-depth assessments of a mix of universal and targeted programmes implemented in Finland, Estonia, Ireland, and Austria showed that current schemes remove school costs only partially, and further extension of the support and improved implementation processes are needed.

The key learning of the in-depth assessment provides evidence on the most important issues and conditions to be considered in order to ensure access to free-of-cost education for low-income children in EU Member States, as follows.

- Both universal and targeted policies can be effective in reducing school costs. Programmes based on a universal approach contribute to the overall quality and equity in education and reduce the risk of stigmatisation; whereas targeted measures ensure a focus on disadvantaged groups, provided that eligibility criteria are designed in a way that allows all children in need to be reached. The implementation experiences assessed showed that automated identification of eligible recipients, the quality of the in-kind support provided, and a properly organised delivery process, are critical in order to ensure sufficient take-up of targeted assistance. Adequacy of support and non-stigmatising content and process are also important issues.
- At the personal level, reduced school costs may contribute to positive motivational effects and de-stigmatisation of low-income children.
- The key conditions for realising the aforementioned benefits for low-income children are a strong political and strategic commitment to ensure free-of-costs education, and effective coordination of policy implementation.
- All in-depth assessed cases demonstrate the importance of monitoring and evaluation of policies for further improvement of policy implementation. Monitoring and evaluation arrangements, as well as legal requirements and quality standards, contribute to the quality of the provision and as a result:
  - the increased satisfaction of end-recipients;
  - greater efficiency of the delivery process;
  - increased take-up of targeted assistance; and
  - reduced administrative burden and stigmatisation.
- However, the lack of data identified by national mapping indicates that a comprehensive monitoring framework is needed to ensure the availability of regularly collected, comparable, and sufficient data on the main indicators.
- The strategic and monitoring framework of the ESIF also prevents the visibility of poor children as a separate target group, and this needs to change in the 2021-2027 funding period. Potentially, EU funding can have a leverage effect and attract additional funding from national/local budgets. The main advantage of EU funding is the opportunity it gives to proceed to structural reforms and to support innovative/pilot or very targeted (though rather small-scale) schemes. These initiatives and programmes, if proved to be effective, can be financed further from the national budget, thus ensuring the sustainability of the results and long-term outcomes. In the light of this and in support of the implementation of the CG, the European Commission should encourage the use of EU funds for 2021-2027 as a lever to stimulate the development of more effective schemes to ensure free-of-cost education for AROP children.

To ensure that low-income children have access to high-quality and free-of-costs education, Member States need to initiate and implement a set of measures, which includes the following.

- Setting up a clear strategic and legal framework to ensure access to free-of-costs education for low-income children, including removal of “hidden costs”.
- Establishing a clear legal definition of school-related costs. To support Member States in this regard and in the context of the CG, the European Commission should: encourage Member States to list these costs in the planned CG National Action Plans;<sup>365</sup> boost the exchange of good practices in identifying and defining school-related costs; and use the learning gained to develop guidelines to support Member States in the development of clear legal definitions.
- Identifying and including the costs of digital equipment and access in legal definitions of school-related costs. This is necessary given the extent to which the issue of digital access has become a key element in education and given the increasing evidence of inequalities in access for children, especially in the context of the COVID-19 pandemic. The European Commission could usefully support Member States in the exchange of good practices in ensuring that AROP children do not face cost barriers to accessing the necessary digital equipment.
- Ensuring a comprehensive monitoring and assessment framework for implementing support and compensation measures to remove school costs for low-income families, including collection of detailed data on school costs.
- Providing sufficient financial resources, and ensuring that support provided at the regional and/or local level does not contribute to widening inequality between more prosperous and poorer regions, or between urban and rural areas.
- In-depth assessments revealed that current schemes do not cover all school costs incurred by families, and in particular low-income families. Adequacy of the provided support should be assessed and adapted in order to ensure that compulsory education is really free.
- Prioritising the needs of children in national ESIF programming documents, and implementing needs-based and non-stigmatising solutions, aimed at reducing or removing school costs (e.g. provision of school supplies and other in-kind support for schoolchildren, development of digital learning content, providing access to IT equipment needed for distance learning, and internet connection for low-income children). Ways of involving civil society (including children and parents) should be explored.

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<sup>365</sup> See European Commission’s CG roadmap [here](#).

## **PART G: PROVISION OF FREE REGULAR HEALTH EXAMINATIONS AND FOLLOW-UP TREATMENT**

To ensure that “*Each child at risk of poverty is provided with free regular health examinations and follow-up treatment at their successive growth stages*”, which is the selected FSCG2 component related to healthcare, the priority actions we focus on are the organisation of free post-natal health examinations, home visits or other forms of regular examinations during the first years of life and then regular health monitoring (general health, dental care, vision and hearing screening) in school or in other settings for children in low-income households.

Part G is organised as follows: Chapter G1 describes the main expected benefits of free regular health/dental examinations; Chapter G2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter G3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter G4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; and finally, Chapter G5 summarises the main findings and conclusions.

### **Chapter G1: Main expected benefits**

The focus of this chapter is on both primary and secondary prevention. Primary prevention refers to actions that prevent the manifestation of a disease or injury before it occurs. It includes actions related to annual health check-ups, as well as activities to improve health through the provision of information on behavioural and medical health risks, and measures to reduce them. The benefits of vaccinations, an important aspect of primary prevention, are not assessed in this report. Secondary prevention is designed to reduce the impact of a disease or injury that has already occurred, by detecting and treating it as soon as possible to halt or slow its progress. It includes regular examinations and screening programmes to detect a disease in its earliest stages.<sup>366</sup>

#### **G1.1 Expected benefits of regular child examinations**

Ensuring access to regular examinations at the successive growth stages in child development can guarantee early detection of health problems. Depending on the type of services, the expected benefits of regular child examinations in school-aged children (kindergarten through early adolescence) are:<sup>367</sup>

- detecting developmental (physical or mental) problems;
- detecting diseases, including chronic disorders;
- providing age-appropriate immunisation;
- promoting breastfeeding;
- detecting dental problems;
- detecting risky lifestyle habits (diet, physical activity, daily screen time, second-hand smoke exposure, hours of sleep per night, dental care, safety habits, sexual behaviour);
- detecting learning disabilities, attention-deficit/hyperactivity disorder, speech-development problems;
- detecting bullying;
- detecting signs of neglect or abuse;

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<sup>366</sup> McDaid (2018), EU Science Hub.

<sup>367</sup> Riley et al. (2019).

- detecting and counselling to prevent future health problems; and
- promoting better health.

Early detection of abnormal developmental processes allows for effective early intervention, the effectiveness of which has been proven in many areas.<sup>368</sup>

The development and implementation of a screening programme are not easy, and require a systematic approach based on several activities: (a) identifying the population eligible for screening; (b) invitation and information; (c) testing, referral for screening positives, and reporting of negative screening results; (d) diagnosis; (e) follow-up/treatment; and (f) reporting of outcomes.<sup>369</sup> As reported by the WHO Regional Office for Europe, it is essential, to be effective, that all parts of the process are provided.<sup>370</sup>

## **G1.2 The role of the school in promoting child health and well-being**

The school is often presented as the ideal setting not only to examine children's health and implement interventions when necessary but also to promote health and well-being.<sup>371</sup> The school allows all children to gather in one place. In many countries, health check-ups are carried out by school health services, but vary in terms of content and frequency. The health examination programmes may include a general assessment of health status, screening for health problems and specific diseases, and preventive activities.<sup>372</sup>

Many preventive programmes have been adopted in recent years in the EU, focusing on: the promotion of healthy lifestyles; well-being; the prevention of obesity; and smoking, alcohol, and other drug prevention. School health services have the potential to reach a majority of adolescents and promote well-being and safe lifestyles through effective interventions.<sup>373</sup>

## **Chapter G2: EU mapping**

The objective of this chapter is twofold. First, it provides an overview of regular routine health checks and screening programmes organised in EU Member States at successive growth stages of the child – post-natal, first years, and school years (see summary Table G1). Second, it outlines the challenges of ensuring access to qualitatively adequate and regular health examinations for all children. More precisely, it discusses the outreach of screening examinations to children in vulnerable situations, and the compulsory aspects of screening programmes. It then discusses the availability of regular health examinations in all geographical areas, including remote rural areas, and recalls the importance of medical follow-up.

### **G2.1 Routine health examinations**

Most EU Member States have implemented routine health check/screening programmes. However, there is considerable variation between them in terms of the frequency and content of child health examinations.<sup>374</sup> Moreover, the type of monitoring in place seems to have evolved over time. According to one report: *“In many European countries, the process for detecting health problems in children has undergone a shift from active surveillance, involving routine visits to a general practitioner or paediatrician, to more*

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<sup>368</sup> Weber and Jenni (2012).

<sup>369</sup> Sagan et al. (2020).

<sup>370</sup> WHO (2020).

<sup>371</sup> Rimpelä et al. (2013).

<sup>372</sup> Rimpelä et al. (2013).

<sup>373</sup> See for example: Michaud et al. (2018).

<sup>374</sup> van Esso et al. (2010), quoted in Wolfe et al. (2013). See also Vos et al. (2016), and Sloot et al. (2015) for vision and hearing screening programmes.

*passive systems that place more responsibility on the parent to detect abnormalities*".<sup>375</sup> This shift increases the risk of inequality for children, as parents have unequal access to the skills and resources necessary to undertake such surveillance.

The most common routine health examinations for children include general health examinations (monitoring of child growth – weight, height, head circumference – and development), vision acuity and hearing screening.

These programmes are organised at different stages of children's growth. Additional preventive screening and tests are also organised in some countries, such as mental and psychological screening, orthopaedics, and blood tests for specific diseases such as phenylketonuria and hypothyroidism.

All countries have post-natal screening programmes. Most countries agree on the frequency of health examinations for babies under the age of 1 (either home visits or consultation with a nurse and/or a doctor). On average these take place once per month until the child is six months old, and then visits are spaced slightly further apart, every two or three months. For instance, in Czechia, a general paediatric practitioner visits the home of the new-born child within 72 hours of the mother and the baby being discharged from hospital. During the first year of life, nine checks are performed – general health examinations assessing the physical development of the child, hearing and vision screening, and a diagnosis of autistic spectrum disorder at 11 months.

Similarly, all countries except Greece organise regular home visits or other regular medical check-ups during the first years of life (ages 1-5 or 6). These preventive routine examinations make it possible to detect potential abnormalities or health problems. For example, in Germany, children up to age 6 are examined regularly during several check-up appointments, which enable medical staff to detect possible disorders or developmental delays at an early stage and provide specific care and support. In Austria, under the "mother-child pass", several examinations are organised up to age 5. These involve general health screening, vision screening, hearing screening, orthopaedic and other screenings. In Slovenia, home visits are carried out by registered nurses, and regular medical examinations are performed by paediatricians.

Some countries also have a mandatory health examination before a child is enrolled in school – these are usually carried out at health centres (e.g. DE, EE, EL, HR). For example, in Estonia, the child's health-card record (with information on vaccines, chronic diseases and allergies) must be submitted at the time of admission to school.

In most countries, there is regular health monitoring for school-age children. This monitoring can take place at school (e.g. AT, BG, CY, DK, EE, FI, HU, LU, MT, NL, HR, SE) or in a dedicated centre (primary care centres or at a paediatrician's clinic) (e.g. BE, ES, LT, PL, SI), usually in collaboration with schools. The following examples illustrate the diversity of practices within the EU. In Austria, as part of the "yearly school-health" programme, a health check-up is organised once a year, for all pupils in all types of schools, by the "school doctors" (general practitioners with a contract with one or more schools). This health check-up includes a general health examination, eyesight screening, and a cursory dental check-up. In Denmark, health nurses monitor children's health in school (height and weight assessment, vision and hearing screening), involving municipal doctors in the first examination in grade 0 and the last examination (grade 9). They help to promote health by organising health workshops, and health talks in small groups; and they organise meetings and other measures to support families. Finland has developed a school healthcare programme for primary school children and their families at or near the school. This very comprehensive approach assesses the physical, psycho-social, and social well-being of children; provides support for children and their families (educating parents and health counselling); seeks to promote a healthy and safe school environment in close

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<sup>375</sup> Wolfe et al. (2013), p. 50.

collaboration with the school; and assesses the learning capacity of pupils. In Spain, check-ups generally take place in primary care centres with paediatricians and nurses, and the schools commonly undertake activities to promote health.

There are many examples of prevention programmes at school (BE, CY, EE, ES, LT, LU, PT). For example, in Lithuania, schools are required to ensure that pupils participate in at least one long-term prevention programme developing social and emotional competencies, covering prevention of violence, alcohol, tobacco and psychoactive substance use, and encouragement of a healthy lifestyle.<sup>376</sup> In Luxembourg, information and motivation campaigns, combined with activities in schools, are in place to promote regular physical activity and a balanced diet, and to tackle problems of obesity and sedentary lifestyles.

## **G2.2 Dental care monitoring**

The availability of oral healthcare screening programmes for children varies between the EU Member States. While some organise dental screening for school-age children (e.g. AT, CY, CZ, DK, IE, FR, HU, LU, NL, PT), others do not have dental screening programmes or provide only cursory screening for children (e.g. BE, EE, EL, SK, MT). In Portugal, for example, there is regular school-related dental care monitoring (through the “dentist-cheques”) which is free for most children and takes place in health centres or other private providers adhering to the scheme. The cheques, which are issued in schools, “*only cover children attending (pre-) schools of the public network or from the private not for profit sector with a protocol with the State*”.<sup>377</sup> In Estonia, school nurses work closely with dentists to organise screening for children aged 7, 9, and 12.

In some Member States, only certain regions or communities organise preventive dental care monitoring programmes in schools (e.g. ES). Some national experts have also underlined that, despite the measures in place to ensure access to regular dental screening, the situation remains problematic in their country due to a lack of infrastructure and equipment and the number of dentists available/involved in the programmes (e.g. SI, PL).

Some Member States have introduced recent reforms with regard to healthcare provision for children. For example, in Romania compulsory health education has been introduced in schools in 2020. These recent developments are expected to enhance access to basic health services for children. In Poland, there were changes in 2019, and a new approach was established in legislation on healthcare provision for pupils and students. However, according to the national expert, the oral healthcare measures seem to have been inadequately implemented, mainly due to a lack of equipment and infrastructure within schools and among health professionals.<sup>378</sup>

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<sup>376</sup> Poviliūnas and Šumskienė (2020c).

<sup>377</sup> Perista (2020).

<sup>378</sup> Topińska (2020).

**Table G1: Overview of regular screening programmes in EU Member States<sup>379</sup>**

	Post-natal				First years				School years				Age limit for screening programmes
	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	
<b>BE</b>	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	0-18
<b>BG</b>	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes		Yes	Yes	0-18
<b>CZ</b>	Yes	Yes	Yes	No	Yes			Yes	Yes	Yes	Yes	Yes	0-19
<b>DK</b>	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	0-16
<b>DE</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>380</sup>				0-6; at age 7-8, 9-10, 12-14 and 16-17
<b>EE</b>	Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	Yes	0-16/17
<b>IE</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes	0-6 <sup>381</sup>
<b>EL</b>	Yes	Yes	Yes	No				No				No	
<b>ES</b>	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes <sup>382</sup>	0-18
<b>FR</b>	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16 <sup>383</sup>
<b>HR</b>	Yes				Yes	No	No	No	Yes				Birth to first grade of secondary school
<b>IT</b>	Yes				Yes				Yes				
<b>CY</b>	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
<b>LV</b>	Yes				Yes		Yes	Yes	Yes		No	Yes	0-18
<b>LT</b>	Yes				Yes			Yes	Yes	Yes	Yes	Yes	
<b>LU</b>	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes	0-18
<b>HU</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
<b>MT</b>	Yes				Yes				Yes	Yes	Yes		0-11
<b>NL</b>	Yes	Yes	Yes		Yes	Yes	Yes		Yes				0-19 (except for dental care, 0-17)
<b>AT</b>	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes*	
<b>PL</b>	Yes	Yes			Yes	Yes	Yes		Yes*	Yes <sup>384</sup>	Yes	Yes <sup>385</sup>	0-18
<b>PT<sup>386</sup></b>	Yes				Yes	Yes	Yes <sup>387</sup>	Yes	Yes	Yes	Yes	Yes	0-18
<b>RO</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
<b>SI</b>	Yes				Yes				Yes	Yes	Yes	Yes	Birth until 3rd grade of a higher secondary school
<b>SK</b>	Yes			No	Yes			No	Yes			No	
<b>FI</b>	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Birth to first year of secondary education (age 16)
<b>SE</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16

Yes = screening programmes are organised; Yes\* = limited screening programmes available; No = no screening programme available.

<sup>379</sup> This table is based on the information in the FSCG2 country consultations.

<sup>380</sup> For school-age children, there are recommended, but in some cases costly, examinations: U10 (ages 7-8), U11 (9-10), J1 (12-14), and J2 (16-17).

<sup>381</sup> Dental check-up at age 11-12 (between 2nd and 6th class).

<sup>382</sup> In some autonomous communities.

<sup>383</sup> Dental check-ups mandatory up to age 15, but available at ages 18, 21, and 24.

<sup>384</sup> In Poland, the regional hearing screening programme for first grade students of primary schools in the Mazowieckie *voivodship* was implemented in years 2017 and 2018.

<sup>385</sup> In Poland, regular dental care monitoring in school was established only in April 2019.

<sup>386</sup> In Portugal, the examinations included depend on the age of the child. It most often includes general health and vision screening and (less often) hearing screening.

<sup>387</sup> Specific visual screening is undertaken within the scope of "child vision screening" programme at age 2.

## **G2.3 Multidisciplinary teams**

Many national experts have mentioned the involvement of multidisciplinary teams in the health-screening programmes (e.g. BE, CY, CZ, DE, DK, FI, IE, MT, NL, SE, SI).

In Portugal, the “school health team” should be made up of various practitioners (as part of the “school health programme”): a doctor, nurse and other health professionals (such as social workers, an oral hygienist, environmental health professional, psychologist, educational psychologist, speech therapist, occupational therapist, physical therapist, nutritionist, administrative worker). In Slovenia, the multidisciplinary team comprises a paediatrician, health visitor, health education nurse, psychologist, speech therapist, and dentist. In Belgium, psycho-medical-social centres that monitor the cognitive, psychological, and health development of school-going children include psychologists, social workers (social auxiliaries), nurses (paramedical auxiliaries), and a doctor. The centres work independently, but in close cooperation with schools and parents.

In Germany, early assistance has to be provided by “early assistance networks” in all administrative districts. It is offered from pregnancy and to families with children aged 0-3. This network of services is low-threshold and targeted particularly at socially disadvantaged families. Early support serves to strengthen parental relationships and parenting skills, in order to give all children the same opportunities for healthy development and a non-violent upbringing. Early support services come from various systems, especially from the fields of child and youth welfare, healthcare, and educational and pregnancy counselling. Experts in these fields work closely together in interdisciplinary and multi-professional networks to support parents in caring for their children and to provide coordinated early help services.

## **G2.4 Key challenges**

### **G2.4.1 Participation of low-income children and the use of compulsory measures**

The participation of children in vulnerable situations in the different routine health examinations and screening programmes is a particularly sensitive issue. In most Member States, routine health examinations and screening programmes are available and free to all children. Some experts have underlined that consultations within the school setting can more easily reach all children, including low-income children. In Luxembourg, as in many other countries, all students are followed by school medical services, which means that all children attending school can be reached, including low-income children. Others have emphasised the strong support for all children within their national health system (IT).

Others have painted a more nuanced picture, underlining the fact that not all low-income children are covered (e.g. BE, DE, NL) or that the coverage rate may fall as the child grows older (e.g. FR). For instance, in Germany, although the participation rates in most screening tests were over 97%, it appeared that children from families with low SES or with a migrant background are less likely to participate in testing.<sup>388</sup> However, in Germany, coverage of routine health checks has increased significantly over the past decade, and social differences appear to be less pronounced than before. In the Netherlands,<sup>389</sup> although youth healthcare performs many outreach activities, there is still only limited outreach to “some specific groups – such as children of immigrants, children staying illegally in the Netherlands”, “children receiving home education”, “children of expatriates”

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<sup>388</sup> Schmidtke et al. (2018), cited in Hanesch (2020). Of children aged 7-13 living in low-SES households, 94.6% attended all the examinations, compared with 98.0% and 97.0% of their peers from households with intermediate or higher status respectively. 94.4% of children from households with a migrant background on both sides attended all the examinations, compared with 95.1% of children with just one parent from a migrant background and 98.0% of children without a migrant background.

<sup>389</sup> Dutch National Institute for Public Health and the Environment (RIVM (2014).

or “children staying at a medical childcare centre or in an institution”.<sup>390</sup> In France, there are high levels of coverage of low-income children and families during the first years of the child’s life (up to age 6) because the maternal and child protection service (*protection maternelle et infantile*: PMI) checks compliance with this obligation: but it tends to decrease thereafter. More globally, some countries (e.g. NL) have raised the issue of the lack of a clear definition of terms such as “monitoring” or “outreach”, which leads to variations in practices within the country.<sup>391</sup>

The difficulties faced in reaching out to poorer children depend on the age of the child and the screening programmes in place. The poorest babies and young children not attending school or ECEC may need to be reached through specific means. Similarly, some groups of school-age children may be difficult to access when the screening is not organised at school.

Some countries have developed health programmes targeting specific groups of the population (such as the Roma community, low-income children with specific health problems). For example, in Poland, a programme designed to better integrate the Roma community has paid particular attention to children’s health. NGOs also provide financial support (cost reimbursement) for low-income children with specific health problems. In France, some regional programmes have been set up to target the most disadvantaged groups (e.g. young homeless people, migrants, people whose papers are not in order, single-parent households). Some programmes specifically focus on children from disadvantaged backgrounds with, for example, the organisation of medical consultations to support children in insecure situations.

Member States have diverse approaches to whether preventive health check-ups should be mandatory. Although screenings are mandatory in some (either all screening programmes or programmes for school-age children) (e.g. AT,<sup>392</sup> BE, CZ, EL, FI, FR, HR, HU, LT, LU, PL), in others they are not compulsory (e.g. CY, ES, HU, SI).

Some Member States have made the receipt of child allowances conditional on participation in infant screening programmes (e.g. AT, LU). In Austria, the examinations falling under the mother-child pass are in principle not mandatory; however, parents who do not attend these consultations have their childcare allowance cut. In Luxembourg, the child must have undergone six medical examinations by age 2 in order to receive the post-natal portion (one third) of the childbirth allowance. Although the medical examinations are compulsory, parents can apply for an exemption for their child. These examinations include “*medical and school monitoring, the observation of anomalies and the detection of diseases or deficits, as well as the regular monitoring of the health problems of the various pupils*”.<sup>393</sup>

Other enforcement practices can be highlighted. In Finland, the “baby box”<sup>394</sup> is conditional on participation in pre-natal regular health screenings. In Hungary, child protection law has become stricter, and parents cannot simply decide not to participate in this mandatory preventive health screening. “*If parents do not want the services of the district nurse for example, they have to declare it in writing and the district nurse forwards it to child welfare services*”.<sup>395</sup> In Czechia, “*if the parents neglect to bring their child for a screening or immunisation, they are contacted by the practitioner or paediatrician directly and re-invited. If reminders are not successful, the practitioner can cooperate with social workers on this issue: at the municipal level, there are departments for social and legal protection*

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<sup>390</sup> IGZ (2014), *Jeugdgezondheidszorg in beter perspectief*, cited in van Waveren and Dekker (2020).

<sup>391</sup> IGZ (2017), cited in van Waveren and Dekker (2020).

<sup>392</sup> In Austria, the examinations taking place under the mother-child pass (until the child is aged 5) are in principle not mandatory. However, the yearly school health check-up is compulsory.

<sup>393</sup> Ministère de la Santé (2019), cited in Urbé (2020).

<sup>394</sup> See Annex 1.4 for a description of this practice.

<sup>395</sup> Albert (2020).

*of children that are authorised to work with parents and take measures to ensure proper childcare, including medical care”.*<sup>396</sup>

### **G2.4.2 Geographical availability**

Another variable that needs to be taken into account is the extent to which health-screening programmes are available in all geographical areas, including remote rural areas. Within a country, there can be differences in the way the preventive health examinations are organised (e.g. ES, HR, IT, LV). This is for instance the case in Italy; although all regions must meet essential levels of care (*livelli essenziali delle prestazioni*), differences in availability exist across regions (see Raitano (2020)). In some countries, the access to routine health checks remains limited in some areas or for some communities (e.g. EL, HR, LU, RO, SK). In some countries, mobile health units – delivering services such as screening and vaccination campaigns or dental care – play a significant role in providing primary healthcare in rural areas or where health facilities are insufficient (e.g. HU, RO). In Hungary, there is a new initiative: an ophthalmological examination bus carries out sight screenings for children in the most disadvantaged municipalities.

### **G2.4.3 Follow-up**

Many national experts have mentioned the medical follow-up which takes place if a problem is detected during the check-up (e.g. AT,<sup>397</sup> CY, CZ, DK, ES, FI, IE, LV, LU, NL, PT,<sup>398</sup> SE). For example, in Luxembourg, the national expert mentioned that *“after examinations, in cases of detected problems, an opinion for medical advice or for the need to consult the attending physician was sent to the parents, and as the medico-school team monitors and ensures the return of opinions completed by attended physicians, this allows regular monitoring of the health problems of the various pupils”.*<sup>399</sup> In Denmark, *“health nurses perform an important function in early identification of social and health problems, detection of children in bad development, support of families, especially mothers, and guarantee of quick health treatment, if necessary”.*<sup>400</sup>

Some experts have nevertheless underlined the lack of resources available to school doctors to ensure medical follow-up (AT); or other factors such as waiting lists, distance to health facilities, and a shortage of doctors and nurses, that might impede systematic follow-up (HR, HU).

## **G2.5 Concluding remarks and implications for the selection of practices assessed during the second stage**

The mapping of healthcare provision for low-income children confirms FSCG1 conclusions. While most EU Member States have policies that are designed to provide free healthcare for children, some barriers prevent some children from having effective access in some Member States.<sup>401</sup>

In this context, guaranteeing access to good-quality and regular routine health checks at successive growth stages of the child is important.

The mapping showed that regular routine health checks and screening programmes are organised in most EU Member States at successive growth stages of the child – post-natal, first years, and school years. It also outlines the diversity of challenges in ensuring access to qualitatively adequate and regular health examinations for low-income children, which may differ between countries, depending on the general provision of healthcare for

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<sup>396</sup> Sirovátka (2020).

<sup>397</sup> Follow-up for mother-child pass only.

<sup>398</sup> Follow-up for vision screening only.

<sup>399</sup> Urbé (2020).

<sup>400</sup> Kvist (2020).

<sup>401</sup> Frazer, Guio and Marlier (2020).

children. It discusses the importance of outreach of screening examinations to children in vulnerable situations, the lack of provision in all geographical areas in some countries, and emphasises the importance of organising good-quality medical follow-up.

The assessments described in Chapters G3 and G4 highlight the key characteristics and advantages/disadvantages of different types of provision so as to inform Member States which need to improve/assess their current delivery. When selecting “good practices” (i.e. policies/programmes/projects for the second-stage in-depth assessment), we have therefore ensured that these include universal provision of routine healthcare examinations and follow-up, as well as practices that reach out to the most vulnerable. In the first group, we have included different types of provision. Some rely heavily on networks of general practitioners, paediatricians or nurses. Many countries opted to reach children at school. Others opted to have more community-based approaches and reach children in their community via local assistants.

Despite the fact that EU funds are only marginally used to provide children in vulnerable situations with good-quality health checks and screening, we have included one example of EU-funded provisions in order to highlight how EU funds can support Member States to guarantee such access.

### **Chapter G3: Overview of the in-depth assessed policies/programmes**

This chapter briefly presents the different health-screening programmes selected for the in-depth assessment (see Annex 1.4 for a detailed description of these programmes). The programmes chosen are very varied. They include universal provision of routine healthcare examinations, follow-up care, and targeted practices reaching out to the most vulnerable. Moreover, these programmes either encompass several aspects of health, focus on specific aspects (e.g. oral care, vision acuity), or provide integrated services.

- **The mother-child pass and yearly school health examinations in Austria**

We have chosen to examine the Austrian mother-child pass scheme and the *yearly school health examinations*, as they very much increase the likelihood of, and in school age guarantee, a regular health examination for all children.

- The mother-child pass encompasses a wide variety of different examinations, and covers pre-natal, post-natal, first-year examinations, and other examinations up to and including age 5. The programme covers general health screening, vision screening, hearing screening, and orthopaedic and other screenings, and is universal, as it targets all expectant mothers and their children residing in Austria. The examinations included in the mother-child pass are in principle not mandatory; however, parents who do not attend these medical examinations have their childcare allowance reduced.
- The yearly school health examinations scheme provides a general examination, a visual acuity examination and a dental check-up. It also includes monitoring of vaccination status and vaccination advice. The health examination, which is carried out once a year by school physicians (*Schulärzte*), is a legal obligation that applies uniformly to all schools across all federal provinces. The programme is designed to identify children with health issues at an early stage in order to provide early adequate treatment.

- **The maternity and child health clinics, the baby box, and the school healthcare programme in Finland**

In Finland, several programmes have been identified as good practices designed to ensure continuity in the monitoring of children's health development: *the maternity and child health clinics (neuvola)* and the *baby box* maternity package, as well as *the school healthcare programme*. These programmes are of particular interest, as the

services provided are integrated services designed to ensure the physical, mental, and social well-being of the child; to provide support to both the children and their families (support for the educational work of parents and health counselling); and to involve collaboration, with multi-professional teams working with young families. In addition, some studies have already assessed the programmes. Finland has a long tradition of offering universal healthcare to small children.

- *Maternity and child health clinics* are designed to screen the health of mothers and their children. The maternity and child health clinics provide advice, medical examinations of pregnant women, and organised pre-natal small-group and childbirth coaching sessions for first-time mothers and fathers. The clinics carry out regular examinations of children from birth to age 5, when they start school. More precisely, the children's physical, mental, and social condition are assessed on a regular basis, and vaccinations and parental support are also provided. Collaboration is established with different professionals working with young families.<sup>402</sup> Each child is entitled to a maternity package, the baby box.<sup>403</sup>
- The Finnish baby box contains all the essential items a baby needs, such as children's clothes, bedding, cloth nappies, gauze towels, and child-care products.<sup>404</sup> The baby box can be requested by all permanent residents in Finland, citizens of some countries of the EU or European Economic Area, or Swiss citizens working in Finland, as long as the mothers regularly attend the medical examinations and activities organised by the clinics. This maternity package, which was designed to give all children a more equal start in life, provides a positive incentive to attend pre-natal health screenings.
- After the maternity and child health clinics, the *school healthcare programme* continues the work started previously and provides regular mandatory health examinations. The services cover all primary school children and their families, and are available during school days, at school or in the immediate vicinity. The annual health examinations form the backbone of school healthcare. Extensive health check-ups are conducted in grades 1, 5, and 8, and the participation of parents is encouraged. These examinations enable an overall evaluation of the well-being of the whole family. The examinations consist of assessments of children's physical and mental health, as well as well-being and learning, and health counselling.<sup>405</sup>
- **The child health examination programme in Germany.**

Germany has an exemplary system of early detection examinations for children up to age 6. There has been a substantial increase in participation in the screening examinations over the past 10 years. Another interesting aspect is that these screenings are carried out in regular medical practices, which can be a way to guarantee follow-up treatment. Moreover, this practice is well assessed, providing relevant information highlighting success factors.

  - The U1 to U9 are 10 check-up appointments, taking place from immediately after birth (U1) to the 60th-64th month (U9). The early detection examinations provide opportunities to detect and treat possible disorders or developmental abnormalities at an early stage. They are free of charge and carried out in the medical practice of a general practitioner or paediatrician. Additionally, there is a mandatory health examination before a child is enrolled in school, which takes place in the local health office.<sup>406</sup>

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<sup>402</sup> Pelkonen and Löthman-Kilpeläinen (2000), Häggman-Laitila et al. (2001), cited in Kangas (2020b).

<sup>403</sup> Kela (2020b), quoted in Kangas (2020b).

<sup>404</sup> Kela (2020), Lisickis (2020), cited in Kangas (2020b).

<sup>405</sup> Hakulinen and Gissler (2017), cited in Kangas (2020b).

<sup>406</sup> Hanesch (2020a).

- Following the U1-U9 examinations, additional check-ups are recommended for primary school children (U10 for ages 7-8, and U11 for ages 9-10) and adolescents (J1 for ages 12-14, and J2 for ages 16-17), but in some cases these are costly.<sup>407</sup>

In 2006, the “early assistance and social early warning systems” action programme was implemented with a view to offering early assistance to parents, starting from pregnancy, and to families with children up to age 3. This network of services is low-threshold and targeted particularly at socially disadvantaged families. The aim of early intervention is to give all children the same opportunities for healthy development and a non-violent upbringing, notably by developing parenting skills.<sup>408 409</sup>

- **The “child vision screening” programme in Portugal**

The “child vision screening” programme in Portugal carries out systematic sight screening of all children reaching age 2 and registered with health clinics. The programme also includes all children aged 4 who were not screened at age 2 or whose screening had a negative result, as well as those whose positive result was not confirmed by an ophthalmologist. The key intended benefit of the scheme is preventing and decreasing the incidence of amblyopia.

Positive cases detected by the vision screening should be referred to a hospital ophthalmology appointment, which should take place within 60 days of referral. The pilot programme was developed in 2016 by the regional health administration (ARS) of the Norte region. This pilot programme was then progressively extended to the other regions in mainland Portugal,<sup>410</sup> with the roll-out coordinated by the directorate-general for health.

We selected this programme for three reasons. First, a recent report has highlighted the good results of the scheme, considered as “*an important promise of significant improvement of children’s visual health, specifically regarding the prevention and early detection of amblyopia*”.<sup>411</sup> Second, this programme also includes systematic follow-up if a problem is detected. Third, it pays specific attention to children in a situation of vulnerability.

- **Dentist-cheques in Portugal**

The “dentist-cheques” scheme is organised as part of the national programme for the promotion of oral health. The cheques are issued to specific groups in the population, including children. However, they are only available to children attending state (pre-) school settings or not-for-profit private schools with a state protocol. The schools identify children of the 7, 10 and 13 age cohorts. Children free of caries are given an appointment with an oral hygienist. Dentist-cheques are issued for children with caries in permanent teeth. Managers of local health centres without an oral hygienist issue dentist-cheques to all children. Treatment covered by the cheques may include, according to the plan of treatment issued by the dentist, the sealing of fissures in molars and pre-molars and the treatment of all cavities in permanent teeth. The cheques are issued in schools and cover five age groups (0-6; 7-9; 10-12; 13-15; 16-18). The use of dentist-cheques is not compulsory, but if an issued cheque is not used, the child will no longer be entitled to subsequent cheques.

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<sup>407</sup> Hanesch (2020a).

<sup>408</sup> Perista (2020a).

<sup>409</sup> Hanesch (2020a).

<sup>410</sup> The autonomous regions of Azores and Madeira decide independently. In the latter, for instance, screening was expected to start in 2020 but was delayed due to the COVID-19 pandemic. It is now expected to start in 2021. For more information, see [here](#). Any information and data given from this point on concern mainland Portugal only.

<sup>411</sup> DGS (2018), p. 74, quoted in Perista (2020a).

It is interesting to look at this programme since it is a follow-up care programme, with ongoing dental monitoring of children, in the form of cheques/vouchers sent to families with children.

- **The “minimum service package” (MSP) in Romania**

The UNICEF MSP programme in Romania, implemented in 2018, provides “a set of basic community integrated services to address children in vulnerable situations and their families (children in poor households, Roma children, children with disabilities, children living in rural communities), in the areas of education, healthcare, housing and social protection, with an emphasis on prevention”.<sup>412</sup> These services are provided by integrated community teams, made up of a community nurse, a social worker, and a school counsellor. In marginalised ethnic communities, school and health mediators are also present in the team. The community integrated team offers a series of information, screening, and monitoring appointments through the community nurse and facilitates access to a family practitioner.<sup>413</sup>

The pilot project is of particular interest as it takes an integrated approach, focusing on increasing access to social assistance, education, and healthcare services.

In November 2020, the authorities passed a law regulating integrated community intervention through an MSP (law 231/2020).<sup>414</sup> The MSP was introduced for children and families as universal and compulsory.<sup>415</sup>

- **Home visiting services for families with young children scheme (HVS) in Bulgaria**

The HVS was developed in 2013 by the government of Bulgaria, in partnership with UNICEF and the Bulgarian Association of Health Care Professionals. This programme is designed to facilitate access to existing services, improve preventive aspects of health, and strengthen the health promotion and education given to children aged 0-3 and expectant parents.<sup>416</sup> Home visits are carried out by trained nurses/midwives and a social worker. Although the programme is universal, it specifically targets the more vulnerable families and children with special needs. As indicated in the UNICEF evaluation report: “The services collaborate closely with the two Regional MOH Inspectorates, local physicians, hospitals and child and social protection services who refer vulnerable families for participation”.<sup>417</sup>

- **Regional health programme in Mazowieckie voivodship in Poland: hearing screening programme for students of the first grades of primary schools.**

The hearing screening programme for pupils in primary schools in Mazowieckie was implemented in 2017 and 2018. This scheme was financed by the ESF.<sup>418</sup> The main goal of the programme was to increase the early detection and assessment of hearing disorders in first grade students from the Mazowieckie voivodship, and to coordinate diagnostic and treatment care. The programme was organised around four axes: information campaign, hearing screening, information and education activities, and training for medical staff.<sup>419</sup>

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<sup>412</sup> Pop (2020).

<sup>413</sup> See more information in UNICEF (2019), cited in Pop (2020).

<sup>414</sup> Pop (2020).

<sup>415</sup> Pop (2020).

<sup>416</sup> UNICEF (2019), p. IV.

<sup>417</sup> UNICEF (2019), p. 11).

<sup>418</sup> EU-Consult. (2019), quoted in Chłoń-Domińczak (2020a).

<sup>419</sup> Chłoń-Domińczak (2020a).

## Chapter G4: Key learning of the assessments and main recommendations

### G4.1 Participation of children in general, and low-income children in particular, in the different types of policies/programmes

The participation of children in vulnerable situations in the various routine health examinations and screening programmes is a particularly sensitive issue. The difficulties involved in reaching out to all children depend on the age of the child and the screening programmes in place. In most Member States, routine health examination programmes are available and free to all children. However, strategies or methods of implementation, as well as availability of resources, differ from one Member State to another, and may influence the children's attendance, especially that of low-income children. This section reviews the participation rates of children in different programmes, and highlights the strategies and characteristics designed to ensure the participation of low-income children. Where applicable, we also consider the barriers that could explain an average lower take-up, and the actions taken to overcome these barriers. This section will also shed light on the risks of "reverse targeting" of certain policies and segregation by economic background.

#### G4.1.1 Universal general health examination programmes

There is a very high participation rate in universal general health examination programmes such as: the mother-child pass and yearly school health examinations in Austria; the baby box, child and maternity clinics, and school healthcare programme in Finland; and the German child examination programme.

Some of these programmes have certain specificities depending on the target age group. Indeed, programmes targeting the first years of the child's life (from birth to school entry age) often put in place specific strategies to ensure greater adherence to the programme. These strategies can take the form of incentives, sanctions or invitation and reminder systems.

#### Programmes targeting the first years of the child's life

The participation rate is very high for programmes targeting the first years of the child's life. These programmes are universal and voluntary.<sup>420</sup> FSCG2 national experts have emphasised certain mechanisms, such as incentives or reinforcement practices, that are established to encourage the participation of mothers-to-be and children in the various examinations organised in the programmes. These strategies have proved to be successful in increasing attendance for health preventive examinations. See the following examples.

- In Finland, the availability and coverage of *child and maternity clinics* are excellent. There are about 900 child and maternity clinics in the country, and approximately 400,000 children utilised these services in 2019.<sup>421</sup> This corresponds to approximately 99.6% of the eligible children.<sup>422</sup> Services remain voluntary and free for all families. There is, however, an incentive which encourages mothers to take part in activities provided by the maternity and child health clinic: *the baby box*. This maternity package is conditional on participation in regular pre-natal health screenings. In 2019, 95% of those eligible received the baby box (approximately 28,000 mothers), while the remaining eligible mothers preferred to receive monetary compensation, although this was worth less financially.
- In Austria, although there is little information available with regard to the take-up and actual coverage of the mother-child pass, some limited evidence, deriving from data

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<sup>420</sup> Except in three Länder in Germany which have made the examinations compulsory.

<sup>421</sup> THL (2020d), quoted in Kangas (2020b).

<sup>422</sup> THL (2020d), quoted in Kangas (2020b).

available in the context of the childcare allowance, seems to indicate a high degree of participation, at least in some parts of the programme.<sup>423</sup> Several mechanisms designed to ensure the coverage and participation of all children in the programme can be highlighted, as follows.

- Childcare allowance dependent on attending the first 10 examinations: In order to receive the full amount of the childcare allowance, parents have to prove that they attended the five pre-natal examinations and the first five post-natal examinations covered by the mother-child pass. If parents do not attend regular examinations, they will be sanctioned and have their childcare allowance reduced. Data published by the Austrian Federal Court of Audit (*Bundesrechnungshof*) at the end of 2017 indicated that only 1% of all childcare allowance recipients had their benefit reduced because of missed or late examinations.<sup>424</sup> This seems to indicate that take-up for the first 10 examinations (up to when the child is aged 10-14 months) is very high and that this condition encourages parents to attend the examinations.
- Pregnant women receive information about the programme from doctors, and the mother-child pass is given to them by the physician in the form of a printed document.<sup>425</sup>
- A function reminding parents about the mother-child pass check-ups has been available on the "FamilyApp" (*Familienapp*) since 2017. However, the use of this application is rather limited.<sup>426</sup>

The lack of systematic monitoring and evaluation means that it is not possible to account for possible inequalities between different socio-demographic groups in non-participation.<sup>427</sup>

- Regarding the *German child examination programme* (U1 to U9 examinations), a recent study<sup>428</sup> has shown that participation rates in most screening tests were over 95% during the first six years of life.<sup>429</sup> More precisely, for U1 and U2, which take place immediately and a few days after birth respectively, the participation rate is 99.7% and 99.6%. In the course of the check-up programme, attendance rates decrease only slightly, and are still 98.0% and 98.1% respectively for the U8 and U9 examinations.<sup>430</sup> However, children from families with a low SES seem less likely to participate in testing compared with the middle- and higher-status groups, although such differences are in the range of only one to two percentage points in most studies.<sup>431</sup> Children with a migration background attend the early detection examinations slightly less frequently, but the differences are only statistically significant for children of two parents with a migration background.<sup>432</sup> If we consider the complete uptake of the U3 to U9 examination programme, clearer statistical differences by SES or migration background emerge.

It should be noted that significant progress in increasing participation and reducing social disparities have been made during the past 10 years.<sup>433</sup> This substantial increase in participation and the reduction in social differences can be explained by the establishment of a system of invitation, registration, and reminders in all Länder (see

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<sup>423</sup> Fink (2020b).

<sup>424</sup> Fink (2020b).

<sup>425</sup> Fink (2020b).

<sup>426</sup> Fink (2020b). According to Statistik Austria, between 2017 and 2019, it was downloaded about 75,000 times, while in these three years about 258,000 children were born in Austria.

<sup>427</sup> Fink (2020b).

<sup>428</sup> Conducted by Schmidtke et al. (2018), quoted in Hanesch (2020a).

<sup>429</sup> According to the parents interviewed in the representative survey.

<sup>430</sup> Hanesch (2020a).

<sup>431</sup> Hanesch (2020a).

<sup>432</sup> Hanesch (2020a).

<sup>433</sup> See KiGGS basic survey 2003-2006; KiGGS wave 1 2009-2012; Friedman (2019), cited in Hanesch (2020a).

below).<sup>434</sup> The programme uses a specific strategy to ensure participation of all children, as follows.

- Cooperation between the health insurance funds and the bodies named in the legislation of the Länder (municipal public health offices or youth offices) to ensure that families attend early-detection examinations.
- Introduction of a system of invitations, registration, and reminders by all the Länder. The regulations may include specificities in an individual Land.<sup>435</sup> As a general rule, parents (or legal guardians) are invited to the examinations by the competent body, and this same body is informed of the child's presence by the paediatrician. In the event of non-participation, parents are contacted again.
- The U examinations are documented in a yellow paediatric examination booklet. It contains a removable attendance card with which the parents can prove to third parties, such as nurseries and other day-care providers, that their child has regularly attended the U-examinations, without disclosing confidential information.
- Obligation to attend examinations in three Länder (in Bavaria since 2008 and Baden-Württemberg and Hesse since 2009). Despite the legal obligation in these Länder, no particular sanctions are imposed in the event of refusal.

As indicated by the national expert, these measures have enabled the Länder and municipalities to overcome the informational, social, and cultural barriers that previously existed.<sup>436</sup> The focus has now shifted to how these examinations help protect children's well-being (from healthcare to child protection).<sup>437</sup>

### **Programmes targeting school-age children**

With regard to school-age children, regular health examinations can be organised in the school or in a dedicated centre (at a paediatrician's clinic or a general practice). The health examinations are compulsory in Finland and Austria and are carried out at school or in close proximity. According to some authors, health examinations or screening programmes organised in school or in close collaboration with the school can more easily reach all children, including low-income children, as children in schools are all in one place.<sup>438</sup>

- In Finland, the school healthcare programme carries out regular mandatory health examinations for all schoolchildren up to college level. These examinations take place during school days at school or in the immediate vicinity.
- The Austrian yearly school health examination is compulsory for all pupils in primary, lower secondary, and upper secondary education, and is provided by the "school physicians", who are licensed general practitioners. The coverage rate should therefore be theoretically 100% of all pupils. However, no detailed evaluations are available on the proper implementation of the school-physicians scheme.<sup>439</sup>

In other programmes, examinations are carried out in a dedicated centre, by a general practitioner or a paediatrician.

- This is the case for the health examinations for primary school children and adolescents in Germany. The strategy in place is very successful for ensuring high participation in early childhood examinations as explained above, but there is still a need to improve the participation rate among adolescents. Recent studies have shown that the number

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<sup>434</sup> See also Hock, Herb and Kieslich (2020); Santos et al. (2020), cited in Hanesch (2020a).

<sup>435</sup> Hanesch (2020a); see also for Hesse: Hock, Herb and Kieslich (2020); Santos et al. (2020), quoted in Hanesch (2020a).

<sup>436</sup> Hanesch (2020a).

<sup>437</sup> Hanesch (2020a).

<sup>438</sup> See for example Rimpelä et al. (2013).

<sup>439</sup> According to an assessment by the Austrian Federal Court of Audit, school-providers actually employ school physicians in line with the related legal requirements. However, different documentation types are used and the specific school health examination programme often does not appear to be regulated in more detail. See Rechnungshof (2013) and Rechnungshof (2017), quoted in Fink (2020b).

of participants in the J1 examination for children aged 12-14 is significantly lower than in the U-examinations.<sup>440</sup> Differences can be highlighted for the 7-13 age group according to SES and migrant background.

- Children with a low SES less frequently attend the examinations for those aged 7-13: 94.6% of families with a low economic status attended all the examinations, compared with 98.0% and 97.0% respectively of their peers from families with an intermediate or higher status.<sup>441</sup>
- Children with a migrant background are less likely to attend the examinations for those aged 7-13 (94.4% when both parents have a migrant background, and 95.1% of children with just one parent from a migrant background, compared with 98%).<sup>442</sup>

#### G4.1.2 Specific screening programmes and follow-up care

- The *vision screening programme* in Portugal is universal, as it targets all children aged 2 and registered in primary care health clinics. With regard to the participation rate, the programme covered a total of 36 ACES (groups of health centres) and 64,696 children in mainland Portugal in 2019.<sup>443</sup> Despite the lack of harmonised data for the country, detailed information is provided for the geographical area of the ARS of the Norte region (comprising 24 ACES), where the pilot programme was first launched in 2016. In this specific region, 41,344 children were invited for the screening; of these, 32,458 children accepted the invitation and were screened in 2019 (i.e. a take-up rate of 81.3%).<sup>444</sup> Among the percentage of children who screened positive, 26.7% had a first appointment to see an ophthalmologist at the hospital for follow-up diagnosis and treatment. Eventually, 32.8% of children who had an appointment were prescribed glasses (i.e. 1% of all screened children in the region).<sup>445</sup> But there are no data available broken down by income group or geographical area.

The process underlying this screening programme may have an influence on the participation of all children and also ensures that appropriate treatment is provided, as follows.

- The legislation explicitly mentions that “*children that are identified to be in a situation of vulnerability [and found not to be registered] should be registered in health units by the health authorities and included in the screening*” (Norm15/2018).<sup>446</sup>
  - In the case of non-take-up, the child is invited to a new screening process at age 4.
  - The particularity of this screening programme is that it includes follow-up care, and thus allows effective diagnosis and treatment. A child who screens positive is referred to an ophthalmology appointment at the hospital, where the diagnosis will be made and the treatment initiated if necessary. Children who do not need treatment or monitoring will be referred to a new screening process at age 4.
- The *dentist-cheques scheme* in Portugal targets all children in public schools and also in private not-for-profit schools. Dentist-cheques are issued for follow-up treatment to children with caries in permanent teeth. In regions without an oral hygienist in the local health centre, dentist-cheques are issued to all children. In 2019, a total of 226,400 children participated in the scheme. A total of 473,200 cheques were issued to them, of which 71.8% were used. Based on publicly available information, this is the best

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<sup>440</sup> Günster et al. (2019), quoted in Hanesch (2020a).

<sup>441</sup> Hanesch (2020a).

<sup>442</sup> Hanesch (2020a).

<sup>443</sup> Ministério da Saúde (2020), p. 83, quoted in Perista (2020a).

<sup>444</sup> Perista (2020a).

<sup>445</sup> Perista (2020a).

<sup>446</sup> DGS (2018), p. 1, quoted in Perista (2020a).

possible proxy for the scheme's take-up rate; this percentage can be explained by the fact that many people have private health insurance or are covered by a health assistance scheme for civil servants (ADSE).<sup>447 448</sup> According to various sources, the reasons for non-take-up are that people are unwilling to change dentists, and prefer to use private dentists outside the scheme; they forget to use vouchers or miss the expiry date; and sometimes, poor literacy and the difficulties experienced by parents in some areas in accessing the dentist's office.<sup>449</sup> Interestingly, the main factor associated with the use of the cheques was having information on which dentists accept dental vouchers. Since 2018, the dentist-cheques are available digitally, and a reminder system can be used. This measure is aimed at "*the dematerialisation of cheques, thus avoiding loss and forgetting of the cheque and enhancing the use of dentist-cheques*".<sup>450</sup>

- The *hearing screening programme in the Mazowieckie voivodship* targets first-year primary school students. Data from the programme implementation indicate that schools enrolled 48,764 students in the programme, which corresponds to 43.3% of children from the first grade of primary school in the Mazowieckie voivodship.<sup>451</sup> Out of the children enrolled by schools to participate in the programme, only 35.3% (39,773 children) were tested. 8,991 children were not screened either because of the absence of consent from the parents or legal guardians, or because the child did not meet the criteria for inclusion in the programme.<sup>452</sup>

As part of the hearing screening test, disorders were identified among 15.3% of the children examined. All children diagnosed with hearing impairment were referred for further diagnosis and treatment.

#### G4.1.3 Targeted programmes

Some Member States have developed health programmes targeting specific groups in the population (such as the Roma community, low-income children with specific health problems, children with vulnerabilities), as highlighted in Chapter G2. We investigated two projects more closely: the MSP in Romania and the home visiting services in Bulgaria.

The provision of the MSP in Romania targets all children in vulnerable situations and their families, based on an assessment and diagnosis of vulnerabilities<sup>453</sup> along six dimensions (economic situation, social status, health status, educational attainment and participation, housing conditions, and hazardous behaviours). This programme initially targeted about 20,956 children (i.e. 0.5% of children in Romania and more than 15% of the children in the Bacău county) where the programme has been running. It appears that more than 52% of the vulnerable children initially assessed received a second visit from the multidisciplinary teams – community integrated teams (CITs). The number of children receiving a third or fourth visit fell drastically, to 3,900 and 623 children respectively.<sup>454</sup>

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<sup>447</sup> See for example [here](#) and [here](#), quoted in Perista (2020b).

<sup>448</sup> Perista (2020b).

<sup>449</sup> Perista (2020b).

<sup>450</sup> República Portuguesa (2017a), p. 11, cited in Perista (2020b).

<sup>451</sup> Chłoń-Domińczak (2020a).

<sup>452</sup> According to the national expert, children with disabilities were excluded from the hearing screening programme: Chłoń-Domińczak (2020a).

<sup>453</sup> Two instruments were developed to assess the vulnerabilities: a family observation form and a form for the identification of risks. A baseline census of the population in selected areas was carried out at the start of the programme (i.e. 2015) and the selection of cases was based on this. About 122,000 people have been assessed, of which 23% were children. 74% of all the children assessed have been identified as having at least one vulnerability.

<sup>454</sup> UNICEF (2019), p. 41, cited in Pop (2020).

Several barriers to full coverage of the targeted population have been reported, as follows.<sup>455</sup>

- The limited capacity of each CIT and the availability of human resources. Attracting and retaining human resources turned out to be much more difficult than expected, with the result that many CITs were not fully staffed (only 19 out of 45 communities benefited for at least two years from a complete team).
- The lack of experience of many community workers.
- The differences in service packages proposed for different types of vulnerabilities.
- A series of specialised services, to which the beneficiaries should be referred, were absent or not easily accessible.

In Romania, however, the CIT prioritised the most difficult cases, covering the children with the most vulnerabilities.<sup>456</sup> Overall, *“the information, counselling, referral and accompanying services have been provided, in a comparable proportion, to all age and ethnic groups among beneficiaries, with the exception of information services, provided in a higher proportion to teenagers and Roma children”*.<sup>457</sup>

As indicated by a UNICEF evaluation, the HVS in Bulgaria *“failed to reach out and serve at least 50% of the children aged 0-12 months born in the target geographical areas”*.<sup>458</sup> The imbalance between demand and supply was mentioned as the main explanatory factor for not reaching the planned target.<sup>459</sup> Home visits could not be carried out as part of the universal component, but targeted, as a priority, low birth weight and more vulnerable children.<sup>460</sup>

Lack of information about the new services appeared to be an important barrier at the start of the project, hindering participation of the families, but this was gradually overcome. Communication and collaboration between home visitors and service providers also helped to increase the coverage; 18% of all those enrolled were referred by other services.

## **G4.2 Benefits for children, their families, and society**

### **G4.2.1 General health examination programmes**

Children’s health examination programmes usually include general health check-ups (e.g. monitoring of weight, height, age-related development, musculoskeletal system), visual acuity screening, hearing screening, and in some countries also oral health monitoring. Other programmes are more specific and target one specific area of health such as vision, hearing, or oral health monitoring.

The benefits of these general schemes are numerous. According to national experts, general health examination programmes are an effective way to detect a particular disease or condition and to be able to direct parents towards further and targeted diagnosis and, if necessary, adequate and timely treatment. Preventive health examinations are an important component of healthy child development and well-being. They also allow early detection of disorders or problems, which reduces the risk of complications and increases the chances of better health outcomes. Additionally, health examinations are a safeguard to protect children in the event of abuse or neglect.

Historically, the child health examination programmes developed in Finland (the maternity and child health clinics, the baby box, and the school healthcare programme) have significantly improved public health and considerably reduced the child mortality rate,

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<sup>455</sup> See Pop (2020).

<sup>456</sup> Pop (2020).

<sup>457</sup> Pop (2020).

<sup>458</sup> UNICEF (2019), p. IV.

<sup>459</sup> UNICEF (2019).

<sup>460</sup> UNICEF (2019).

especially, and significantly, for new-borns.<sup>461</sup> Similarly, in Austria, the mother-child pass has positively contributed to the reduction of perinatal (first seven days), neonatal and post-neonatal child mortality.<sup>462</sup>

In Finland, some authors<sup>463</sup> have highlighted that the activities provided by the maternity and child health clinics strengthen early interaction between parents and children. Evidence of the study revealed a positive impact on the relationships between mothers and children.<sup>464</sup> In Finland, a recent study has shown that the costs of *preventive health promotion activities* are lower than the costs of remedial measures,<sup>465</sup> underlining the cost-effectiveness of such interventions. Other studies have also shown that successful preventive healthcare reduces socio-economic disparities in health and saves money.<sup>466</sup>

One expert raised additional issues, pointing out that although these consultations (for which time resources are often lacking) allow children to be seen by a doctor, only basic health check-ups are performed.<sup>467</sup> The benefits of such schemes are not questioned but this shows that there is still room for improvement.<sup>468</sup>

#### **G4.2.2 Screening specific aspects of health**

For specific programmes, more specific benefits can be highlighted in the literature and in the in-depth assessment reports.

##### **Vision and hearing screening**

Vision and hearing impairments can have serious medical and social consequences: delays in learning to read, in speech and language development, isolation, and so on. Early detection is crucial for early action and for the provision of adequate treatment. In this respect, school entry is often considered as the last opportunity to detect a potential problem (with regard to hearing, vision, and/or speech) and to start treatment to prevent delayed language and cognitive development.<sup>469</sup>

Hearing is an essential component of child health, recognised worldwide,<sup>470</sup> hence the need to diagnose potential problems as early as possible. Universal new-born hearing screening, which is widely implemented in the EU, is presented by many authors as an effective means of early detection of hearing disorders and early therapy with optimal results.<sup>471</sup> Many studies have highlighted the benefits of early identification and intervention of hearing disorders for children, such as improving communication skills; language);<sup>472</sup> psycho-social development;<sup>473</sup> increasing productivity linked to better language results;<sup>474</sup> and also enhancing the health-related quality of life.<sup>475</sup> In the same vein, some authors have looked at the effects of universal new-born hearing screening (UNHS) and early identification of permanent childhood hearing impairment (PCHI) on literacy outcomes in the teenage

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<sup>461</sup> Hakulinen and Gissler (2017), cited in Kangas (2020b).

<sup>462</sup> Fink (2020b).

<sup>463</sup> Hakulinen-Viitanen et al. (2005), cited in Kangas (2020b).

<sup>464</sup> Kangas (2020b).

<sup>465</sup> THL (2020), in Kangas (2020b).

<sup>466</sup> THL (2020), in Kangas (2020b).

<sup>467</sup> Fink (2020b).

<sup>468</sup> Fink (2020b).

<sup>469</sup> Skarzynski and Piotrowska (2012).

<sup>470</sup> WHO (2017).

<sup>471</sup> See for example Neumann et al. (2006).

<sup>472</sup> Kennedy et al. (2006), McCann et al. (2009), Neumann (2006), Papacharalampous et al. (2011), Wolf et al. (2009).

<sup>473</sup> Neumann et al. (2006).

<sup>474</sup> Langer et al. (2012).

<sup>475</sup> Burke, Shenton and Taylor (2012).

years.<sup>476</sup> This study shows that the early identification of PCHI at the age of 9 months is associated with better reading comprehension in the teenage years.

Regarding vision acuity, amblyopia is a relatively common disorder and causes visual impairment in children, which can affect children's well-being, learning, and self-confidence. Regarding the *child vision screening programme in Portugal*, a recent study analysing the implementation of the vision screening programme intervention at age 2 in one particular hospital highlighted that *"results show the impact of visual screening on the detection of amblyogenic risk factors"*.<sup>477</sup> *"Long-term benefits of the screening will only be possible later on, comparing the outcomes of those who were screened compared with those who were not assessed, for instance by evaluating visual acuity at school at age 6 or at age 10"*.<sup>478</sup>

### **Dental screening**

Dental screening is designed to identify oral health concerns at an early stage, hence prompting parents to seek treatment for the children. With regard to the dentist-cheque scheme in Portugal, studies have underlined a decrease in the prevalence of dental caries and oral health problems.<sup>479</sup> The DGS also highlighted that *"regarding the indexes of oral health of children and young people, Portugal is bridging the gap regarding the more developed European countries. According to the World Health Organisation's database (WHO), the Decayed, Missing due to caries and Filled Teeth index at the age of 12 ... varied between 4.2 in Croatia and 0.4 in Denmark. In Portugal the figure was 1.18"*. A recent study<sup>480</sup> underlined that: *"thanks to the PNPSO (Programa Nacional de Promoção da Saúde Oral [National programme for the promotion of oral health]), in the past few years, Portuguese children and adolescents have had easier access to healthcare provided by oral healthcare professionals"*. According to the Ministry of Health, *"the high percentage of treatments in situations of illness that prevention could not avoid suggests that the PNPSO is able to respond adequately to the needs of its beneficiaries"*.<sup>481</sup> An evaluation published by the Health Regulatory Entity (ERS) corroborates the benefits highlighted previously of improved oral health conditions. The survey also revealed that *"87% of dentists considered that the maximum number of dentist-cheques envisioned by law was not adequate considering the amount of care needed"*.<sup>482</sup>

In addition: *"another study by Lourenço and Pita Barros (2016), quoted in Perista, 2020b) considered that PNPSO has mitigated the difficulties of access of the most vulnerable groups to oral healthcare"*.<sup>483</sup>

### **Benefits of integrated social services**

The MSP implemented in Romania has shown significant progress in a relatively short period of time for children in vulnerable situations, in areas such as healthcare (child's health, access to preventive and primary healthcare services) and education (pre-school enrolment), and a decrease of monetary and extreme poverty.<sup>484</sup> More particularly, regarding health-related vulnerabilities,<sup>485</sup> the intervention of the CITs proved to be very effective as it offered a series of information, screening, and monitoring interventions

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<sup>476</sup> Pimperton et al. (2014).

<sup>477</sup> Pereira et al. (2020), p. 28, cited in Perista (2020a).

<sup>478</sup> ARS Norte (2017), p. 17, quoted in Perista (2020a).

<sup>479</sup> Directorate-General for Health (*Direção-Geral Da Saúde*) (DGS) (2001, 2008, 2015), quoted in Perista (2020b); Ministério da Saúde (2019), quoted in Perista (2020b).

<sup>480</sup> Calado et al. (2017), p. 110, quoted in Perista (2020b).

<sup>481</sup> DGS (2019), p. 20, quoted in Perista (2020b).

<sup>482</sup> ERS (2014), p. 98-99, quoted in Perista (2020b).

<sup>483</sup> Perista (2020b), p. 14.

<sup>484</sup> Pop (2020).

<sup>485</sup> Inequalities in preventive healthcare services are inevitable in a primary healthcare system characterised by uneven coverage and shortages of physicians in many communities, especially rural ones. Marginalised communities such as Roma face additional access barriers (no identity forms, discrimination).

through the community nurse and facilitates access to a family practitioner. These vulnerabilities decreased rapidly and significantly after the intervention of the CITs.<sup>486</sup>

In addition, the scheme has stimulated cooperation not only between different institutions at local and county level thanks to the multidisciplinary teams, but also between the different levels of governance.<sup>487</sup> The programme seems to be very cost-effective when compared with specialised services; and the medium- and long-term benefits of reduced demand on basic social services reinforce the importance of integrated community-based intervention.

### **G4.3 Key conditions for generating benefits for low-income children**

#### **G4.3.1 Levels of governance**

The programmes that are successful in promoting and protecting children's health are universal, meaning that the schemes are provided in the same way and free of charge to all children in the country. They are therefore established by law. This applies to the vision screening and dentist-cheques schemes in Portugal; the mother-child pass and health prevention and health promotion at schools in Austria; the child and maternity clinics and school healthcare programme in Finland; and the German child examinations programme. The same principles apply to many other schemes described in Chapter G2. All the universally provided schemes included in the in-depth assessment are set up at national level. This ensures equal provision and equal access for all children. It is, however, also conceivable that such schemes are successfully set up at regional level in countries where the relevant competencies have been devolved to a sub-national level.

The programmes may be embedded in: (a) the educational system; (b) the health system; the wider social care systems; (c) the statutory health insurance system; or (d) a combination of these, depending on the specific characteristics of the scheme and the country-specific features of the social protection system. See the following examples.

- In Finland, the school healthcare programme is embedded both in the national health system and the national education system. The baby box scheme is provided by the Social Insurance Institution of Finland (Kela), which is a statutory and nationwide actor. The maternity and child health clinics fall under the responsibility of the national Ministry of Social Affairs and Health.<sup>488</sup>
- The Austrian health prevention and health promotion at schools scheme is embedded in the educational system, at federal level. The mother-child pass is regulated by the Federal Minister of Health and Social Affairs and applies uniformly across all federal provinces.
- The content, timing, and structure of the examination programme in Germany are laid down in directives from the Joint Federal Committee.

Successful programmes, which are defined at the national/central level, can be implemented at a wide variety of levels depending on the country-specific characteristics of the health and social care system and the education system.

Tax-funded programmes are typically implemented at municipal or regional level, and coordination may be carried out at national or regional level. Implementation at local level makes it possible to take into account local needs and specificities, ensuring that service delivery fits within the local context.

- The Portuguese vision screening programme is implemented at local level, coordinated by the ARS.<sup>489</sup>

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<sup>486</sup> Pop (2020).

<sup>487</sup> Pop (2020).

<sup>488</sup> Kangas (2020b).

<sup>489</sup> Perista (2020a).

- The Portuguese dentist-cheque programme is coordinated at the national level, including internal evaluation and monitoring of the programme. There are similar structures at the regional level with similar responsibilities. The regions are also responsible for implementing the programme in their specific region. The programme is then implemented locally. Dentist-cheques are issued by the managers of local health centres. Documents are then sent to the directors of groups of schools and afterwards delivered to parents/guardians. After the referral for an oral hygiene appointment or after the dentist-cheque is used, all the information registered in the oral health information system is made available to the family general practitioner.<sup>490</sup>
- In Finland, the local municipalities organise and implement the tasks decided on by the central government.
- In Romania, the county level provides coordination and methodological support to CITs. Services are provided by the local public authorities.

In countries with a statutory health insurance system, implementation of the schemes can be carried out through statutory health insurers.

- The Austrian programme of examinations covered by the mother-child pass is implemented through the public health insurance system.
- In Germany, the statutory health insurance funds have to cooperate with the municipal agencies stipulated in regional (Länder) legislation to ensure that families attend the early detection examinations. Almost all Länder have established a system of invitation, registration, and reminders, as explained above.

The healthcare services of the programmes may be provided by public services, privately contracted healthcare providers or private providers.

- The (public) health units of the ACES and the (public) hospital ophthalmology services are involved in care provision through the Portuguese vision screening programme.
- The dental care monitoring provided under the Portuguese dentist-cheques programme takes place in health centres but also in private settings, as the cheques may be used to pay private providers adhering to the scheme.
- In the *Austrian health prevention and health promotion at school* programme, school-providers (which are mainly public at municipal or federal level, but may also be private entities) have to employ school physicians.
- Under the Austrian mother-child pass programme, examinations are performed for free by physicians contracted by one of the public health insurance providers. Examinations can then be carried out free of charge by a contracted physician.
- In *Germany*, the first two examinations are normally carried out in the maternity hospital, and subsequent examinations generally take place in the medical practice of a general practitioner or paediatrician.
- The CIT in *Romania* includes a social worker, a community nurse, a health mediator (all employed by a local public authority, as part of the public social assistance service or equivalent specialised department), and a school counsellor or school mediator (employed by the school or by the county-level Centre for Resources and Assistance in Education, under the Ministry of Education).<sup>491</sup>

**Specific programmes and pilots reaching out to vulnerable groups** are sometimes developed only in some regions or established by local communities, for example as follows.

- Mother and child health centres and the HVS in Bulgaria were developed by the Bulgarian government in partnership with UNICEF and the Bulgarian Association of Health Care Professionals. Demonstration services were established in two regions as

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<sup>490</sup> Perista (2020b).

<sup>491</sup> Pop (2020).

part of the provincial health system. They offer three types of service packages (universal, universal plus, and indicated packages) to expectant mothers and to children aged under 3 and their families, especially the most vulnerable children and those with special needs.

- Community health assistance activities in Romania were carried out by CITs put in place by local authorities. UNICEF offered support, along with other specialised NGOs, to increase the capacity of the CITs. The main partners for setting up the programme of CITs delivering the MSP in Romania were as follows.<sup>492</sup>
  - At national level: The Ministry of Labour and Social Protection, Ministry of Health, Ministry of Education, Ministry of Regional Development and Public Administration and, finally, the Ministry of European Funds.
  - At county level: (a) The decentralised Directorate for Social Assistance and Child Protection (under the county council); (b) the devolved organisations under the Ministry of Health and Ministry of Education – county public health directorates and county centres for resources and assistance in education; and (c) NGOs.
  - At local level: Local public authorities, the CITs, consultative community structures (if present), NGOs, children and their families

#### **G4.3.2 Availability of infrastructure and staff**

Both in Chapter G2 and in the national in-depth assessments, a shortage was reported of services and of health professionals able to ensure that the scheme reaches its aims.

- In Portugal, out of the 4,832 children referred to an ophthalmology appointment at the hospital, 26.7% had a first appointment. The median waiting time for this appointment was 109 days. The goal of conducting the first appointment within 60 days after referral was achieved in 30.1% of the cases (284 children). Furthermore, in some regions a low number of (private) dentists adhering to the dentist-cheques scheme was reported. In five municipalities (out of 312) there were no dentists adhering to the programme.<sup>493</sup>
- The Romanian programme establishing CITs found it much more difficult than initially expected to attract and retain human resources. There were no community nurses in 15 out of 45 communities for at least one year, while health mediators were present in six communities.<sup>494</sup>
- An imbalance between supply and demand of staff was also identified as an important impediment to effectiveness in addressing the complex needs of vulnerable families and attaining maximum results for home visiting services in Bulgaria.<sup>495</sup> Well trained home visiting personnel dedicated to their work served as one of the key factors having a positive effect on meeting the demands of the population, building trust with them, and efficient use of resources. However, staff turnover due to job insecurity and stress reduced the efficient use of resources.<sup>496</sup>

Addressing these shortages may not be easy. It would require higher funding of the schemes, and the programme would need to be made more attractive to service providers, by paying higher fees for private providers and salaries for staff or by offering other incentives encouraging professionals to set up in rural areas. It may also require training of more health professionals.

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<sup>492</sup> Pop (2020).

<sup>493</sup> Perista (2020a).

<sup>494</sup> Pop (2020).

<sup>495</sup> UNICEF (2019).

<sup>496</sup> UNICEF (2019), p. VIII.

### G4.3.3 Challenges in replicating the different types of policies/programmes

Institutional differences between the health systems in different Member States may be the most important challenge for those seeking to replicate a programme in another setting.

- **General preconditions for successful replication of schemes.**
  - Ensure strong institutional cooperation, with high interactivity, between different stakeholders and synergies between different sectors, in order to ensure that economic vulnerability does not hamper access to screening and to adequate follow-up and treatment.
  - Promote the active involvement of local, regional, and national levels and health insurers according to the specificity of each country. Promote close cooperation of all actors in youth and healthcare for children and young people in local early intervention networks.
  - Ensure sufficient availability of healthcare providers cooperating with the scheme (including through sufficient and predictable funding).
  - Ensure the stability and quality of human resources involved in healthcare provision. Provide systematic and consistent training of service providers and involved actors.
  
- **Conditions for proper replication of screening programmes** (based on the German screening programme and the Portuguese vision screening programme.<sup>497</sup>)
  - Establish an individual legal right to examination for each child.
  - Provide the examinations and follow-up treatment free of charge.
  - Set up a binding invitation, registration, and reminder system with a competent authority at local level.
  - Set up a procedure to ensure that the child actually receives the required follow-up treatment.
  - Undertake information and awareness-raising sessions for parents/guardians and professionals of different sectors, in order to promote take-up and adequate follow-up, especially among the most vulnerable children.
  - Establish ongoing monitoring based on an information system allowing for real-time feedback.
  - Enhance public health electronic health record systems covering areas such as immunisation information, health screening, and other key data; and report to clinicians the details of children overdue for procedures.<sup>498</sup>
  
- **Conditions for properly replicating a programme reaching out to children in vulnerable communities in lower-income countries (based on the Romanian CITs).**<sup>499</sup>
  - Allow for a customised system of prioritising and evaluating interventions, based not only on the number and incidence of vulnerabilities faced by a child, but also taking into account: (a) the required effort (type of intervention, number of interventions); and (b) the estimated time-line to curb a vulnerability through different types of interventions.
  - Establish multidisciplinary teams.

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<sup>497</sup> Hanesch (2020a) and Perista (2020b).

<sup>498</sup> Frazer, Guio and Marlier (2020).

<sup>499</sup> Pop (2020).

#### **G4.3.4 Involvement of “clients” in the design and implementation of programmes**

Little information is available on the involvement of children and households with children in the programmes. There are no indications that users are involved in the design of the programmes. In Finland and Sweden, users participate to some extent in the implementation of the programmes. In Finland, this applies both to the child and maternity clinics and to school healthcare at the local level. In Sweden, all integrated care in family centres require the participation of users. No assessment of the importance of this involvement to the success of the programmes was provided.

#### **G4.4 Quality of the provision**

Standards are the backbone of quality assurance in screening programmes. A set of standards relevant to the specific screening methods and policy should be developed. The in-depth assessments reported some guidelines and standards for screening programmes regarding human resources and training, and the content, structure, and procedures of examinations/screening (see some examples in Box 2 below). With regard to human resources and training, personnel employed in screening programmes should have relevant competencies. Practitioner qualifications and ongoing competency are key elements in the quality of provision. General health examinations are carried out by general practitioners or paediatricians. The specific screening programmes usually involve nurses, dentists, and/or oral hygienists for the oral care screening programmes. With regard to the MSP in Romania, the national expert has stressed the importance of staff qualifications: *“While all school counsellors have tertiary education, and all community nurses have post-secondary speciality education, the proportion of social workers with university diploma was rather low, and only 20% of these had a specialisation in social work (see more information UNICEF 2019, cited in Pop, 2020). The final assessment of the Programme highlights that the composition of CITs had a significant impact on the effectiveness of service provision, as communities which benefited of complete and more professionalised teams performed better overall”*.<sup>500</sup>

These professionals work closely together in interdisciplinary, multi-professional networks to ensure high-quality and well-functioning support. Involvement in multidisciplinary teams was reported, for example, in the child and maternity health clinics and school healthcare programme in Finland, and in Germany for the child health examinations.

In addition to human resource standards, other quality requirements, with regard to the content and structure of examinations, process and procedures, hygiene, and privacy, have been reported in the in-depth assessment reports.

Recent developments have been reported with regard to quality requirements in the Romanian programme. In 2019, minimum quality standards have been established for a range of social services, methodological norms for the functioning of community health assistance centres were issued, and the specific attributions of the community nurses were established.<sup>501</sup>

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<sup>500</sup> Pop (2020).

<sup>501</sup> Pop (2020).

### Box G1: Guidelines and standards for screening programmes: illustrations

**In Austria**, for the mother-child pass, general guidelines exist for resident doctors with regard to the application of quality assurance, under the "Austrian Physicians Law" (Ärztegesetz). The "quality assurance Regulation" (Qualitätssicherungsverordnung), issued by the Austrian Medical Chamber, specifies quality criteria (such as hygiene, privacy, medical device management) and evaluation procedures (self-evaluation by the resident doctors every five years and the provision of written documents: "Pflichtnachweise"). However, there are still no specific tools for quality assurance, monitoring, and evaluation of the mother-child pass, despite the debates ongoing since 2012.<sup>502</sup>

**In Germany**, the U-examinations are conducted by paediatricians or general practitioners, who follow the standards regarding content and procedure of early detection examinations specified in a directive. The law "Gesetz zur Kooperation und Information im Kinderschutz" (Act on Cooperation and Information in the Field of Child Protection) stipulates that paediatricians are obliged, in spite of medical secrecy, to inform the stipulated body if a serious threat to the child's welfare is identified.<sup>503</sup>

**In Finland**, well defined standards exist and are specified in the legislation. The Ministry of Social Affairs and Health is responsible for legislation on maternity and child health clinics and, together with the Ministry of Education and Culture, for legislative issues regarding school healthcare.<sup>504</sup> The Finnish Institute for Health and Welfare is responsible for the practical development, monitoring, and municipal guidance relating to the activities of maternity and child health clinics,<sup>505</sup> provides guidelines and information to the clinics (e.g. the "children's counselling handbook"), and organises training.

**In Portugal**, the child vision screening programme is conducted by two health professionals: one nurse with specific training who performs the test and another professional responsible for taking notes.<sup>506</sup>

Monitoring and evaluations are also key elements for the continuous improvement of quality and performance of the programme (see Section G4.6 for further information on monitoring).

### G4.5 Source(s) of funding

Depending on the health system design, the programmes may be tax-funded or funded through health insurers. The actual funding sources may differ depending on the specific characteristics of the scheme and of the organisation of the health and education system in the country.

- For instance, two thirds of the funding for the Austrian mother-child pass comes from the "equalisation fund for family allowances" (*Ausgleichsfonds für Familienbeihilfen*) (FLAF) and one third from insurance contributions to the health insurance and care programme. No data are publicly available on the private co-payments to be covered by parents when using non-contracted doctors.
- The Portuguese programme of dentist-cheques is funded solely by the Ministry for Health through funds transferred to the ARS by the central health system administration (ACSS).
- The German medical and dental check-ups for children and adolescents are funded by the statutory health funds and private health insurance companies respectively.
- In Finland, the baby box is paid for by the social insurance institution (state level). Both maternity and child health clinics and school healthcare are free of charge and costs are covered by the municipal budget.

<sup>502</sup> Fink (2020b).

<sup>503</sup> Hanesch (2020a).

<sup>504</sup> Kangas (2020b).

<sup>505</sup> THL (2020d), quoted in Kangas (2020b).

<sup>506</sup> Perista (2020a).

The funding of health services is typically a national competence. EU funding can be used to test innovative approaches or to support the setting-up of new programmes in Member States with limited financial resources.

- The provision of the MSP in Romania, which includes the CITs, is to be scaled up to national level in 2021 and will be supported from the state budget, EU funds, and other European economic space or Norwegian Fund grants.
- The hearing screening programme in Poland, designed for first-grade students of primary schools in the Mazowieckie *voivodship*, was implemented between August 2017 and June 2019. It was financed by the 2014-2020 ESF.

#### G4.6 Monitoring

The evaluation of screening programmes involves monitoring and assessing service delivery and outcomes, to ensure that they are meeting their objectives. As stated by the WHO: “Monitoring should occur regularly, such as annually, and measure outcomes that are derived from the aims of the programme”. Key performance indicators (KPIs) such as coverage and uptake are also very useful in assessing whether the screening programme is delivering the expected benefit.<sup>507</sup>

The monitoring can be ex ante or ex post, and conducted internally or externally. For example, in Finland, the evaluation of the *maternity and child health clinics* and *school healthcare programme* is mostly done ex ante by the regional state administrative agencies (e.g. statistical checks such as the number of registered people and municipal plans), but also ex post (sanctions if municipalities do not comply with the regulations). Surveys are carried out by the National Institute for Health and Welfare in order to collect follow-up data on the school healthcare system, student care, and the well-being of students.<sup>508</sup> In addition, the National Supervisory Authority for Welfare and Health<sup>509</sup> will check whether the quality standards are properly applied. In Portugal, audits of the *dentist-cheques scheme* may be performed, based on monitoring mechanisms defined by the Directorate-General for Health. An assessment of the veracity of the declarations made by dentists is included in the programme, regarding how treatment is recorded in the recipients’ records and the dental diagnosis of traced users. Medical auditors contracted by the Directorate-General for Health are able to trace the beneficiaries, and dental caries are photographed and added to the audit registers.<sup>510</sup> In Austria, school physicians must fill in an activity report on the *annual school health examinations (Schulärztlicher Tätigkeitsbericht)* online,<sup>511</sup> which includes the key parameters of their annual activities. According to the Federal Court of Audit,<sup>512</sup> while this instrument may help to improve quality assurance within the system of school physicians, it is not sufficient to guarantee systematic quality management, and external monitoring is needed.

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<sup>507</sup> WHO (2020), p. 44.

<sup>508</sup> Kangas (2020b).

<sup>509</sup> The authority (*Sosiaali- ja terveystalun lupa- ja valvontavirasto*) supervises operations across the entire social welfare and healthcare sector in cooperation with regional state administrative agencies (*aluehallintavirasto*) and other regional or local stakeholders. Its overarching task is to provide national oversight to ensure that everyone in Finland has the right to well-being, high-quality services, and safe living conditions. See The National Supervisory Authority for Welfare and Health (2020), quoted in Kangas, (2020).

<sup>510</sup> Perista (2020b).

<sup>511</sup> This online questionnaire is organised by the Federal Ministry of Education, Science and Research, and is available [here](#).

<sup>512</sup> Rechnungshof 2018, cited in Fink (2020b).

Several criteria used to ensure the quality of the programmes have been highlighted for the dentist-cheques scheme and the child vision programmes in Portugal, and for the child health examinations in Germany.

- For the *dentist-cheques* scheme in Portugal: Percentage of children aged 6 without caries; Decayed, Missing due to caries and Filled Teeth index at age 12; percentage of children aged 12 with at least one filling; percentage of usage of dentist-cheques and referrals to oral hygienist at age 10; percentage of young people aged 18 without caries lesions; percentage of treatment plans concluded in connection with the oral health referrals issued by primary healthcare services; percentage of treatment plans concluded in connection with the use of dentist-cheques; and percentage usage of dentists.<sup>513</sup>
- For the *child vision screening programme in Portugal*: Geographical coverage rate of the screening; take-up rate; population coverage rate; population screening rate; percentage of referrals to hospital ophthalmology services; percentage of referrals to hospital ophthalmology services where a consultation has taken place; percentage of referrals where a consultation took place within 60 days of referral; median waiting time for the first consultation; percentage of children with an ophthalmology consultation to whom glasses were prescribed; percentage of children screened to whom glasses were prescribed; and percentage of children who repeated the screening at age 4 to whom glasses were prescribed.<sup>514</sup>
- For the *U-examinations programme in Germany*, an evaluation will soon be launched to assess the recent changes made to the U2-U9 examinations. Among other things to be assessed: how often are morphological abnormalities of the eyes detected using the newly established eye-test standards, whether the early detection and treatment of developmental delays is successful, and how often a hearing problem is detected in U8.<sup>515</sup>

Several criteria can be used to monitor the success of the different types of policies/programmes. Although common criteria can be applied to all the programmes covered by the priority action, specific indicators should be established according to the specificities and objectives of the programme. A list of indicative criteria can be established (see Table G2). However, further investigation and analyses are needed in order to establish clear criteria.

With regard to the involvement of children/their families, user-satisfaction surveys or examining the complaints received from patients and relatives are ways to monitor the quality of the screening programmes.

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<sup>513</sup> Perista (2020b).

<sup>514</sup> Perista (2020a).

<sup>515</sup> Hanesch (2020a).

**Table G2: Criteria to assess specific health-screening programmes**

Criteria	Definition of the criteria	Examples of indicator <sup>516</sup>
Accessibility	Take-up	Proportion of children benefiting from free screening programmes: <ul style="list-style-type: none"> <li>• free general health screening at different ages;</li> <li>• free visual screening at different ages; and</li> <li>• free dental screening at different ages</li> </ul>
Accessibility/organisation	Children’s and parents’ satisfaction with accessibility/organisation	Proportion of children and parents satisfied with how scheme is made available and run. Number of complaints.
Effectiveness	Follow-up, referrals to specialists, examination, diagnosis and treatment when needed	Median waiting time for the first consultation after the screening. Proportion of treatment plans concluded or treatment undertaken by beneficiaries. Proportion of referrals to specialised examinations (ophthalmology services).
Outcomes	Benefits of provision	Indicators of disease prevention, detection and treatment
Quality standards	Control of standards regarding content and procedures	
Participation	Monitoring and evaluation in the best interest of the child and involving all stakeholders	
Monitoring that supports continuing improvements	Monitoring and evaluating produces information at the relevant local, regional and/or national level to support continuing improvements in the quality of policy and practice	
Transparency	Information on the quality of the screening system is publicly available	

In some Member States, the outcomes of the monitoring are made publicly available. For instance, in Finland, all the information collected locally on health promoting measures is centralised in a web-based information bank,<sup>517</sup> which is openly available. In Portugal, the National Health Service’s transparency portal<sup>518</sup> provides a range of publicly available oral health indicators, including on the dentist-cheques scheme. However, this portal does not include any indicators regarding the child vision screening programme.

<sup>516</sup> This column lists examples of indicators extracted from the in-depth assessment reports – dentist-cheques scheme and the child vision programmes in Portugal, and the child health examinations in Germany.

<sup>517</sup> See link [here](#).

<sup>518</sup> For more information see [here](#).

## Chapter G5: Main recommendations and conclusion

This part of the report proposes recommendations with regard to the CG component analysed in FSCG2 in the health domain “*Each child at risk of poverty should be provided with free regular health examinations and follow-up treatment at their successive growth stages*”. These recommendations are based on the EU mapping of the 27 Member States and the analysis of the in-depth assessment reports.

- Coverage and take-up
  - Make the scheme universal, by establishing a legal entitlement to include all children.
  - Ensure accessibility and actual coverage by establishing a pro-active approach to reaching all children. Introduce a binding system of invitation, registration, and reminders with a competent authority at local level.
  - Undertake awareness-raising initiatives among parents, guardians, health professionals, and social workers of different sectors in order to promote take-up and adequate follow-up, especially among the most vulnerable children. This may include awareness-raising sessions, flyers, and home visits. The awareness-raising initiatives among parents and guardians should be embedded in broader policies on health literacy.
  - Provide financial and other incentives to participate in the programme.
  - Making the system compulsory is an option.
- Coordination and levels of governance
  - Ensure strong institutional cooperation, high interactivity between different stakeholders, and synergies between different sectors, in order to ensure that economic vulnerability does not hamper adequate follow-up and treatment.
  - Establish and organise monitoring of the schemes at central level (national or regional depending on the division of competencies in the country).
  - Promote active involvement of local, regional, and national levels and health insurers according to the specificity of each country.
  - Promote close cooperation of all actors in youth and healthcare for children and young people in local “early intervention” networks.
- Quality requirements and monitoring
  - Define (minimum) standardised programmes, in order to guarantee the uniformity and quality of the programme. Define standards on the scope of the screenings, and the content and structure of examinations, to make sure screening programmes are effective and in conformity with the latest medical knowledge. Review the standards regularly in order to allow for continuous improvement and support the programme’s aims.
  - Establish ongoing monitoring based on an information system allowing for real-time feedback. This monitoring should be based on specific criteria covering different aspects of the screening programmes (e.g. coverage, take-up rate, effectiveness, incidence measures, quality, follow-up treatment) and derived from the objectives of the programmes. Data collection and indicators development should be part of the monitoring.
  - Establish an EU indicator or set of indicators to monitor Member States’ progress towards guaranteeing free regular health examinations and follow-up treatment for AROP children.
  - Involve stakeholders, children, and families in the monitoring of service provision.

- Human resources
  - Ensure the availability, stability, and quality of human resources involved in healthcare provision.
  - Ensure sufficient availability of healthcare providers cooperating in the scheme, including through sufficient funding, and address geographical disparities.
  - Establish standards and quality requirements with regard to staff qualifications.
  - Provide systematic and consistent training and continuous professional development programmes of service providers and involved actors.
  - Compose multidisciplinary teams of service providers, including health professionals, social workers, and teachers, as many of the barriers faced by vulnerable groups are embedded in a broader social context. The various professionals involved contribute from their own perspective and will facilitate communication with families and children.
- Follow-up examination and treatment
  - Support vulnerable families to claim their rights to healthcare coverage, in order to ensure that the child has financial access to follow-up treatment.
  - Set up a clear and effective procedures to ensure that the child actually receives the required follow-up treatment.
  - Ensure that follow-up treatment is free of charge.
  - Set up a system to monitor follow-up examination and treatment as an integral part of the monitoring system of the programme.
- Targeted screening programmes
  - Clearly define the target groups.
  - Provide support to the target groups in terms of information, access to mainstream healthcare, and specific programmes responding to their specific needs.
- Pilots
  - Develop pilot provision at sub-national level, which could be expanded if successful.
- EU funding (EU4Health, ESF+)
  - EU funding can be used to test innovative approaches.
  - In Member States or regions with limited financial resources, EU funding can be used to support the setting-up and implementation of new programmes for screening, health examination, and treatment.

## **PART H: PROVISION OF SERVICES AIMED AT PREVENTING AND FIGHTING CHILD HOMELESSNESS**

Even though it should be a primary objective of the future CG, the housing component identified for analysis in FSCG2, “there are no homeless children”, is of course not sufficient to ensure that all AROP children have access to decent housing. As explained in Chapter C3, this objective should be part of a broad strategic approach encouraging Member States to improve the affordability, availability, and quality of housing.

Part H is organised as follows: Chapter H1 describes the priority actions and services of interest to prevent and fight child homelessness; Chapter H2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter H3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter H4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; and finally, Chapter H5 summarises the main findings and conclusions.

### **Chapter H1: Priority actions**

To ensure that “there are no homeless children”, the priority actions that we focus on in FSCG2 are the provision of services aimed at preventing and fighting child homelessness, such as: eviction prevention or rapid “rehousing” systems for families with children in need and unaccompanied minors; services providing emergency or temporary accommodation; HF or housing-led solutions for families; and services aimed at strengthening the transition to a stable and independent adult life for children in alternative care.

### **Chapter H2: EU mapping**

National teams from the 27 EU Member States were asked to identify the main types of support services provided (e.g. prevention services, emergency/temporary accommodation, rapid rehousing systems, high-intensity specialised support, low-intensity support services, housing-led services, supported housing, HF services) for the following groups:

- unaccompanied minors;
- families with children in urgent need of rehousing (e.g. when evictions occur, where one parent suffers from domestic violence, or in cases of insecure or inadequate housing); and
- young people transitioning from state care into independent life.

Table H1 provides an overview of the main services identified across the 27 EU Member States.

**Table H1: Provision of support services for specific groups of children experiencing or at risk of homelessness in the 27 EU Member States**

	<b>Unaccompanied minors</b>	<b>Families with children in urgent need of rehousing</b>	<b>Young people transitioning from state care into independent life</b>
<b>BE</b>	Temporary accommodation and specialised support through a three-stage process (observation, stabilisation, and supported autonomy)	Emergency/temporary accommodation; preventive housing assistance; mobile support services; HF programmes	Youth care services provide continuity of care from age 16. Extension of youth care measures up to age 25 is possible. Context guidance for autonomous living is available for young people aged 17-21 who start to live alone.
<b>BG</b>	Day centres focusing on supporting street children	Emergency shelters and temporary accommodation centres	No services reported
<b>CZ</b>	Residential refugee centres and refugee integration centres	Temporary accommodation; low and high-intensity support services; small-scale rapid rehousing; HF projects	Halfway houses (temporary accommodation and support services) for young adults aged 18-26
<b>DK</b>	Detention centres (1 <sup>st</sup> stage); foster family or supported housing with support services (2 <sup>nd</sup> stage)	Refuges for families escaping violence; allocation of social housing combined with social support services	No specific services. Support available from some municipalities after age 18.
<b>DE</b>	Temporary accommodation and care services by youth welfare offices (e.g. placement in foster homes or clearing houses)	Rapid rehousing services at the municipal level	Supported housing and low-intensity support services for assisting young adults in autonomous living available up to the age of 21
<b>EE</b>	Alternative care services (e.g. foster families, family houses, and substitute homes)	Refuges for women and children escaping domestic violence; access to accommodation organised by local authorities	Continued care service organised by local authorities available for young people leaving care
<b>IE</b>	Accommodation in a children's residential home or a foster care placement provided by Child and Family Agency (TUSLA)	Emergency accommodation (e.g. family hubs and hotels and B&Bs); refuges for women and children escaping violence	Aftercare plan including arrangements for accommodation offered to young people up to age 21, with the possibility of extension till age 23
<b>EL</b>	Emergency/temporary accommodation (e.g. shelters, safe zones within refugee accommodation centres, hotels, reception centres); a few supported housing options (e.g. supported independent living apartments for unaccompanied children older than 16)	Emergency/temporary accommodation provided by transitional accommodation hostels; priority access to supported apartments; refuges for women and children escaping violence	Supported independent living apartments for unaccompanied children older than 16; community residential structures for mentally ill people
<b>ES</b>	Prevention services and emergency/temporary accommodation	Emergency/temporary accommodation and rapid rehousing systems	Housing-led services; supported housing; HF services
<b>FR</b>	Temporary foster home (1 <sup>st</sup> stage); social services protection (2 <sup>nd</sup> stage)	Temporary accommodation – e.g. accommodation and social reintegration centres (CHRS), rooms, emergency shelters, low-range hotels, social residences, halfway houses	Extension of child protection services support up to age 21 is possible
<b>HR</b>	Centres for asylum-seekers; welfare centres for children and young people	Refuges for women and children escaping violence	Assisted living support is available for young people aged 18-21
<b>IT</b>	Reception centres; alternative care arrangements	Emergency and temporary accommodation	No information

<b>CY</b>	Shelters and homes	Financial support; practical support for relocation	Social welfare support available after age 18
<b>LV</b>	Foster care; youth houses (collective apartments with supervision for youngsters aged 15 or older)	Shelters for families with children; crisis centres for families escaping violence	Foster care; youth houses (collective apartments with supervision for youngsters aged 15 or over and guidance for transition into independent living)
<b>LT</b>	Free accommodation and subsistence support; access to education and healthcare	Crisis centres for victims of violence; temporary accommodation and supervision for families in crisis	Access to social housing; dormitories in vocational education schools; accompanied housing with supervision (new service)
<b>LU</b>	Reception support by National Reception Office (OLAI/ONA); access to social support and education	Access to social housing; shelter for families escaping violence	Children's homes provide access to accommodation and guidance on independent living
<b>HU</b>	Mainstream special care unit and support services provided by child protection service	Temporary state care for children legally foreseen; temporary accommodation services for families with children (e.g. refuges for families escaping violence)	Aftercare support services available up to age 21 (if in higher education), or 25 (means-tested); financial support for independent living through the child protection housing fund
<b>MT</b>	Integration in designated homes in the community	Social housing policies; temporary accommodation and support (e.g. Young Men's Christian Association – YMCA – shelter)	Temporary accommodation and support (e.g. YMCA shelter)
<b>NL</b>	Placement in foster families (aged under 15) and support by NGO; small-scale accommodation centres for young people with supervision (age 15 and over)	Specialised shelters according to the crisis situation	Placement in foster families under the responsibility of Nidos (NGO)
<b>AT</b>	Institutions and foster care organised by the child/youth welfare services; low-threshold overnight shelter (Vienna)	Rapid rehousing schemes through social housing allocation	Extension of child and youth welfare measures up to age 21 is possible
<b>PL</b>	Temporary accommodation and support provided by care intervention centres, alternative care arrangements and crisis intervention centres (for older children and adults)	Accommodation at crisis intervention centres; homes for mothers with minors and pregnant children; specialist centres for support of victims of domestic violence	Sheltered training dwellings provide accommodation and support in transitioning
<b>PT</b>	Specialised shelter service for unaccompanied children	Emergency/temporary accommodation in shelters, private room, hostels or boarding houses; refuges for families escaping domestic violence	Flats for autonomy; support for autonomous living (e.g. economic, employment, training support)
<b>RO</b>	Emergency centres; mother-and-child centres; night shelters for street children; guardianship; day centres for social integration/reintegration; day centres for coordination and information for street children; street intervention services (for homeless people, people with different addictions, victims of domestic violence, victims of natural disasters, etc. – mobile teams)	Centres for emergency hosting victims of domestic violence  Emergency/crisis support centres	Transitional services – temporary accommodation and protected dwellings for children leaving institutional care at age 18  Financial support for young people leaving institutionalised care  Day centres for acquiring skills for independent living

<b>SI</b>	Group housing for unaccompanied minors; guardianship; comprehensive support	Eviction-prevention programmes; crisis centres for children and young people aged 6-17 in acute distress; a crisis centre for children up to age 6 and only one parent or no parents and for children temporarily leaving foster family	No information available
<b>SK</b>	Support provided by offices for social and legal protection of children and social guardianship; one children's home for unaccompanied minors	Shelters, temporary and emergency housing and support services; emergency housing for families escaping domestic violence	Temporary accommodation and support services; temporary housing in half-way homes; financial support
<b>FI</b>	Home-like reception centres; group homes ( <i>ryhmäkoti</i> ) for children under 16, and support homes ( <i>tukiasunto</i> ) for those aged 16-17, seeking asylum	Rapid rehousing schemes organised under the responsibility of the municipal social assistance	Aftercare support services available after the end of the youngster placement (support based on youngster needs)
<b>SE</b>	Residential care; foster parents; or close relative	Alternative temporary housing offered by the municipality	Residential care; foster parent; or own accommodation

One overall conclusion from this overview of the different types of services supporting children and/or families experiencing homelessness relates to the (co-)presence of different systems within the descriptions made by national teams (e.g. child protection services, specialised support for migrants or refugees, domestic violence services, homelessness and housing support services).

## H2.1 Unaccompanied minors

In most Member States, existing support services for unaccompanied minors are largely residential and/or family-based care. In some cases the child protection system is the main agency responsible for ensuring that unaccompanied minors have access to such support, although there are variations across Member States. See examples as follows.

- In Austria, where unaccompanied minors are usually being cared for either in institutions or in foster homes, there is one specialised service (a "low-threshold" overnight shelter in Vienna) offering services to unaccompanied minors who "fell out" of the child and youth protection system. According to the Austrian national expert, this service – "A Way" – offers an opportunity for overnight stays at a safe place plus additional social services such as counselling, and information on other services.
- In Romania, there is a similar provision involving a children's night shelter, accompanied by social integration day centres and counselling centres.
- In Estonia, local authorities are responsible for organising alternative care services for unaccompanied minors, the objective of which is to ensure the long- or short-term well-being and rights of a child, ensure family-like living conditions, and create a secure physical and social environment; alternative care services are provided by foster families, family houses, and substitute homes.
- The Hungarian expert reports that unaccompanied minors aged under 14 are provided with accommodation in a special care unit, but they access the regular child protection system's support services.
- In Ireland, the state agency responsible for child protection and welfare (Tusla) offers accommodation to unaccompanied minors in a children's residential home or a foster care placement.
- In Poland, there are three main types of support services available for unaccompanied minors: care intervention centres (*placówka opiekuńczo-wychowawcza typu*

*interwencyjnego*), which provide up to three months accommodation and support for children experiencing various live difficulties/crises, including homelessness; alternative care provided by foster families or institutional care for children aged under 10 or as a follow-up to care intervention centres; and crisis intervention centres (*ośrodek interwencji kryzysowej*), which are not designed specifically for minors (they may also host adults/parents with children) in need of emergency accommodation, for up to three months.

- The Slovenian national expert reports that unaccompanied minors arriving in the country are provided with a comprehensive range of support services, according to their needs; a guardian is allocated to each unaccompanied minor, at arrival, and if, necessary, a multidisciplinary team is formed for individual unaccompanied minors at centres for social work.

In a few Member States, the descriptions provided by national experts mostly focus on the role of the asylum-seeker support system in providing accommodation, support, and protection to unaccompanied minors. See examples as follows.

- In Czechia, support services for unaccompanied minors, including housing services, are provided in residential refugee centres and in refugee-integration centres.
- In Finland, there are two main types of support services for unaccompanied minors seeking asylum in Finland: special home-like reception centres (group homes – *ryhmäkoti*) for children under 16 and support homes (*tukiasunto*) for those aged 16-17. Both services are small in size and there is a strong focus on providing care and education-related support.
- In Greece, emergency/temporary accommodation is the main support available for unaccompanied refugee minors, which can take different forms, namely: (a) shelters, hostels of temporary accommodation, and other emergency accommodation sites for unaccompanied children; (b) safe zones within refugee accommodation centres; (c) hotels and reception/identification centres; (d) open temporary accommodation facilities; and (e) less frequently, there are also supported independent living apartments for unaccompanied children over 16.
- The Portuguese national expert reports the existence of a specific shelter for unaccompanied children – refugees and asylum-seekers – which is run by the Portuguese Refugee Council; these children are provided with different services (e.g. psycho-social support, health services) and are integrated in the mainstream educational/vocational training system.

In some Member States, national experts highlight the existence of a two- or three-stage process which unaccompanied minors need to go through, corresponding to different types of accommodation and support services, and which are often under the responsibility of different support systems. See examples as follows.

- The Belgian national team refers to three stages: observation, stabilisation, and supported autonomy. During the first stage, children/youngsters receive support at the observation and orientation centre, and an assessment is made regarding their actual age, their status as an “unaccompanied minor”, and their needs. During the stabilisation stage, accommodation and support is provided at a collective reception structure, where children/youngsters stay in an independent living group with a team of counsellors and educators (specific accommodation for particularly vulnerable young people or children below age 15 is provided by the communities). Finally, youngsters whose application for international protection has been accepted – provided they are aged over 16 and are sufficiently independent – are given accommodation and support in a local reception initiative of a public centre for social welfare, where they benefit from more freedom and autonomy, but also from the necessary support.
- In Denmark, unaccompanied minors are first placed in detention centres run by the Red Cross and if their request for international protection is accepted, they will be

allocated, if relevant and possible, to a foster family; alternatively, they will – depending on their circumstances – be subject to a combination of high- or low-intensity support plus supported housing.

- In France, child protection services are responsible for the protection and support of unaccompanied minors; these services – since the legal reform of the child protection system in 2016 – are designed to ensure they have the same rights as any other children in the country. Across all French *départements*, as in Belgium and in a number of other countries, there is a preliminary stage before coming under the protection of social services, aimed at assessing their actual age, and their status as an “unaccompanied minor”.

## H2.2 Families with children in urgent need of rehousing

Evidence from a European Observatory on Homelessness (EOH) report on family homelessness in Europe<sup>519</sup> showed that in most EU Member States covered by the study, families with children were at a substantially lower risk of becoming homeless than single people or couples without children. The role of child protection and social welfare services, as well as existing priority regulations regarding the allocation of public housing – favouring access to permanent housing for families with children – were reported as playing an important role in preventing homelessness among families with children.

However, the above-mentioned study noted that the presence of rapid rehousing systems, aimed at rapidly ending family homelessness when it occurred, were not very widespread among the EU Member States covered; whereas different forms of preventive systems focusing on families with children in urgent need of rehousing (e.g. about to be evicted) were present to varying degrees in most Member States.

The descriptions provided by the FSCG2 national experts from the 27 Member States reveal that the most common type of support provided for families with children at risk of homelessness is the provision of emergency/temporary accommodation, including specialised services for families escaping domestic violence. These services are present in 19 Member States either as the only form of support available or within a wider range of services. See examples as follows.

- In Latvia, there is a shelter service providing emergency accommodation for families with children without permanent housing, the access conditions of which are determined by the municipality.<sup>520</sup>
- The Lithuanian national experts highlight the recent (2020) setting-up of a new support service for families in crisis: “*Temporary supervision is provided for families in crisis to keep the child with his/her family. While staying in a safe environment, parents receive ongoing, on-the-spot consultations, advice, development of their parental skills*”.<sup>521</sup>
- In Poland, families with children in urgent need of rehousing may be temporarily accommodated and receive services in a crisis intervention centre (shorter stays) or in a home for mothers with minors and pregnant women (longer stays).
- The Romanian expert notes that homelessness support services vary from county to county with a stronger concentration of support in big cities; however, centres for emergency hosting victims of domestic violence are present in all counties.

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<sup>519</sup> Baptista et al. (2017).

<sup>520</sup> Kļave (2020).

<sup>521</sup> Poviliūnas and Šumskienė (2020c), p. 33.

- In Slovakia, different forms of emergency and temporary accommodation – which are part of crisis intervention services – are available for families with children at risk of homelessness. Shelters offer temporary housing, social counselling, and provision of support to meet basic necessities; emergency housing is also provided to people and families with children escaping domestic violence.

The links between family homelessness and the experience of domestic violence clearly emerge in the description of the support services available for families with children in urgent need of rehousing. Despite these links, service responses to homelessness and domestic violence are generally largely distinct in most Member States, stemming from different systems of service provision. Previous studies<sup>522</sup> have shown that this divide between the two sectors often contributes to failures in the adequacy of the support provided to these families, who in addition to the effects of domestic violence also become homeless.

Those Member States reporting the presence of a wider range of support services tend to provide emergency/temporary accommodation and support together with higher-intensity support services (e.g. mobile support services, HF programmes), preventive assistance (e.g. eviction-prevention programmes) and/or rapid rehousing schemes. See examples as follows.

- In Belgium, the national experts refer to a wide range of services which are available to families with children at risk of homelessness, and which vary among the different regions and municipalities; these may include, alongside emergency shelters for families, transit houses, drop-in centres and reception centres, specialised assistance to prevent evictions, mobile support services (e.g. residential counselling, care housing), and HF projects.
- According to the Danish national expert, *“families in urgent need of rehousing will get a place in a refuge if their main problem is one of physical or mental violence and abuse. However, if the main problem is homelessness caused by an eviction the municipality will try to find appropriate housing, for example the municipality has the right to allocate citizens to the social housing sector. This will often be combined with social support services.”*<sup>523</sup>
- In Germany, families with children can turn to the advice centres for housing emergencies, which are offered in many municipalities; some municipalities also run rapid rehousing systems, the effectiveness of which depends mostly on the local housing situation and the municipality’s role in the housing market.
- In Slovenia, apart from the operation of crisis centres for families with children experiencing domestic violence, there are eviction-prevention programmes, running in two major cities (Ljubljana and Maribor), financed by the central state and by the municipalities.
- In Spain, emergency/temporary accommodation and rapid rehousing systems are the two main types of support services available to families with children in urgent need of rehousing.

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<sup>522</sup> Baptista et al. (2017), Bretherton (2017).

<sup>523</sup> Kvist (2020), p. 19.

In some Member States, families with children in urgent need of rehousing are provided with rapid rehousing services, which are under the responsibility of local authorities (e.g. municipalities, municipal social assistance). See examples as follows.

- In Austria, where there is significant variation in services between the federal provinces, the national expert highlights the example of Vienna, where regular cooperation between specific public agencies – the “Vienna Housing Counselling” (*Wiener Wohnberatung*) and “Vienna Housing” (*Wiener Wohnen*) – provides families with children in urgent need of rehousing with a quicker access to communal flats, via the “social housing allocation” system.
- In Finland, municipal social assistance across the country is responsible for the rapid rehousing of families with children at risk of homelessness.

### **H2.3 Young people transitioning from state care into independent life**

The descriptions provided by the FSCG2 national experts from the 27 Member States reveal that the role of the youth/childcare or child protection services is crucial in providing support services for young people transitioning from state care into independent life.

In several Member States, aftercare support services may be extended after the end of the youngster’s placement in state care, usually up to age 21 or, in some cases even up to 25 or 26 under certain conditions. For example:

- In Belgium, the extension of youth care measures is available up to age 25, following consultation between young people and care providers on preparing for departure from youth care; additionally, young people aged 17-21 who start to live alone may also choose more personalised youth care guidance for autonomous living (*context begeleiding bij begeleid wonen*).
- In Czechia, half-way houses provide temporary accommodation and related support services to young people leaving institutions or alternative family care (at age 18-26), in combination with support promoting youngsters’ social inclusion.
- In Estonia, local authorities are responsible for continued care services for young people transitioning from alternative care or guardianship care into independent life; continued care services should ensure housing and other needs-based support services and access to benefits. The quality of support may vary between localities.
- The German FSCG2 national expert reports that assistance for personal development and for transitioning into independent life is available for as long as necessary according to the youngster’s individual situation, usually until age 21; in suitable cases it can be extended for a limited period beyond that age.
- In Hungary, aftercare support services are available up to age 21 (if in higher education), or 25 (subject to a means test); financial support for independent living is also available through the child protection housing fund.
- In Romania, there are services provided to young people who leave the social protection system (institutional care, guardianship or maternal assistant care) such as protected dwelling for a period of time, financial support, and day centres for independent living.
- In Ireland, aftercare plans including arrangements for accommodation are offered to young people up to age 21, with the possibility of extension till 23.

In spite of the existence of this extended aftercare support available after age 18, there is evidence of problems in obtaining such support. The Austrian FSCG2 national expert, for example, notes that although there are regulations by the federal provinces which enable measures related to child and youth welfare to be extended until age 21, applications for such extended measures tend to be rejected in a substantial number of cases. This, he argues, “means that young people who have been looked after according to Child- and Youth Welfare more often have to organise their life independently than other young

persons”.<sup>524</sup> In Finland, aftercare is the responsibility of municipal social work services and is always based on the individual needs of the child or young person; however, the expert notes, “*there is not enough proper support infrastructure to properly take care of the needs of youth transitioning from state care into independent lives.*”<sup>525</sup>

Apart from these extended child/youth welfare measures aimed at supporting young people in their transition to independent living, several FSCG2 national experts refer to the existence of specific arrangements, which include: housing-led and HF services (BE, FR, ES, IE, NL); flats for autonomy (PT); youth houses with supervision (LV); temporary accommodation arrangements (MT, SK); sheltered training dwellings (PL); dormitories in vocational education schools (LT); accompanied housing with supervision (LT); supported independent living apartments for unaccompanied minors older than 16 (EL); and access to social housing (LT).

## **H2.4 Quality of emergency and/or temporary accommodation services that apply when children are present**

Results from recent EOH research on the regulation and quality of homelessness services in the EU<sup>526</sup> provide a good background to understanding the evidence produced by the 27 national experts with regard to the existence of specific regulations and/or requirements on the quality of emergency and/or temporary accommodation services that apply whenever children are present.

The comparative research – focusing on 16 Member States – highlighted a pattern of significant diversity and inconsistency around the regulation and monitoring of homelessness services both among and within Member States. The report noted the presence of important challenges, both with regard to legislative/regulatory frameworks and to the implementation and operationalisation of such systems and mechanisms. Excellent and very poor practice in all these respects were found across and within Member States.

In the current mapping of policies and programmes, the presence of specific regulations and/or requirements on the quality of emergency and/or temporary accommodation specifically applying when children are present was explicitly mentioned by national experts from 10 Member States (BE, EE, EL, ES, HU, IE, LT, LV, PL, RO). However, it is important to highlight that there may be marked variations in the way *quality* is defined and understood in different countries and whether all aspects of homelessness service design and operation (e.g. physical standards and service operation, but also service users’ involvement) are considered, regulated, and monitored.

The descriptions provided by the experts in the Member States identified above illustrate some of these challenges. In a first group of countries, the descriptions provided by national experts reveal the existence of requirements (when details are provided) mostly related to physical space, taking into consideration the presence of children and/or families with children.

- In Estonia, there are specific regulations and requirements.<sup>527</sup>
- The Greek national experts report that “*the only specific regulation on the quality of emergency/temporary accommodation services concerns the provision of special daily meals (breakfast, lunch and dinner) for children and the provision of childcare services for children (mainly creative activities) residing in the accommodation structures.*”<sup>528</sup>

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<sup>524</sup> Fink (2020b).

<sup>525</sup> Kangas (2020).

<sup>526</sup> Pleace et al. (2020).

<sup>527</sup> Such as having a private room with a caretaker, and not being separated from them.

<sup>528</sup> Capella and Konstantinidou (2020).

- In Hungary, there are specific regulations for temporary family shelters which include requirements – related to both staff and physical standards – directly referring to the presence of children (e.g. specialists to deal with the children, separate rooms for families, playrooms for children).
- In Lithuania, special provisions for children are only briefly mentioned in a 2003 Decree from the Minister of Social Affairs and Labour setting requirements for the operation of social care services.
- In Latvia, there are only a few requirements pertaining to the presence of children in emergency and/or temporary accommodation services, which are related to the characteristics of rooms and the quality of nutrition.
- In Poland, quality standards for support centres, and homes for mothers with minors, also include aspects such as: the length of stay, the maximum number of residents, the type of services to be provided, the types of rooms, and specific places for children to play.
- In Spain, there is evidence of recent improvements in the quality of accommodation for homeless children, and existing regulation in this area depends on the social services operating in each autonomous community.

In Belgium and Ireland there is evidence of the presence of quality regulations/requirements which seem to go somewhat beyond the service design in relation to the presence of children, and try to set standards with relation to support practices by the services, including – in the case of Ireland – elements of service user involvement.

- In Belgium, reception centres for applicants of international protection have different characteristics according to the needs of the applicants (e.g. unaccompanied minors or families with children) and specific guidance programmes are in place for: (a) underage unaccompanied mothers with their children; (b) unaccompanied young people not applying for international protection; (c) unaccompanied minors with behavioural problems. No details on these programmes are provided.
- The Irish situation reveals a clearer framework with respect to the presence of quality standards in emergency/temporary accommodation providing support to homeless children. According to the national expert: "*The National Standards Quality Framework for Homeless Services in Ireland requires that in homelessness services working with families with children 1) children who use the service should be consulted, 2) information should be provided in an age appropriate way to children, 3) food preparation and storage facilities should be provided, 4) access to outdoor play space for children should be provided.*"<sup>529</sup>

A small group of Member States (FI, FR, MT, SI, SK) report the existence of regulations and requirements in relation to the provision of emergency and/or temporary support services for homeless people, but there is no evidence of any specific requirements or standards which apply when children are present. Even within this small group there are variations in the nature of the quality regulations and requirements described, thus confirming the challenges which arise from discrepancies in the way *quality* is defined, understood, and regulated across Member States.

Finally, national experts from 11 Member States (AT, BG, CY, CZ, DE, DK, HR, NL, PT, RO, SE) could not identify any specific regulations and/or requirements related to the presence of children in emergency and/or temporary accommodation.

The paucity of evidence regarding the existence of specific regulations/requirements for defining and monitoring the quality of homelessness services whenever children are present does not seem to arise from the absence of children from such services; but, as previous studies<sup>530</sup> have highlighted, they may be explained by the fact that children tend

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<sup>529</sup> Polat and Daly (2020b).

<sup>530</sup> Kinderrechtencommissariat (2016) and Baptista (2018).

not to appear as subjects in policy documents, legislation or even in research. When their presence is acknowledged it is more often as members of the family rather than in their own right and through their own voices. The results above seem to echo that reality.

## H2.5 Prevention of child homelessness

There is evidence, from a report by the European Social Policy Network (ESPN) on homelessness and housing exclusion in Europe,<sup>531</sup> that a wide range of preventive services exist across most Member States, whereas integrated and comprehensive systems are found more rarely.

The overview of existing regulations relating to the housing market (e.g. to ensure security of tenure for low-income families with children), and of protection mechanisms provided by welfare systems designed to prevent children, or families with children, becoming homeless (eviction bans, priority access to emergency housing for families with children, and so on), confirms the presence of a wide range of measures – some of which are temporary – aimed at preventing homelessness (including child/family homelessness); but again, very few examples seem to stem from any kind of preventive system or strategy, addressing the diversity of profiles and evolving needs of families and children.

In nearly half of the Member States (AT, BG, CZ, DE, EE, EL, HR, HU, LT, LU, NL, SE), national experts consider that there are no specific housing market regulations or protection mechanisms to prevent child/family homelessness. However, the descriptions provided reveal a great diversity of situations and in some cases the presence of practices which tend to protect these families and/or children whenever a risk situation occurs. See examples as follows.

- In Austria, although there are no regulations specifically addressing families with children, the national expert notes that in Vienna, “*access regulations to municipal housing may de facto especially benefit families with children, as ‘overcrowding’ within the current housing situation (eventually caused by the birth of an additional child) is one of the possible access criteria*”.<sup>532</sup>
- In Germany, in the case of a forced eviction, a writ of execution against the parents is sufficient to enforce a judgement against the children too; however, municipalities are obliged to provide emergency accommodation for families in order to prevent families from becoming homeless.
- In Denmark, a similar municipal obligation exists, so that in cases where a family with children is threatened with eviction, the municipality is obliged to provide a temporary place to stay. Additionally, municipalities may move women with children to the front of the queue for public housing.
- In Sweden, there are no specific housing market regulations designed to ensure security of tenure for low-income families with children; however, several mechanisms are in place which ensure some protection to families with children, namely:
  - the reasonably generous housing allowances to low-income families with children, particularly single-parent households (for families who receive social assistance – *försörjningsstöd*, the entire housing cost is covered, if reasonable);
  - specific housing market regulations determine that the social services have to be informed as soon as a family with children is threatened with eviction, meaning that the social services have the responsibility to help the families to find accommodation; and
  - municipalities are obliged to give priority to homeless children and to take the necessary steps to protect them.<sup>533</sup>

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<sup>531</sup> Baptista and Marlier (2019).

<sup>532</sup> Fink (2020).

<sup>533</sup> Nelson and Palme (2020).

Despite these protection mechanisms put in place in Sweden through the Social Service Act, organisations like Save the Children Sweden highlight several hindrances affecting particularly vulnerable groups of families with children at risk of homelessness. Such is the case with many of the temporary tenancies given to newly arrived families through the 2016 Resettlement Act. In recent years, these tenancies have come to an end, propelling already vulnerable families with children into insecure housing arrangements and sometimes forced moves to different parts of the country. Once the temporary tenancies end, these families have to seek assistance from social services if they are unable to solve their housing situation. Conditional temporary accommodation can be offered through emergency shelters, but the main onus is on the parents to find their own housing in a market characterised by long queues and discriminatory practices excluding many low-income households and large families.

The description provided by the Finnish expert is probably the best example of a comprehensive system in place aimed at ensuring that people – including families and children – are protected from homelessness situations, namely as a consequence of enduring a particular difficult life event: *“Finland has a comprehensive social benefits system, which ensures that people do not end up on the streets after becoming unemployed or unable to work (unemployment, health and invalidity benefits). The Social Insurance Institution, Kela, also administers tax-funded housing benefits to help low-income households deal with high housing expenses. In the threat of evictions, preventive municipal social assistance can help families in general, and families with children in particular. Some municipalities also offer municipal social loans, but they are not available in every municipality. Emergency loans are also available from the Guarantee Foundation.”*<sup>534</sup>

Several national experts refer to the presence of legal mechanisms which protect households from being evicted.

- In Cyprus, a recent scheme – *Estia* – is being implemented with the aim of protecting the primary residence of overindebted households.
- The Greek national experts refer to two successive legal regulations also aimed at the protection of primary residences, the latest of which (introduced in 2019) seems to ensure more favourable arrangements than those provided under the previous legislation.
- In Italy, although eviction orders for households with children are allowed, special procedures apply in coordination with the municipal social services, and the eviction order may be suspended (following an intervention by the juvenile court) until the household finds a new accommodation.
- In Portugal, the 2018 government’s “new generation of housing policies” housing programme includes specific measures aimed at the provision of urgent accommodation for people who became, or are at imminent risk of becoming, deprived of housing, as well as the provision of housing solutions for households living in poor housing conditions and without financial capability for meeting the costs of adequate housing”;<sup>535</sup> the Portuguese national expert considers that these housing market regulations and protection mechanisms provided by the welfare system may eventually be considered as good practice within the national context.
- The Spanish national experts consider that the existing legal regulations which protect households who are mortgage debtors are an example of a good practice; these regulations protect households who suffered a significant disruption of their economic circumstances, affecting their ability to manage their housing costs, from being evicted (i.e. the eviction procedure for vulnerable households without housing alternative is

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<sup>534</sup> Kangas (2020b).

<sup>535</sup> Perista (2020b).

suspended); and it introduces an extraordinary extension of regular housing leases and a moratorium on leased debt. In many countries, the role of social services in terms of debt mediation is also crucial to avoiding overindebtedness and evictions.

In a couple of Member States, FSCG national experts also highlight some recently implemented measures aimed at responding to the consequences of COVID-19 crisis.

- In Belgium, for example, Wallonia and the Brussels region have introduced a winter ban on evictions and, more recently, all three regions introduced temporary eviction bans during the COVID-19 crisis.
- In Czechia, where rent regulation was terminated in 2009 and no priority access to emergency housing or rent regulation is in place, a temporary measure was adopted to cushion the expected impacts of COVID-19, suspending any evictions until the end of the year; this measure also benefits families with children.

## **H2.6 Concluding remarks and implications for the selection of practices assessed during the second stage**

The mapping of policies and programmes which are currently being implemented in the 27 Member States aimed at preventing and fighting child homelessness has shown that there are different areas where Member States need to make an important effort in the future (see recommendations in Chapter H5).

A first group of promising practices – mainstream policies – provides clear indications of the importance of mainstreaming support policies and practices – for example, for preventing homelessness among children and families or providing rapid rehousing solutions for these groups. It also exemplifies that the effectiveness of these mechanisms strongly depends on the nature of public action in areas such as housing or welfare support. The Finnish case provides the most complete example of an overall national commitment to ending homelessness through extended collaboration between a diverse range of stakeholders, based on a shared goal and on a pragmatic approach in which evaluation and evidence-based results are strongly embedded in policy and practice.

A second group of promising practices is very diverse, but contains important elements directly linked to those areas identified above. These include: the development of specialised intervention with families and children, based on strong collaboration models; prioritising access to long-term housing solutions and comprehensive and flexible support, thus avoiding the need to resort to emergency/temporary accommodation services; developing evidence-based intervention models allowing a rigorous assessment of outcomes, thus enhancing the dissemination and sustainability potential of such “projects”; identifying systemic failures which prevent children in vulnerable situations from accessing their rights; and using the ESIF to introduce innovation, promote effectiveness, and fight discrimination.

Chapters H3 and H4 present the results of the in-depth assessment of a selected number of promising practices, and their diverse accomplishments (and implementation hindrances). They provide a crucial input to the current study, as they illustrate concrete pathways to achieving policy/project efficiency and effectiveness in protecting the rights of children (and families) experiencing homelessness or at risk.

## **Chapter H3: Overview of the in-depth assessed policies/programmes**

The selection of policies/programmes/projects assessed by the national teams is designed to contribute to this mutual learning exercise by illustrating the importance of investing both in: (a) mainstream policies and practices which ensure that children (or families with children) in vulnerable situations are adequately supported through the provision of comprehensive and effective housing and welfare support systems; and (b), innovative practices aimed at addressing a diverse range of needs of particularly vulnerable groups of children. In particular, these include practices focused on: preventing homelessness; providing rapid rehousing solutions for homeless families with children; fighting stigma; providing child-centred specialised support to children experiencing homelessness; and identifying systemic failures which prevent children in vulnerable situations from accessing their rights.

Detailed individual fiches of the selected policies/programmes/projects are included in Annex 1.5.

### **H3.1 Mainstream provision of housing and welfare support systems to children / families with children**

The policies/programmes/projects selected for the in-depth assessment include two examples of mainstreaming support policies, operated at the municipal level, aimed at preventing homelessness among children and families or providing rapid rehousing solutions for these groups; these come from Finland<sup>536</sup> and Germany.<sup>537</sup> In both cases there is evidence of a pro-active approach within these prevention mechanisms whenever children are at risk, as well as of the positive impacts of preventing homelessness among families with children, thus avoiding responses (e.g. temporary accommodation alternatives) which have a negative impact on children.

These two case studies provide powerful examples of the crucial role of comprehensive assistance programmes based on national-level regulations and/or policy approaches which translate into local responsibilities for the provision of services aimed at preventing and tackling homelessness.

Municipal specialised prevention services operating in Germany are part of the system of municipal assistance for the homeless which are based on a combination of Länder policies and federal social law principles. These municipal housing services target all households and household groups that are at risk of housing loss and/or homelessness or are already homeless. Special measures are put in place in order to prevent families with children losing their housing (e.g. assuming rent arrears, preventive advice) or to support them to move out of homelessness (e.g. rapid rehousing support).

The Finnish HF approach is a national strategy implemented across the country, which has proved effective in strongly reducing homelessness in Finland over the last decade. Its primary goal has been to reduce all forms of homelessness, with a particular focus on homelessness among families with children. Housing as a human right is at the core of the HF approach and hence priority is given to providing access to a home, rather than to temporary accommodation, with support as needed. Providing access to permanent housing based on a normal lease and individually tailored support services were the core elements in the approach. Increasing the supply of affordable rental housing was a necessary step to ensure the success of the programme. Since 2016 preventive measures have also been reinforced.

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<sup>536</sup> Kangas (2020c).

<sup>537</sup> Hanesch (2020b).

In Finland, the adoption since 2008 of successive government homelessness programmes, creating a clear, coherent, and overall framework for preventing and reducing homelessness, contrasts with the more fragmented approach taken in Germany, where municipalities enjoy considerable freedom in providing specialised prevention services for homeless people and families.

### **H3.2 Innovative practices aimed at addressing a diverse range of needs**

The other three projects included in the in-depth assessment provide diverse examples of innovative practices at the service level.

The HF project for families with children in Brno was a pioneer project in Europe,<sup>538</sup> providing new evidence of the effectiveness of HF interventions with families with a high dissemination potential – illustrated by the successive implementation of similar small-scale initiatives in Czechia as a result of its positive outcomes. The Brno pilot project was aimed at providing an alternative response to the large number of families with children who were living in private hostels, shelters or in other homelessness situations. Its implementation allowed the provision of 50 municipal flats for 50 families with children, as well as individualised support services. Contrary to the HF approach adopted in Finland, a national programme which has been the basis for the development of homeless policies for more than a decade, the Brno project was implemented as a pilot project on a local scale. Currently, the most frequent form of homelessness support services in Czechia continues to be the provision of temporary accommodation (e.g. shelters) in combination with social work, rather than the provision of housing-led or HF services, which are being implemented only in some municipalities.<sup>539</sup>

The other two projects – although very diverse both with regard to the target group but also in relation to the organisational framework – illustrate the importance of adopting child-centred approaches so as to ensure that the particular needs of children are duly assessed and attended to.

Family homelessness action team (FHAT) services in Dublin are provided to families becoming homeless and assessed as such by the local authority.<sup>540</sup> The main objective of the FHAT scheme is to provide support to families living in emergency accommodation and help them out of homelessness into long-term, secure homes. Following an initial assessment of the family's social needs, each family is allocated a case manager who provides assistance in identifying appropriate accommodation options. The FHAT model – which acknowledges that children are particularly vulnerable to the negative impact of homelessness and hence should be protected – also ensures that children who need one are assigned a child support worker.<sup>541</sup>

In the Spanish city of Jerez de la Frontera, the “building a bridge towards the mainstream child protection system” project, provides protection for unaccompanied migrant children and young people during their integration process. It focuses on preventing marginalisation trajectories, by providing flexible and comprehensive support (e.g. advice and guidance, mentoring, and accommodation support in the transition stage between the child-protection centres and autonomous living; language and professional skills support; legal support; information on rights; access to schooling). At the same time it addresses the limitations of the Spanish child protection system.<sup>542</sup> The programme was in fact set up as a response to the difficulties experienced by the system in adequately fulfilling its mission, and which prevented it meeting the specific needs of children and youngsters. These difficulties were a consequence of serious organisational deficiencies, such as: shortages

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<sup>538</sup> Ripka et al. (2018).

<sup>539</sup> Glumbikova et al. (2020).

<sup>540</sup> Polat and Daly (2020b).

<sup>541</sup> Polat and Daly (2020b).

<sup>542</sup> Moreno-Fuentes and Rodrigo-Cabrero (2020b).

of staff; lack of qualified personnel; overcrowding conditions in the child-protection centres; and rigidities of the education system.<sup>543</sup>

The selection of the policies and programmes for this second stage was designed to achieve a balance between the identification of good practice at the service/project level, and the inclusion of comprehensive frameworks and statutory obligations which are aimed at protecting children (and families with children) from becoming homeless and from actually entering the homelessness system.

It was also possible to identify some limitations throughout the process of analysing the selected policies, programmes, and projects. These mostly relate to the paucity of evidence in relation to the financial aspects of the operation of the selected practices, which becomes even more acute when the focus was on analysing the costs of the intervention for the specific target group. The paucity of robust data and/or studies on the costs of policies and programmes preventing or addressing homelessness among children (or families with children) is clearly illustrated by the cases included in the in-depth assessment.

There were also significant limitations in relation to available evidence on the quality of provision across the different policies, programmes, and projects. It was possible to verify that there are marked variations in the level of evidence produced and in the actual existence and enforcement of quality standards and regulations. Overall, there is very limited evidence on the existence of specific regulations and/or requirements on the quality of services specifically applying when children are present and with a specific focus on the needs and experiences of children.

The purpose in analysing this diverse set of promising policies and practices is to identify highly relevant/effective and feasible actions, the implementation of which could bring clear and demonstrable benefits to children experiencing homelessness or at risk of it, in the EU in the near to medium future.

In short, the in-depth assessment of the policies and programmes selected provided relevant evidence on positive outcomes for the well-being of children experiencing homelessness or at risk of it, highlighting the added value of adopting specific models of intervention and strategic mechanisms which have the potential to be replicated. The analysis also reveals that it is crucial to strengthen existing efforts to foster better understanding of the actual effects of the provision with a specific focus on child-centred outcomes underpinned by strong evidence-based results.

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<sup>543</sup> Moreno-Fuentes and Rodrigo-Cabrero (2020b).

## Chapter H4: Key learning of the assessments and main recommendations

### H4.1 Reaching out to children experiencing homelessness or at risk of homelessness

A general principle of the UNCRC is that every child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development (Article 27). Additionally, Article 12 states that the child's view must be considered and taken into account in all matters affecting them, in accordance with their age and maturity.

These two principles provide a useful context for discussing the results of the analysis of the in-depth assessment of the policies/programmes/projects selected with regard to the best ways to reaching out to children in vulnerable situations experiencing homelessness or at risk of it.

The development of mainstreaming support policies and practices for preventing/addressing homelessness among children and families, framed by strategic policy frameworks for protecting children's rights, could potentially reach out to children already affected by homelessness but also ensure that those at risk are protected.

A clear mandate to operationalise mechanisms to protect children's fundamental rights and to take preventive measures to address the risk of homelessness, and to ensure that specific vulnerable groups of children (e.g. unaccompanied migrant children) are adequately protected, may constitute a crucial mechanism to ensure that all children are actually reached out to, and that those children at risk actually receive the support they need.

The municipal support services operating at a local level both in Germany and in Finland are examples of comprehensive systems, embedded in legislative and/or regulatory frameworks, designed to ensure that families with children (among other people) are protected from homelessness situations as a consequence of experiencing particular life events.

The analysis also shows that the effectiveness of these mechanisms strongly depends on the nature of public action in areas such as housing or welfare support. Keeping children and families out of homelessness (and out of the homelessness system) is certainly an effective way to ensure that all children who may potentially be at risk are actually reached out to. The fact that, until now, in Finland, the comprehensive welfare state (e.g. income transfer schemes) has been able to avoid the introduction of any major additional or emergency social policy measures due to the effects of the COVID-19 pandemic is a positive indicator of the effectiveness of the system in (also) preventing the risk of homelessness.<sup>544</sup>

The design and implementation of these overall systems (e.g. law- and rights-based systems) may also contribute to avoiding stigmatisation of the beneficiaries and thus ensuring that children in need actually benefit from the available support. According to the Finnish national expert, although it is impossible to determine the rate of non-take-up, for example, with regard to the general housing allowance, "*a qualified guess is that the take-up is rather high*",<sup>545</sup> since there is no stigma attached to this comprehensive benefit system.

In Germany, each municipality has a mandate to protect people whenever certain fundamental rights are threatened (e.g. the rights to life, health, physical integrity, and human dignity). Since homelessness is a threat to these constitutionally protected individual rights, municipalities have a duty to provide services that prevent such risks.

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<sup>544</sup> Kangas (2020c).

<sup>545</sup> Kangas (2020c), p. 9.

This regulatory framework once again provides an important safeguard for ensuring a wide coverage in reaching out to all children (and families with children) experiencing homelessness or at risk. However, contrary to the Finnish example, municipalities enjoy considerable freedom over the implementation of these preventive mechanisms, and therefore there is wide diversity in their operationalisation and effectiveness.<sup>546</sup>

In addition to the development of statutory obligations and comprehensive frameworks to protect the rights of (homeless) children and prevent homelessness as far as possible, it is also important to implement mechanisms to ensure that children at risk are actually supported in ways that best respond to their needs.

The analysis of the in-depth assessments provides evidence that services aimed at addressing children's needs should be embedded in intervention models that, among other relevant principles, pay serious attention to acknowledging and recognising children in their own right and through their own voices.

The adoption of a child-centred model of support, where the particular needs and preferences of children are identified and taken into consideration in the design and implementation of the services for them (and their families), may positively respond to the requirements voiced by Principle 12 of the UNCRC mentioned above.

Evidence of this child-centred approach clearly emerges in the description of the FHAT model implemented in Dublin. The allocation of a child support worker is the child-centred element of the initiative, acknowledging that every child needs to be protected from the negative impacts of homelessness, requiring specialised support targeted at their needs and expectations and taking into account their specific experiences of homelessness. This specialised support may contribute to ensuring buy-in from the families, addressing potential dropping-out from the scheme, particularly taking into account previous experiences with other services (e.g. child protection services and social services). The work of the child support workers, in this respect, is described as providing opportunities for engaging in activities that try to appeal to both families and children, avoiding any kind of stigmatising or sanctioning approaches.

Unaccompanied migrant children are a particularly vulnerable group who may be especially difficult to reach out to, particularly by statutory systems which are overwhelmed and ill-prepared to protect these children and youngsters, and often to even reach out to them. The work carried out by the NGO *Voluntarios por Otro Mundo*, in the region of Andalusia, Spain, provides an interesting example of a bridging service which is aimed at reaching out to those children who are escaping (or fleeing) the protection network by adopting a child-centred approach based on flexible and comprehensive support that builds upon the establishment of close links with these children, acknowledging their background contexts, their needs and aspirations. The building up of this mediating role between children/ youngsters and statutory support protection services is crucial in ensuring that their needs are addressed and their rights are actually enforced. Supporting them in overcoming the multiple barriers that they encounter along the process through autonomisation also has a deterrent impact on the drop-out rate.

Overall, the evidence provided across the different practices selected highlights positive examples of outreach to the different groups of targeted children, through mechanisms that best ensure the protection of children's needs and rights. Nevertheless, an important challenge seems to arise from the description of the examples above: there is an urgent need to ensure that policies and programmes that prevent or address homelessness among children (and families with children) are solidly embedded in regulatory mainstream frameworks which provide comprehensive protection to all children (particularly to the most vulnerable). The importance of developing prevention and early support policies (e.g. increasing access to affordable housing, strong poverty reduction measures, the provision

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<sup>546</sup> Hanesch (2020b).

of adequate welfare services, and comprehensive child protection systems) to effectively address the structural causes of child homelessness was one of the key policy messages from the 2018 peer review on homelessness from a child's perspective.<sup>547</sup>

Additionally, the comprehensive nature of these policies and programmes needs to be complemented by interventions targeted at specific groups of children and families who are at risk of homelessness, and operationalised by adopting a child/youth-centred approach that is sensitive to the needs and aspirations of children/young people, as expressed by themselves rather than (solely) by adult mediation.

The recent development of the housing first for youth (HF4Y) model as a rights-based intervention for young people who experience homelessness or are at risk of it, may provide an inspiring example of a programme which has the potential to be scaled up at the level of a national overarching policy – as the example of Finland illustrates – and, at the same time, of addressing the need for a targeted approach which explicitly integrates core principles such as “youth choice, youth voice and self-determination” and employs a positive youth development philosophy and orientation, drawing on the strengths, dreams, and talents of young people to support them on their path to adulthood.<sup>548</sup>

#### **H4.2 Benefits for children, their families, and society**

Preventing homelessness among children (and families with children), and ensuring that they move out of homelessness as quickly and sustainably as possible by providing long-term housing solutions, are amongst the most important outcomes of the policies and programmes included in the in-depth assessment.

Housing as a basic human right is acknowledged by the national experts as an important precondition for ensuring children's health and well-being; their emotional, social, cognitive, and physical development; and their present and future prospects. The loss, or the prospect of losing, their home has strong negative impacts on the child's (and the family's) overall life situation.

The main benefits highlighted by the national experts therefore tend to focus on the role of the existing schemes in preventing or quickly reversing the damaging effects on children of the loss of the family home.

In Germany, the role of the municipal specialised services in preventing homelessness among children and families with children is to avoid a forced change of residence and its negative consequences on the family's psycho-social stability. This includes damage to the child's overall well-being, such as that resulting from separation from their parents. Although studies<sup>549</sup> have shown that child protection services are generally unlikely to take a child or children into care simply on the basis that a family is homeless, there is evidence that youth welfare offices are obliged to intervene and take appropriate measures if the child's welfare is endangered. As the German national expert highlights, the loss of a home and a precarious/unresolved housing situation can lead to such intervention.<sup>550</sup>

This focus on homelessness prevention – ensuring its disruptive consequences on the lives of children and their families are avoided – is also to be found in Denmark, where preventive social services are generally quite effective in identifying and supporting families with children at risk of homelessness at an early stage.<sup>551</sup>

The Spanish programme “building a bridge towards the mainstream child protection system” (see Section H3.2), run by an NGO, is aimed at addressing the limitations of the child-protection services in responding to the needs of unaccompanied foreign children and

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<sup>547</sup> ICF and European Centre for Social Welfare Policy and Research (2018).

<sup>548</sup> Gaetz (2019).

<sup>549</sup> Baptista et al. (2017).

<sup>550</sup> Hanesch (2020b).

<sup>551</sup> Benjaminsen (2017).

young people on their arrival. The NGO's activities have a strong focus on prevention, faced with the multiple risks that often push young people towards social exclusion in different forms (e.g. escape from child protection centres, rough sleeping, exploitation and/or human trafficking, involvement in radicalisation).<sup>552</sup>

The regular monitoring of homelessness situations in Finland provides the best evidence base for the positive outcomes of the national approach towards reducing homelessness over recent decades. The number of homeless families has been consistently decreasing (a total of 275 in 2019) and the small number of homeless children constitutes the strongest evidence of the overall positive effects of the HF approach and its implementation. According to the Finnish national expert, these positive developments in reducing homelessness overall, and homelessness among children, consistently lead to immense benefits for children, families, and the community as a whole.<sup>553</sup>

Providing long-term housing solutions – avoiding temporary accommodation responses – to children and families experiencing homelessness is a crucial precondition for protecting children's rights to health, education, well-being, personal development, and social integration.

Key policies and programmes ensuring rapid rehousing of families with children, once homelessness has already occurred, are another important intervention that has been shown to be effective, and which may minimise the harmful impacts of homelessness on children and their families. Previous studies<sup>554</sup> have shown that, from a child's perspective, restoring safety, stability, and normality to their lives should be crucial to any child-centred intervention.

In Ireland, the core role of FHAT is precisely to help families to move out of homelessness (i.e. finding a secure, long-time home as soon as possible). Evidence shows that, between 2011 and 2019, an increasing number of families were actually lifted out of homelessness with the assistance of FHAT (134 and 425 families, respectively). Additionally, a qualitative study<sup>555</sup> conducted for Focus Ireland to explore the process of escaping homelessness showed, among other results, that for the majority of the families FHAT played a central role in supporting them to move out of homelessness. Access to relevant information and advocacy were two important benefits underlined by families with regard to the support received from FHAT workers. Overall, the report concluded that FHAT workers "*brought relief, hope and an advocate*" to homeless families;<sup>556</sup> these workers were generally described as supportive, and a number of families reported they would have been lost without the support of their case manager. In relation to children, it is important to highlight that the work of child support workers is aimed at mitigating the trauma of the experience of homelessness, and helping families to protect children from its negative impacts.

The benefits of ensuring stable long-term housing solutions for families with children are also confirmed by the HF programme implemented in Czechia. The evaluation of the effectiveness of the HF for families with children project in Brno showed important positive outcomes and benefits for families and children over a 12-month period. The main outcomes from this RCT on family HF intervention included improved housing stability (a high retention rate of 96% among the families rehoused), improved well-being of mothers/carers, improved health and quality of life of families, and a beneficial effect on family reunification (e.g. reduced risk of children's placement in institutions or foster care).

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<sup>552</sup> Moreno-Fuentes and Rodrigo-Cabrero (2020b).

<sup>553</sup> Kangas (2020c).

<sup>554</sup> Kinderrechtencommissaria (2016), Baptista (2018).

<sup>555</sup> Walsh and Harvey (2017).

<sup>556</sup> Polat and Daly (2020b), p. 26.

An evaluation report on another HF project in Scotland,<sup>557</sup> targeting youngsters who are homeless or at risk of becoming homeless, has also provided evidence of: increased housing stability, with high rates of tenancy sustainment among participants; more meaningful and supportive relationships; improved health and well-being; and improved levels of meaningful activity. An HF4Y project in Limerick, Ireland, found that a crucial benefit arising from the support young people received was the way in which constancy in living arrangements was a stabilising factor in other dimensions of their lives (e.g. health, education, justice).<sup>558</sup> Other benefits identified by the youngsters included: improved physical health; increased confidence in engaging with services; improved control over relationships; increased awareness of one's own rights; more effective management of time and money; and increased ability to think and plan on a long-term basis.

The work carried out by *Voluntarios de Outro Mundo* in Andalusia (Spain) with unaccompanied migrant children and young people has been crucial in filling the gap between the existing legal regulations for the protection of unaccompanied foreign children arriving in Spain and the actual capacity of the statutory agencies to adequately respond to the multiple risks and challenges they face during the integration process. Some of the outcomes of the work with children and youngsters include: increased awareness of their rights; a better understanding of the opportunities available to them (e.g. professional integration); increased educational opportunities; improved health conditions; increased professional skills; and completion of regularisation procedures. Additionally, the advocacy work of *Voluntarios de Outro Mundo* is also achieving relevant results at a more systemic level: the Ombudsman office<sup>559</sup> recommended changing three articles in the current immigration regulation aimed at facilitating the (currently very difficult) process of regularising the administrative situation of young people who did not obtain their residence and/or working permit before turning 18; following this, the Director General of Migrations stated his intention to introduce the changes before the end of 2020.<sup>560</sup>

Although the in-depth assessment of the policies and programmes selected provides relevant evidence on positive outcomes for the well-being of children experiencing homelessness or at risk, it also became clear that much better evidence is needed of their actual effects, with a specific focus on child-centred outcomes. One inspiring example may be found in Denmark, where comprehensive national counts on homelessness led to the identification of an increasing number of young homeless people; this subsequently led to a policy response, recognising the need to develop additional targeted provision to prevent and reduce homelessness among this particularly vulnerable group.<sup>561</sup>

### **H4.3 Key conditions for realising the benefits**

The transversal analysis of the different policies and programmes aimed at preventing or reducing homelessness among children (and families with children) confirms the importance of ensuring some baseline key conditions for the successful implementation of the provision. Some of these key conditions had already been identified as crucial areas for future improvement/investment (see Section H2.6).

The setting-up of strategic partnerships, underpinned by shared goals, is one of the successful elements of governance arrangements that could be identified across the selected policies and programmes.

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<sup>557</sup> Blood et al. (2020).

<sup>558</sup> Lawlor and Bowen (2017).

<sup>559</sup> The Ombudsman recommendation published on 9 March 2020 is available [here](#).

<sup>560</sup> Moreno-Fuentes and Rodrigo-Cabrero (2020b).

<sup>561</sup> Benjaminsen and Knutagard (2016).

The idea of a strategic partnership – not simply a partnership among different actors – seems to be of utmost importance in ensuring the consistent and coherent involvement of all the partners, including a clear allocation of roles and responsibilities.

The HF for families with children project in Brno, for example, provides an interesting illustration of this strategic involvement of multiple partners, who were able to ensure the integration of three crucial dimensions for the success of the project: policy, research, and practice. The project is run by the Brno municipality, which is the owner of the 50 non-segregated apartments and also provides overall coordination of local partners including the Department of Social and Legal Protection of Children, the Labour Office, and the Department of Education. *IQ Roma Servis* – an NGO which had specific training on the implementation of the HF model through a collaboration with a Dutch organisation (*HVO Querido*) – ensures all the support services to the rehoused families according to the principles of the HF model. The University of Ostrava is the partner responsible for a rigorous counterfactual impact evaluation of the project's implementation, which represents an important step forward in leading the way to greater reliance on evidence-based policy and focus on outcomes.<sup>562</sup>

The leadership of the municipality also provides a strong sustainability element to the future of the provision, due to the local control of municipal flats (both in Brno and across the country) and the ability to integrate the project's learnings into the overall city system to tackle family homelessness. Additionally, the project has been able to create a model and document its implementation and outcomes for other cities to adopt for their family population.

The successful implementation of the Finnish HF approach provides another useful illustration of the crucial importance of multilevel strategic partnerships. The Finnish HF model is built on cooperation between the central government, municipalities, and a wide range of NGOs and voluntary charity organisations. This governance model is strongly embedded in a common shared vision that homelessness is not a problem that can be solved by the actions of one sector alone, but must be addressed through extensive cooperation and coordination between various relevant sectors.<sup>563</sup> Creating an intersection between NGOs, municipalities, and the government is therefore an imperative for actually preventing and reducing homelessness in Finland, with a particular focus on homelessness among families with children.

Additionally, the Finnish example provides interesting insights into some crucial governance issues which may affect the effectiveness of the policies and programmes to prevent and tackle homelessness among children.

The presence of regulatory mechanisms at the national level and of large-scale funding in Finland constitute important safeguards to avoid inequalities (e.g. territorial inequalities) in access conditions for children and families experiencing homelessness or at risk of it. The state's strong guidance, and the budget allocated to reduce homelessness, have also strengthened the work capacity of different actors around one shared common goal and increased their accountability. At the same time, the approach allows for local adaptability of services – within the overall framework of the national programme and while respecting the programme's aims – and creates room for contextual adaptation and local innovation. The setting-up of agreed quality standards and regulatory mechanisms at national, federal or regional levels therefore seems to be an important precondition for the establishment of a common ground for avoiding access inequalities to support services, avoiding major imbalances in the quality of services, and ensuring accountability. Concurrently, the effectiveness of policies aimed at eradicating homelessness need to be backed up by solid

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<sup>562</sup> Ripka et al. (2018).

<sup>563</sup> Y-Foundation (2020).

financial support from the state, even if complemented by additional funding and resources.

Some of these factors have been key to the successful implementation of the Finnish HF model and are often absent in other national contexts. Such is the case with the strong investment in the construction and purchasing of new, affordable housing; this has allowed the programme to operate in conjunction with an increased supply of public housing.<sup>564</sup> Similarly, extensive housing allowances and other income transfer systems are utilised as much as possible within the operationalisation of the multiple support services provided by the different partner organisations.<sup>565</sup>

The presence of an organisational model which acts as a uniting and mobilising factor for the implementation of policies and programmes (also identified in previous examples) is identified as a key factor underpinning the governance arrangements of the German municipal specialised prevention services. The *Zentrale Fachstelle* (“one-stop housing resource centre”) acts as the organisational model for securing housing provision in housing emergencies and for improving living conditions in socially deprived areas. One of the aims of the introduction of this model, early in 1987, was to eliminate the disadvantages of fragmented responsibilities by bundling as many of the tasks and competencies needed to deal effectively with housing emergencies into a single local government office, which would otherwise be distributed across various departments in local government.<sup>566</sup>

A recent evaluation study<sup>567</sup> provides evidence showing that the success of the municipal housing services is largely determined by three main factors: (a) the possibility of setting up a one-stop housing centre, bundling together all the relevant functions; (b) the establishment of functioning networks bringing together all relevant local actors to ensure that support can actually be provided as quickly as possible, when housing loss is imminent; and, (c) ensuring the strong visibility of the support system so that it is actually used at the local level.

The setting-up of strategic partnerships which are able to successfully deliver policy, research, and practice outcomes is also illustrated by the implementation of the FHAT scheme in Dublin. The governance model underpinning the scheme is based on a four-tier involvement of a mix of local and national authorities. Focus Ireland, an NGO, is the organisation responsible for service provision. Three state bodies – responsible for homelessness, child and family protection, and health support – support Focus Ireland. The evidence collected indicates that one important element of the successful implementation of the scheme is the strong investment in research activities – carried out by Focus Ireland – which have contributed to a better understanding of the impact of homelessness on the children and families that FHAT services work with. Research outcomes have been crucial in providing the team with crucial insights into the results of the support provided, and at the same time informing future practice and policy action.<sup>568</sup>

Another key factor in the success of the FHAT scheme is the emphasis on a child-centred model of support, where the particular needs and preferences of children as individuals in their own right are explicitly taken into consideration. This approach recognises that children are particularly vulnerable to the negative impact of homelessness, and avoids subsuming their needs to those of their parents. This addresses one of the major problems highlighted by previous studies.<sup>569</sup>

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<sup>564</sup> Y-Foundation (2017).

<sup>565</sup> Kangas (2020c).

<sup>566</sup> Hanesch (2020b).

<sup>567</sup> Busch-Geertsema et al. (2019).

<sup>568</sup> Polat and Daly (2020).

<sup>569</sup> Kinderrechtencommissariat (2016).

A similar child-centred type of support also characterises the work developed by the Spanish-based organisation *Voluntarios por Otro Mundo* in mediating between unaccompanied foreign minors and the relevant support systems, providing these youngsters with the necessary support to ensure that their rights are actually realised. This child-focused approach is all the more important given the particularly vulnerable condition of these migrant children and youngsters who, among other things, lack any kind of reliable information on their rights with regard to accommodation alternatives, access to schooling, participation in the labour market, healthcare, and legal protection. The strong flexibility of the support provided and the ability to closely connect with these children and youngsters in the context where they are living facilitates the bridging function between their needs, aspirations, and rights/responsibilities of the different public services responsible for protecting unaccompanied minors.

In spite of the adoption of an explicit approach on a child-centred model of support, challenges and difficulties at the implementation level may provide important lessons for its potential replication in other settings. In practice, the Irish national experts argue, the implementation of such an approach is confronted with insufficient resources for ensuring that the specialised support provided by the child support workers, who implement this child-centred service model, actually reaches all the eligible children. The evaluation study conducted on the FHAT service identified the fact that only one out of 25 families interviewed had a professional worker to engage with their children; some families recognised that this support would have been very useful for them because they had a difficult time coping with their children's behavioural issues in addition to the problems caused by homelessness.<sup>570</sup>

In the Spanish case, the insufficiency of resources is mostly linked to the organisational structure and working philosophy of the supporting agency, which operates on extremely limited resources, without any public funding and based on the work of voluntary staff.

In addition to those operational constraints, the FHAT example also illustrates another major challenge which runs through most of the in-depth assessments provided by national experts – housing-related constraints.

The lack of affordable housing, the inadequacy and/or insufficiency of housing support schemes, and increasing housing costs, are some of the main hindrances identified across the different provisions which may compromise the effectiveness of the current or future outcomes of the policies and programmes addressing child and family homelessness.

In fact, the determinant role of those negative housing market pressures has been recurrently identified in recent research and policy documents, not only as a key driver for rises in homelessness over recent decades<sup>571</sup> but also as a deterrent factor for the development of preventive services<sup>572</sup> and housing-led solutions to homelessness (including the scaling up of HF services).<sup>573</sup>

In Ireland, moving families out of homelessness (into long-term accommodation) is particularly difficult due to the lack of affordable housing. The increasing over-reliance on the private market, which has characterised the development of the social housing system in Ireland, has proved to create real problems for families depending on the existing rent supplement programme (a means-tested benefit for people who cannot meet the costs of their accommodation). These include issues of insecurity, poor housing quality, and discriminatory practices.

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<sup>570</sup> Polat and Daly (2020).

<sup>571</sup> Baptista and Marlier (2019), Abbé Pierre Foundation and FEANTSA (2019).

<sup>572</sup> Kenna et al. (2016).

<sup>573</sup> Pleace et al. (2019).

The increasing shortage of affordable housing in Germany also constitutes an important obstacle to the functioning of the municipal specialised prevention system.

In Finland, rising housing costs represent a major challenge to the sustainability of the housing allowance system. Furthermore, the government's plan to halve the rate of (already decreasing) homelessness by 2023 will need to be backed up by an increased availability of affordable and state-supported housing.

Aligning welfare and housing benefit levels with housing costs, so as to enable homeless families to secure municipal housing flats, is also identified as a major challenge for the success of the Brno HF project. Evidence shows that the families who were provided with the service continued to experience financial instability – due to the effects of prolonged poverty – and they are often forced into making the difficult choice of either meeting their basic needs or paying the rent. Additionally, administrative complexities for obtaining housing support add to families' financial distress.<sup>574</sup>

Other institutional challenges identified by the in-depth assessment of the policies and programmes include communication flaws among different entities, lack of specialised support, shortage of staff, and communication difficulties due to cultural and/or linguistic barriers.

In Germany, for example, there is evidence that communication failures on impending homelessness situations between different local units often impedes a timely intervention to prevent the loss of housing.<sup>575</sup>

Communication problems are also identified by the Spanish national experts in relation to the mainstream protection services. The lack of cultural mediation support workers and gaps in linguistic expertise (e.g. little or no knowledge of Arabic or French) among professionals working in the child protection centres create serious problems of communication with children, with an impact on the effectiveness of the support provided.

Staff constraints are also identified as a major challenge for the operationalisation of the child-centred support provided by the child support workers of Dublin's FHAT service. Linguistic barriers and the relative absence of translation services constitute an additional challenge for the case management work and the child support work provided by FHAT teams.

Overall, structural factors such as poverty and the lack of affordable housing constitute important risk factors for the successful implementation of these different types of policies and programmes. In some cases, these risks are mediated by systemic and institutional factors, such as the functioning of social welfare and protection systems and the legal procedures regulating evictions. In other cases, however, there are systemic and institutional factors which create significant barriers to the effectiveness of the policies and programmes in place. In both cases, the clear identification of baseline conditions and requirements for the successful implementation of the provision should become a priority when assessing replication possibilities.

This identification of baseline conditions that may enhance or, on the contrary, hinder the implementation of successful practices is clearly demonstrated by the introduction of a specific element in the operation of the HF for families with children programme in Brno: the crisis financial fund. Given the administrative complexities of the Czech social protection system and the financial situation of the families<sup>576</sup> included in the programme, it was necessary to create a specific form of financial aid that would directly help them to renew or save their rental contract in case of arrears.

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<sup>574</sup> Černá et al. (2019).

<sup>575</sup> Hanesch (2020b).

<sup>576</sup> Černá et al. (2019).

This strategy – needed in the Czech context – is not present in the Finnish model of HF, which is based on a comprehensive welfare system where existing income transfer schemes have worked effectively to ensure that people do not end up on the streets after becoming unemployed or unable to work. With regard to housing costs, the general housing allowance supplemented by social assistance functions as an effective buffer that filters excessive housing costs. In sum, the baseline conditions on which HF services are implemented – and should be replicated – need to be critically assessed in order to ensure their success.

Additionally, the transversal analysis of the in-depth assessments also shows – in line with the findings from the mapping of policies and programmes aimed at preventing and fighting child homelessness presented in previous sections – that policies and programmes which are evidence-based and which were adequately documented have a better chance of being successfully replicated in other countries or regions. Such is the case with the HF project in Brno and the Finnish HF model which have a high transferable potential. In fact, the rapid dissemination of the HF model all over the EU in recent years, and the fact that its implementation has been in most cases subject to assessment and evaluation, confirm this strong potential for replication, even if there is evidence of challenges.<sup>577</sup>

Conversely, the Spanish example shows how a positive practice which has a strong impact on the lives of a particularly vulnerable group of children and youngsters is to a large extent difficult to replicate, given the current limitations in terms of evidence-based evaluation of the project or the availability of information on its implementation.

One of the key elements of an effective child homelessness strategy identified in the 2018 peer review exercise on homelessness from a child's perspective was the need to implement stronger cooperation mechanisms between different policy areas (e.g. housing, family support, child protection and youth care, justice).<sup>578</sup> Coordination and strategic cooperation among various actors built upon a common understanding of the problem and aimed at a shared goal is also an important precondition for properly replicating the success of some of the initiatives selected. The HF examples and the FHAT initiative in Dublin provide evidence to support this assessment.

In the latter case, it is important to mention that the FHAT model was introduced as a pilot project within a national strategic policy framework for children and young people. The potential to develop specific child-centred approaches may be strongly enhanced by embedding support services addressing homelessness among children (and families with children) within such overall strategic approaches. This is an important element for consideration in view of the potential replication of the FHAT model.

The presence of a strategic policy framework addressing the needs of children and young people may also contribute to improving existing integrated systems of support. The German case is probably a good example of how a comprehensive and strategic approach to the rights of (homeless) children could contribute to improving the existing municipal housing provision services by including specialised provision focusing on the needs of children who are homeless or at risk of becoming homeless.

Finally, it was not possible to identify any relevant evidence of the active involvement of children (or families with children) in the design and implementation of any of the policies and programmes under analysis. However, listening to and involving children and young people in decisions that affect their lives is a key tool for ensuring that their unique experiences and perspectives are duly taken into consideration.

EU-level projects focusing on the trajectories of migrant children have shown the importance of listening to children and young people's narratives of their experiences "on

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<sup>577</sup> Pleace et al. (2019).

<sup>578</sup> ICF and European Centre for Social Welfare Policy and Research (2018).

the move”, as crucial raw material for developing valuable advice, orientation, and recommendations for support organisations and professionals.<sup>579</sup>

Participation is a process that engages children and young people on matters that concern them. Integrating this key component in the replication of any policy, programme, or initiative aimed at supporting homeless children is therefore a crucial element not to be forgotten. Better outcomes for children and young people require that they are listened to and involved in decisions that affect them.

#### **H4.4 Quality of the provision**

The analysis of the key elements regarding the quality of the provision across the different policies, programmes, and projects reveals a pattern of significant diversity and inconsistency, with marked variations in the level of evidence produced and in the actual existence and enforcement of quality standards and regulations. In reality, such a finding seems to echo the outcomes of the FSCG2 country consultation as well as results from a recent EOH study on the regulation and quality of homelessness services in Europe.<sup>580</sup>

National-level programmes such as the municipal specialised prevention services in Germany or the Finnish HF approach address quality requirements and the monitoring of services in very different ways.

In the former case, there is no evidence of the implementation of external quality standards regulating municipalities’ housing provision services; and whereas city states such as Berlin, Bremen, and Hamburg issue internal guidelines for housing assistance, the non-city Länder tend to limit themselves to non-binding practical assistance.

In Finland, quality recommendations for HF services were developed during 2010-2012, emphasising criteria such as freedom of choice, separation of housing and services (i.e. the right to housing is not compromised by requiring service users to engage with support), and support for rehabilitation and social integration. These recommendations were later extended via a national cross-sectoral and multidisciplinary network facilitated by the Y-Foundation.<sup>581</sup> Additionally, several pieces of legislation have set legal standards and quality requirements for housing with respect to the quality of provision in the HF approach. Standards in these services have been described as high, although the evidence base on the quality of services is variable since it is the municipality’s responsibility to organise and provide the services. Municipalities and private welfare producers of social/health services are supervised by seven regional state administrative agencies, which are in turn supervised by the National Supervisory Authority for Welfare and Health. Both operate under the Ministry of Social Affairs and Health.

HF4Y<sup>582</sup> is an adaptation of the HF approach for young people (aged 13-24) who experience homelessness, or who are at risk of it. It builds on the core HF principles, adapting the general model to meet the distinct needs of developing adolescents and young adults. The core principles of HF4Y include: (a) a right to housing with no preconditions; (b) youth choice, youth voice, and self-determination; (c) positive youth development and wellness orientation; (d) individualised, client-driven support with no time limits; and (e) social inclusion and community integration. The setting of core principles for the development and implementation of HF4Y programmes is crucial to ensure fidelity to the model and consistent assessment of the programme’s outcomes.

Evidence from the operation of HF programmes across the EU confirms the presence of quality guidelines for the operation of services and the fact that, unlike other types of

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<sup>579</sup> A booklet with orientations for professionals and officials working with and for children on the move is available [here](#).

<sup>580</sup> Pleace et al. (2020).

<sup>581</sup> For more information see [here](#).

<sup>582</sup> For more information see [here](#).

homelessness services, there is no evidence of HF programmes providing substandard services.<sup>583</sup>

The in-depth assessments at the service/project level also reveal significant disparities in relation to the presence of quality requirements and standards of the respective provision, which may stem from the organisational characteristics of the providers but also from the overall policy and institutional context in which both services are embedded.

The description provided by the Spanish experts on the operation of the project supporting migrant children who are rejected by the child protection system in the province of Cadiz reveals frailties with regard to the development of formal systems aimed at ensuring a professionalisation of the work developed. The small scale of the programme and the reliance on voluntary work, lacking any kind of funding by public authorities (as a result of intentional choice by the organisation) provides few opportunities for the development of quality requirements or the setting of quality standards. Simultaneously, the organisation's autonomy from supervisory authorities does not allow any quality-related conditions to be imposed. Nevertheless, there is evidence of increased collaboration with independent stakeholders (e.g. universities) aimed at improving their working methods and at assessing the results of their intervention and enhancing its dissemination potential.

The operation of the FHAT in Dublin, on the other hand, provides the most elaborate illustration of services framed by well specified quality requirements with a specific focus on the promotion of homeless children's needs and rights in different areas. A "national quality standards framework"<sup>584</sup> developed for homeless services is applicable to FHAT, which include specific standards taking into account children as individual right holders and, consequently, their needs for protection, safety, and well-being. As far as monitoring is concerned, FHAT goes through an annual service review by Focus Ireland to identify what is working well and what impedes service provision. The team adheres to a service-level agreement detailing KPIs that need to be achieved, and this is monitored externally by local authorities. The main KPI is the number of families that escape homelessness, but there is no information available on the exact target number.

Specific regulations and/or requirements have been identified on the quality of services that specifically apply when children are present, but they do not seem to be a common feature either among overall programmes or policies or at the service/project level. The paucity of evidence regarding the existence of specific regulations/requirements for defining and monitoring the quality of provision, with a specific focus on the needs and experiences of children, may be explained – as previous studies have highlighted<sup>585</sup> – by the fact that children tend not to appear as subjects in policy documents, legislative frameworks, or review or monitoring systems; their presence is more often acknowledged as members of the family rather than in their own right.

Overall, there is a need to strengthen the development of well specified quality standards for the provision of support to children (or families with children) experiencing homelessness or at risk of it. Quality standards and requirements should be embedded in clear policy frameworks or service-level models which reflect an understanding of child and youth homelessness, guiding goals, outcomes, and practice.

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<sup>583</sup> Pleace et al. (2019).

<sup>584</sup> Dublin Region Homeless Executive (2019).

<sup>585</sup> Baptista (2018), Pleace et al. (2020).

#### H4.5 Source(s) of funding

The in-depth assessment of the policies and programmes selected reveal the crucial role of public funds in the implementation of the different schemes with two notable exceptions: the Spanish initiative, given its unique character of an exclusively voluntary-based project, and, to a lesser extent, the Brno HF project which was implemented with the support of ESF funds.

The municipal specialised prevention services implemented in Germany are run under the responsibility of local authorities and financed through the municipalities' budget. The role of municipal funding is also an important source for the implementation of the municipal social assistance in Finland, although the proportions of funding which originate from the central level are clearly higher than those which arise from the intervention of municipalities, mainly due to the role of housing-related support: in 2020, for example, loans financed by the Housing Finance and Development Centre (ARA) may reach €1.4 billion at the aggregate level. The different components of support which are provided by the Dublin FHAT are also financed by a mix of local and national-level public funding – Dublin's four local authorities, TUSLA (Child and Family Agency), and the Health Service Executive (HSE). According to the national experts, there is little information on the specific proportions of funding allocated by these different stakeholders. Additionally, Focus Ireland contributes its own funds to provide complementary means to run the scheme.

The role of the private sector is crucial in the operation of the Spanish project in Andalusia: 71% of the total budget for the operation of the programme in 2020 was financed by the *La Caixa* foundation. The small size of the initiative and the intentional non-dependency on public funds is grounded in an organisational decision to keep its independence and capacity to play a critical role in relation to public administration decisions. One of the consequences of this funding strategy is an organisational model the sustainability of which totally depends on the continued mobilisation of human capital (e.g. voluntary support workers) and on the ability to pool donations from private sources.

Sustainability issues are also raised in relation to the Finnish housing allowance system which is confronted with rising costs every year. According to the Finnish experts this may jeopardise the generosity of the current benefit levels in the future.

A mapping exercise<sup>586</sup> assessing the use of European Regional Development Fund (ERDF), ESF and FEAD funding to address homelessness in nine EU Member States concluded that although ESIF projects bring good opportunities for supporting homeless people, especially in the housing area, the usage of the funds remains quite low. The needs of homeless people do not seem to be prioritised in national programming documents and several barriers seem to prevent a more consistent use of EU funds in tackling homelessness.

Nevertheless, the use of the ESIF has proved to be particularly relevant in showcasing the potential role of EU funds in introducing innovative and effective practices to address (family) homelessness with a strong potential for introducing sustainable policy change in Czechia. The Brno HF project was implemented with the support of a €369,656 ESF grant, on a total budget of €372,290. Based on the success of the Brno project, an action plan to end family homelessness in Brno 2018-2025 was introduced, aimed at implementing an integrated system for ending homelessness, including the provision of social housing.

The Czech example is a strong reminder that although the primary responsibility for organising and funding policies and measures to address homelessness lies at the local, regional, and national level, EU funding can provide added value in introducing innovation which may lead to a durable transformation of policies and services aimed at ending homelessness among children (and families with children).

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<sup>586</sup> Teller (2018).

Overall, the (limited) evidence produced by the in-depth assessments of the policies and practices included in the study confirms that government remains a substantial and critical funder of homelessness provision either directly (through homelessness services), or indirectly through the use of services (e.g. health, welfare, justice) by homeless people. It also showed the difficulty in clearly identifying the relative distribution of funding – including direct and indirect sources of funding – within the overall implementation of policies, programmes, and practices. Finally, it also showed the potential for social (sustainable) innovation embedded in the current and future use of EU funds.

#### **H4.6 Monitoring**

The in-depth assessments provide limited evidence with regard to the monitoring aspects of the different provisions, confirming the overall lack of evaluation regarding homelessness policies and services in Europe, and in particular of existing provision for children (and families with children) experiencing homelessness or at risk of it.

A recent study on national strategies to fight homelessness and housing exclusion in the EU<sup>587</sup> had already revealed constraints in the availability of reliable data and studies on the effectiveness of homelessness strategies and policies, but also on homelessness service provision. Such limitations were, however, less obvious in the areas which were specifically covered by the in-depth assessments in this study (i.e. HF services and prevention support).

The Brno HF project, for example, is a good example of a project which incorporates an independent and rigorous counterfactual impact evaluation on its outcomes, performed by the University of Ostrava. Expected primary and secondary outcomes were compiled and an extensive list of indicators selected for measuring the impact of the intervention at specific intervals during the implementation of the pilot. The RCT of the HF for families with children included a control group of 100 homeless families with children, against which the impact of the project was measured. Both treatment and control groups were surveyed at baseline, and after six and 12 months. The evaluation design included a qualitative component.

The monitoring of the impact of the support work provided by the FHAT team in Dublin is subject to an internal assessment to identify what is working well and what impedes service provision. The team adheres to a service-level agreement detailing KPIs that need to be achieved, and this is monitored externally by local authorities. The main KPI is the number of families that escape homelessness.<sup>588</sup>

Self-monitoring at service delivery level has been identified as the most widespread form of monitoring the quality and impact of homelessness services across the EU, whereas entirely external evaluation and monitoring is rare.<sup>589</sup> However, there may be wide variations within self-monitoring, which is capable of producing reliable outcomes and may contribute to enhancing practice in preventing and ending homelessness.

The FHAT example illustrates the crucial role of research and monitoring activities conducted by the provider of the service – Focus Ireland – which have a long and well established record of research activities on homelessness in Ireland. The self-monitoring process provides the FHAT team with crucial insights, providing opportunities to reconsider existing approaches with a view to improving the support provided. The participation of service users in the monitoring process is ensured by site visits conducted by local authorities to collect the views and perspectives of homeless people using the service.

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<sup>587</sup> Baptista and Marlier (2019).

<sup>588</sup> Polat and Daly (2020).

<sup>589</sup> Pleace et al. (2020).

The involvement of children and families experiencing homelessness in the monitoring of service provision is important on at least at two different levels: it gives service users their own voice in the process and the opportunity to express themselves; and it opens up possibilities for the monitoring and evaluation process to identify aspects within service provision that would not be visible or that could not have been anticipated from the sole perspective of the evaluation team (either internal or external).

The question of whether or not to involve users in the design of homelessness services requires a wider discussion, for which this is not the right place; but evidence indicates that the greater the degree of choice and control over the support offered, the more effective the provision is likely to be.<sup>590</sup>

The German national expert argues that only some municipalities undertake regular monitoring of their specialised prevention services and even fewer engage in any kind of independent external evaluation of their homelessness assistance systems. A recent nationwide evaluation study on homelessness in Germany is aimed at examining the causes, development, and structures of homelessness and strategies to prevent and eliminate it, including an evaluation of the operation of municipal prevention systems. The study adopted a multi-perspective approach (online survey, in-depth case studies, and reconstruction of individual case histories) aimed at establishing “*a connection between individual biographies and circumstances of people experiencing homelessness on the one hand, and municipal and independently organised support systems on the other*”.<sup>591</sup> The results of the evaluation point, among other things, to the importance of strengthening existing prevention efforts at the municipal level, namely by implementing and further developing specialist units into prevention-oriented cross-agency networks which should ensure improved access to preventive measures (e.g. housing advice services; mediation services offering assistance with negotiating/working with landlords; assumption of arrears regulated by law).<sup>592</sup>

Finland is one of the few Member States to display a strong evidence-based mechanism enabling the assessment of the implementation of its homelessness strategy.<sup>593</sup> The primary way of monitoring its effectiveness is the official statistics collected and monitored at the national and local levels. The latest available figures show a significant reduction in homelessness over the last two to three decades (contrary to the evolution registered across the EU). Between 1987 and 2019 the number of homeless people dropped from 18,000 to 4,600. A total of 275 homeless families with children were registered in 2019.

Overall, the in-depth assessment of the policies, programmes, and projects has shown that there are different forms of engagement in effective monitoring/evaluation of the actions/provisions, mobilising different resources and actors.

In practice, monitoring and evaluating the provision of support to prevent and eliminate homelessness among children (and families with children) should always adopt a critical and formative perspective, ensuring that opportunities are enhanced to review the existing support provided and look for ways to deliver better outcomes.

Both internal and external monitoring may constitute valuable mechanisms to ensure a critical assessment of the provision and to enhance better practice in preventing and ending homelessness among children (and families with children). The adoption of either mechanism always needs to be put in perspective (e.g. by making sure there is a match between the level of resources needed and the operational requirements involved in the monitoring process selected).

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<sup>590</sup> Pleace (2018).

<sup>591</sup> Busch-Geertsema et al. (2020).

<sup>592</sup> Busch-Geertsema et al. (2020).

<sup>593</sup> Baptista and Marlier (2019).

The nature of the provision is also an important factor to be taken into consideration, as the diversity of the in-depth assessments under analysis has shown. For example, the monitoring of individual services and programmes should necessarily include indicators of the effectiveness of the support in terms of client outcomes (e.g. improved well-being of children, stability of housing), whereas in establishing the effectiveness of overall policies or systems aimed at addressing child and family homelessness it is necessary to include indicators of system effectiveness (e.g. reduction in the number of homeless families and children). The examples above from the monitoring processes of the HF for homeless families with children in Czechia, and the HF national approach adopted in Finland, provide good illustrations of different monitoring frameworks.

Some recommendations on general guidance to ensure effective monitoring and evaluation, namely on how to determine which monitoring components are necessary to evaluate the success of the different types of policies/programmes, are provided below.

- Start by identifying the purpose of the evaluation for the specific type of provision.
- Identify and allocate the resources which will be necessary to conduct the evaluation (e.g. internal versus external evaluation, type of data collection).
- Identify and involve stakeholders for whom the use of the monitoring/evaluation results will be important.
- Identify which evaluation components are necessary to ensure that it is possible to assess the programme/project (e.g. achievements, obstacles) and to determine outcomes resulting from its implementation.
- Check whether there are existing resources that may be drawn upon for the identification of the evaluation components of the specific programme/project (e.g. HF projects have been extensively evaluated and several useful resources are easily available).<sup>594</sup>
- Identify measurable criteria (e.g. housing stability, improvement in the health and quality of life of families) which need to be aligned to the evaluation purpose and the key components of the programme/project under implementation.
- Select outcome indicators for measuring the policy/programme/project implementation results (e.g. client outcomes and/or system indicators aimed at monitoring/assessing a system's effectiveness).

Given the diversity of policies/programmes and projects and the nature of the challenges arising from the specific contexts in which they may be implemented, it is not feasible to provide a list of measurable criteria and respective indicators.

Alternatively, Table H2 provides an illustrative example of some measurable criteria used to monitor the success of a specific type of intervention (HF) on which there is extensive evidence on positive outcomes in ending homelessness. These examples are based on the evaluation study conducted in Brno<sup>595</sup> which directly addressed one of the specific groups included in this study.

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<sup>594</sup> See for example [here](#) and [here](#).

<sup>595</sup> Ripka et al. (2018).

**Table H2: HF for families with children – examples of possible monitoring criteria and outcome indicators**

Criteria	Definition of the criteria	Indicator	Possible sources
Decrease in family homelessness	The family manages to reduce the time spent in homelessness situations	Number of months the family was homeless in last 12 months	Survey
Housing stability	The family manages to stay housed and avoid moves	Number of moves in last six months	Survey
Quality of housing	Identification of problems connected to poor housing	Occurrence of specific problems (e.g. damp walls/floors, electricity failure, unpleasant smells)	Survey
	Perceived housing quality	Subjective assessment of housing quality	
Improvement in the health and quality of life of families	Need to resort to emergency services	Number of uses of ambulance and hospitalisations in last six months	Survey
	Occurrence of specific problems related to children's health	Number of children's injuries and asthmatic attacks during last six months	
	Subjective assessment by parents regarding children's health	Assessment of children's health by parents	
Reunification of families and prevention of institutionalisation of children	Children come back from foster care or institutional care	Number of children who came back	Survey
	Children get institutionalised	Number of children institutionalised	
Improved school attendance of children	Children enrolled in the study who present records of school absenteeism	School absenteeism of schoolchildren enrolled in the study at 12 months	Administrative data

Additionally, in order to contribute to the proper implementation and monitoring of a successful CG, it is crucial to measure Member States' progress towards the CG component aimed at ensuring that "there should be no homeless children". It would therefore be useful to add specific indicators to the current EU portfolio of indicators of child poverty and well-being which is already available to monitor investment in children.

Table H3 proposes possible indicators. However, the definition and adoption of indicators to measure progress in this domain needs to be underpinned by a clear understanding of what achieving zero child homelessness actually means, in order to ensure that it is possible to measure progress towards that objective. Further discussion and agreement in this respect must be enhanced both at the national and at the EU levels.

**Table H3: Measuring Member States' progress towards "zero homelessness among children" – examples of possible indicators**

Proposed indicators	Breakdowns
Number of children aged 0-17 living rough or staying in overnight shelters	By age By gender By family situation (children in families, unaccompanied young people) By migrant status
Average length of stay in emergency accommodation among children aged 0-17	By age By gender By family situation (children in families, unaccompanied young people) By migrant status
Number of children aged 0-17 receiving assistance from services providing temporary/transitional accommodation for homeless people and families	By age By gender By family situation (children in families, unaccompanied young people) By migrant status
Average length of stay in temporary/transitional accommodation among children aged 0-17	By age By gender By family situation (children in families, unaccompanied young people) By migrant status
Number of children aged 0-17 living in families receiving assistance from services providing access to permanent accommodation	By age By gender By household type By migrant status of family
Number of children aged 0-17 living temporarily with family or friends due to lack of housing	By age By gender By family situation (children in families, unaccompanied young people) By migrant status
Number of children aged 0-17 living in households who received eviction notices	By household type By migrant status of family
Number of children aged 0-17 on social housing waiting lists	By age By household type By migrant status of family By waiting time

## Chapter H5: Main recommendations and conclusion

The review conducted on the policies and programmes selected for this second-stage analysis identified the presence of feasible and effective measures, the implementation of which may bring clear and demonstrable benefits to children experiencing homelessness, or at risk of it, across the EU.

The intentional selection of two main types of policies and programmes was designed to highlight the importance of ensuring an adequate balance between: (a) innovative practices aiming at addressing a diverse range of needs by particularly vulnerable groups of children, and (b) mainstream policies which ensure that children (or families with children) in vulnerable situations are adequately supported through the provision of comprehensive and effective housing and welfare support systems.

The fundamentally different nature of these two sets of promising practices has implications for the results of the detailed analysis conducted on the proposed key aspects of their implementation (i.e. ability to reach out to children and families experiencing homelessness; actual benefits achieved and key conditions for their successful implementation; main challenges and strategies for overcoming identified barriers; monitoring procedures and quality requirements; and governance and funding arrangements). Those implications are particularly relevant for the proposed recommendations.

Positive examples of policies and programme mechanisms aimed at ensuring that children experiencing homelessness, or at risk of it, are actually targeted include setting up comprehensive legislative and/or regulatory frameworks designed to protect children's fundamental rights, thus ensuring a wide coverage in reaching out to all children in vulnerable housing situations. These mechanisms, the effectiveness of which strongly depends on the nature of public action in areas such as housing and welfare support and on the introduction of clear mandates for their operationalisation, not only ensure access for targeted children but also guarantee a non-stigmatising access to support.

In addition to the development of such statutory obligations and comprehensive frameworks to protect the rights of (homeless) children and prevent homelessness as far as possible, the analysis conducted also revealed the importance of developing more targeted mechanisms which ensure that children at risk are actually supported in ways that best respond to their needs. The adoption of child-centred models of support which acknowledge the need to protect children from the negative impacts of homelessness, providing specialised targeted support, are a positive example of such mechanisms.

Reaching out to children experiencing homelessness (or at risk of it), and ensuring access to comprehensive and good-quality support in respect of their protection needs, demand further efforts in order to ensure that policies and programmes that prevent or address homelessness among children (and families with children) are solidly embedded in regulatory mainstream frameworks. These frameworks should provide comprehensive protection to all children (particularly to the most vulnerable). At the same time, the "comprehensive nature" of these policies and programmes should be complemented and operationalised by adopting a child/youth-centred approach that is sensitive to the needs and aspirations of children and young people, as expressed by themselves rather than (solely) by adult mediation.

Preventing homelessness among children and families with children and ensuring that they move out of homelessness as quickly and sustainably as possible by providing long-term housing solutions are amongst the most important outcomes of the policies and programmes included in the in-depth assessment. The strong focus on prevention and rapid rehousing mechanisms for homeless families with children highlights the need to guarantee access to "a home", responding to children's fundamental needs for safety, stability, and normality in their lives. Such goals may only be achieved by a strong public

investment in ensuring that families with children have access to affordable housing and that prevention mechanisms are in place to keep children out of the homelessness system.

From a children's rights perspective, preventing homelessness is a compelling task which demands: strong effective primary prevention systems (e.g. poverty reduction, adequate welfare benefits, access to affordable housing support, debt counselling, and other social support); well targeted secondary prevention measures (e.g. housing advice support addressing the actual "sources" of eviction) and rapid rehousing systems; and support addressing the particular needs of children (and their families) and young people in the transition to adulthood, with a specific focus on vulnerable youngsters.

Interventions such as HF programmes for families with children and for young people provide clear evidence of the benefits of ensuring stable long-term housing solutions across different dimensions of well-being (e.g. improved housing stability, improved health conditions, increased prospects for family reunification, improved levels of meaningful activity, increased confidence in engaging with services, increased awareness of one's own rights).

Strengthening the actual protection capacity of existing statutory mechanisms aimed at protecting the rights of particularly vulnerable groups of children and young people is another relevant element identified in the analysis conducted. Evidence from Spain shows that there are multiple benefits arising from "filling in the gap" between the existing legal regulations for the protection of unaccompanied foreign children and the actual capacity of statutory agencies to adequately respond to the multiple risks and challenges arising from integration processes. However, the need for this type of intervention in specific contexts also reveals the need to ensure that such "compensatory" mechanisms not only produce the necessary individual level benefits, but also consistently contribute towards systemic changes leading to the actual effectiveness of existing protection frameworks.

The transversal analysis of the different policies and programmes aimed at preventing or reducing homelessness among children (and families with children) confirms the importance of ensuring some baseline key conditions for their successful implementation. These include: (a) setting up strategic partnerships, underpinned by shared goals, which are able to successfully deliver on policy, research, and practice outcomes; (b) the design and operationalisation of organisational models (including governance arrangements) which may act as a uniting and mobilising factor for the effectiveness of the policy or programme's implementation; (c) the crucial role of well-functioning social welfare and protection systems; and (d) the adoption of child-centred models of support where the particular needs and preferences of children as individuals in their own right are explicitly identified and taken into consideration.

Diverse challenges and difficulties at the implementation level may hinder the replication potential of the policies and programmes included in the analysis. In short, structural factors such as poverty and the lack of affordable housing are clearly identified as important risk factors for the successful implementation of the different types of policies and programmes. In some cases, these risks are mediated by positive systemic and institutional factors, such as the functioning of social welfare and protection systems and the legal procedures regulating evictions. In other cases, however, systemic and institutional barriers hinder the effectiveness of the policies and programmes in place. In both cases, the clear identification of baseline conditions and requirements for the successful implementation of the provision should become a priority when assessing replication possibilities.

Specific regulations and/or requirements have been identified on the quality of services that should apply when children are present, but they do not seem to be a common feature either among overall programmes or policies or at the service/project level. The paucity of evidence regarding the existence of specific regulations/requirements for defining and monitoring the quality of provision with a specific focus on the needs and experiences of

children may be explained – as previous studies have highlighted<sup>596</sup> – by the fact that children tend not to appear as subjects in policy documents, legislative frameworks, and review or monitoring systems, but their presence is more often acknowledged as members of the family rather than in their own right.

The in-depth assessment of the policies, programmes, and projects has shown that there are different forms of engagement in effective monitoring/evaluation of the actions/provisions, mobilising different resources and actors. Self-monitoring at service delivery level has been identified as the most common form of monitoring the quality and impact of homelessness services, whereas entirely external evaluation and monitoring schemes are rarer.

An actual costs analysis of the different schemes included in the in-depth assessments is hampered by the lack of data on the main cost components of the different types of provisions in studies analysing the cost of the intervention. However, the (limited) evidence produced by the in-depth assessments of the policies and practices included in the study confirms that public funding remains a substantial and critical financing source for homelessness provision either directly (through homelessness services), or indirectly through the use of other services (e.g. health, welfare, justice) which homeless people use. The analysis also revealed that EU funds can provide critical added value in introducing innovation leading to a durable transformation of policies and services aimed at ending homelessness, namely among children and families with children.

The analysis of mapping and policies currently being implemented in the EU has provided some important lessons for Member States on further investment in different policy areas. Additionally, the in-depth assessment of a selected number of promising practices has shown in detail how policies, programmes, and practices may be further enhanced in order to achieve policy and effectiveness in ensuring that children (and families) experiencing homelessness or at risk of it are duly protected and supported.

The following recommendations draw on the joint analysis of these two components covered during the second stage of the study and address different dimensions.

- Strategic approaches and overall frameworks:
  - establish a national strategy against homelessness which creates accountability of all levels, and implement it locally to take into account local specificities;
  - enhance the development of mainstream support policies and practices for preventing/addressing homelessness among children and families, which are framed by strategic policy frameworks for protecting children’s rights;
  - adopt a rights-based approach across all relevant policy areas (e.g. housing, health, social welfare) centred on children’s experiences of homelessness;
  - design and implement effective legal and regulatory frameworks aimed at ensuring comprehensive protection of all children (particularly the most vulnerable) from the risk of homelessness;
  - design and implement legislative frameworks which establish clear limits on the amount of time families with children may stay in emergency/temporary accommodation; and
  - ensure that the development of “promising practices” is embedded in comprehensive frameworks and evaluation mechanisms, the lack of which prevents the state from identifying those practices and supporting them from a policy perspective in order to optimise their dissemination/mainstreaming.
- Structural hindrances and homelessness causation:
  - identify and address structural hindrances (e.g. public housing shortage, low levels of welfare benefits for children and families) in order to ensure the

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<sup>596</sup> Baptista (2018), Pleace et al. (2020).

- effectiveness of prevention or other specific support mechanisms targeting children or families at risk of, or experiencing, homelessness;
  - ensure that the right to access adequate housing is established in law, and implement the mechanisms to ensure accountability and enforceability of such a right;
  - introduce mechanisms to increase the legal protection of children and families in eviction processes (e.g. banning the eviction of households with children where adequate housing alternatives are not provided);
  - address system inefficiencies resulting from complex administrative procedures which inhibit the access of homeless families with children to existing support, adding to their financial vulnerability (e.g. housing allowances);
  - align welfare and housing benefit levels with current housing costs, so as to enable homeless families to access and secure housing options and avoid further financial instability;
  - ensure that poor housing conditions are never a reason for taking children into care, by developing effective policies to ensure families with children have access to affordable decent housing; and
  - for young people in care, ensure that support services are extended after the end of their placement in state care.
- Governance and funding mechanisms:
    - strengthen and/or set up strategic partnership and governance models based on shared goals and strong collaboration between different actors and different support systems which all intervene in providing support to children and families through their homelessness trajectories (e.g. municipal services, homelessness services, child prevention services, domestic violence services);
    - enhance capacity-building competences and the pooling of resources among key stakeholders, aimed at ensuring that the partnership is able to successfully deliver on policy, research, and practice outcomes;
    - strengthen collaboration with Ombudsperson offices by the relevant actors in the homelessness policy and service provision sectors, and more specifically with Ombudspersons for children, given the latter's specific knowledge on "children's issues" and rights;
    - prioritise the needs of children and/or families experiencing homelessness in national programming documents for using the ESIF, building on cross-sectoral expertise; and
    - implement support mechanisms to ensure the financial sustainability of successful programmes and projects.
- Monitoring and evaluation systems:
    - establish clear review mechanisms or an outcomes monitoring system regarding existing policies, programmes, and support services, aimed at enhancing the understanding of the impact of homelessness and of existing support on families and/or children experiencing homelessness, and allowing the state to get the necessary visibility on the value of investment – in this regard the European Commission in conjunction with the Social Protection Committee (SPC) could draw on existing good practices to develop EU-level guidelines to assist Member States in developing effective monitoring and evaluation mechanisms;
    - strengthen the existing evidence base on the impact of services providing support to children (and families with children) at risk of, or experiencing, homelessness, in order to develop the necessary quality standards and/or regulations applicable when children are present, particularly with regard to those services which seem to be the most common across Member States (i.e. the provision of emergency and/or temporary accommodation);

- strengthen system-level outcomes at the policy, programme, and practice level, aimed at changing and improving the functioning of support systems (e.g. combating discrimination and xenophobia, altering/refining legislation and regulations);
  - establish robust mechanisms for measuring child homelessness at Member State level, which are a necessary condition for assessing progress in reducing homelessness among children; and
  - establish an EU target for ending child homelessness, and adopt an EU-level indicator to monitor Member States' progress towards this target.
- Service provision development:
    - strengthen preventive and early support strategies and solutions which are based on demonstrably effective evidence-based approaches;
    - avoid the use of hotels/hostels and other low-threshold non-permanent solutions to accommodate homeless children (and their families) other than in exceptional situations and for the strict minimum time necessary for securing permanent housing solutions;
    - ensure that specialised support (e.g. case managers and child support workers) are made available for homeless families and children (subject to a needs assessment), as soon as possible after admission to emergency accommodation services;
    - enhance the adoption of child-centred models or approaches where children's perspectives and experiences are duly considered and strategically used to assess and validate the experience of support services;
    - ensure that the particular needs and preferences of children, especially those who are most vulnerable, are duly assessed and attended to at the policy and service level;
    - set-up schemes which provide housing solutions for young people transitioning into adulthood, which respond to their developing needs, namely with regard to models of accommodation and support;
    - promote the adoption of independent housing solutions for unaccompanied migrant children, duly securing a reasonable preparation time before their coming of age;
    - strengthen the development of well specified quality standards for the provision of support to children (or families with children) experiencing homelessness or at risk of it – in this regard the European Commission in conjunction with the SPC could usefully develop guidelines to assist Member States in the development of quality standards;
    - ensure that quality standards and requirements are embedded in clear policy frameworks or service-level models which reflect and understanding of child and youth homelessness;
    - enhance the active involvement of children, young people, and families with experience of homelessness within an empowering participative approach in the design, implementation, and monitoring of support services; and
    - develop a consistent effort to strengthen the existing evidence base on the costs of homelessness provision in general, and for children (or families with children) in particular.

## **PART I: CROSS-CUTTING INITIATIVES DESIGNED TO ENSURE INTEGRATED DELIVERY OF SERVICES**

FSCG2 also includes an analysis of a priority action related to “cross-cutting initiatives” that are designed to ensure integrated delivery of nutrition, education, healthcare, and/or social services as well as the horizontal interconnectedness of all actors and stakeholders engaged in their delivery.

Part I is structured as follows: Chapter I1 describes the main expected benefits of such cross-cutting initiatives; Chapter I2 maps the relevant (sub-)national policies and instruments in each Member State; Chapter I3 provides an overview of the policies/programmes that were selected for an in-depth assessment; Chapter I4 discusses the results of these assessments in terms of participation, governance, key conditions for realising the expected benefits, quality of provision, sources of funding, and monitoring; finally, Chapter I5 summarises the main findings and conclusions.

### **Chapter I1: Main expected benefits**

At the heart of the debate about integrating services for children and families is a recognition that specific areas – educational attainment, health, and safety – require the combined action of a number of sectors,<sup>597</sup> recognising that children’s needs are linked to the outcomes both at an individual and societal levels. In these terms, integration is not therefore just about combining services, but about achieving the social integration of all children into the local community and wider society, ensuring that children with complex needs are helped to develop their potential as fully as other children, and that children of families living in poverty receive the same level and quality of services as those who are not socially excluded.<sup>598</sup>

There is a growing recognition among researchers, policymakers, and practitioners that policies and services need to become better integrated if they are to effectively address complex issues such as poverty and promote social inclusion. Only multidimensional, aligned, and integrated responses and interventions in early years can address the complex and multifaceted needs of all children and their families, especially those in vulnerable situations.<sup>599</sup> Strong evidence exists in the literature that high-quality ECEC provision which integrates childcare with education, health, social, and other services is associated with improved cognitive and behavioural outcomes, and better health and well-being for children.<sup>600</sup>

This was also stated in the ISOTIS (inclusive education and social support to tackle inequalities in society) report on interagency working.<sup>601</sup> Cross-cutting initiatives and integrated service provision can have a positive impact on children and families in terms of improved access and speedier responses; better and clearer agreements on information sharing and communication between services; greater consultation on case planning; a more holistic approach; seamless services; greater accessibility; and the smoother transition between services.<sup>602</sup>

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<sup>597</sup> Miller and McNicholl (2003).

<sup>598</sup> Miller and McNicholl (2003).

<sup>599</sup> Vandekerckhove et al. (2019).

<sup>600</sup> Vandekerckhove et al. (2019).

<sup>601</sup> Barnes et al. (2018).

<sup>602</sup> Vandekerckhove et al. (2019).

In recent years there has also been a growing consensus on the importance of a “whole-school approach” to tackling early school-leaving and school disengagement, and to boosting disadvantaged children’s capacity to learn (by compensating for unequal opportunities in the other dimensions of child development). A whole-school approach also implies a cross-sectoral approach and stronger cooperation with a wide range of stakeholders (e.g. social services, youth services, outreach care workers, psychologists, nurses, speech and language therapists, guidance specialists, local authorities, NGOs, business, unions, volunteers) and the community at large, to deal with issues for which schools do not (and cannot) have the relevant expertise.<sup>603</sup>

Extended school services are designed to raise standards of achievement and allow children to realise their full potential, by ensuring the provision of services that are appropriate for individual pupil, family, and community needs, including (but not limited to):

- stimulating activities, skills classes, and additional learning support to children;
- access to specialist support services;
- parenting and family support;
- community access to school facilities; and
- local adult learning and career development opportunities.

Most extended schools provide children with services before, during, and after the normal school day and they also support the parents, families, and the local community.

The central idea of this approach is to reduce policy/institutional fragmentation (which results from different funding and service delivery arrangements in respect of education, social services, and healthcare) and instead put “the child at the centre” and ensure that all necessary services are made available to all children, especially those on low incomes. The aim of multiservice (primary or secondary) schools (also called extended service schools, “broad schools”, or “community schools”) is to get rid of social inequality and to foster children’s health, well-being, social inclusion, and achievements through an integrated delivery of support and services.<sup>604</sup> An important aspect of this approach is that children in school should have access not only to formal education, but also to extracurricular activities including social and even healthcare services (health checks, immunisation), meaning that they effectively stay in school (or in other partner/stakeholder organisations) for a whole day.

Co-locating services in schools has obvious advantages – most notably convenience for young people and families. But research on school-based services has also shown other, even more powerful, benefits.<sup>605</sup> Co-location or at least partial integration of services in schools, produces synergies affecting both what happens during school hours and outside of them, including:

- improving access to, and participation in, services for children, young people, and families;
- improving the young person’s connection to school;
- improving attendance, academic achievement, and behaviour; and
- increasing family involvement in the child’s school.<sup>606</sup>

Integration of services in schools also benefits parents, as services offered by extended schools can help them to balance work and family commitments, develop parenting skills, become involved in child’s learning, and support their child’s different experiences and interests. There are a wide variety of such multiservice schools or networks providing integrated services to schoolchildren in the EU. Often, however, the parts of services not

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<sup>603</sup> European Commission (2015).

<sup>604</sup> Lawson and van Veen (2016).

<sup>605</sup> Cummings et al. (2007), Oliver et al. (2010), Baldwin Grossman and Vang (2009).

<sup>606</sup> Cummings et al. (2007), Oliver et al. (2010), Baldwin Grossman and Vang (2009).

strictly related to formal education are not supported by the (sub-)national Ministries of Education, and therefore have to rely on more precarious project subsidies from local authorities or EU funds.

## Chapter I2: EU mapping

### I2.1 National examples of cross-cutting initiatives

In their country reports, FSCG2 national experts identified that to some extent integrated services are available in 15 EU Member States (BE, DE, DK, ES, FI, FR, HU, IE, LT, LV, NL, PL, PT, SE, SK) as follows.

- In Finland, all schools function as multiservice schools offering a wide variety of health and social services, free meals, and recreational activities in addition to free and high-quality conventional education.
- The initiative of community schools has been implemented in Latvia in 2010-2013 under the “change opportunities for schools” initiative financed by the Soros Foundation Latvia (SFL). Almost 100 schools across Latvia received financial and mentoring support for their development into multifunctional educational, cultural, and social support centres or community schools, developing new partnerships with local policymakers, entrepreneurs, and civil society. This initiative was designed to encourage small schools to use all the available resources and potential to offer flexible, needs-based solutions to local communities with special emphasis on vulnerable groups (ethnic minorities, older people, people on low incomes). The community school was being set up as a one-stop agency, providing not only general education but also different services for the local population, including informal education for all age groups, adult education, sports, cultural events, short-term childcare services, library, internet access point, and so on. All these services and opportunities were available free of charge. Two evaluation studies of this initiative were held in 2011 and 2013.<sup>607</sup> It was concluded that the community school model can be qualified as social and economic innovation in the context of Latvia. Insufficient political and financial support were identified as the main risks for the sustainability of this model. After the end of external international financial support provided by SFL, this initiative did not develop further although it has rather high potential and demand from the perspective of local communities.

Several programmes offering complex support are aimed at reducing early school-leaving and improving school achievements of children in vulnerable situations, including the following examples.

- In Hungary, the Arany János College programme and vocational school programme are designed to: improve the qualification level of vulnerable student groups; prevent dropping-out; and help students to take the final examination in secondary schools, pursue higher educational studies, and/or master a profession. This is achieved by providing complex support – pedagogical, social, health-related, and cultural. The dormitory/secondary/vocational schools involved in the programmes should recruit disadvantaged students and organise supporting programmes for them. Students have individual development plans, signed by them and by their parents. The target group of the programme are youngsters who hold a student status, have a disadvantaged background, and are due to start the ninth grade of secondary school during the year of the application. There are some studies on the Arany János programme,<sup>608</sup> including CBA. One concluded that the programme requires significant budgetary resources and is considered successful only in those cases where at least 20% of students pursue their studies as a result of their participation of the programme.<sup>609</sup> Programme

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<sup>607</sup> BISS (2011, 2013).

<sup>608</sup> E.g. Fehérvári and Varga (2018), Fehérvári (2018).

<sup>609</sup> Csengődi (2015).

efficiency could be improved by a better selection process of eighth-graders chosen for the programme.

- The Irish DEIS programme is designed to combat educational disadvantage through integrated service provision and special resource targeting, and to improve educational outcomes for low-income children (see also Section D2.1.3). In the 2019/2020 academic year there were 891 DEIS schools. There are two main strands of services. One, and a central component, is the home school community liaison scheme, through which teachers work with parents to empower them so that children are better supported. The other one is the school completion programme, which is designed to support children who are at risk of early school-leaving and who are not currently attending school despite being of school age. Evaluations of the DEIS programme point to improvements in attendance levels in some urban schools, in retention rates, and in overall junior certificate grades in post-primary schools. Literacy and numeracy levels have improved in DEIS primary schools, although the gap in achievement between DEIS and non-DEIS schools has not narrowed over time. Planning for learning is seen to have improved in DEIS schools, and indeed the DEIS planning template has informed the development of self-evaluation processes across all schools.<sup>610</sup>
- In Germany, Hamburg, under the “23+ strong school” (*23+ starke Schule*) initiative, support is provided to schools in particularly disadvantaged districts. Since 2013, the programme supports additional teachers, advice/support from experts and foundations, and the activation of parents and pupils. One focus of the programme is to develop and implement additional learning and educational opportunities in the afternoon as part of the full-day programme. The aim is to develop and use four additional hours per week for practice and consolidation, primarily in the core subjects of German and mathematics. To this end, the project schools work together with experts to develop curricula and learning plans. Foundations and sponsors promote parental involvement, student participation and social interaction in the school. For example, parents, pupils and volunteers are trained as mentors. These mentors advise and activate the school community and provide the impetus for the development of a successful school community. Based on positive experiences, the project is being continued and has been expanded to over 30 schools since May 2017. In addition to many other support measures, the participating schools received up to 42 additional teaching positions each year.<sup>611</sup>

Integrated services are also provided in child and family centres focusing on additional non-formal education and social work activities in the premises of school or other facilities.

- In 2019, about a quarter of Dutch primary schools fashioned themselves as integral child centres (*integraal kindcentra*). Such centres are organisations in which school, childcare, and often youth support work are provided together in an effort to offer better facilities for children and parents. The number and type of organisations involved in these centres and the intensity of the cooperation vary greatly. In addition to childcare, there can be cooperation with organisations in the areas of sport, culture, and welfare. They may include libraries, music schools, healthcare centres, speech therapists, school social work, or physiotherapists. The number of integral child centres has increased significantly in the last decade and is still growing. A study of integral child centres carried out in 2019 examined the effects perceived by the centres themselves.<sup>612</sup> The following items were mentioned by those involved as the most important benefits of integral child centres: improved child development; children like to go to school more; children in need of care are helped faster.<sup>613</sup> As yet, there is no

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<sup>610</sup> Smyth et al. (2015).

<sup>611</sup> For more information see [here](#).

<sup>612</sup> Van Grinten et al. (2019).

<sup>613</sup> A link to the research by Van Grinten et al. is [here](#).

reliable study on the Dutch situation objectively demonstrating the effects of integral child centres.

- In Sweden, family centres (*familjecentraler*) provide integrated services to families with children aged 0-6. *Childcare centre nurses and doctors* provide basic health-related services and screening but work together with *social workers* (social services) who provide parents with counselling, as well as with *pedagogues* (pre-school teachers) who offer pre-school activities for children who attend with their parents. No fees are charged.<sup>614</sup>
- “Family centres in North Rhine-Westphalia” (*Familienzentren NRW*) facilitate access to low-threshold support services for parents including day-care, pre-school language support, family counselling, and cooperation with other family support institutions. Compared with other federal states, North Rhine-Westphalia has a pioneering role in developing family centres, which contribute to early support and prevention, a better work-life balance, and more equal opportunities and educational equality. Especially in disadvantaged areas, which are often characterised by inadequate infrastructure and poverty, the family centres can help to develop strategies for action that promote the social participation of disadvantaged families and thus contribute to more equal opportunities. With the further development of day-care facilities for children into family centres, the state of North Rhine-Westphalia is contributing to an expanded support structure for children and parents in order to meet the growing challenges facing families in their everyday lives.<sup>615</sup>
- In Belgium, integrated day-care is provided in some drop-in centres (*inloopcentra*) in disadvantaged neighbourhoods, combining day-care with parenting support and social work. Some of them are linked with community centres which in turn provide other services such as a social restaurant. In particular cases, childcare centres are integrated with schools. In Flanders, services relating to ECEC, parenting support, healthcare, and leisure activities for families with young children are clustered “under one roof” in “houses of the child” (*huizen van het kind*) to operate as one-stop shops. Some neighbourhood community centres (*buurtwerk*) also have their own childcare service, parenting support, social restaurant, homework classes, and leisure activities.<sup>616</sup>

FSCG2 national reports also provide examples of EU-funded programmes and projects aimed at the provision of integrated services. In Hungary, the “study hall” (*tanoda*) programme is an educational programme designed to compensate for the educational deficits of disadvantaged children. It used to belong to the field of education, but since 2019 it has belonged to social services. Now the study hall programme is listed under child protection law as a service to improve the life chances of disadvantaged children, which should cooperate with local educational and social institutions. In 2019 in total 191 state-financed study halls serviced 5,535 schoolchildren.

The study hall programme is designed to compensate for deficits and enhance equal opportunities, by providing complex after-school services. Study halls are often at a different location from the school itself, but cooperate with it. They provide the following major services:

- help with school tasks, coaching;
- individual skills and capacity development;
- talent development;
- career orientation programmes;
- free time and community building activities;
- strengthening the identities of Gypsy/Roma students;

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<sup>614</sup> For example, see [here](#).

<sup>615</sup> Hanesch (2020b).

<sup>616</sup> Nicaise and Vandevoort (2020).

- involvement of parents, common programmes with them; and
- provision of one meal (either morning or afternoon snack).<sup>617</sup>

Most of these study halls were financed from EU structural funds between the mid-2000s and 2019. Financing could be gained for two- or three-year projects. Unfortunately, the pauses between the financing periods were so long that several study halls could not survive these. In addition, high-quality performance could not guarantee winning at the next round of proposals.<sup>618</sup> The government therefore decided to finance the already operating ones nationally from the central budget after 2019.

EU funding was also used to establish and support the activities of childcare centres in Lithuania, SSCHs in Hungary, and community centres in Slovakia, as follows.

- In Lithuania, there is a wide network of childcare centres, which provide daily day-care services for children from low-income families or those at risk. These centres are funded by the local municipalities; because of the great demand, however, the Ministry of Social Affairs and Labour also provides annual funding of €3,000-€16,000 to 281 day-care centres all over the country. The total ministerial budget in 2019 constituted €4.3 million. These centres cover the following policy areas: education, nutrition, and (partially) healthcare. Many of them were established and equipped using EU funding (ERDF mainly), and the services provided are partially funded by the ESF.<sup>619</sup> An evaluation of their activities and services concluded<sup>620</sup> that day-care centres are unequally distributed across Lithuania – in some municipalities there is only a one day-care centre. The vast majority of their clients come from socially vulnerable, low-income, poorly educated families. 73% of these families live below the poverty line. Analysis confirms that these centres significantly contribute to the social welfare of children, develop their social skills, and improve their school results.
- SSCHs in Hungary provide support and programmes for families with children aged 0-3 who do not have access to good-quality services – because of either having low incomes, living in disadvantaged or segregated regions/areas, or suffering generally from socio-cultural problems. The core of the programme is strong cooperation between parents, professionals, and service providers, designed to promote the physical, mental, and social development of young children and their parents. These children's homes can help disadvantaged children (including Roma children) at a very early stage, while providing complex services that cater to the needs of individual families. The programme is a good example of how an initiative, based on good practice in other countries but modified to suit local needs, and launched with minimal resources, has been supported and developed by external funding, mostly from the ESF and the Norwegian Fund. The programme has become "institutionalised" by receiving national state funding and becoming part of the system of social services.<sup>621</sup>
- In Slovakia, there are community centres which belong to social services, and regulated under social services legislation. Community centres provide social services which focus on the problem of the intergenerational transmission of poverty. They are developed, in particular, in neighbourhoods and localities where the risk of child poverty and social exclusion is very high (including marginalised Roma communities). In addition to social counselling and advocacy of civic and social rights, community centres offer assistance such as with educational activities and learning. Their staff can accompany children when going to school or pre-school facilities. Community centres serve not only children but also all other family members. Their activities are based on an integrative approach, taking into account various aspects of poverty and social exclusion.<sup>622</sup> There are also

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<sup>617</sup> Fejes et al. (2016).

<sup>618</sup> Fejes and Szűcs (2016).

<sup>619</sup> Poviliūnas and Šumskienė (2020a).

<sup>620</sup> UAB *Eurointegracijos projektai* (2015).

<sup>621</sup> Albert (2020).

<sup>622</sup> Gerbery (2020).

activities in marginalised Roma communities which address several aspects of social exclusion, including attendance at pre-primary education, early school-leaving, assistance with preparation for primary and secondary education, and health behaviour.

Interventions addressing the problem of early school-leaving and offering complex support to schoolchildren were also eligible under ESIF-funded programmes in 2014-2020. In Portugal, implementation of the national programme for the promotion of school success (*programa nacional de promoção do sucesso escolar*: PNPSE) and the integrated innovative plans for fighting school failure (PIICIE) are funded from the ESF. PIICIE are closely linked to the integrated strategies for territorial development, and to the pacts for territorial development and cohesion. They target primary and secondary education students and develop a wide range of activities aimed at: reducing school failure and early school-leaving; increasing equity of access to education; improving the quality and labour market relevance of acquired skills; and raising awareness regarding the importance of educational success. The case study of the ESF operational programme Norte (2014PT16M2OP001), developed within the scope of the study for the evaluation of ESF support to education and training – thematic objective 10,<sup>623</sup> notes that relevant stakeholders interviewed deem the programme to be a coherent, integrated, and innovative approach to the challenges posed to education, contributing to pursuing municipal priorities and measures, in coordination with the schools' strategic action plans and the plans of the "educative territories of priority intervention" (*territórios educativos de intervenção prioritária*) programme.

Another case study developed within the scope of the study for the evaluation of ESF support to education and training – thematic objective 10, this time regarding the ESF operational programme POCH (2014PT05SFOP001), provides some evaluation results regarding the PNPSE.<sup>624</sup> According to the study, relevant stakeholders interviewed identified the PNPSE as a positive example, as it specifically addresses and promotes the development of measures targeting students with paths of school failure, where the prevalence of those from disadvantaged backgrounds is high.

They also considered the PNPSE to have contributed to scaling up the formal and informal cooperation between schools and other relevant stakeholders. Respondents suggested that such cooperation also contributed to the sustainability of the intervention, identifying several cases where municipalities and inter-municipal communities have taken on costs that were previously financed by EU funds, as a result of the increased cooperation.

According to a programme report, result and output indicators are very positive: the percentage of students with a positive grade in all disciplines has increased considerably since 2015. During the same period, the percentage of schools with a failure rate lower than 2% in the first four years of schooling increased from 10% to 50%, and the time for completing different education levels also decreased. The report concluded that, overall, within the scope of the PNPSE, the increase of 1% in the allocation of teaching staff led to a decrease of 13% in school failure.<sup>625</sup>

## **I2.2 Concluding remarks and implications for the selection of practices assessed during the second stage**

The mapping of national policies and programmes in the 27 Member States aimed at the provision of integrated services for children (and their families) has shown that already proven, but also new and promising practices, are being implemented to promote the social inclusion and participation of low-income children, reduce early school-leaving, improve children's achievements, and ensure access to other social and health services. To promote

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<sup>623</sup> Perista (forthcoming).

<sup>624</sup> Perista (forthcoming).

<sup>625</sup> Verdasca et al. (2020).

these child-centred initiatives, Member States need to empower actors at national, regional, and/or local levels, by:

- strengthening governance and collaboration mechanisms at the national, regional, and local levels;
- setting up a clear strategic monitoring and assessment framework;
- providing sufficient resources to ensure continuity of initiatives and services proven to be effective and efficient; and
- prioritising the needs of children in national programming documents for using the ESIF, building on cross-sectoral expertise.

The policies and programmes which were selected for the in-depth assessment during the second stage of analysis illustrate the variety of cross-cutting initiatives and allow the identification of the (expected) effects, success factors and barriers, and challenges for implementation.

### **Chapter I3: Overview of the in-depth assessed policies/ programmes**

The first group of promising practices include multiservice schools organised in some EU Member States, as described in Chapter I2. The common feature of these schools is that integrated services provided are universally accessible.

- The Finnish case<sup>626</sup> provides the most complete evidence on the efficiency of the continuous policy of multiservice and free-of-costs schools. In principle, all schools in Finland are multiservice schools and, besides high-quality education, they offer a wide variety of health and social services such as free meals and recreational activities. They may also provide housing for children who need it because of long travelling distances (i.e. children living in Lapland). This scheme has been proved to achieve several goals, such as contributing to healthy eating habits and promoting overall student health through the provision of school meals (see Part D in this report). School healthcare, with its regular health check-ups, is designed to support pupils' health and discover potential health problems as early as possible, so as to better plan medical and other interventions needed to treat them (see Part G). The aim of the Finnish multiservice approach is to provide citizens with possibilities for their personal development through education and cultural services, to guarantee the skills needed in the labour market, and to reinforce the national culture.<sup>627</sup> According to all analyses based on PISA, the Finnish school system has performed very well not only in learning results but also as regards equal opportunities.
- Dutch "broad schools"<sup>628</sup> are primary or secondary schools that cooperate with different partners in the community such as youth care and welfare organisations, childcare, and organisations that offer extracurricular activities such as sports or cultural activities. Broad schools are also referred to as community schools, because they are integrated in their community. Broad schools started to develop in the Netherlands around 1995, with the aim of providing more opportunities for children, especially from low-income families.
- Dutch integral child centres (*integraal kindcentra*: IKC),<sup>629</sup> first appeared (in 2010) with the aim of providing more opportunities for children, especially in low-income families. IKCs result from cooperation between childcare centres, primary schools, and (sometimes) youth care and welfare organisations. There is no formal definition of this type of partnership and the centres are free to give shape to their cooperation scheme

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<sup>626</sup> Kangas (2020d).

<sup>627</sup> Ministry of Education and Culture (2020), quoted in Kangas (2020d).

<sup>628</sup> Bijman et al. (2020).

<sup>629</sup> Bijman et al. (2020).

and choose their specific goals. The main objectives of this kind of centre include the provision of better care for children with special needs, offering a place where children can develop their talents, and preventing and combating educational disadvantage. The number of IKCs and the extent of the cooperation is growing. At the moment, about 25% of primary schools and childcare locations are considered IKCs.

- Swedish family centres<sup>630</sup> for children aged 0-6 provide an insight into the prerequisites, results, and challenges, as well as costs, of integrated working for ECEC and primary education. Family centres (*familjecentraler*) are aimed at preventing the factors that may cause problems and ill-health among families and children. These centres seek to strengthen social networks, involve parents and children in the delivery of care, and provide knowledge, information, and adequate services. The overarching expectation is that the integration of different types of care will create benefits for users and wider society that go beyond those produced by each support service independently. Children attending these centres can play with other children, while parents also have the opportunity to interact with other parents and receive different types of support. Family centres thus widen the social network of users.

Another group of promising practices are programmes and projects targeting specific groups: children at risk of poverty and social exclusion (ARPE), vulnerable groups such as Roma, and those at risk of early school-leaving.

- EU-funded study halls in Hungary aim to compensate for the educational deficits of disadvantaged children developed in neighbourhoods and localities where the risk of child poverty and social exclusion is very high. These include the provision of complex after-school services for children in disadvantaged backgrounds in order to compensate for existing deficits and to enhance equal opportunities. The major services provided include: help with school tasks; the provision of one meal (either morning or afternoon snack); coaching; individual skills and capacity development; talent development; career orientation programmes; free time and community-building activities; and the strengthening of the identities of Gypsy/Roma students. These centres also promote the involvement of parents and develop common programmes with them.<sup>631</sup>
- Another relevant Hungarian programme which will be further outlined throughout the study are the SSCHs in Hungary, which provide support and programmes for families with children aged 0-3 who do not have access to good-quality services due to low-income, living in segregated areas or suffering from sociocultural problems.
- In Romania, under the UNICEF programme MSP (see above) services were delivered by the CITs directly targeting families with children, and were aimed at: reducing certain vulnerabilities such as school dropping-out; increasing access to education; increasing access to primary healthcare; reducing preventable diseases; preventing teenage pregnancies; preventing and reducing poverty and domestic violence against children; increasing access to monetary benefit; improving living conditions; and curbing hazardous behaviours of children and teenagers. They were also aimed at creating a link between the community and other specialised social services, and facilitating the access of children in vulnerable situations to specialised services as needed. The provision of MSP to all vulnerable children and their families has been designed as a pilot project and has been implemented, in two stages, between 2014 and 2018 in the north-eastern development region of Romania, in 45 rural and urban communities in Bacău county.
- There is a wide network of childcare centres in Lithuania, which provide daily day-care services for children from low-income families or those at risk. These centres cover the following policy areas: education, nutrition, and (partially) healthcare. Many of them were established and equipped using EU funding (ERDF mainly), and the

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<sup>630</sup> Nelson (2020a).

<sup>631</sup> Fejes et al. (2016).

services provided are also partially funded by the ESF. Child day-care centres provide preventive and complex services for children and families in order to enable children to grow up in their biological families. The scheme has two main purposes: to provide daily services for children in the short term, and to promote the well-being of vulnerable families (especially single parents) in the longer term. More concretely, the centres help to fight exclusion and enable the growth of a more successful younger generation, contributing to the social and economic well-being of society. There are 401 day-care centres all over the country.

Information about the in-depth assessed interventions includes different elements relevant to the programmes such as: the take-up by the targeted participants; the actual benefits for children; the conditions for the full realisation of their objectives; the quality of the provision; monitoring tools; and the costs and sources of funding (see Annex 1.6 for detailed fiches on each programme).

While there is a considerable amount of information provided about some of these elements, there are some shortcomings in the information provided that are worth mentioning. For instance, information about the actual benefits of the programmes is widely available and this report includes the relevant studies on the effects of the programmes at child and society levels. However, some difficulties have been experienced when trying to collect specific figures on monitoring indicators and quality aspects of the programmes. More comprehensive information regarding these two fields would be useful in order to be able to provide a more evidence-based analysis of the specific requirements the programmes need to fulfil. In addition, evidence about the ongoing monitoring tools and figures that are used to measure performance was scarce. Extensive data on the number of participants would be useful in order to identify the proportion of the targeted groups that are actually benefiting from the programmes.

## Chapter I4: Key learning of the assessments and main recommendations

This chapter analyses different elements of the programmes and projects under scrutiny, such as the participation of children and their actual benefits, the quality of the integrated services provided, and costs and sources of funding. The analysis focuses on the different implementation practices, and on the lessons learned from the integrated provision of services in the selected Member States.

### I4.1 Participation of children in general, and low-income children in particular, in the different types of policies/programmes

Several interventions selected for the in-depth assessment are offered on a **universal basis**. All children are therefore eligible to have access to the services concerned. To ensure that the programmes achieve their objective of supporting children from low-income backgrounds, they frequently include specific mechanisms to identify sensitive cases and target the most vulnerable children in order to integrate them into the scheme. This combination of universal access and specific outreach activities to target groups has proved to be an optimal approach to ensure the efficiency of the programmes and the participation of low-income children in them.

In Lithuania, child day-care centre services are free of charge for every child, irrespective of family income, geographical region, or child's age.<sup>632</sup> The contract with the respective family identifies certain areas of the individual needs of the child that need to be addressed. The staff of the day-care centres actively collaborate with school social workers, social pedagogues, and community social workers, who help to target those children who could

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<sup>632</sup> Poviliūnas and Šumskienė (2020a).

best benefit from the services provided by child day-care centres. The particular needs of these children, and the type of support they receive in addition to other services provided in the centre, are stipulated in the signed contract. The proportion of children served each year is also growing. There were 9,235 vulnerable families with 17,430 children in Lithuania.<sup>633</sup> Almost half of these children were clients of child day-care centres (9,320 in 2019).

**Table I1: Total number of children in Lithuania and numbers of children in day-care centres funded by the Ministry of Labour and Social Affairs**

	2019
The total number of children in the country	499,593
The total number of children in the centres	9,320
Proportion of children in day-care centres	1.87%
Average number of children per centre	27
The proportion of children receiving free catering	75.78%

Sources: Poviliūnas et al. (2020a), yearly reports of the Department of Supervision of Social Services under the Ministry of Labour and Social Affairs; Ministry of Labour and Social Affairs.

In Lithuania, according to data from 2019, only one day-care centre operates in Skuodas and Alytus district municipalities, whereas in the capital Vilnius there are 37 of them. The average number is around eight day-care centres operating per municipality; however, the number of children (and children from families at risk) served by each day-care centre differs. There also exist differences in the needs of families and children benefiting from this programme. Most of the day-care centres are concentrated in intensively populated areas. The school bus is adjusted to the school schedule (not to the after-school activities): thus children living in rural areas face certain constraints on benefiting from this type of services. Out of the three municipalities analysed in the Table I2 below, one is the capital with a well-developed transport infrastructure, which enables access to the services. The remaining two are rural areas with poorly developed transport infrastructure, which impedes the accessibility of the day-care centre, especially returning home in the evening.<sup>634</sup>

**Table I2: Situation of the child day-care centres in Vilnius city, Skuodas, and Alytus district municipalities**

	Number of children in the municipality	Number of children in families at risk	Number of day-care centres	Average reported number of children per centre	Proportion of all children covered %
Vilnius	104,553	1,834	37	29	1
Skuodas	2,810	184	1	45	1.6
Alytus district	4,281	236	1	24	0.56

Sources: Annual reports of the Department of Supervision of Social Services under the Ministry of Labour and Social Affairs, municipal plans of social services.

Until 2017 only children from vulnerable families were eligible to attend the day-care centres, which contributed to creating a certain stigmatisation and caused difficulties with outreach to all the families and children. The change to a universal access scheme can be highlighted as one of the lessons learned after the first years of its implementation.

<sup>633</sup> Statistics Lithuania (2020).

<sup>634</sup> Poviliūnas et al. (2020a).

Changing from the targeting at vulnerable families to universal access, also used by the other programmes, enhances the capability of the programme to broadly target low-income families. However, there is no available information on any steps taken to avoid the ongoing stigmatisation of eligible children that might still exist at this point and which could hinder the performance of the programme.

In Finland, all children have free access to education services. The Finnish case is especially successful in the integration of different vulnerable groups, such as disabled children and refugees. According to the Act Amending the Basic Education Act (*Laki perusopetuslain muuttamisesta*) 642/2010, pupils who need regular support in their learning or schooling must be given enhanced support in accordance with learning plans drawn up for them. This is aimed at achieving their successful integration.<sup>635</sup>

In Sweden, nearly all family centres provide integrated and preventive services on a universal basis. All families with children are welcome, irrespective of the different societal risks they face. No information is provided on whether low income is considered a risk factor. Around half of the family centres utilise these prevention schemes, where people carrying multiple risks are particularly in focus.<sup>636</sup> The social ministry of Sweden recently commissioned an independent consulting firm to provide a nationally representative survey and review of family centres, covering a total of 87 different centres. All the family centres targeted children aged 0-6, and slightly below one fifth of them also included children aged 7-12. A lesser share of family centres included children aged 13-16.<sup>637</sup> While some family centres cover the whole municipality, others placed in large municipalities are often restricted to certain districts. The number of individuals attending these centres varies extensively among them, ranging from 2,000 to 50,000 individuals.

The Netherlands does not collect data on the number of children/households benefiting from broad schools or integral child centres. The results of a study show that students of broad schools more often have a non-western immigration background and a lower socio-economic background.<sup>638</sup> However, the results of another study show that there is no difference between broad schools that are subsidised by the municipality of Rotterdam and regular schools in terms of student population (ethnic background, single parent, (dis)advantaged area, residential value).<sup>639</sup> So far, no evidence for reverse targeting or segregation due to socio-economic background has been found.<sup>640</sup>

A number of schemes supported from EU funds or other international funding proved to be effective in targeting specific groups in need, as follows.

In Hungary, nearly a quarter (22%) of children were AROPE in 2019. The majority of children attending study halls are Roma children living in ethnically segregated and socially disadvantaged conditions: 70% of participating children arrive from segregated schools where the proportion of Roma children is higher than 25%, and 80% of children come from poor families.<sup>641</sup> Furthermore, in Hungary as well, SSCHs provide support and programmes for families with children aged 0-3 who do not have access to good-quality services – because of either having low incomes, living in disadvantaged or segregated regions/areas, or suffering generally from sociocultural problems. These children's homes can help disadvantaged children (including Roma children) at a very early stage, while providing complex services that address the needs of individual families. It is also a model in the field of ECEC for disadvantaged children, because it has enabled the ECEC concept to become widely known and to gain long-term political support and commitment.

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<sup>635</sup> Kangas (2020d).

<sup>636</sup> Nelson (2020a).

<sup>637</sup> Ramböll (2013).

<sup>638</sup> Kruiter and et al. (2013).

<sup>639</sup> Heers (2014).

<sup>640</sup> Bijman et al. (2020).

<sup>641</sup> Németh (2013).

In Romania, the MSP intervention targeted those children, and their families, who presented at least one vulnerability, based on the initial assessment (baseline census). They accounted for about 74% of the total number of children in the selected communities. Most of these children presented one or two vulnerabilities (a total of 63% of all children in the communities covered), and 37% presented three or more vulnerabilities. The estimated number of children initially targeted by the programme was 20,956, representing 0.5% of all children in Romania and over 15% of the children in Bacău county. Finally, the targeted children represented around 1% of all AROPE children in Romania and about 30% in the county. The main limitation in covering the entire targeted population proved to be the lack of capacity of a CIT to manage and monitor more than 100 children – a standard adjusted in 2017, during the implementation of the programme.<sup>642</sup> In addition, many CITs were not complete, as it proved much more difficult than initially expected to attract and retain human resources. Only 19 out of 45 communities benefited for at least two years (2016-2018) from a complete team.<sup>643</sup>

Evidence suggests that the most effective type of scheme for giving children access to the programmes is a combination of universal access and specific outreach measures ensuring that targeted groups of the population, such as low-income children, can be involved in the programmes. Participation and take-up of the programmes can also be improved when services are provided in ECEC or school premises.

Some barriers hindering the full optimal development of the programmes worth mentioning include the geographical coverage and accessibility of services to some groups of the population. Geographical adaptation and the deployment of relevant tools to enable the participation of children is thus crucial. Different transport facilitation schemes and other supporting initiatives might be needed to overcome these barriers and promote the good functioning of the programmes.

## **I4.2 Benefits for children, their families, and society**

Cross-cutting initiatives targeting low-income children usually fall under CBAs conducted in the area of ECEC and education, which focus on the micro- and macro-level outcomes of improved student achievement, reduced early school-leaving, improved health, and reduced crime. One study concludes that public education matters for the cognitive and non-cognitive development of individuals, for labour market outcomes, and for a healthier society.<sup>644</sup> The in-depth assessed programmes have proved to create different benefits for the children involved in them. Actually, the programmes have been successful in improving the overall development of children, as well as their cognitive and socio-emotional development.

- In the Netherlands, a study concluded that, according to staff members and parents, the continuity that is created in IKCs causes children to feel safe and attached, which reduces the amount of problem behaviour.<sup>645</sup> Another study was conducted on cooperation between primary schools and childcare.<sup>646</sup> A questionnaire was filled out by managers of schools, schoolboards, and childcare organisations. The top three shared goals were:
  - to provide a place where children can develop their talents;
  - to prevent and combat educational disadvantage; and
  - to provide better care for children with special needs.

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<sup>642</sup> Pop (2020).

<sup>643</sup> UNICEF (2019).

<sup>644</sup> Bukowski (2019).

<sup>645</sup> Antonides (2012). Questionnaires were filled out by 74 staff members of IKCs and 38 parents.

<sup>646</sup> Van Grinten et al. (2019), quoted in Bijman et al. (2020).

Managers were also asked what they perceive as the added value of the cooperation. The following aspects were mentioned:

- better development of children;
  - children enjoy school more;
  - children with special needs are helped more quickly;
  - parents can more easily combine work and childcare; and
  - it is clearer to parents to whom they should go if they have questions regarding their child.
- Another study in Netherlands by focused on the advantage of broad schools in terms of the cognitive and socio-emotional development of children in the municipality of Schiedam, using cohort data.<sup>647</sup> It compared the development of children attending broad schools with the development of children attending regular primary schools, concluding that type of school had no relevant effect on cognitive development. However, broad schools reduced the level of underperformance and impertinent behaviour, which can be interpreted as a partial effect on the social-emotional development of children. The study also looked at the effects of primary broad schools in Schiedam on the development of children coming from a lower socio-economic background and children with special needs.<sup>648</sup> The results of this investigation showed that children with special needs who attend broad schools develop at a faster pace in mathematics than children with special needs attending regular primary schools. In addition, their level of underperformance is reducing faster as compared with children with special needs attending regular schools. No effects on student drop-out rates were shown in the study.
  - A qualitative and quantitative research study commissioned by the Roma Education Fund, which measured efficiency in 19 study halls in Hungary, concluded that the study halls had a less stressful atmosphere than the schools, that they provided more emotional security, and that parents claimed that the self-esteem and self-confidence of their children increased after attending a study hall.<sup>649</sup> Many consider that the role of study halls should be primarily to improve personal and social competencies,<sup>650</sup> but these have still not been measured in detail.
  - Regarding the benefits of SSCHs, the chance to play with toys can contribute to the development of children living in extreme poverty. The additional value of this scheme is that parents can also learn about their children's development by playing together with them. This creates a good opportunity for children and parents to spend quality time together.<sup>651</sup> According to feedback given to the SSCHs and parents by kindergarten teachers, children who have benefited from these programmes are developmentally more advanced than children who did not participate in the programme before entering the kindergarten. Overall, they adapt better to the environment of the kindergarten, as their vocabulary is more developed, and their motor skills are improved.<sup>652</sup>
  - In Romania, the provision of MSP generally had a positive impact on children in vulnerable situations, with the most immediately assessable benefits being evident in the case of simple administrative interventions and information/accompany services. The areas in which significant progress was registered over a relative short time span were infant healthcare, reducing monetary and extreme poverty, and pre-school enrolment; finally, curbing hazardous behaviours, especially those related to sexual

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<sup>647</sup> Heers (2014). Measurement of cognitive development was made through standardised test results, and social-emotional development through surveys filled out by educational staff.

<sup>648</sup> Heers (2014).

<sup>649</sup> Németh (2014).

<sup>650</sup> Ritók (2012).

<sup>651</sup> Albert (2020).

<sup>652</sup> Vandekerckhove et al. (2019).

activity, was noticeable, as was the increase in access to preventive and primary healthcare services. In addition, the scheme has the potential to engage the whole community in a learning and awareness-raising process, with positive outcomes for: community workers and school counsellors/mediators (increased competencies and skills, knowledge of availability of specialised services); local and county-level authorities (increased administrative capacity, access to systematic information on the needs at local level); and all other local actors/stakeholders (increased participation in community projects).<sup>653</sup>

In addition, the in-depth assessment has shown that universal schemes aimed at free-of-costs and high-quality education combined with other services, for instance, in multiservice schools, contribute to equity in education, improved school involvement, and higher attainment levels.

- In Finland, as explained in Part C, the basic school had a positive effect on competence, as measured in various skill tests. The test scores for children coming from low-income and less-educated families especially improved; and the overall skill gaps narrowed, without deterioration in any group.<sup>654</sup> Students educated in the basic schools performed better academically than those who studied under the old system. Despite the declining trend in its PISA results, Finland is still doing well in mathematics, scientific literacy, and reading.<sup>655</sup> Nevertheless, the drop-out rates are a concern, especially among Roma people. A survey on educational attainments among the Finnish Roma population showed that almost all women aged 18-24 had completed their education, but this was only true for 64% of the Roma men in the same age bracket.<sup>656</sup>
- A study in the Netherlands also shows that children from a lower socio-economic background and children with special needs attending IKCs develop faster in mathematics than children with special needs attending regular primary schools.<sup>657</sup>
- In Hungary, study halls demonstrated a reduced disadvantage in mathematics among the children attending; however, their knowledge was still limited and they were less able to solve complex problems than other children.<sup>658</sup>

The assessed programmes have also been successful in improving social cohesion and inclusiveness.

- In the Netherlands, the benefits of childcare centres are rather diverse, ranging from extra support and care for children and parents in low-income families, to more social cohesion and inclusion in the community.<sup>659</sup>
- The Swedish National Board of Health and Welfare performed a review of family centres in 2008 with a greater emphasis on organisational aspects and user satisfaction. The results showed that most users appreciated the support offered in the family centres.<sup>660</sup> An evaluation conducted by the region of Gävleborg (2013) showed that both staff and users of the family centres had positive experience of the services. The specific benefits mentioned include the chance for children and parents to interact with their equals and, thus, the widening of their social networks. According to one study, the greater responsiveness of professional staff to parents' needs and abilities facilitated positive parenting in six Swedish family centres.<sup>661</sup>

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<sup>653</sup> Pop (2020).

<sup>654</sup> Pekkarinen and Uusitalo (2012); Risku (2014) and Jordan (2019), quoted in Kangas (2020a).

<sup>655</sup> OECD (2018).

<sup>656</sup> Rajala and Brumerus (2015).

<sup>657</sup> Heers (2014).

<sup>658</sup> Németh (2014).

<sup>659</sup> Kieft, Buynstems and van Grinten (2017).

<sup>660</sup> Nelson (2020a).

<sup>661</sup> Abrahamsson and Samarasinghe (2013).

- Finland's transition to a free-of-costs basic school model in 1977 and to multiservice schools later has significantly reduced the intergenerational income gap and increased equality of opportunity. One of the most relevant successes of the Finnish universal education programme is the creation of equal opportunities in education. According to the study conducted by there is evidence that disadvantaged families and children seem to benefit from the effects the universal education has on social mobility.<sup>662</sup> However, the association between parental SES and outcomes among children is significant in all welfare states. Even if universal education and other societal interventions (i.e. education and family policies) seem to diminish intergenerational inequality, the persistence of intergenerational advantage is still present.
- In Lithuania, the analysis included in the evaluation of the activities of day-care centres and their services confirms that these centres significantly contribute to the social welfare of children, the development of their social skills, and the improvement of their school results.<sup>663</sup>

Finally, the in-depth assessments demonstrated some shortcomings regarding the data retrieved that are worth mentioning.

- For instance, for the programme of family centres in Sweden, there is no systematic analysis of impacts on users even if these centres emerged more than two decades ago.<sup>664</sup> National evaluations are lacking, particularly when it comes to the health impacts of the integrated provision of care. Nevertheless, there are ongoing projects to establish more firm evidence of the health impacts of family centres, for example commissioned by the Public Health Agency (*Folkhälsomyndigheten*).<sup>665</sup>
- This is also the case for Finland where there is significant lack of information related to the effects of this programme on health outcomes.<sup>666</sup> As pointed out by the National Institute for Health and Welfare, health-promoting measures yield benefits over a long period of time, and there are so many other related factors that are hard to understand with traditional CBAs. However, it is clear that some actions have significant implications for disease prevention and for the health and functioning of the population.
- In the Netherlands, few studies have been conducted on the added value or effects of broad schools/IKCs.<sup>667</sup>

To sum up, some of the most relevant benefits of assessed programmes include: improved cognitive and socio-emotional development of children; improved equity; increased attainment levels in education; improved school involvement; and improved social cohesion and inclusiveness in the communities where they operate. Evidence from the abovementioned in-depth analysis shows that, in general, problematic behaviour and underperformance were diminished, while the competence of children under these schemes improved. The programmes, as in the case of the Netherlands, contribute to creating a less stressful atmosphere where children can feel safe and therefore gain improved self-esteem and self-confidence. The programmes are also a great tool to enhance social mobility as they compensate in many cases for the different disadvantages that children coming from low-income families might experience.

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<sup>662</sup> Pöyliö (2019), quoted in Kangas (2020a).

<sup>663</sup> UAB "Eurointegracijos projektai" (2015).

<sup>664</sup> Ramböll (2013).

<sup>665</sup> Nelson (2020a).

<sup>666</sup> Kangas (2020d).

<sup>667</sup> Bijman et al. (2020).

### **I4.3 Key conditions for realising the benefits for low-income children**

The EU's guidelines for the promotion and protection of the rights of the child<sup>668</sup> reaffirmed that, when realising all other rights, the four general principles of the UNCRC should be applied. These general principles are non-discrimination, the best interests of the child, the optimum development of the child, and the right of the child to be heard and taken seriously in accordance with age and maturity.

The right to non-discrimination is remarkably relevant when analysing the initiatives promoted by integrated services in the in-depth programmes included in this report, as they help to counter the unequal access to services and education platforms that children from low-economic backgrounds experience.

The assessed programmes are mainly organised at the level of municipalities, as their governing systems are quite decentralised. Some centres follow their own internal regulations under which, in some cases, beneficiaries of the programme are included in its design. The close cooperation and collaboration among the actors are in many cases determinant for the proper functioning of the programme. Furthermore, for the benefits of the programmes to be widely achieved, the geographical coverage of services is also an important condition worth considering. Some programmes have to adjust to geographical requirements as the targeted populations are more concentrated in specific regions, as is the case for Hungary and to some extent Lithuania (i.e. rural areas). This information suggests that the geographical coverage of services is also a key condition for accomplishing the benefits of the programmes. This element is also relevant to ensuring optimal quality standards that enhance the functioning of the programme.

The provision of services in family centres in Sweden varies between them, as their organisation differs in terms of the partners and professional categories involved. The Association for the Promotion of Family Centres (*Föreningen för familjecentralers främjande*) recommends that family centres should be based on a collaborative agreement between the partners involved (i.e. most often the municipality and the region), and a common business plan should be established.<sup>669</sup> Each family centre should also produce an annual report and establish the necessary means for evaluation of the centre as a whole. Each centre is recommended to have a steering group. Nearly all family centres belong to the Association for the Promotion of Family Centres (a non-profit organisation established in 1990) and follow some of their organisational guidelines. Almost all family centres have a collaboration agreement and some of them also share a common business plan together with an annual report.

Child day-care centres in Lithuania are highly decentralised and their network is spread across the entire country in a very unequal manner. As reported by the Ministry of Labour and Social Affairs, there is at least one child day-care centre in each of the 60 Lithuanian municipalities. In total 426 day-care centres are operating all over the country.<sup>670</sup> Some of these centres operate only in one particular community. They are established by the local NGO or by the municipality. Other centres belong to large NGOs and might operate in different regions all over Lithuania.

Each centre has its own internal rules which stipulate, among other aspects, the involvement of clients in the decision-making process within the organisation. On the policy level, large NGOs active in childcare or child rights protection (Save the Children) are members of diverse workgroups and participate in the decision-making at the level of the Ministry. Thus the scheme is mainly influenced or shaped by these large and influential NGOs. Notably, the funding scheme has priorities as follows: involvement of volunteers;

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<sup>668</sup> EU Council (2017).

<sup>669</sup> Nelson (2020a).

<sup>670</sup> Poviliūnas and Šumskienė (2020a).

inclusion of people with disabilities; projects in certain remote municipalities with the highest demand for child day-care services.

Dutch broad schools and IKCs are implemented and administered by the municipalities. In most of them, childcare and youth care are separate administrative bodies. School boards are responsible for the provision of primary or secondary education (children aged 4-12), private childcare organisations are responsible for the provision of childcare, and youth care organisations for youth care and welfare. Parents are also involved in the operation of the centres as they can opt to join a parent or client council, through which they can provide suggestions for the running of IKCs and broad schools.<sup>671</sup> Children are not actively involved in the implementation process. For this reason, in almost all IKCs and broad schools, there are still separate managers for childcare, youth care and welfare, and education. In some IKCs, the boards of primary education and childcare have merged into one board. These types of IKCs are expected to increase in number in future years as this arrangement better addresses the transition from primary to secondary school education.<sup>672</sup> Among the conditions of success, the cooperation between primary schools, childcare, and youth care and welfare is key and can be challenging because:<sup>673</sup>

- they do not fall under the same legislation (e.g. there might be different rules regarding the building);
- they are funded in different ways, which means they have to separate their costs very strictly, although these costs cannot always be assigned to a specific party; and
- they have different collective labour agreements, which makes exchange of employees difficult.

In the case of Hungary, the institutionalisation of the study halls meant giving up the freer and more flexible nature of these centres. Previously, study halls were better able to adjust to the individual needs of the children as a wider discretion existed to address specific needs. However, institutionalisation meant having the chance to establish new study halls and serve more Roma children through better geographical coverage and an improved accessibility scheme.<sup>674</sup>

In Romania, the success of the project was partially due to the fact that it relied on a previous project carried out by UNICEF, “first priority: no ‘invisible’ child!” (2011-2015), during which the methodology was developed. In addition, the current pilot programme regarding the provision of an MSP to children in vulnerable situations and their families has been supported by two additional programmes/components: (a) micro-grants of up to about €2,000 in the targeted communities (which proved extremely effective in increasing cooperation, involving stakeholders/beneficiaries, and raising awareness); and (b) a programme unfolding simultaneously regarding “quality inclusive education”, which was proposed by UNICEF and its partners. Another important success factor has been the fact that the salaries of CIT members were supported by UNICEF, creating a financially predictable environment for the local authorities and increasing their motivation to hire community workers. Along with this, the support provided through the training of, and assistance to, CITs has been perceived as extremely valuable by those involved in the implementation of the programme, thus increasing their motivation.<sup>675</sup>

The analysis of the in-depth assessed programmes provides us with relevant information regarding the key conditions needed to ensure that the benefits of their services are realised. Overall, collaborative schemes between the partners involved (NGOs, child and youth care organisations, and in some cases parents), seem to have positive outcomes for the functioning of the programmes, leaving them in a better position to accomplish their

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<sup>671</sup> Bijman et al. (2020).

<sup>672</sup> Bijman et al. (2020).

<sup>673</sup> Veen et al. (2019) and Van Grinten et al. (2019), quoted in Bijman et al. (2020).

<sup>674</sup> Kendes (2019).

<sup>675</sup> Pop (2020).

objectives. In addition, the geographical adaptation of the programmes, and the provision of an appropriate number of centres, are two relevant factors to be taken into account for the optimal deployment of the services provided. Programmes need to consider the different geographical requirements of each country in order to ensure that the location of children is not a barrier to the accessibility of programmes. Furthermore, organisational guidelines and means for the evaluation of the services are important when designing a scheme, as these help to ensure compliance with specific requirements for the provision of services.

#### **I4.4 Quality of the provision**

The quality of different services clearly plays a crucial role in the achievement of the expected outcomes. Although some of the in-depth assessed initiatives outline some quality requirements that must be respected, other programmes lack these guidelines.

- For family centres in Sweden, there are no quality requirements and the individual services offered are subject to particular guidelines. Several municipalities and regions (as well as individual family centres) perform their own evaluations. Compared with more traditional forms of care, the staff of these centres believed that they were in a better position to offer services adjusted to the particular needs of each individual family. Users reported that they appreciated the greater availability of the services, as well as the function of the family centre as a meeting place for families.<sup>676</sup>
- In the Netherlands, there are no specific quality standards for IKCs or broad schools. Although there are standards for education and childcare, their quality is monitored separately, even if these services are provided in an integral way.
- For the programme of day-care centres in Lithuania, quality requirements are included in a decree from the Minister of Labour and Social Affairs on the requirements for the provision of accredited social day-care for children (10 July 2020). The specific requirements include having at least two rooms for children’s activities and family work, and at least one professional social worker who directly works with children. It also specifies the types of the main services, including: the development of social, hygiene, and life skills; provision of sociocultural services, free meals and leisure activities; rights protection and integration in society; and educational support. In addition, as mentioned before, contracts with the respective families are adapted to the individual needs of children. This ensures that every case receives the specific services needed. Some day-care centres conduct surveys that include questions about the quality of their services (this is a sporadic practice and the surveys are rarely made public).
- In Romania, minimum quality standards for a series of social services were put in place in 2019, including for the social services provided in the community and the integrated services. Furthermore, methodological norms were issued regulating the functioning of the community health assistance centres, and the attribution of community health assistance, community nurses, community midwives, and health mediators. Currently, the services provided by the CITs are under the methodological coordination of the county-level Directorate for Social Assistance and Child Protection, the Centre for Resources and Assistance in Education, and the public health directorates. The social integrated services are currently monitored by the county-level Directorate for Social Assistance and Child Protection and the Social Inspection (against the minimum quality standards for the type of service).
- For Finnish schools, the education providers are tasked with evaluating the training they provide and participating in external evaluations of their activities. The in-depth assessment states that the purpose of these assessments is to develop education standards and improve the conditions for learning.<sup>677</sup> He reports that the Finnish Education Evaluation Centre (*Kansallisen koulutuksen arvioimiskeskus*) is an

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<sup>676</sup> Gävleborg (2013) quoted in Nelson (2020a).

<sup>677</sup> Kangas (2020d).

independent agency responsible for the national evaluation of education covering the entire education system, from early childhood education to university level.<sup>678</sup> The assessments done by The Finnish Education Evaluation Centre and various academic research units provide international benchmarks and other information to help policymakers plan and develop education policies in Finland. The National Supervisory Authority for Welfare and Health Agency and the regional state administrative agencies<sup>679</sup> supervise the school healthcare programme. In addition, the National Institute for Health and Welfare carries out school health surveys to collect follow-up data on the school healthcare system, student care, and the well-being of the students. Most of the information to assess the quality and equality of school healthcare is publicly available at net-based information banks.<sup>680</sup>

- There has not been any compiling of systematic data about evaluations of study halls in Hungary. Nevertheless, some remarks on their quality are mentioned in an analysis of these centres carried out by Solidus and the Centre for Policy Studies. As mentioned before, study halls are unequally distributed over the territory of Hungary. This might be a reason for the significant differences in the effectiveness and functioning of study halls and, therefore, their quality. For example, there are some cases in which study halls are placed in segregated villages (also called “dead-end” villages) located at the end of a public road from where mobility is rather difficult due to the expensive cost of bus services. Despite the crucial role centres play in these villages as providers of cultural, educational, and social services, the effectiveness of centres in these locations is very low as they cannot achieve a significant educational improvement of the children. Furthermore, the phenomenon of “white flight” (non-Roma children attending school out of the village where they live), makes it difficult for study halls to be a meeting point for children with different backgrounds; and this, therefore, may reduce the quality of the service and increase risks of segregation and stigmatisation.

To summarise, the quality of services is also a relevant component to be considered in the analysis of the in-depth assessments. In some cases, evaluations are internally conducted in the centres where the services are provided, as is the case for Sweden. In other cases, such as in Finland, an external assessment of the services is combined with an internal evaluation undertaken by the education providers to assess the quality of service provision. Sometimes, surveys of the users of the programmes might also be undertaken so as to make it possible for these participants to provide their insights into the functioning of the initiatives.

Quality requirements are also specified in different pieces of official legislation, as is the case for Lithuania, which promotes sustained quality in the delivery of the services. Lastly, the adaptation of the services to the different needs of children is a key factor ensuring the quality of the programmes.

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<sup>678</sup> The Finnish Education Evaluation Centre (2020).

<sup>679</sup> There are six regional state administrative agencies in Finland. The agencies work in close collaboration with local authorities. The aim of the agencies is to promote regional equality by carrying out executive, steering, and supervisory tasks. Their responsibilities cover all basic public services, legal rights and permits, education and culture, occupational health and safety, environmental issues, and rescue services. See: Regional State Administrative Agencies (2020).

<sup>680</sup> National Institute for Health and Welfare (2020). See links [here](#) and [here](#).

## I4.5 Source(s) of funding

Overall, there is a lack of data regarding the funding of the selected programmes for the in-depth assessment. Nevertheless, different funding schemes can be identified: funding from individual partners, national/municipal funding, or EU funding.

- Sweden is an example where the scheme is funded by the budgets of individual partners. These partners vary within each municipality and include third sector organisations relating to social and educational services. Family centres as organisations do not receive any funds from municipalities or central government.<sup>681</sup>

Contrary to Sweden, the majority of the selected programmes are funded thanks to collaboration between the municipalities and the national government.

- In the Netherlands, funding of IKCs and broad schools relies on national government (education) and municipalities (buildings). There also exists some parallel national funding for these centres, as is the case in the PACT project where several IKCs cooperate with scientists to work on their development through research and knowledge exchange. This project is funded from the childcare fund (*kinderopvangfonds*).
- In Lithuania, municipalities fund day-care centres from their budget; and since 2002 the Ministry of Labour and Social Affairs has provided funding based on the yearly call for proposals. The applicant is requested to provide written confirmation of the municipality's decision to contribute (or not contribute) to the funding of the day-care services.<sup>682</sup> From 1 January 2021, a new funding scheme will be put into place. It anticipates a fixed yearly amount of €16,800 of ministry support per centre established by an NGO and €7,200 per centre established by a local authority or other public institution. Additionally, municipalities are obliged to allocate the amount of €27.50 per child per month. Notably, the funding scheme of this call has the following priorities: the involvement of volunteers, the inclusion of people with disabilities, and projects in certain remote municipalities with the highest demand for child day-care services. The main goal is to move towards a more decentralised funding scheme; the current centralised one possesses certain challenges to day-care centres, as they only receive the financial transfer from the ministry in February or March of the respective year, making it hard for them to survive the first quarter of the year.<sup>683</sup>
- In Finland, the costs are covered by the public education budgets (state and municipalities) and total spending on education corresponded to 5.5% of GDP in 2018 (the figure does not include school healthcare). The share of the total spending on education covered by the municipalities was about 60%. The central government, which covers the costs of higher education, paid for the remaining 40%.<sup>684</sup>

The third identified funding model is a mixed model between ESIF, other international funding, and the national government.

- Since 2019, the government of Hungary started to finance the operation of study halls from the central budget. In 2019, 191 study halls were funded and serviced 5,535 schoolchildren.<sup>685</sup> Before this, starting in the mid-2000s, most of these study halls were financed from EU structural funds and financing could be gained for two- or three-year projects. Nevertheless, this scheme showed some shortcomings as the pauses between the financing periods were at some points too long for the study halls to be able to survive on the already available funds. In addition, one study points out how high-quality performance in the past could not guarantee winning in the annual round of

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<sup>681</sup> Nelson (2020a).

<sup>682</sup> Poviliūnas and Šumskienė (2020a).

<sup>683</sup> In 2018 and 2019 there was a public initiative to collect money for these centres to cover the first months of the year and to advocate for a more adequate ministerial funding.

<sup>684</sup> Figures retrieved from the in-depth assessment conducted by Kangas (2020).

<sup>685</sup> KSH Statat (2019).

proposals.<sup>686</sup> Some study halls that have opened in recent years are still financed from the EU structural funds (EFOP-3.3.1 measures). The same can be applied to the SSCH initiative. Since the ending of EU funding in 2014, the government continued to fund the programme with its national budget, and 135 SSCHs currently benefit from it. The government is also planning to increase the number of these centres to 240 for the next year as a response to the growing number of children living in poverty.

- The provision of the MSP in Romania, within UNICEF's pilot programme, was free of charge to the children and their families, and it is expected to be the same under the scaled-up national programme to take effect in 2021. The costs of the programme under scrutiny were supported by UNICEF and from Norwegian Fund grants, and included salaries, equipment, and training at local, county, and national level. Costs have deliberately been kept at the lowest level, comparable with public expenditure on personnel/acquisition/training, in order to provide an image of the realistic costs which need to be supported by state and local budgets, in case the programme is adopted and scaled up at a national level. The provision of the MSP will start to be scaled-up at the national level in 2021 (law 231/2020) and will be supported from the state budget, EU funds, and other European economic space or Norwegian Fund grants. The financing of the programme, as well as the extra-support for the training and recruiting of TICs, will be done under the umbrella of national programmes.<sup>687</sup>

The two Hungarian programmes and the Romanian MSP scheme are good examples of how initiatives, which were first based on good practices in other Member States and were later modified to suit local needs with minimal resources, have been greatly supported and developed by external funding (mostly from the ESF and the Norwegian Fund). They have then become "institutionalised" by receiving national state funding and have become part of the system of social services.

An optimal funding scheme is necessary in order for the integrated policies and services to be both effective and sustainable. Adequate funds are required to ensure the continuity of services, staffing, and support for staff.<sup>688</sup> Based on the INTESYS<sup>689</sup> survey, the suggestion for the construction of funding schemes is that earmarked budgets should be allocated for integrated working instead of distributing the funds to individual sectors or organisations involved in integrated services.<sup>690</sup> The combination of public and private funding has been identified as a tool for staying financially healthy.

Funding mechanisms of the assessed programmes have proved to have different advantages as well as shortcomings. For example, in cases such as Sweden, funding comes from individual partners, which potentially offers more flexibility to the centres to manage their resources. Another modality is the funding of the services through a combination of municipal and national sources. This scheme is the most common one and is in some cases (e.g. NL), accompanied by other parallel funding projects and initiatives. In this model a more decentralised funding scheme can be useful for overcoming different issues related to the timing of the provision of the funds. This scheme offers dynamism as the responsibility for funding is divided between different actors. Lastly, the EU in conjunction with national funding provides a solid funding mechanism which has fostered the institutionalisation of initiatives such as study halls and sure start programmes.

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<sup>686</sup> Fejes and Szűcs (2016), quoted in Albert (2020).

<sup>687</sup> Pop (2020).

<sup>688</sup> Gordon et al. (2016).

<sup>689</sup> Towards integrated early childhood education and care systems.

<sup>690</sup> Gordon et al. (2016).

## I4.6 Monitoring

Although information about measurable criteria and specific indicators has not been provided by national experts, the in-depth assessed programmes include several monitoring schemes which, on some occasions, integrate the collaboration of different actors involved in the programme.

- According to one study, in the case of integral child centres in the Netherlands, the education inspectorate is responsible for monitoring the quality of primary and secondary education.<sup>691</sup> The public health service (GGD) and the education inspectorate are responsible for monitoring the quality of childcare. The health and youth care inspectorate (IGJ) monitors the quality of youth care and welfare. The GGD and the IGJ use separate quality standards, and IKCs and broad schools are not monitored as a whole. The outcomes of this concrete monitoring are publicly available. In this specific case, the main actors (children and parents) are not involved in the monitoring.
- Child day-care centres operating in Lithuania which receive funding from the ministry are obliged to provide quarterly and yearly activity and financial reports. They must include the number of children and families that have benefited from the service, the number of staff and volunteers, the financial aspects of the programme, and information about the services provided.<sup>692</sup>
- In Sweden, there is standardised monitoring of family centres at the national level. The individual services offered in the family centres are regulated by different legislative frameworks.
- In the case of Finland, education providers are tasked with evaluating the training they provide and participating in external evaluations of their activities. The purpose of these assessments is to develop education standards and improve the conditions for learning. Monitoring, regular evaluations, and developing/implementing the local curriculum and academic year plan, are also part of this task.
- For study halls in Hungary, one study highlights the fact that neither CBA nor comprehensive evaluations have been prepared on the programme.<sup>693</sup>
- In the case of SSCHs, the quality of services is ensured by national regulations and the involvement of qualified practitioners in integrated work. According to the recent regulation, the manager (at least) must have a higher education qualification in teaching, health, psychology or social pedagogy. Aside from higher education, at least two years' experience in an SSCH is required.

To summarise the key findings, monitoring can be conducted through separate and specialised agencies or institutions, and it can also be controlled by the national government by requiring different reports on the activities and financing of the programmes. Monitoring tools also include surveys and the production of internal and external evaluations as was mentioned above. Monitoring can also be conducted internally and the outcomes of the activity might also be publicly accessible. The number of participants remains a key output indicator for the monitoring of the programmes.

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<sup>691</sup> Bijman et al. (2020).

<sup>692</sup> Poviliūnas and Šumskienė (2020a).

<sup>693</sup> Bihari and Csoba (2018), quoted in Albert (2020).

## Chapter I5: Main recommendations and conclusions

The in-depth assessed programmes are a good example of how the provision of integrated services (education, health, and cultural activities) can improve the well-being of all children and those coming from low socio-economic environments. The most relevant benefits of these programmes include improvements in the cognitive and socio-emotional development of children, educational equity, school involvement, and attainment levels in education.

As previously explained, several of these programmes operate on a universal basis; all children irrespective of their economic background, family income or geographic region can benefit from these programmes, when available. Evidence suggests that the functioning of these programmes improves when combining this accessibility scheme with concrete actions aimed at reaching out to those children who could best profit from the programme. For instance, half of family centres in Sweden use prevention schemes to identify people with risks and problems in order to include them in their scheme. This mechanism has not been proved, so far, to create stigmatisation. This may mostly be related to the fact that the universal openness of the programmes does not contribute to the creation of a differentiated profile of children in the educational domain: all children are entitled to this type of education.

Regarding the key conditions needed to ensure the benefits can be realised, it is relevant to mention the presence of collaborative schemes where different partners and also participants in the projects can cooperate. Moreover, the geographical adaptation of programmes, and the establishment of organisational guidelines and means for evaluation, are also two important conditions worth taking into account for an optimal functioning of the programmes and for the provision of good-quality services. Other factors such as the ability of the programmes to assess and adapt to the special needs of individuals is also relevant for sustained quality standards. The conduct of internal and external evaluations carried out by the educational providers, but also by external organisations, is a frequent practice in several programmes. Monitoring activities might also include the creation of several reports on the activities and financing of the programmes to inform public organisations about the state of the initiatives. Quality requirements might also be, as in the case of Lithuania, included in official legislation.

The costs of the programmes are variable and subject to different factors such as the number of children per classroom and the size of the municipality. These costs include the means to provide the services to children but also the salaries paid to the people that work in the programmes. Different funding schemes also exist to fund the initiatives, which range from individual funding, a combination of national and municipal funds, and funding by the EU in conjunction with the national government.

The following recommendations are designed to provide a more detailed guideline about the actions that can foster the further development of the selected initiatives and enhance their performance.

- Promote an integrated service provision based on universal access. Ensure that all children can have access to the services irrespective of their economic background or geographical location within the country. In order to improve the functioning of this scheme, universal access shall be combined with a targeted approach to reach out to the most vulnerable and/or segregated groups of children and meet their specific needs. In addition, the adaptation of the services to the specific needs of each child enables the full efficiency of the programme.
- Strengthen the cooperation between different partners and levels of the government, local and national. Funding schemes relying on joint collaboration between different government bodies can ensure a more stable funding scheme. The creation of partnerships with other types of stakeholders, such as NGOs and pedagogical experts, should also be promoted, so that grass-roots knowledge and relevant insights can help improve the programmes.
- Focus on the quality of, and the access, to the services. The monitoring of the quality of the programmes should be controlled through the conduct of internal and external evaluations assessing the effectiveness of the programmes. Surveys on the functioning of the centres, including participants' responses, can be a complimentary tool for the continuous improvement of quality. It is also recommended that the requirements be specified in the relevant legislation regulating the programmes. These requirements must be respected and the funding of the programmes should make it feasible to comply with them.
- The services provided should ensure full geographical coverage in order to make it possible for children across the whole country to have access to them; the programme's facilities should adapt to different geographical requirements and deploy the necessary means to cover the specific needs of children. The development of high-quality infrastructure and transport facilities is key to reaching out to all children needing the services.
- In order to ensure that quality levels are sustained over time, a monitoring scheme should be set up so as to improve the sustained tracking of different indicators regarding the functioning of the programme. Specific indicators, measurable over time, are useful for tracking the programme's effects and performance. Some key indicators to monitor the development of the programme include the number of children benefiting, the number and types of services provided, and the learning and health outcomes. Participation and take-up figures are especially relevant as they provide information about the composition of the programmes' beneficiaries needed to establish if the outreach is efficient. The monitoring and evaluation of the programmes' effects on health should also be improved as at present no extensive information has been retrieved.
- The role of EU funds in the piloting, development, institutionalisation, and sustainability of the programmes is highly relevant. EU funds can be a key first supporter for the further development of integrated services for children. In particular, the combination of ERDF and ESF+ funds is key to promoting the creation and availability of a suitable out-of-school environment as well as the accessibility and inclusiveness of education not only on a universal basis but also for targeted groups.<sup>694</sup> ESF+ finance targeted at the most deprived can in particular be used for the development of this programme.

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<sup>694</sup> PPMI (2018).

## **PART J: COST ESTIMATION**

### **Chapter J1: Aims and limitations of the cost analysis**

In this part of the report, we estimate the cost of implementing the priority actions under scrutiny in the Member States where the action is currently not (or not fully) implemented and where the data needed for this estimate are available.

Information on the cost of services is scarce and estimates of these costs are extremely difficult, given the very limited data available and their often (very) poor international comparability. We have therefore tried to make full use of the maximum amount of information available, drawing from different national and international sources:

- (a) available relevant macro- and micro-data sources to support the calculations;
- (b) information (data/evaluations, consultation of ministries, national surveys) provided by the FSCG2 national experts; and
- (c) information on costs presented in the in-depth assessment of the (sub-)national policies/programmes/projects and discussed in Parts D to I.

The availability of data and evaluations varies depending on the priority actions and related “concrete actions” (i.e. actual (sub-)national policies and programmes). For some of the priority actions under scrutiny, the cost computation mainly relies on the information gathered on the cost of policies/programmes investigated during the in-depth assessment – point (c) above. It was therefore agreed with the European Commission to split the six priority actions in two groups, as follows.

- Group 1: Provision of free school meals, provision of free ECEC, and removal of school costs. Based on the collected evidence – (a) and (b) above – we estimate the cost of implementing the action in all the Member States where it is currently not (fully) implemented.
- Group 2: Health examinations, provision of services aimed at preventing and fighting child homelessness, and provision of integrated delivery of services. Drawing on the information on costs available in the in-depth assessment of the actions and the related (sub-)national policies/programmes, we estimate the cost of implementing the action in the Member States where the available data make this possible.

The computation of the amount of finance needed to implement the priority actions raises complex conceptual and statistical questions that we discuss in this part of the report. Data limitations are also highlighted and discussed throughout the report.

The various assumptions underlying our estimates are described below and, in the case of alternative assumptions of implementation, a range rather than a single value for the estimated cost is provided. Rather than precise estimates, our computations must therefore be interpreted as a first attempt to provide rough estimates of the financial resources that would be needed to guarantee the access of AROP children to the priority actions under scrutiny.

## Chapter J2: Cost of free school meals, free ECEC, and removal of school costs in the EU

### J2.1 Methodological choices

This section outlines the methodology used to calculate the additional finance needed to guarantee access for AROP children to free school meals, free ECEC, and removal of school costs. It describes the methodology used and the underlying assumptions.

#### J2.1.1 Target group

In our cost computations, the focus is on AROP children, using the EU-agreed definition.<sup>695</sup> However, for the specific analyses to be carried out in the context of FSCG2, this EU definition is in most cases not the one which Member States apply to identify the children who will have access to specific (sub-)national policies/programmes targeted at children in poverty. Member States generally use income-related criteria defined at (sub-)national level. These low-income thresholds vary between and within Member States, as well as between policies/programmes and according to the region or the municipality.

To reconcile the EU AROP definition and the (sub-)national criteria actually applied by Member States in their policies/programmes, we proceeded as follows.

- First, for each Member State, we defined the size of the target group for each priority action on the basis on the EU AROP indicator. For example: the total number of children who should receive free school meals in our calculations is computed on the basis of the number of AROP children aged 6-17 (i.e. the number of children aged 6-17 who live in a household whose income is below 60% of the AROP threshold, which is computed on the basis of EU-SILC data).
- Second, we took into account the poverty or low-income criteria used nationally in the delivery of the provision (if any) to compute the cost of the action. For example, in a Member State where reduced-price school meals are provided at €1 to children living in a household benefiting from the GMI, and where children from other households have to pay the full price, the cost of the CG action has to cover: (a) the cost of providing free school meals to those currently paying a reduced price according to the existing national policy; and (b) the full cost of providing school meals to AROP children who do not benefit from the existing national policy.

It is important to highlight that some children combine low income with other vulnerabilities (disability, migrant background, alternative care, Roma minorities). It will therefore be important to take into account the additional needs of these children when designing policies that will support the future CG, as highlighted in FSCG1. However, expanding the FSCG2 analysis to sub-groups of the low-income children population would be beyond the remit of FSCG2 as it raises very specific and complex questions. Indeed, the provision of adequate and inclusive services to these children requires additional costs: it has a direct impact not only on the cost of delivery (in terms of infrastructure, qualifications of staff), but also on various governance and monitoring aspects (in a number of Member States there will be several ministries in charge that may involve different levels of government). The additional costs depend on the specific (combination of) needs of these children and on the type of intervention that will have to complement the delivery for all low-income children. The cost of this ad hoc provision to these sub-groups of low-income children, which has to take into account their specific needs, will therefore be higher than the estimate for low-income child computed in this report. The specific example of children with disabilities needs to be highlighted in this respect. Indeed, the presence of a child with

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<sup>695</sup> AROP children are children living in a household whose total equivalised income is below a threshold set in each country at 60% of the national median household equivalised income (using the "OECD-modified" equivalence scale).

disabilities can have significant additional costs for the family as well as for public/private bodies implementing supporting policies (ECEC, education, healthcare, housing). Additional specific policy effort may be needed to ensure real access is provided (e.g. proximity support, adequate transport, qualified staff, adapted facilities and materials) and this will engender additional costs. When not supported by the public authorities, these additional costs may constitute a high financial burden for families and lead to low uptake of services.

### J2.1.2 Current situation

In some Member States, a large part (or even the totality) of the cost of providing the priority action to low-income children may already be covered by the policies in place, whereas in others the coverage may be more limited (or completely absent). This means that we need to estimate the number of children for whom access is already provided free or at reduced price (which, as mentioned above, is not an easy task as it may vary within the same country according to the region or even the municipality).

Once the various figures have been estimated (e.g. number of children receiving free school meals, paying a reduced price or paying the full price), the additional cost that needs to be covered to ensure free provision to all low-income children (i.e. the cost of the CG) can then be calculated. The focus in FSCG2 is on the cost paid by AROP children (the **net out-of-pocket costs**), which should be zero.

The cost estimate in the next sections specifies the detailed assumptions.

## J2.2 Step-by-step cost computation

To compute the additional cost that is to be covered to guarantee free access for low-income children to the three priority actions analysed in this chapter, we adopted a step-by-step computation:

1. estimation of the current private (net out-of-pocket) costs charged to low-income children for accessing the priority action;
2. computation of the number of AROP children who do not receive free provision;
3. estimation of the amount needed to guarantee free provision for the AROP children who do not receive it; and
4. sensitivity analysis for improved quality adjustment.

In Sections J2.2.1-J2.2.4 below, we provide a detailed description of each step.

### J2.2.1 Current private (net out-of-pocket) costs charged to low-income children for accessing the priority action

The **first step** in the cost computation requires data to be collected on the private cost to be borne by low-income households in each Member State (i.e. the net out-of-pocket cost, taking into account possible benefits received and tax credits). In general, data on the net out-of-pocket cost of an “average” child (i.e. a child in a household not benefiting from special “pricing conditions” because of its size and composition, its level of income or other eligible sociodemographic aspects) are not readily available (if at all). Data on the net out-of-pocket cost charged to low-income children are even more difficult to collect or estimate, as this requires social allowances and other public support received by low-income households to be taken into account.

- For school meals, FSCG2 national experts were able to provide information that was not centrally available on the private cost of a school meal for an “average” child and for an “average” low-income child. Where this cost varied between schools or regions/municipalities, an average price per child was computed. When no data sources

(survey, official data) were available, data were collected from a few schools for which the national experts were able to get this information.<sup>696</sup>

- For ECEC, the OECD kindly agreed to use their tax-benefit model (TaxBEN) to simulate for the FSCG2 the net out-of-pocket cost paid by two household types:<sup>697</sup>
  - the net out-of-pocket cost for a child aged 2 attending ECEC and living in a two-worker household whose equivalised household income is close to the AROP threshold in the Member State; and
  - the net out-of-pocket cost for a child aged 2 attending ECEC and living with a working lone parent whose equivalised household income is close to the AROP threshold in the Member State.
- For education, national experts were asked to collect information on the cost of all the school items generally considered necessary in the curriculum in their country (when not provided free) by education level, that is:
  - exams registration fee;
  - compulsory basic school material (such as schoolbag, pens, glue, scissors);
  - compulsory school material (such as textbooks, school supplies, notebooks);
  - compulsory specific clothing (uniform, sports clothing);
  - equipment requested by the school (computer/tablet, sport or music instrument);
  - compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
  - compulsory internship/apprenticeship (secondary vocational education); and
  - other compulsory costs.

An estimate of the total amount of net out-of-pocket school costs per year was computed by level of education. As for the price of school meals, when no data sources (survey, official data) were available, data were collected among a few schools. When study grants or other education allowances for low-income children are provided, an attempt was made to take this into account as far as possible in the computation of the net out-of-pocket school costs.

### **Main assumptions**

Based on the information FSCG2 experts were able to collect, we tried to compute a good proxy for the private cost charged to low-income children in each Member State. It should be noted that, in reality, the private cost for accessing the priority action may deviate from this proxy for a number of reasons. In some Member States, it varies not only across regions/municipalities and schools/childcare centres, but also according to the household situation and other characteristics. Variations may also be even larger in decentralised countries, where different government levels provide different types of support.

It should also be noted that, in many Member States, households with more than one child in ECEC benefit from a price reduction. However, simulating this price reduction is extremely challenging since the discount often depends not only on the number of children but also on their age, the type of childcare used by each child, and other family circumstances. Considering costs for families with only one child is an upper-bound approach. The private cost for households with at least two children in ECEC is therefore overestimated in our computations, as we multiplied the price for one child by the number

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<sup>696</sup> Various initiatives were taken in response to some of the social protection and inclusion consequences of the COVID-19 crisis. These include, inter alia, initiatives related to the provision of school meals, including during non-school days. Because access to computers/tablets and also to the internet became such a salient issue during the crisis, there were also initiatives (by countries as well as businesses and NGOs) to provide children from disadvantaged backgrounds with such equipment free or at reduced price. (See Parts D and F.) The calculations presented in this study do not take into account such new developments.

<sup>697</sup> We would like to warmly thank Olga Rastrigina for providing us with these ad hoc calculations.

of children in the household. In view of the proportion of households in this situation, this overestimation is however fairly limited.

### **J2.2.2 AROP children who do not receive free provision**

The **second step** in the cost computation necessitates estimating the number of AROP children who do not receive free provision. This number is based on the difference between:

- the number of AROP children in each Member State (as described in Section J2.1.1, this number is computed, for relevant age groups, using the EU definition of this indicator); and
- the number of low-income children who receive free provision, according to national rules – in some Member States, this number may be equal to the number of AROP children when the provision is free for all of them, or where the provision is universal or targeted at a proportion of low-income children close to the AROP rate in the country.

#### ***Main assumptions***

Based on the information FSCG2 experts were able to collect, we tried to compute a good proxy for the number of low-income children receiving free provision according to the (sub-)national eligibility criteria. As noted above, these eligibility criteria may not be based on an income concept similar to the one used in the EU definition of AROP. Furthermore, besides low income, eligibility criteria may (also) be based on household characteristics and/or social allowances receipt. The low-income children population, as defined in each individual country, may only partially overlap with the population of AROP children. Some children may receive free provision, although the income of their household is not below the AROP threshold (e.g. a country may provide free provision to large households or disabled children, even if they do not have a low income). Data do not allow us to identify and quantify this possible lack of overlap.

### **J2.2.3 Finance needed to guarantee free provision for low-income children who do not receive it**

The **third step** in the cost computation requires multiplying the two previous indicators (i.e. those described in Sections J2.2.1 and J2.2.2). There are also several additional pieces of information which are needed for this step depending on the priority areas.

- Regarding the cost of school meals, the number of days during which school meals are provided for free affects the computation of the yearly cost. We computed two alternative scenarios: one in which school meals are provided for free during all school days (the number of days varies between countries), and one in which free school meals are also provided during school holidays (i.e. during 261 days per year). This is further discussed in Section J2.3.1.
- Regarding the cost of ECEC, we assumed full-year childcare attendance (i.e. eight hours per day, five days per week during the whole year, including school holidays) in line with the OECD TaxBEN model. We also assumed an enrolment of 100% of AROP children. This is ambitious, and much higher than the Barcelona targets and the actual national enrolment rates. However, given that the CG is about ensuring that all children in poverty have free access to ECEC, we assumed that this full enrolment is achieved. The cost of actions needed to reach out to all AROP children (e.g. to encourage all low-income parents to enrol their children) is not included in our cost estimates, due to lack of data. Similarly, the costs for adapting facilities or the costs of the additional staff needed to allow children with disabilities to attend ECEC are not included in our estimates (see also Section E.4.4 and the example of the Irish “access and inclusion model” reform). For ECEC, we also computed a cost estimate of the public spending needed to provide an ECEC place to AROP children who do not yet attend childcare (to increase availability for them). This is further discussed in Section J2.3.2.

- Regarding the cost of education, we computed the total financial effort needed to cover 100% of the costs for all AROP children aged 6-17,<sup>698</sup> assuming here as well full enrolment for the same reasons as those explained above for the cost of ECEC. Here again the cost related to reaching out to all AROP children aged 6-17 to ensure that they go to school and the cost of the fight against school dropping-out are not included due to lack of data. Similarly, the costs for adapting facilities, assistive technologies or additional staff needed to allow children with disabilities to attend mainstream education are not taken into account. In our calculations, we took account of the available social benefits to cover school costs for AROP children (if any). The figures are presented in absolute amounts and as a percentage of the current public expenditure on education for the same age group. This is further discussed in Section J2.3.3.

#### **J2.2.4 Improved quality adjustment**

Wherever possible, we took into account the quality of the provision in the cost analysis, and we provided a sensitivity analysis related to quality improvement, where needed. This **fourth step** of the cost computation is aimed at considering quality issues in current delivery.

The total cost of free good-quality provision to all AROP children is the sum of two components: (a) the finance needed to provide free (good-quality) provision to AROP children who currently do not receive the provision or receive it but not for free; and (b) the finance needed to improve the quality of provision for those AROP children who already receive free provision of the service.

This quality adjustment of the cost computation requires data on the current quality of delivery for low-income children in all Member States. Many aspects of delivery influence the quality of provision, and it is therefore necessary to make an assumption about the best indicator to be used as a proxy for quality. This exercise requires clear and agreed quality requirements for “good quality” delivery, which is challenging as, for most priority actions, quality requirements are not defined at EU level, and vary between Member States (when they exist).

#### **Main assumptions**

- In the domain of ECEC, minimum standards are defined in the “quality framework for early childhood education and care” set out in the annex to the Council Recommendation of 22 May 2019 on “high-quality early childhood education and care systems”. The standards cover many dimensions and it is not possible to take them all into account in the cost computation. In our computation, we used the child-staff ratio as the main indicator of quality.
- For school meals, to identify Member States in need of quality improvements we compared, for each one, the current cost of a school meal with the cost of a good-quality healthy and balanced meal. The latter was represented by the current cost of a school meal in two Member States which have adopted clear quality requirements in this area (FI and SI), taking into account the differences in purchasing power parities.
- For school costs, no quality adjustment was made. We took as granted the list of “compulsory” items required to access education in each country. Our cost estimate therefore does not raise normative concerns (such as the extent to which we think schools should organise trips abroad as part of the curriculum).

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<sup>698</sup> Including in countries where education is not compulsory till age 18.

## J2.3 Results

In this section, we provide for each Member State the detailed assumptions and computations for the three priority actions analysed in this chapter.

### J2.3.1 Provision of free full school meals for all AROP children aged 6-17

Following the methodological approach described in Section J2.2, for each Member State the focus is on the private cost charged to AROP children (the **net out-of-pocket cost**), which should be **zero**. We computed four aggregated figures, as follows.

- Finance needed yearly to provide a free school meal to all AROP children aged 6-17 who currently do not receive it, on the same conditions (quality and price) as in the current delivery. This amount is computed for two different numbers of days:
  1. for all school days; and
  2. for five days per week during the whole year (thus including school holidays) (i.e. 261 days).
- Finance needed yearly to provide better-quality school meals (where necessary) for all AROP children who already receive a free meal and to provide a healthy and balanced school meal for all AROP children who currently do not receive a free meal:
  3. for all school days; and
  4. for five days per week during the whole year (including school holidays) (i.e. 261 days per year).

The number of school days varies between Member States. Such variation was taken into account in our computations, based on Eurydice figures<sup>699</sup> (see Table J1). We made the assumption that school meals should be delivered on all school days, including half-days.

In Member States which already deliver school meals during (part of) school holidays (ES, LU, HU, MT, PT) the additional cost of meals during holidays was adjusted to avoid double counting.

Table J1 presents the data used in the computation and the main assumptions at the country level. Table J2 provides the estimates.

In Member States which provide reduced-price meals to low-income children, we tried to collect information on the number of these children and on the (reduced) price paid per child. These figures are however not available in all cases. Where available, this information was taken into account in the computation of the national costs.

In Member States where the provision of free (or reduced-price) school meals is targeted at some age groups (e.g. LT, LV), this was taken into account in our computations of the size of the target group which needs to receive the free provision.

It is important to keep in mind that the price of school meals may vary widely across regions and municipalities and even among schools in the same area. The average price we have computed should therefore be seen as indicative. Furthermore, the data collected usually do not differentiate between the price by different age groups. When they do, the price difference between primary and secondary school is usually very small.

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<sup>699</sup> See link [here](#).

**Table J1: Information used in cost computation – Free school meal provision**

Rules of provision		Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
<b>BE</b>	Free meals only provided in pilot projects	3.00	Rate based on the cost of a free lunch operation in pre-primary facilities in the French-speaking community	0	No data on small-scale projects	182
<b>BG</b>	Free meals provided by the Bulgarian Red Cross to specific schools in 24 districts in the country	1.00	Average cost per meal for a child set at €1 since the cost of meal ranges from €1.75 in the region of Sofia and €0.65 in a village in the region of Yambol	1,673	Red Cross operation	179
<b>CZ</b>	Free lunches provided to low-income children (household on minimum income) in kindergartens and primary schools that participate in the project /funding scheme (based on application submitted by schools)	1.00	Free lunches targeted at children living in households on minimum income. The other households are assumed to pay the normal private cost (€0.90-€1.20) (i.e. costs of grocery/foodstuff). Other costs (€1.20-€1.50), 75% of personnel costs and 25% of overheads.	19,880	19,880 figure consists of 8,800 (FEAD, programme by the Ministry of Labour and Social Affairs) in 2019, plus 11,000 (Ministry of Education, Youth and Sports' subsidy programme), target for 2020	195
<b>DK</b>	No provision	3.12	No provision, use of Finnish cost in purchasing power standards (PPS)	0	No provision	200
<b>DE</b>	Cost of school lunches covered as part of the EAPB. Households have access to the EAPB if they are on minimum-income benefits (basic income support for jobseekers or social assistance or the Asylum Seekers Benefits Act), on supplementary child benefit or on housing benefit	3.50		436,183	Only a small proportion of children benefit from the EAPB, because of the bureaucratic and deterrent nature of the benefit conditions	188
<b>EE</b>	Universal provision, all age groups	0.00		26,000	All (universal provision)	175

	Rules of provision	Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
IE	Schools need to apply for state funding. Priority is given to DEIS schools. Schools are selected on the basis of a number of community characteristics (unemployment, households in local authority housing, Traveller, large households).	2.90	Funding of €2.90 per meal in the new pilot. Private cost = 0 for children in the pilot, but not for others. The current government scheme provides sandwiches. So price and costs data cannot be used, as the focus in FSCG2 is on full meals.	6,600	This small number received hot meals in a pilot project. Other children receive sandwiches in the current government scheme.	183
EL	The government scheme selected 992 primary schools in 74 out of 332 municipalities of the country. Full school meals are provided to all children attending these schools. Another pilot scheme (DIATROFI) covered 73 schools in vulnerable socio-economic areas.	2.79	No data on price. We used the average budgeted cost for a school full meal per child in primary school, including food preparation, packaging and distribution costs.	33,864	145,759 children benefiting from the school meals programme among all children. We assume that 20% of them are AROP. 4,712 (DIATROFI).	173
ES	Targeted at low-income children. Eligibility criteria vary between the 17 autonomous communities and two autonomous cities. The most accepted general requirement is to have a household income below 2 x IPREM per year (€15,039.18). In addition, with some differences between autonomous communities, the general trend is that households with 2.5 x IPREM (€18,799 in 2019) have to pay only 25% of the cost of lunch; those with incomes of 3 x IPREM (€22,559) pay 50% of the cost of food.	2.13	Each autonomous community sets the price to be paid by households. That price should cover not only the food itself, but also the cost of the staff and other expenses involved in the service. A survey by the <i>Confederación Española De Asociaciones De Padres Y Madres Del Alumnado</i> indicates that prices vary between €3 and €6.50 depending on the region (unweighted average 4.25). 15% of students receive some support: the poorest receive free school meals; others have to pay 25% or 50% of the cost. No information on their respective share. We made the assumption that the average cost for poor children is 50% of the full price.	648,000	648,000 students (aged 2-17) who attended public school during the academic year 2016/2017 received some support (full free meals or discounted prices). No information on the respective share.	175

Rules of provision		Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
<b>FR</b>	Not free, except in 50 small municipalities out of 35,000. The price depends on the size of municipality. Small towns with under 1,500 inhabitants apply a single meal price. For municipalities with 1,500 to 10,000 inhabitants, one third apply variable pricing based on social criteria, while it is widely applied for towns > 10,000 inhabitants. As part of the 2017 poverty action plan, local authorities offering a progressive price scale with price segments less than or equal to €1 can benefit from a state contribution of €2 per meal served.	3.30	Average private cost is €3.30 ( <i>Conseil national d'évaluation du système scolaire</i> ). Public cost average €7.33 (Cour des Comptes, Annual report, 25/02/2020), of which €1.68 for food. Private cost for poor children is €1 in some municipalities (not applied in many municipalities).		Only 8,000 students in small municipalities received the €1 meal in 2019. In bigger municipalities, progressive rate. No information on the percentage of children having reduced price meals, or on the average price paid by poor children.	162
<b>HR</b>	Targeting practices vary across the country. Although data are not collected systematically, available information suggests that GMI beneficiaries might be exempt from paying school meals in the whole country, if a school provides meals.	0.69	By the end of 2019, 22 projects for a total amount of €2.45 million have been contracted (FEAD). The plan is that these projects should provide free school meals to 18,987 children. The estimated cost per child is €100 per year for 144 meals. For the poor children not receiving FEAD-funded meals, we assume a private cost equal to this cost.	32,085	Only FEAD beneficiaries are taken into account. No data on minimum-income beneficiaries who might be exempt from paying school meals in the whole country, if a school provides meals.	175
<b>IT</b>	There are various arrangements across different regions and municipalities	3.68	The price of the school canteen for the year 2019-2020 for an average Italian household, with an income of €19,900 and a child in primary school, is €83 per month. The north is the geographical area with the highest figures (on average €842 for nine months of primary school canteen), the centre follows (€724 in primary school) and then the south (€644).	0		200
<b>CY</b>	Free to pupils in all-day primary schools (no lunch in public secondary schools) in households on GMI	2.70	Average cost per child in all-day public primary schools	1,280		174

Rules of provision		Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
<b>LV</b>	Free school meals for first to fourth grade students. Whereas the provision of school meals is the responsibility of municipalities, many of them provide free meals to older students.	1.42	€1.42 per person for one hot meal per day at primary and secondary school level	10,800	Free for grades 1-4. Around 60% of children aged 12-17 also receive free meals.	170
<b>LT</b>	Free meals for pre-primary and first-grade pupils	1.70	Price for other grades which do not receive free meals: €1.70 (€1.36-€1.95)	43,527		175
<b>LU</b>	Free meals for children living in household on minimum income. All other children in primary school are also granted a public subsidy for their meals, depending on the household and the age of the child. Thus the price their parents have to pay for a meal varies between €0.50 and €4.50.	2.50	For children aged under 12, school meals are either free (GMI), or their cost varies between €0.50 and €2. In secondary school, the cost for all is €4.50. We assume an average price of €2.50 for the poorest during the full school duration (€0 or €0.50 in primary and €4.50 in secondary).		No data on children living in households on minimum income	178
<b>HU</b>	Low-income children are those who are eligible for the <i>regular child protection benefit</i> (i.e. who live in households with a per capita net income not exceeding 135% of the minimum old-age pension). School meals are free for primary school children but only a 50% reduction is available for secondary school.	0.89	Flat price of €1.78. Reduced price (half price) for other vulnerable categories in primary school and for low-income children in secondary school.	110,072	110,072 children (receiving regular child protection benefits) receive free school meals	179
<b>MT</b>	Scheme 9, which applies nationally but only to state schools, includes benefits (including free meals) and is available to students living in a household with annual income not exceeding €15,000 or other criteria	2.50	Price of €2.50 (but for a lunch consisting of a bread roll, a small bottle of water, and a pack of fruit)	500	500 students received full school meals	165
<b>NL</b>	No provision	2.57	No provision, use of Finnish cost in PPS	0	No provision	189

Rules of provision		Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
<b>AT</b>	School meal costs have to be covered by parents if the household income exceeds the income threshold, which is rather restrictive. Many pupils from households with comparatively low income do not receive free meals.	3.83	€3.83 in Vienna (usual private cost before possible fee reduction)	0	No data	180
<b>PL</b>	Free or co-financed school meals may be provided to pupils/students of primary and secondary schools who pass an income test. This income test may be neglected in some special cases left to the decision of the school manager. However, the number of these non-income-tested beneficiaries cannot exceed 20% of the total number of pupils/students receiving school meals in the previous month.	1.65	Total cost estimated at €1.40-€1.90: €1.65 on average (based exclusively on the food products used for preparing the meal, i.e. excluding labour and other costs)	213,675	213,675 (free meal) and 82,702 (reduced price)	188
<b>PT</b>	The meal is provided free of charge to children in the first income band of the child benefit. Children placed in the second should pay 50% (i.e. €0.73).	0.73		229,846	This number includes children receiving free school meals and children receiving meals at reduced price (half price). Furthermore, it includes children in pre-school education.	165
<b>RO</b>	For hot meals (rather than snacks, which are more widely provided), in 2016 the government started a pilot programme in 50 selected schools. There are plans to extend this to 150 in 2020-2021. Schools have been selected so as to cover in a balanced way the whole country, and include diverse residential areas (such as big cities, towns and suburbs, and also various types of rural areas – e.g. big/small rural communities, hard-to-access rural communities, isolated rural communities).	1.44	€1.44 per meal is provided by the government for a pilot project of hot school meals (not yet fully in place because of administrative problems). Public budget of the pilot programme: €259 per year per student.	65,343	Number of students expected in the pilot programme in 2020	170

Rules of provision		Best proxy for private cost of AROP child (€)	Comments/assumptions	Number of AROP children receiving free meals	Comments	Number of school days per year
<b>SI</b>	Free provision for children living in household below a certain income threshold	0.00		28,000		189
<b>SK</b>	Free provision for children living in household below a certain income threshold	1.20	New reform: despite previous universal policies, free lunches will be provided only to low-income children (i.e. living in households on minimum-income benefit and in households with income below the subsistence minimum). No information on private price. State subsidy for lunches amounts to €1.20 per child per day.	48,518	49% of poor primary school pupils received free school meals. Sometimes co-payments are introduced by municipalities (no data).	190
<b>FI</b>	Universal provision, all age groups	0.00	Average cost: €2.80 (ranging from €1.75 and €8.45). The average amount of raw materials was €0.84 and labour costs €1.20. The rest consisted of costs for facilities and transport.	80,000	Universal provision	187
<b>SE</b>	Universal provision, all age groups	0.00	Public cost of €553/€640 per year (178 school days)	265,000	Universal provision	178

**Table J2: Finance needed yearly to provide a free school meal to all AROP children – different scenarios (in €)**

	Total cost for AROP children, current quality, school days (including half days) (column 1)	Total cost for AROP children, current quality, five days per week during whole year (261 days in total) (column 2)	Total cost for AROP children, improved quality where needed, all school days (including half days) (column 3)	Total cost for AROP children, improved quality where needed, five days per week during whole year (261 days in total) (column 4)
<b>BE</b>	168,714,000	241,947,000	168,714,000	241,947,000
<b>BG</b>	40,870,533	59,730,533	47,689,815	69,696,622
<b>CZ</b>	24,593,400	34,229,400	24,593,400	34,229,400
<b>DK</b>	59,954,917	78,241,167	59,954,917	78,241,167
<b>DE</b>	530,227,586	767,955,189	530,227,586	767,955,189
<b>EE</b>	0	1,898,000	0	3,569,498
<b>IE</b>	80,388,000	120,460,560	81,904,177	122,732,535
<b>EL</b>	133,765,330	204,787,824	133,765,330	204,787,824
<b>ES</b>	336,546,875	501,935,625	336,546,875	501,935,625
<b>FR</b>	989,544,600	1,594,266,300	989,544,600	1,594,266,300
<b>HR</b>	8,982,726	16,156,404	20,353,169	36,607,376
<b>IT</b>	1,339,996,667	1,748,695,650	1,339,996,667	1,748,695,650
<b>CY</b>	6,915,456	10,484,544	6,915,456	10,484,544
<b>LV</b>	1,738,080	3,651,264	2,126,108	4,466,413
<b>LT</b>	7,578,218	15,045,692	7,578,218	15,045,692
<b>LU</b>	6,675,000	9,787,500	6,675,000	9,787,500
<b>HU</b>	6,612,480	9,641,661	6,612,480	9,641,661
<b>MT</b>	4,743,750	7,503,750	4,743,750	7,503,750
<b>NL</b>	159,117,116	219,733,160	159,117,116	219,733,160
<b>AT</b>	126,849,600	183,931,920	126,849,600	183,931,920
<b>PL</b>	124,180,815	172,399,961	124,180,815	172,399,961
<b>PT</b>	3,752,499	5,935,772	4,992,730	7,897,591
<b>RO</b>	230,028,034	359,106,900	230,028,034	359,106,900
<b>SI</b>	0	2,016,000	0	2,016,000
<b>SK</b>	21,997,896	33,662,940	32,855,053	50,277,430
<b>FI</b>	0	5,920,000	0	5,920,000
<b>SE</b>	0	21,995,000	0	21,995,000

Source: FSCG2 computations.

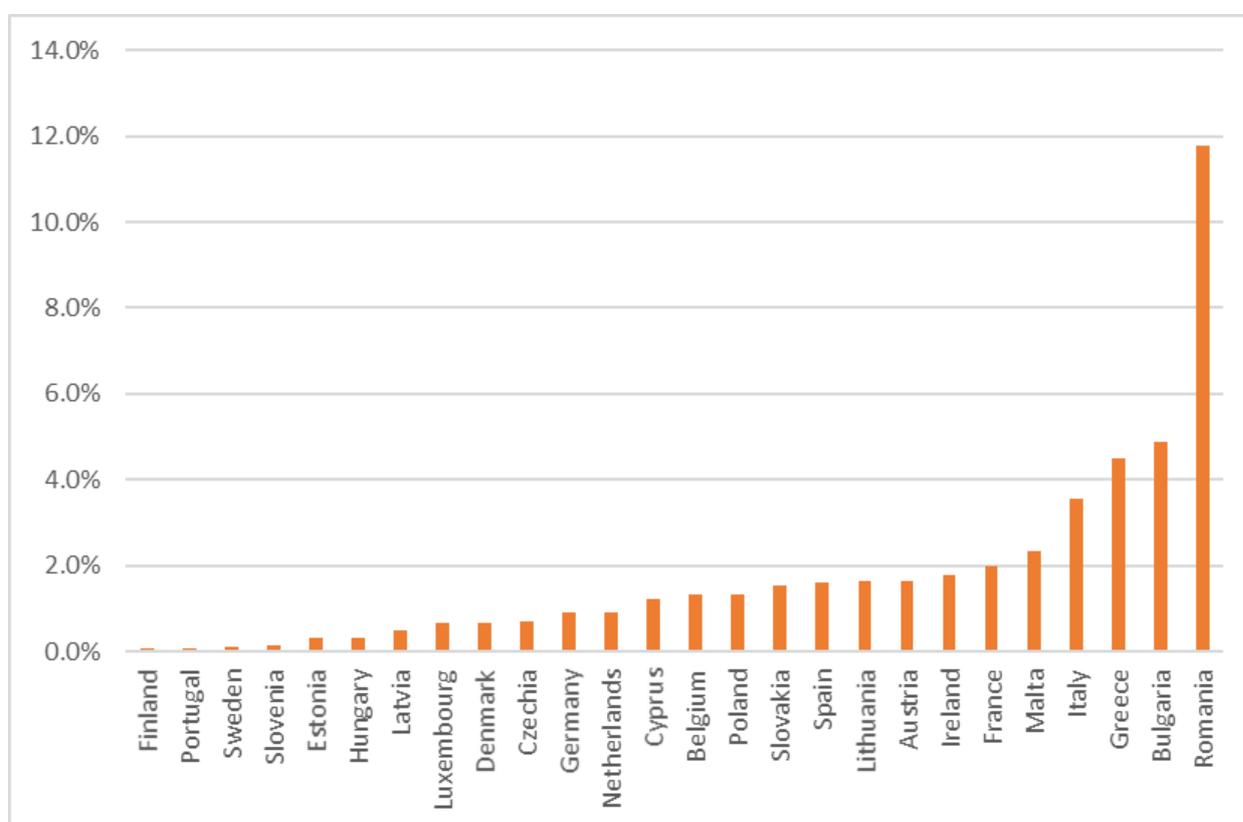
When reading the results presented in Table J2, it is also important to keep in mind that, in Member States where the number of beneficiaries of the current partial/fragmented free or reduced-price delivery is unknown, the estimates are likely to be too high, given that we had to assume that all AROP children pay the full price. Finally, we could not include in our computations the possible cost variations of different types of school meals delivery (kitchen services in the school, provision of meals by school catering companies); nor could we include the cost of reaching out to AROP children who will not “want” to receive free school meals (or children whose parents will not want them to eat at school).

The figures presented in Table J2 (column 1) range for a school-day provision from €0 (EE, FI, SI, SE) to around €1 billion in France and €1.3 billion in Italy. These huge differences in the degree of public finance effort reflect the differences in the current coverage of free school meal provision across Member States. The extension of provision to all weekdays (column 2), including non-school days, increases the cost in all Member States by varying proportions, depending on both the current coverage rate and the current provision of meals during (part of) school holidays. These figures in columns 1 and 2 do not take into account the possible need to increase quality.

The respective figures after quality adjustments (as needed) are provided in columns 3 and 4 of Table J2. No quality adjustments were made in most Member States (BE, CZ, DK, DE, EL, ES, FR, IT, CY, LT, LU, HU, MT, NL, AT, PL and RO). This does not mean that the quality of all school meals is fully satisfactory in these Member States. Rather, it means that, in these cases, the school meal cost in PPS is higher than the “good-quality” school meal cost, as defined by the cost of a meal in Finland and Slovenia. The provision in some countries may not be as cost-effective as in our benchmark countries, and the quality may actually be lower for a higher cost. To assess the actual quality of school meals in each country and guide adequately the quality adjustments that we may need to incorporate in our cost estimates, a specific detailed survey would be needed.

In most Member States, the finance needed to provide school meals to all AROP children on all week days, including non-school days, represents less than 2% of the total budget devoted to primary and secondary education (see Figure J1).

**Figure J1: Finance needed annually to provide free school meals to all AROP children on all week days, including non-school days (261 days) as proportion of budget devoted to primary and secondary education (%)**



Source: FSCG2 computations (budget devoted to primary and secondary education: Eurostat, table EDUC\_UOE\_FINE01, no data for Croatia).

### J2.3.2 Provision of free high-quality ECEC to all AROP children aged under 6

For each Member State, the following aggregated figures were computed. The data used in the computation, as well as the underlying assumptions are described in the next sections:

1. finance needed to make ECEC free for all AROP children aged under 3 (Section J2.3.2.1) and aged 3-5 (Section J2.3.2.4); and
2. finance needed to make ECEC of high quality for all AROP children aged under 3 (Section J2.3.2.2) and aged 3-5 (Section J2.3.2.4).

We want to highlight here that ensuring that all AROP children have access to free and high-quality ECEC may require that Member States increase the availability of ECEC. The additional budget that may be needed for this is provided for all AROP children aged under 3 (Section J2.3.2.3) and aged 3-5 (Section J2.3.2.4). As we further explain below, this is provided as an illustration as, we believe, this should be considered part of the mainstream ECEC budget rather than something to be covered by the CG.

#### J2.3.2.1 Finance needed to make ECEC free for all AROP children aged under 3

The aim of the CG is to provide ECEC for free to all AROP children. As explained earlier, our computations are based on the private (i.e. net out-of-pocket) cost charged on AROP children, which should be equal to zero.

In Member States where ECEC is already free for AROP children, the additional finance needed is considered to be zero, even if currently not all AROP children attend ECEC. We do not take into account the budget needed to increase the availability of ECEC, as it should be seen as part of the mainstream ECEC budget.

The European Parliament objective is to ensure that all AROP children have access to free ECEC. In line with this target, we calculated the additional cost that each Member State would have to bear for setting the current private cost to zero for 100% of AROP children. In practice, some Member States may not want to reach a 100% enrolment of AROP children; in this case, the cost will of course be lower.

To compute the finance needed to make ECEC free for all AROP children aged under 3 (Table J4, column 1), the following formula was applied for each Member State:

$$(1) \text{ CG cost} = \text{number of AROP children aged under 3} * \text{current net out-of-pocket cost for a child aged 2}$$

To compute this aggregate, we rely on two main sources of data, as follows.

- The number of AROP children by age group is provided by EU-SILC data. To be on the safe side, we used as the reference population the population figures for children aged under 3<sup>700</sup> rather than those provided by EU-SILC. We have then applied the EU-SILC AROP rate to that population figure.
- The current net out-of-pocket cost for an AROP child is represented by the OECD NCC for parents using childcare, as computed by the OECD TaxBEN model.<sup>701</sup> NCC measures the net childcare costs for parents using full-time centre-based childcare, after any benefits designed to reduce the gross childcare fees. Benefits may vary in nature: they may be received in the form of childcare allowances, tax concessions, fee rebates, and/or increases in other benefit entitlements.<sup>702</sup> This amount is simulated by the OECD TaxBEN model for two household types with one child aged 2 in ECEC and with earnings from work: single parent and couple. The published figures are computed for low-wage and median-wage earners; not for AROP

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<sup>700</sup> Eurostat, table DEMO\_PJAN.

<sup>701</sup> See OECD (2020) and Rastrigina et al. (2020) for detailed methodology and underlying assumptions.

<sup>702</sup> OECD (2020) and Rastrigina et al. (2020).

households, which are the focus of FSCG2. As mentioned above, the OECD has kindly simulated ad hoc estimates for FSCG2: NCC for earners whose income is close to the national AROP threshold. To define a hypothetical household at the poverty line, the level of earnings of the first adult (or of a single parent) was increased progressively by one percentage point of the average wage until the household's net income reaches the poverty line. In two-earner couples, the second adult's earnings are at the 10<sup>th</sup> percentile of the full-time earnings distribution. It should be noted that in Member States where households receive homecare allowances when they take care of their children themselves, the NCC does not include the loss of such allowances when using childcare, as we consider that the net out-of-pocket cost used in our simulations should not include such opportunity costs (e.g. FI).

As mentioned above, the OECD NCC estimates assume full-year childcare attendance (i.e. eight hours per day, five days per week, during the whole year including school holidays).

These simulations are not available for non-working parents, who may pay less NCC than AROP workers in some countries – for instance, when there are fee reductions and/or exemptions for households based on specific income or social criteria (e.g. households whose income comes entirely from unemployment or minimum-income benefits). Our estimate of the net out-of-pocket cost may therefore be slightly too high.

- Wherever available, the number of low-income children who already receive free childcare is taken into account in the computation, based on the data collected by FSCG2 national experts. However, this number is not available in many Member States, as it is difficult to isolate these children in available administrative data. Estimates could only be provided for four Member States (EE, FI, LV, SI). This means that we overestimate the cost in the other Member States where ECEC may be free for some low-income children.
- The number of AROP children below age 3 for whom access to ECEC should be guaranteed depends on the duration of maternity/paternity and parental leave in each Member State. The duration of maternity leave varies widely between Member States, from a few weeks to 12 months.<sup>703</sup> The paid paternity leave varies from 10 days (since EU Directive 2019/1158) to one month. In addition, all Member States must provide at least four months' parental leave per parent, under the terms of Directive 2010/18/EU. However, parental leave is rarely fully compensated. It means that the uptake of parental leave may vary depending on the financial capacity of the households to compensate the income loss. To the best of our knowledge, there are no data on the actual duration of parental leave taken by AROP households. To avoid underestimating the "need" for ECEC of AROP households during the first three years of life, we did not take into account the duration of the parental leave that some AROP parents could take. We only took into account the length of maternity leave. To adjust the number of months during which ECEC is needed during the first years of life, country-specific data on maternity leave duration were used, based on the study<sup>704</sup> that gathers national information through the network of researchers on leave policies and related research (see Table J3). In Member States where it is not easy to distinguish maternity leave from parental leave, because the paid leave that women may take around childbirth has a generic designation of "parental leave benefit entitlement" (e.g. SE), we made a specific assumption guided by FSCG2 national experts (Table J3).

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<sup>703</sup> Koslowski et al. (2020).

<sup>704</sup> Koslowski et al. (2020).

**Table J3: Main information used in cost computation for children aged under 3**

	Number of months of paid maternity leave	Number of low-income children who (could) have free ECEC	Number of AROP children, adjusted for maternity leave duration and number of children receiving free ECEC	Estimated annual net out-of-pocket childcare cost (€)
<b>BE</b>	3.3		61,231	1,695
<b>BG</b>	12		27,368	430
<b>CZ</b>	5.1		34,404	356
<b>DK</b>	3		18,630	879
<b>DE</b>	1.9		243,781	176
<b>EE</b>	3.7	5,914	0	0
<b>IE</b>	6		14,676	7,917
<b>EL</b>	3		42,451	0
<b>ES</b>	3.7		285,648	1,386
<b>FR</b>	3.3		329,419	963
<b>HR</b>	6		12,406	239
<b>IT</b>	4.7		305,873	0
<b>CY</b>	3.7		4,752	504
<b>LV</b>	1.9	7,169	0	0
<b>LT</b>	1.9		19,133	563
<b>LU</b>	2.8	4,207	0	605
<b>HU</b>	5.6		17,885	348
<b>MT</b>	4		2,241	0
<b>NL</b>	3		52,093	1,646
<b>AT</b>	1.9		37,497	784
<b>PL</b>	4.6		12,7476	0
<b>PT</b>	2		35,031	693
<b>RO</b>	4		122,764	657
<b>SI</b>	2.6	2,341	3,650	1,990
<b>SK</b>	6.5		29,927	45
<b>FI</b>	2.9	16,116	16,116	0
<b>SE</b>	12		54,348	1,004

Source: Number of months of paid maternity leave – Koslowski et al. (2020); Number of low-income children having free ECEC – FSCG2 consultation; Number of AROP children – EU-SILC 2019; Estimated typical NCC – FSCG2 computations based on OECD TaxBEN model (version 2.2.2), 2019 data (Cyprus: 2018).

According to our estimates (Table J4, column 1), no additional finance is needed to make ECEC free for AROP children in some Member States (e.g. EE, EL, FI,<sup>705</sup> IT, MT), assuming availability of ECEC to all AROP children. The required finances are the highest in France and Spain,<sup>706</sup> and also in Member States with much smaller populations such as Belgium, Ireland, and the Netherlands. These results are driven by the number of AROP children who do not currently receive free ECEC and by the NCC level in each country. The latter is particularly high in Ireland (€8,000 per year).<sup>707</sup> As explained before, in some of these countries, the OECD NCC estimates do not cover support for low-income households if this support is targeted *exclusively* at households who do not work.

### **J2.3.2.2 Additional finance needed to ensure high-quality ECEC for all AROP children aged under 3**

In Section J2.3.2.1, we provided an estimate of the finance needed to make ECEC free for all AROP children aged under 3 in all EU Member States, without taking into account any specific quality benchmark.

Here, we compute the additional cost required for improving the quality of ECEC (again for a full enrolment of AROP children aged under 3) in all EU Member States to reach a certain benchmark. For this, we used the following formula for each country:

#### **(2) Number of AROP children aged under 3 \* additional public cost per child to reach adequate quality standard**

These computations imply that it is possible to define a minimum quality threshold for ECEC that is meaningful in all 27 EU Member States (i.e. an EU minimum benchmark). Many criteria can be used for defining the quality of ECEC provision (child-staff ratio, level of education of staff, infrastructure standard, and so on<sup>708</sup>) but there is no EU-agreed benchmark for any of them. These computations also imply that it is possible to estimate the cost for reaching the benchmark in countries where this is needed.

In our estimate, we opted for a widely used criterion to illustrate concretely the possible implication of such a quality benchmarking. We chose the child-staff ratio and used the current EU average as the benchmark to be reached by all EU Member States.

National experts provided more detailed information on the child-staff ratios in ECEC by age than what is centrally available, creating an opportunity to analyse the state of play in all EU Member States (see Chapter E2).

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<sup>705</sup> It is worth highlighting that the share of children enrolled in ECEC is lower in Finland than in other Nordic countries. The main reason is the possibility in Finland of getting a home-care allowance (i.e. a cash benefit paid to households who care for their children aged under 3 at home). While the take-up of the benefit is similar across socio-economic characteristics, the length of the time spent on benefit correlates negatively with various socio-economic factors (Kangas, 2020).

<sup>706</sup> In Spain, due to lack of detailed breakdowns and the considerable variation across regions, we could not take account in our computations of the number of low-income households that may receive free ECEC. See: Moreno-Fuentes and Rodríguez Cabrero (2020), FSCG2 consultation.

<sup>707</sup> Russel et al. (2018) confirm that childcare is a heavy burden for parents in Ireland. For households in the bottom income decile, the spending for one child aged 3 is close to 20% of income.

<sup>708</sup> See Annex to EU Council Recommendation of 22 May 2019 on “high-quality early childhood education and care systems”.

On the basis of these data, we computed the increase in staff needed to reach the child-staff benchmark (5.3, the EU-27 average), using the following formula:

$$\text{(Child-staff ratio in the EU – child-staff ratio in the Member State) / (child-staff ratio in the Member State * staff in the Member State)}$$

We computed two different estimates of the cost of the additional number of staff needed to reach the EU average, as follows.

1. We estimated the finance needed to increase the ECEC staff over one year, using the hourly labour costs for education professionals.<sup>709</sup> This computation relies heavily, of course, on the accuracy of the estimated labour costs, which have to be transformed into a yearly wage.
2. We increased the public ECEC expenditure per pupil/student (Eurostat education database) by the necessary growth rate of the labour force to reach the child-staff benchmark. Using these Eurostat data seems to be a more reliable option. In doing this, we assume that all costs components of ECEC need to be adjusted in a proportion similar to the labour force adjustment. As labour costs represent by far the largest share of the cost of ECEC, this assumption seems reasonable.

The first method overestimates costs, which may be due to the difficulty of estimating the labour cost adequately. For this reason, in Table J4 (column 2) we only present the results based on the second method. The results show that the additional finance needed for the proposed quality adjustment for all AROP children is much higher than that needed to provide free ECEC to all AROP children. More accurate data on the necessary quality adjustment at the country level should be used to provide a reliable and appropriate estimate of the cost of the quality adjustment of ECEC in each country.

By summing columns 1 and 2 in Table J4, we obtain the cost for making ECEC free for all AROP children aged under 3 *and* ensuring that the ECEC provided to these children is of good quality (according to the benchmark described above).

### **J2.3.2.3 Additional finance needed to make ECEC available for all AROP children aged under 3**

In the above computations, we do not take into account the cost of extending availability that may be required to make it possible for ECEC facilities to host all AROP children. We consider that the country figures provided in Section J2.3.2.1 (free access), preferably complemented with the finances that may be needed to reach an EU-agreed quality benchmark (as illustrated in Section J2.3.2.2 with a widely used quality criterion) provide the most correct estimate of the cost of the CG – keeping in mind, of course, the various qualifications attached to these figures that we have highlighted. The reason for not including the additional cost of this possible need for an extension of ECEC availability is that we do not think it is the role of the CG to cover the **public cost of mainstream policies** necessary to remedy a situation where the quantity of currently available ECEC facilities would not be sufficient to allow all AROP children to have access to them. The role of the CG is to provide free ECEC for all AROP children, not to alleviate the lack of ECEC places – be it for AROP children or non-AROP children. To illustrate this with an extreme example: if in a country ECEC is entirely free (the state funds 100%) and if its quality meets the minimum standard, but it is only used by half of the AROP children, the cost for the CG would be zero even if, as a result of major campaigns, all AROP children were enrolled – whether or not this enrolment requires an investment to increase the availability of ECEC facilities. ECEC for AROP children is free according to the mainstream policy in place in the country and is of good quality, and it is assumed to remain free and of good quality whatever the number of additional AROP children enrolled.

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<sup>709</sup> Eurostat, table lc\_lci\_lev.

Even though we think this additional budget should not be considered as part of the CG, we found it useful, as an illustration, to estimate the cost of expanding the current provision that may be needed to allow 100% of AROP children aged under 3 to have access to ECEC. For this, we used the following formula:

**(3) Number of AROP children aged under 3 not enrolled in ECEC \* current ECEC public expenditure per child**

To compute this figure for the 27 EU Member States (see Table J4, column 3), we relied on the Eurostat data for public expenditure per child (full-time equivalent).<sup>710</sup> The number of AROP children *not* enrolled in ECEC is computed on the basis of EU-SILC microdata. These amounts are larger than those in columns 1 and 2 in all Member States (except Spain).

**J2.3.2.4 Additional finance needed annually in order to provide free ECEC to all AROP children aged 3-5 – different scenarios**

Using the same three-step methodology, we computed similar aggregated amounts for AROP children aged 3-5 in the different Member States – that is, the finance needed to make ECEC:

1. free for all AROP children aged 3-5;
2. of good quality for all AROP children aged 3-5; and
3. available for all AROP children aged 3-5.

To compute the first aggregated amount (Table J4, column 4), we multiplied the number of AROP children aged 3-5 by the NCC kindly simulated by the OECD on the basis of the TaxBEN model for two household types (single-parent and couple) *with one child aged 3* in ECEC and with earnings from work close to the AROP threshold. In many Member States, this amount is zero, because children attend kindergarten or pre-school settings where no fee has to be paid by parents. However, parents may have to pay for mandatory materials and activities (i.e. similar to school costs analysed in Section J2.3.3 for primary and secondary education), and access to ECEC may not be free in practice. In the absence of data, we were not able to compute these additional costs.

To compute the second aggregated amount (Table J4, column 5), we simulated the cost of a quality adjustment based on the child-staff ratio for children aged 3-5 in each Member State (see Table E2), compared with the EU average. This cost is zero in countries with a below-average child-staff ratio in the 3-5 age group. This amount is positive in countries where the child-staff ratio is more than 10:1. The number of children per staff is the highest (between 18 and 25) in seven Member States (ES, PT, CY, LT, HR, BE, SK).

To compute the third aggregated amount (Table J4, column 6), we estimated the number of children aged 3-5 not attending ECEC in each country on the basis of EU-SILC data and multiplied this number by the Eurostat data on public expenditure per child (full-time equivalent). For the reasons explained above in relation to children aged under 3, we think this additional budget should not be considered as part of the CG.

Expressed as a proportion of the ECEC budget for all children aged 0-5,<sup>711</sup> the necessary finances **to make ECEC free** for all AROP children aged 0-5 is 2-3% in Belgium, Netherlands, Portugal, Hungary, and Austria; 5% in Czechia, Slovakia and Poland; 7% in Lithuania, Spain and Slovenia and 23% in Ireland. In 11 EU Member States it is only around 1%. (There are no SOXC data in BG, CY, HR and RO.) So, the budget necessary to make ECEC free for all AROP children aged 0-5 is relatively small in most Member States. The structural policies needed for improving quality

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<sup>710</sup> Public expenditure on education per pupil/student based on full-time equivalent by educational level and programme orientation (ECEC and pre-primary average).

<sup>711</sup> OECD-SOXC database. The ECEC budget for all children aged under 3 is not available.

and availability may be more costly, depending on the current investment in ECEC availability and quality (for all children) in each country.

**Table J4: Finance needed annually to provide free ECEC to all AROP children aged under 3 and aged 3-5 – different scenarios (in €)**

	Children aged under 3			Children aged 3-5		
	Financial effort needed to provide free ECEC to AROP children	Financial effort needed to improve the quality for AROP children	Financial effort needed to improve the availability for AROP children	Financial effort needed to provide free ECEC to AROP children	Financial effort needed to improve the quality for AROP children	Financial effort needed to improve the availability for AROP children
	(column 1)	(column 2)	(column 3)	(column 4)	(column 5)	(column 6)
<b>BE</b>	103,779,931	432,068,241	620,708,305	0	773,638,380	20,086,408
<b>BG</b>	11,754,886	0	82,683,721	18,318,018	0	25,382,402
<b>CZ</b>	12,234,882	NA	105,379,742	30,491,226	32,475,800	40,974,782
<b>DK</b>	16,374,219	0	97,449,147	9,629,526	0	69,573,271
<b>DE</b>	42,990,956	0	1,480,949,528	43,484,046	0	251,748,947
<b>EE</b>	0	7,157,816	14,988,734	0	0	1,465,165
<b>IE</b>	116,192,774	0	91,727,422	119,075,103	0	0
<b>EL</b>	0	0	90,188,887	0	35,588,953	8,532,507
<b>ES</b>	395,977,236	952,439,033	622,760,652	0	1,987,263,357	55,640,397
<b>FR</b>	317,154,288	493,317,625	1,970,138,263	0	0	78,796,174
<b>HR</b>	2,965,216	0	NA	3,655,351	NA	NA
<b>IT</b>	0	339,878,073	1,633,801,641	0	624,768,172	0
<b>CY</b>	2,395,179	1,368,046	9,620,160	15,233,884	15,226,902	3,623,147
<b>LV</b>	0	NA	19,908,924	0	NA	9,117,703
<b>LT</b>	10,767,998	20,599,162	47,235,188	12,696,128	52,130,686	12,256,319
<b>LU</b>	2,548,309	9,187,330	36,629,694	2,881,221	0	7,806,446
<b>HU</b>	6,218,148	0	56,504,344	9,726,090	0	1,549,131
<b>MT</b>	0	0	NA	0	NA	NA
<b>NL</b>	85,754,966	0	247,802,264	95,566,254	0	31,979,728
<b>AT</b>	29,404,949	120,088,208	220,811,904	30,452,106	195,081,944	52,811,994
<b>PL</b>	0	156,909,105	335,811,368	118,656,263	0	204,130,829
<b>PT</b>	24,285,068	0	NA	0	NA	NA
<b>RO</b>	80,716,342	24,811,981	155,643,907	89,397,931	0	64,194,387
<b>SI</b>	7,263,773	4,888,917	19,471,559	13,456,906	5,489,234	2,958,822
<b>SK</b>	1,346,733	NA	98,348,732	24,432,547	76,573,120	31,097,232
<b>FI</b>	0	0	144,172,895	0	0	62,054,837
<b>SE</b>	54,560,431	0	464,241,282	55,885,375	0	59,954,538

Source: FSCG2 computations.

### J2.3.3 Removal of school costs for all AROP children aged 6-17

Based on estimates provided by FSCG2 national experts on the annual amount of school costs, we computed the finance needed to remove these costs for all AROP children aged 6-17. These estimates take into account the educational benefits AROP children may receive to cover these costs (e.g. study grants, education allowances, back-to-school allowances).

There are a few important limitations to our calculations, as follows.

- First of all, the data on annual average school costs for one child (particularly for secondary vocational education), and the data related to the educational benefits available for the purpose of covering school costs, are fragmented and often unreliably based on face value. Some values for the available benefits may exceed the actual costs incurred by parents, when they are intended to cover costs other than those estimated in this study (e.g. transport, extracurricular activities, leisure).
- Despite the efforts of the FSCG2 national experts and the FSCG2 coordination team, we could not collect reliable data on the cost of secondary **vocational** education in most Member States, and (contrary to our original aims) we were therefore not able to distinguish between general and vocational secondary education.
- Furthermore, since EU-SILC data do not allow for the computation of the number of AROP children aged 6-17 enrolled at school by different educational level (or non-enrolment), we had to assume that all AROP children in this age group are enrolled either primary or secondary education. Hence, children not enrolled in mainstream education (but in special education, at home, or who dropped out) are included in our computations, and treated under the same assumptions as those attending education.
- Our figures could easily be adjusted as needed if more detailed data on school costs and available social benefits were provided by the various ministries in charge in the different Member States.

Tables J5 and J6 present the data used in each Member State for calculating the finance needed to remove school costs in primary and secondary education for all AROP children, aged 6-11 and 12-17 respectively.

The information on these costs is not available some Member States (BG, EE, DE, SK, and SI for secondary education). In a number of Member States, experts reported that there are education allowances or other types of public support, but they could not provide their values because these are either not available or differ substantially across the country (they are defined at sub-national level).

In addition, it is important to mention that during the period 2015-2019 an in-kind support for low-income children was available under programmes financed by the FEAD in Austria, Bulgaria, Croatia, Ireland, and Latvia. Their impact could not be taken into account in our computations. Table J7 provides the resulting estimated figures.

**Table J5: Information used in cost computation – removal of school costs in primary education for all AROP children aged 6-11**

	Annual costs for an “average child” (€)	Benefits for low-income children (Yes/No)	Annual amount of benefits available to low-income children aimed at covering school costs (€)
<b>BE</b>	449*	Yes	NA
<b>BG</b>	NA	No	0
<b>CZ</b>	238*	Yes	Up to 1,485 <sup>712</sup>
<b>DK</b>	150	Yes	150
<b>DE</b>	NA	Yes	150
<b>EE</b>	NA	Yes	382 <sup>713</sup>
<b>IE</b>	380	Yes	150
<b>EL</b>	140-210	No	-
<b>ES</b>	617	Yes	NA <sup>714</sup>
<b>FR</b>	291	Yes	370
<b>HR</b>	200	Yes	NA
<b>IT</b>	250	Yes	NA
<b>CY</b>	410	Yes	NA
<b>LV</b>	200-250	Yes	20-45
<b>LT</b>	240-280	Yes	78
<b>LU</b>	193	Yes	115
<b>HU</b>	126*	Yes	114
<b>MT</b>	300	Yes	In-kind
<b>NL</b>	122	Yes	NA
<b>AT</b>	657	Yes	171
<b>PL</b>	165	Yes	70 + 24 + school grants <sup>715</sup>
<b>PT</b>	90-205	Yes	Max. co-funding 16
<b>RO</b>	250	Yes	5.2+21
<b>SI</b>	1,200 <sup>716</sup>	Yes	NA
<b>SK</b>	NA	Yes	33
<b>FI</b>	0	Not relevant	-
<b>SE</b>	0	Not relevant	-

Source: Based on FSCG2 mapping and Penne et al. (forthcoming) for figures with a \*.

<sup>712</sup> According to the Act on Material Need No 111/2006 Coll. a discretionary extraordinary lump sum may be provided from the minimum-income scheme to cover reasonable costs that arise due to education or leisure activities of children (most items mentioned in the scheme are covered, and so are working dress/equipment for children in vocational secondary education, school winter/summer field trips, leisure activities, and transport costs related to commuting to school). The lump sum can be up to the total costs involved, with a ceiling of 10 times the benefit for personal needs of an adult person, which is CZK 38,600 (€1,485) per child per year.

<sup>713</sup> These estimates are based on Estonia’s largest municipality, Tallinn, where the maximum rates of income-related allowances per person per calendar year are as follows (2018): (a) for a child (under 18 and in primary education or general secondary education, and under 20 in vocational secondary education) €350; and (b) allowance for a child going to school (for a child in a household that receives subsistence allowance) €32.

<sup>714</sup> It is difficult to compute an average amount due to large differences between autonomous communities. A group of regions have already established free access to books for all students (Andalucía, Navarre, Melilla, and Valencia), others are moving in that direction (Ceuta, Murcia, and Rioja), while the Basque Country has a system of free books with co-payments by parents (who must assume one quarter of the cost). The remaining regions have established some kind of means-tested schemes for low-income households.

<sup>715</sup> €70 (universal) + €24 (means-tested supplement of family allowances) + €23-57 (means-tested monthly school grants, from 1 to 10 months).

<sup>716</sup> €1,200 per year, including school meals: see Stropnik (2020). We have estimated the cost at €633, by excluding an approximation of the cost of school meals.

**Table J6: Information used in cost computation – removal of school costs in secondary education for all AROP children aged 12-17**

	Annual costs for an “average child” (€)	Benefits for low-income children (Yes/No)	Annual amount of benefits available to low-income children aimed at covering school costs
<b>BE</b>	674*	Yes	NA
<b>BG</b>	NA	Yes	NA
<b>CZ</b>	537-698	Yes	Up to 1,485 <sup>717</sup>
<b>DK</b>	225	Yes	225
<b>DE</b>	NA	Yes	150
<b>EE</b>	NA	Yes	382 <sup>718</sup>
<b>IE</b>	735	Yes	275
<b>EL</b>	250-350	No	-
<b>ES</b>	631	Yes	NA
<b>FR</b>	906	Yes	390-404
<b>HR</b>	580 <sup>719</sup>	Yes	NA
<b>IT</b>	1,150	Yes	NA
<b>CY</b>	670	Yes	NA
<b>LV</b>	200-250	Yes	20-45
<b>LT</b>	240-280	Yes	78
<b>LU</b>	273	Yes	235+630-946
<b>HU</b>	126*	Yes	114
<b>MT</b>	350	Yes	In-kind support
<b>NL</b>	550*	Yes	243-434
<b>AT</b>	999	Yes	78
<b>PL</b>	186	Yes	24 + 70 + school grant
<b>PT</b>	105-255	Yes	Max. co-funding of 16
<b>RO</b>	281-392	Yes	6.3+21
<b>SI</b> <sup>720</sup>	NA	Yes	NA
<b>SK</b>	NA	Yes	23-45
<b>FI</b>	0	Not relevant	-
<b>SE</b>	0	Not relevant	-

Source: Based on FSCG2 mapping; Penne et al. (forthcoming) for figures with a \*.

<sup>717</sup> According to the Act on Material Need No 111/2006 Coll. a discretionary extraordinary lump sum may be provided from the minimum-income scheme to cover reasonable costs that arise due to education or leisure activities of children (most items mentioned in the scheme are covered, and so are working dress/equipment for children in vocational secondary education, as well as school winter/summer field trips, leisure activities and transport costs related to commuting to school). The lump sum can be up to the total costs involved, with a ceiling of 10 times the benefit for personal needs of an adult person, which is 38,600 CZK/€1,485 per child per year.

<sup>718</sup> These estimates are based on Estonia’s largest municipality, Tallinn, where the annual maximum rates of income-related allowances per person are as follows (2018): (a) for a child (under 18 and in primary education or general secondary education, and under 20 in vocational secondary education) €350; and (b) an allowance for a child going to school (for a child in a family that receives subsistence allowance) €32.

<sup>719</sup> The sum includes compulsory textbooks and other obligatory school costs: basic school materials, notebooks, workbooks, sport clothing, and school trips. Out of the whole sum, €246 covers textbooks. It excludes IT equipment and other sport or cultural activities pupils usually have outside a school.

<sup>720</sup> In Slovenia, only elementary (primary and lower secondary) education is compulsory, which is covered in Table J7.

**Table J7: Finance needed annually to remove school costs in primary and secondary education for all AROP children (aged 6-11 and 12-17 respectively) (in €)**

	Finance needed annually (including received social benefits), all AROP children, primary	Finance needed annually (including received social benefits), all AROP children, secondary	Finance needed annually (including received social benefits), all AROP children, primary and secondary
<b>BE</b>	73,562,200	96,382,000	169,944,200
<b>BG</b>	NA	NA	NA
<b>CZ</b>	6,234,930	29,761,761	35,996,690
<b>DK</b>	0	0	0
<b>DE</b>	NA	NA	NA
<b>EE</b>	NA	NA	NA
<b>IE</b>	16,330,000	43,240,000	59,570,000
<b>EL</b>	23,450,000	49,800,000	73,250,000
<b>ES</b>	467,686,000	506,693,000	974,379,000
<b>FR</b>	0	466,840,115	466,840,115
<b>HR</b>	9,000,000	27,840,000	36,840,000
<b>IT</b>	215,250,000	1,101,700,000	1,316,950,000
<b>CY</b>	3,280,000	5,360,000	8,640,000
<b>LV</b>	3,465,000	3,465,000	6,930,000
<b>LT</b>	7,280,000	5,824,000	13,104,000
<b>LU</b>	624,640	506,752	1,131,392
<b>HU</b>	708,000	1,164,000	1,872,000
<b>MT</b>	2,100,000	1,750,000	3,850,000
<b>NL</b>	20,374,000	35,955,000	56,329,000
<b>AT</b>	37,908,000	67,233,000	105,141,000
<b>PL</b>	0	3,404,000	3,404,000
<b>PT</b>	1,600,000	2,368,000	3,968,000
<b>RO</b>	97,531,350	161,711,600	259,242,950
<b>SI</b>	8,229,000	NA	NA
<b>SK</b>	NA	NA	NA
<b>FI</b>	0	0	0
<b>SE</b>	0	0	0

Source: FSCG2 computations.

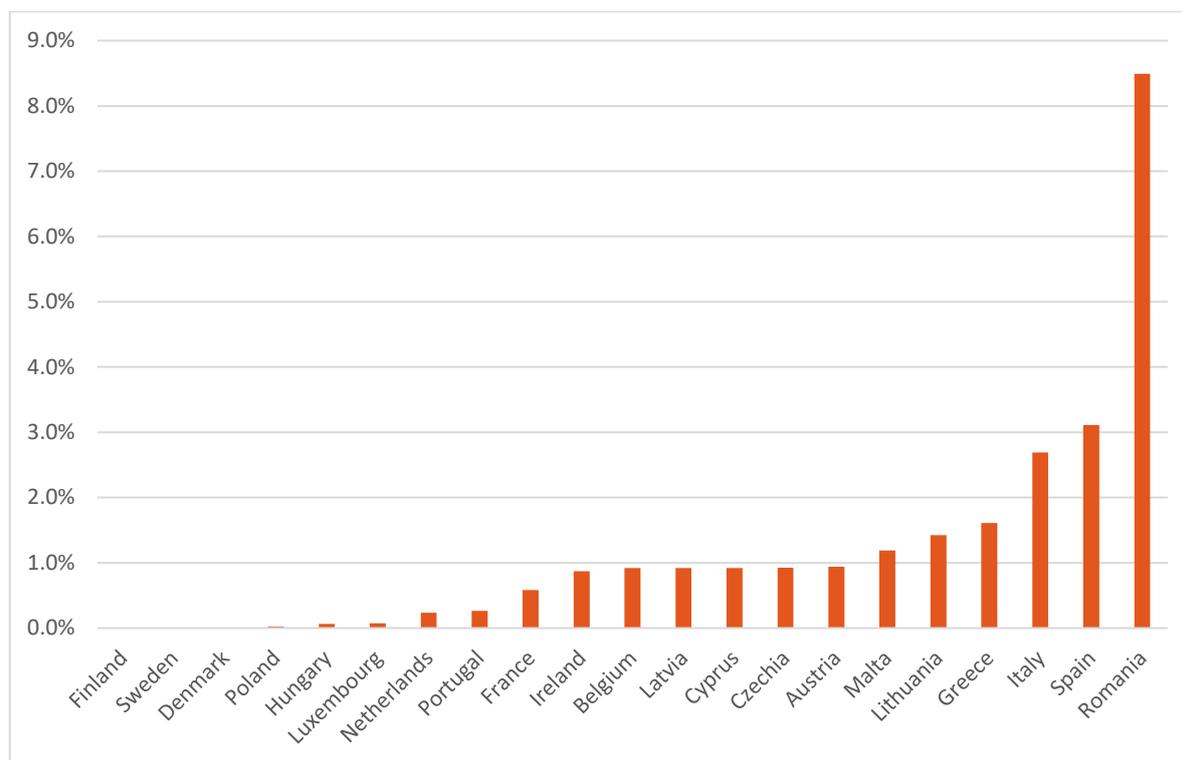
The purpose of this analysis was to assess the finances necessary to remove private expenses for school items (i.e. net out-of-pocket payments by parents) for all AROP children aged 6-17. School items provided free were therefore not considered in the analysis. We took into account the educational benefits for low-income children (if any). We assumed that all AROP children received the educational benefits paid to low-income children (according to the national criteria), as the number of low-income children actually receiving the different types of education allowances is not publicly available in many Member States. The educational benefits may be higher than our cost estimate, where the benefits are aimed at covering school expenses other than those identified in this study (e.g. transport, after-school care, sports); in this case, rather than presenting negative figures we have assumed that the cost was zero.

The amount of money needed yearly to remove school costs for all AROP children, taking account of educational benefits available for low-income children, is provided for the primary and secondary levels in Table J7. These amounts are zero for primary education in France and Poland, and for both primary and secondary education in Denmark, Finland, and Sweden. This results from different processes, as follows.

- In France, an income-related allowance is paid out to households with at least one child in school aged 6-18 at the start of the school year. In Poland, school costs are compensated for by different allowances: a universal back-to-school allowance and, for low-income children, targeted school grants to cover school costs and main educational activities (on the basis of invoices submitted documenting the purchase) and complementary targeted family allowances. In both France and Poland, these allowances seem to compensate for the school costs for primary education which we estimate in this study.
- In Finland and Sweden, there is a universal free-of-costs education system for both primary and secondary education.
- In Denmark, most of the school items are provided for free; for those which are not basic school materials (e.g. schoolbag, pens, glue, scissors, IT equipment), municipalities have discretion to finance them.

In other Member States, the amount needed to remove school costs in primary education for all AROP children ranges from around €625,000 (Luxembourg) to almost €470 million (Spain); for secondary education, the range is €500,000 in Luxembourg and €1.1 billion in Italy. In each case, this amount depends on the population size, the AROP rate, and the level of school costs and education allowances. In Hungary, Luxembourg, the Netherlands, and Portugal, the gap between the estimated school costs and the education allowances available to low-income children is limited: as a proportion of the public budget of primary and secondary education, the finance needed to remove school costs for all AROP children aged 6-17 is 0.1-0.3% in eight Member States (see Figure J2). It is 0.6-1.6% in all other the others, except Italy and Spain (3%) and Romania (8%). It could not be estimated in the remaining six Member States.

**Figure J2: Finance needed annually to remove school costs for all AROP children, as proportion of budget of primary and secondary education (%)**



Source: FSCG2 computations and Eurostat.<sup>721</sup> Data on expenditure missing in HR. Data on finance needed to remove school costs not available in BG, EE, DE, SK, and (partially) SI.

### **Chapter J3: Cost of free regular health and dental examinations, provision of services aimed at preventing and fighting child homelessness, and provision of integrated delivery of services**

Due to lack of available evaluations of the current system in the 27 EU Member States and of detailed financial data on current expenses, it is not possible to estimate, for each Member State, the aggregated amount of finance needed to achieve, as we did in Chapter J2, the other three priority actions (i.e. regular health and dental examinations, provision of services aimed at preventing and fighting child homelessness, and provision of integrated delivery of services).

The implementation costs of existing measures are very country- and measure-specific, and the replication costs are extremely difficult to estimate, as these depend greatly on the way the health system, the housing market, and the welfare state are organised.

Instead we present, in this chapter, the available information on the need for action (i.e. the gaps in provision) and on the cost of the different types of actions assessed in the Member State where they were implemented, where data are available. We hope this will allow Member States interested in the replication of these actions to get an idea of the cost of the action per child.

<sup>721</sup> Total educational expenditure by educational level, programme orientation, and source (EDUC\_UOE\_FINE01).

### **J3.1 Organisation of free regular health and dental examinations for children in low-income households**

To compute the cost of organising free, good-quality and regular health and dental examinations for children in low-income households in Member States where these are not available (or to improve the current provision in those where it is needed), we should ideally know for each Member State:

1. the number of low-income children who do not receive good-quality regular examination;
2. the cost of good-quality regular provision per child; and
3. the cost of the current examinations provided (if any), which would then be subtracted from the multiplication of the above two figures.

As shown in Chapter G2, in many Member States health and dental examinations are organised but could be improved in terms of quality, coverage, frequency, follow-up, and/or geographical availability. It is, however, extremely difficult to identify the cost of the necessary improvements, as compared with the current budget spent, due to lack of available evaluations of the current system and of detailed financial data on current expenses.

It is therefore not possible to estimate the aggregated amount of finance needed to make a good-quality service available in all EU Member States.

#### **J3.1.1 Gaps in provision**

Based on the mapping presented in Chapter G2, the Member States where health or dental examinations are not organised for children aged 0-18 are the following.

- In Belgium, dental care is free for children under 18, but no screening is organised at school or in other settings. Belgium is also one of the few countries where specialist care is not free for all/low-income children, which can hamper necessary follow-up treatments after school screening.
- In Greece, no health or dental examinations are organised, except for new-borns. Furthermore, there are considerable unmet needs due to out-of-pocket payments which have increased over recent years.
- In Ireland, there is no health screening after age 6. General practitioner and specialist services are only free for children aged under 6, and dental care is free for two contacts between ages 5 and 14.
- In Slovakia, no dental screening is organised at school or in other settings.
- In Malta, screenings are organised between birth and age 11. There is no dental screening at school or in other settings.
- In Spain, some autonomous communities implement preventive dental care monitoring programmes in schools aimed at promoting healthy habits and identifying cases of children in need of dental treatments. When interventions to correct those problems are needed, they may not be covered by the healthcare system if they are of a complex nature. Indeed, basic dental care (extractions, repairs) is covered for all children (generally until age 16). More specialised dental care is only available free of charge for children (in most cases up to age 15 or 16) in a few regions (Basque Country, Castile and León, and Navarre).
- In Croatia, dental screening is not organised at school or in other settings; but dental care is free for all.
- In other countries, despite the measures in place to ensure access to regular dental screening, the provision is not fully organised, due to a lack of infrastructure and equipment and the number of dentists available (e.g. SI, PL, RO).
- In many countries, not all low-income children are covered by the screening in place, or the coverage rate may fall as the child grows older.

- In a non-negligible number of countries, health-screening programmes are not available in all geographical areas or for some communities (e.g. EL, HR, IT, LU, LV, RO, SK).

### J3.1.2 Cost of in-depth assessed provisions

The cost of the in-depth assessed provision depends on the specific characteristics of the scheme and on the organisation of the health and education system in the Member State where it is implemented.

In Austria, the cost of the mother-child pass is estimated at around €61.9 million in 2020. As the actual coverage of the mother-child pass is not known, costs per child can only be roughly estimated. The examinations of the mother-child pass include five pre-natal examinations and nine post-natal examinations, with the last one scheduled around the fifth birthday. The total number of children aged 0-4 amounted to around 435,900 in 2020.<sup>722</sup> This results in an average yearly cost of approximately €142 per child aged 0-5.<sup>723</sup> No data are publicly available on the costs of the school doctor system and the yearly health examinations provided by these doctors. This is inter alia caused by the fact that they are employed by the different school providers (*Schulerhalter*) according to different contractual arrangements, on which for most municipalities no further information is readily publicly available.<sup>724</sup>

The Portuguese projects of oral health for children aged 3-18 had a total cost of €11,165,840 in 2019. The annual cost per child was €66.92. Disaggregating by age, the annual cost per child was €66.16 for the age 7 cohort, €67.96 for the age 10 cohort, and €99.31 for the age 13 cohort. These figures do not include expenditure on the referrals for oral hygienist appointments at health centres. No official data could be found on the cost of the child vision screening. Media reports in 2016, by the time the programme was launched, mention a cost of provision per child of €28 without, however, specifying the source for such information.<sup>725</sup>

In Germany, the expenditure on medical and dental check-ups for children and adolescents is financed by the contributions paid into the statutory health insurance funds and the premiums charged by private health insurance companies. The first is estimated in 2019 at €259 million (medical check-up) and €33 million (preventive dental check-ups) (i.e. a total of €292 million).<sup>726</sup> No results are available for the private health insurance companies. On the cautious assumption that they spend at least the same amount per child, their expenditure in 2019 probably amounted to €35 million. Overall, it can be assumed that in 2019 a total of €327 million was spent on preventive medical check-ups for children and adolescents. Unfortunately, national healthcare statistics do not contain information on those attending such examinations, nor on the expenditure per person attending.

In Finland, the baby box is paid for by the Social Insurance Institution (state level). Both the maternity and child health clinics and school healthcare are free of charge, and costs are covered by the municipal budget. Table J8 provides the total cost, and the cost per child, of each programme.

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<sup>722</sup> Source: Statistik Austria, population statistics. See link [here](#).

<sup>723</sup> This estimate is based on a coverage of 100%. The actual coverage is probably somewhat lower and the costs per child and year somewhat higher.

<sup>724</sup> Fink (2020).

<sup>725</sup> "Avaliar problemas de visão custa €28 por criança. Pais não pagam porque é no SNS", Público 07/05/2016, available [here](#).

<sup>726</sup> Bundesministerium für Gesundheit (2020), quoted in Hanesch (2020).

**Table J8: Annual costs of baby box, maternity and child health clinics, and school healthcare in Finland (in €)**

Item	Total costs	Number of children	Per child
<b>Child and maternity clinics</b>	196.6 million (2018)	400,000 (all)	Around 492
<b>Baby box</b>	6.5 million (2019)	29,167 (95% of newborn children)	223
<b>School healthcare</b>	123.8 million (2018)	564,100 (100% of relevant population)	Around 220

Note: All these services are free of charge for every child. Source THL (2020).

The hearing-screening programme in Poland, designed for first grade students of primary schools in the Mazowieckie *voivodship* amounts to €1.58 million, of which €1.26 million was from the ESF. 39,773 children were examined, hence a cost per child of around €40.

### J3.2 Organisation of services aimed at preventing and fighting homelessness

#### J3.2.1 Number of homeless children

The availability and nature of data on the extent of child homelessness vary widely among the 27 Member States. In some there are national data, while in others only city-level statistics are available. Additionally, the figures provided are based on diverse definitions of homelessness, and diverse living situations are therefore covered by those figures in the different Member States.

The figures below provide an overall picture of the reality of homelessness among children in those Member States where information was provided. The figures only capture the most up-to-date data reported by national experts. The overall national situation of existing statistics and/or estimates available in each country, on the different living situations covered by the ETHOS-Light typology, are available on request from the authors of the present report.

It is, therefore, not possible to provide an overall figure for the number of homeless children in the 27 Member States. It is, however, possible to draw one important conclusion: there is a serious lack of information on the situation of children experiencing homelessness across the EU. Depending on the ETHOS<sup>727</sup> category, the number of Member States (in some cases cities) reporting relatively recent<sup>728</sup> figures on the situation of homelessness among children varies between 11 and none. The highest number relates to the situation of children living in accommodation for the homeless (Figure J5); and the lowest relates to the number of children living temporarily with family or friends due to the lack of housing, for which there is a total lack of information.

These outcomes seem to confirm what other previous studies<sup>729</sup> have noted regarding the measurement of homeless populations – there is a significant problem with the incompleteness (and unreliability) of data on those populations who are not in contact with formal services and who tend to use informal resources to keep a roof over their heads. Some of these “hidden homelessness” situations precisely include families who are temporarily sharing a roof with friends and relatives due to a lack of housing, and who are not considered homeless in many Member States. It is also important to highlight that

<sup>727</sup> European Typology of Homelessness and Housing Exclusion (ETHOS), available [here](#).

<sup>728</sup> Between 2016 and 2020.

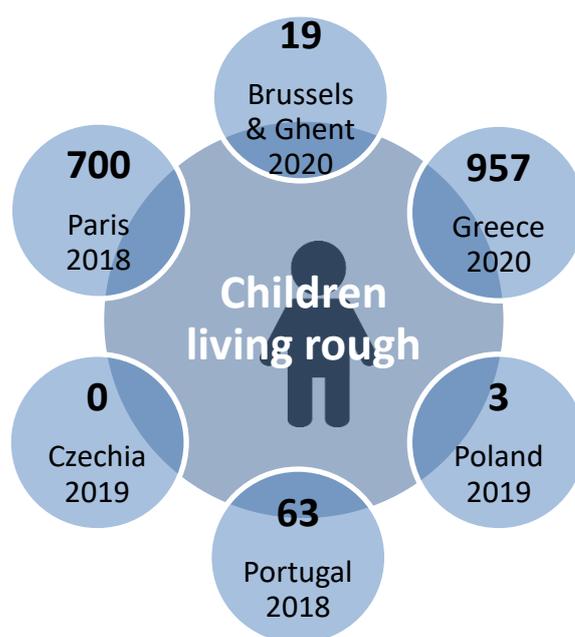
<sup>729</sup> Baptista and Marlier (2019), Baptista et al. (2017), Busch-Geertsema (2010), Pleace (2016).

even in countries such as Denmark, Finland and, Sweden, which are actually able to provide data on the number of hidden homeless people (all ages), there are no disaggregated data on the number of homeless children across the different categories. In Denmark, for example, the FSCG2 national expert mentions that in 2017 the bi-annual survey on homelessness found 39 children living with their homeless parent, but did not provide information on the actual living situation of these children.

Similarly, in Finland, a total of 264 families and 275 children were identified as homeless in 2019, but it is not possible to break this figure down according to the different ETHOS categories.

The Swedish national expert estimates that 10,500-15,000 children live part time or full time with a homeless parent who would in most cases be classified under ETHOS categories 2-5 (i.e. people living in emergency or temporary accommodation, living in an institution or living in non-conventional dwellings).<sup>730</sup> However, according to Save the Children Sweden, these figures are only based on cases known to public authorities during two weeks in April 2017. Additionally, they argue there are no data available in Sweden on the number of households with children who are inadequately housed in illegal sub-tenancies or as lodgers, or who are doubling-up with family or friends.

**Figure J3: Number of children living rough in countries/cities where information available<sup>731</sup>**



Only six FSCG2 national experts provided any statistics on the number of children living in the most extreme form of homelessness, rough sleeping (Figure J3). The numbers include national-level and city-level data which originate from different sources and methods of enumeration. In Greece, for example, the national figure provided relates to the situation of unaccompanied or separated refugee children.

Figure J4 illustrates the presence of children in emergency accommodation, which is also recorded by only six national experts. The use of emergency services has been widely acknowledged as a non-suitable response to the needs of families with children experiencing homelessness;<sup>732</sup> moreover, there is increasing evidence on the drastic

<sup>730</sup> National Board of Health and Welfare (2017) and Hemlöshet (2017).

<sup>731</sup> Only includes Member States reporting information related to the last five years (i.e. 2016-2020).

<sup>732</sup> FEANTSA and Fondation Abbé Pierre (2019).

consequences of prolonged stays in emergency accommodation for families with children and for children themselves.<sup>733</sup>

**Figure J4: Number of children living in emergency accommodation in countries/cities where information available<sup>734</sup>**

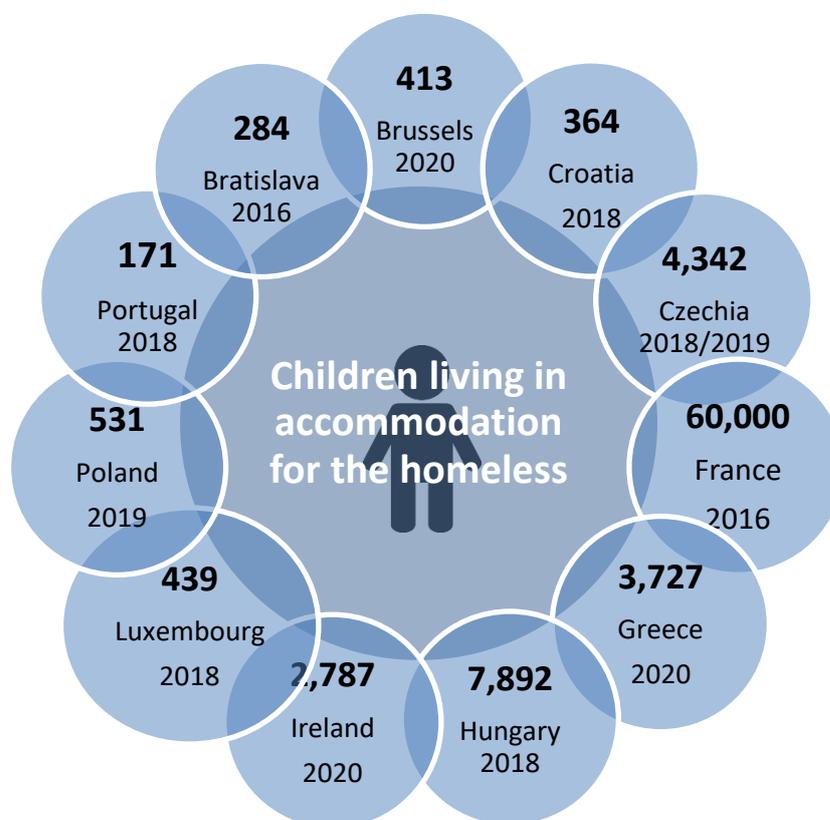


The presence of children in services providing accommodation for the homeless is the most common reported type of homelessness: 11 national experts were able to provide relatively recent data on the number of children accommodated in such support services (Figure J5). These data do not include the situation of children living in women's shelters or refuge accommodation since, in a number of countries, a separate system of provision for victims of domestic violence (mostly women) exists and data collection on homelessness does not cover the women (and children) who make use of these facilities. Nevertheless, detailed information provided by national experts on this category is available on request.

<sup>733</sup> Kinderrechtencommissariat (2016) and Baptista (2018).

<sup>734</sup> Only includes Member States reporting information related to the last five years (i.e. 2016-2020).

**Figure J5: Number of children living in accommodation for the homeless<sup>735</sup> in countries/cities where information available<sup>736</sup>**



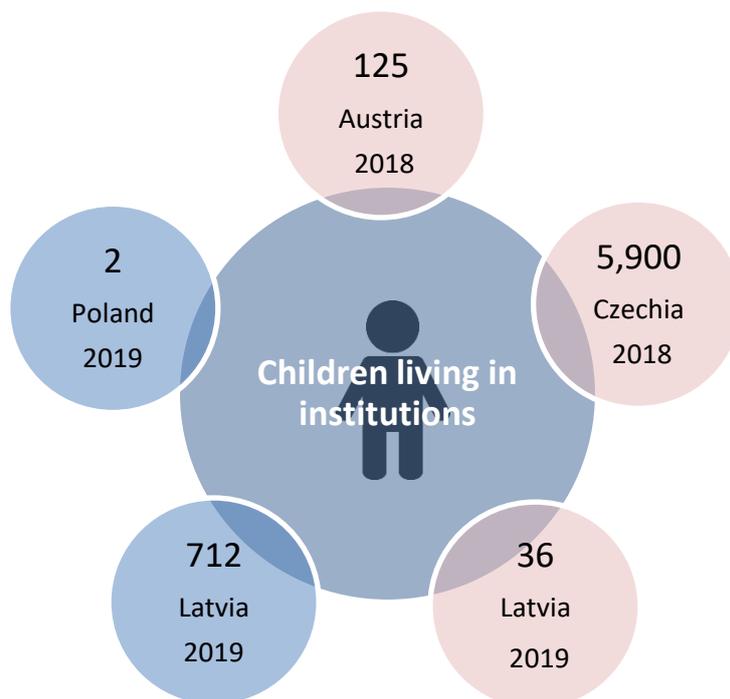
The numbers provided in Figure J5 vary from a total of 284 children living in homeless hostels in Bratislava to 60,000 children in France (20,000 in homeless hostels and 40,000 in temporary accommodation). Variations are not only significant in terms of the numbers provided but also in the actual living conditions of these children; the latter may benefit from services that can vary between low-quality support and high-intensity support in more specialised temporary accommodation services. Nevertheless, all these children are being denied access to permanent accommodation, and the necessary stability and security they should be enjoying in the “home environment” they are being deprived of.

Seven national experts were also able to provide figures on the number of children living in women’s shelters or refuge accommodation for families escaping domestic violence (AT – 1,637; CY – 49; CZ – 1,908; DK – 1,900; FR – 3,000; LU – 178; PL – 395). Statistics on this particular category of homeless children may also be available in several other Member States, but the fact that women and children escaping domestic violence are rarely defined as “homeless categories” and subsequently recorded in “homelessness data systems” may explain the paucity of information on this reality.

<sup>735</sup> Does not include children living in women’s shelters or refuge accommodation. In Belgium, besides Brussels, figures for the cities of Arlon (63), Ghent (130), Liège (62) and the province of Limbourg (86) are also available (see Fondation Roi Baudouin (2021)).

<sup>736</sup> Only includes Member States reporting information related to the last five years (i.e. 2016-2020).

**Figure J6: Number of children living in healthcare<sup>737</sup> or penal<sup>738</sup> institutions in Member States where information available<sup>739</sup>**



Very few Member States capture the situation of children who are living either in penal or in healthcare institutions and who have no housing available prior to release, or whose stay is being prolonged due to the lack of housing alternatives (Figure J6). Latvia is the only Member State where the national expert was able to provide data on the situation of children living in both situations.

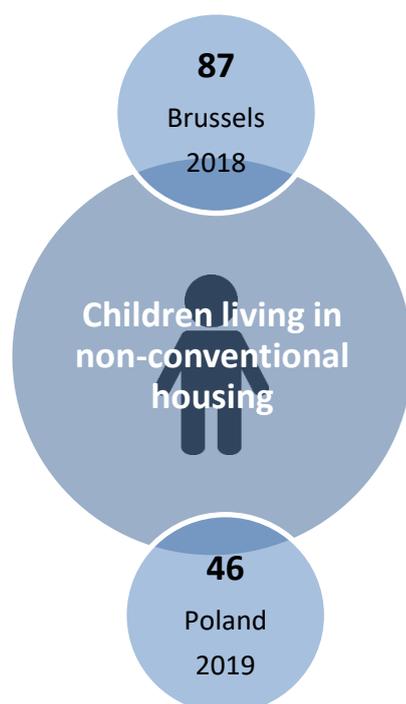
In other Member States, the available numbers include the number of children living in care facilities related to child protection. The numbers for these Member States are not provided in the figures, because children living in such facilities are not covered by the ETHOS classification on homelessness and housing exclusion.

<sup>737</sup> Represented by the blue circles.

<sup>738</sup> Represented by the pink circles.

<sup>739</sup> Only includes Member States reporting information related to the last five years (i.e. 2016-2020).

**Figure J7: Number of children living in non-conventional dwellings due to lack of housing in countries/cities where information available<sup>740</sup>**



Finally, recent information on the presence of children living in non-conventional dwellings (mobile homes, non-conventional buildings, temporary structures) was only provided by two national experts (BE and PL, see Figure J7), as follows.

- in Brussels, 87 children were living in squatted buildings according to the November 2018 street count;<sup>741</sup>
- in Poland, 46 children living in non-conventional buildings were recorded during the February 2019 night count.

Older data (from the 2011 Census) were provided by two national experts:

- the national expert from Czechia refers to the presence of children living in mobile homes (925), in non-conventional buildings (16,834), and in temporary structures<sup>742</sup> (4,547);
- in Greece, 12,989 children living in non-conventional buildings were captured by the 2011 census.

<sup>740</sup> Only includes Member States reporting information related to the last five years (i.e. 2016-2020).

<sup>741</sup> Quittelier and Bertrand (2019).

<sup>742</sup> Summer houses.

### J3.2.2 Cost of in-depth assessed provisions

An actual cost analysis of the different schemes included in the in-depth assessments identified in Part H is hampered by the lack of data on the main cost components of the different types of provisions or the lack of studies analysing the cost of the intervention. Data on exact costs per child are virtually non-existent among the schemes selected.

Challenges in collecting (reasonably robust) data on the costs of homelessness have been identified elsewhere<sup>743</sup> and serious limitations of the available evidence on the costs of homelessness-related policies, programmes and services are confirmed by the in-depth assessment provided by FSCG2 national experts.

The costs of municipal social assistance and housing services in Finland are borne both at the national and municipal level. Low-income families with children benefit from these different types of support and although some aggregate data are available at national and municipal levels, the Finnish national expert highlights that it is impossible to decompose the data on costs. Housing allowances and ARA-financed<sup>744</sup> housing loans represent the main component of support (€2.1 billion in 2019 and up to €1.4 billion in 2020, respectively). Basic social assistance – at the state and municipal level – had a total cost of €698 million, of which about 40% was marked for subsidised housing. Total costs differ substantially between municipalities, meaning that the costs per household (per child) may be different.

In Germany, the costs of municipal housing services and assistance are borne by the municipalities and financed from their own budgets. However, there are no available data or estimates relating to the costs of such services per beneficiary.

In Ireland, data on the exact cost of the service provided by the FHAT are also not available. However, the FSCG2 country team provides an estimate of the cost per child of the support provided by the child support worker, which is one component of the project. On average, one child support worker (€70,000 per annum) works with 20 children (i.e. a cost of €3,500 per annum per child). However, the experts note, currently only 90 out of 1,000 potentially eligible children are being covered (i.e. the current provision of costs should be considerably enhanced). No further information is available on additional organisational costs (e.g. human resources for the rest of the provider organisation) which are necessary to run the scheme.

The initiative ran by *Voluntarios por Otro Mundo* in Andalusia (Spain) relies mostly on donations (rather than on public resources) and the support work is provided by unpaid volunteers. The main expenses of the programme are therefore related mostly to food supplies. The costs related to renting the accommodation support provided are low, since the organisation benefits from reduced/subsidised rents from institutional landlords (i.e. the regional government of Andalusia and one NGO). The annual reports published on the website of the organisation for the period 2014-2016 showed that in 2016 the annual cost per young person receiving support (including accommodation) was well below €1,000.

The RCT of the HF project run in Brno (CZ) provides some insights into the cost of the pilot project (12 months). For rehousing the 50 families, the expenditure amounted to €372,000. This includes the work of the three partners involved: the city of Brno (which guaranteed its implementation and provided some social work), the IQ Roma Servis NGO (which provided support work with the families), and Ostrava University (which evaluated the project). The families were given access to municipal dwellings belonging to the city of Brno, to which they paid (affordable) rents. The cost estimate includes a specific financial fund which was made available (under strict conditions) in case of difficulty in paying the rents, in order to help sustain the rental contract while a solution is found.

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<sup>743</sup> Pleace et al. (2013).

<sup>744</sup> The ARA holds the primary responsibility for implementing housing policy in Finland.

### J3.3 Organisation of integrated services

The information on the costs of the in-depth assessed programmes presented in Part H is, in most cases, scarce and fragmented, which makes it impossible to provide specific figures representing the costs of integrated services provision. However, they often do include some useful rough cost estimates, as follows.

- In Finland, there are about 2,200 schools and 98% of them are municipal schools. The average cost per child in basic schools is about €9,100 per year.<sup>745</sup> One report mentions substantial variations in this unit price, depending on the size of the municipality and the number of pupils in the classroom.<sup>746</sup> This represents the full cost of education; the specific cost of the services generally not provided at school in most Member States cannot be identified.
- In Lithuania, given total funding in 2019 (€4.3 million) and the number of children in day-care centres (9,320), the average cost per child per year is €461. As indicated in an analysis conducted in 2015,<sup>747</sup> staff costs compose around a quarter of a day-care centre's yearly budget (on average 14.5% is allocated for administrative staff, 11.5% for staff directly working with clients). Nevertheless, there are no data or reports on the daily or monthly cost per child. In 2020, the minimum amount was as high as €5,000 whereas the maximum is €16,000 per project. Additionally, in spring 2020, 210 centres approached the ministry for help with COVID-19-related financial constraints and in total received €265,000.
- In the case of Sweden, there are no national statistics on costs and funding of family centres, nor any study on the topic. Family centres are financed from the budgets of the individual partners. There is no national funding, nor any user fees. The annual reports of individual family centres or the family centres of a region are not detailed enough to provide an analysis of costs and funding.
- In the Netherlands, there is no available information regarding the total public (national and municipal) and private cost per child of IKCs. As IKCs are combinations of different organisations, their financial structure is often complex and their costs vary.
- There are no cost analyses of the study halls programme in Hungary (Bihari and Csoba (2018)).
- In Romania, the final assessment of the UNICEF project estimated all costs related to the development and implementation of the MSP in 45 communities to be RON 11,588,538 (approximately €2.6 million) for the period 2015-2018. This corresponded to an average annual cost per community of RON 73,553 (€16,165). 63% of the total costs represented expenditure on the wages of those involved (mainly CITs and county-level/national experts), and 22% went on training of the CITs. The micro-grants, used to organise various events, campaigns, and informal activities for children and their parents in order to support the provision of the MSP and increase awareness of all stakeholders in the community regarding the vulnerabilities faced by children – up to RON 10,000 (€2,000) per year per community – accounted for 10% of the total budget. Finally, only about 5% of the total budget had been used for the procurement of equipment, medical kits, and tablets supporting the specially developed application for the assessment of vulnerabilities and management of interventions.<sup>748</sup>

The costs of the programmes and the average cost for every child vary and are subject to different factors such as the number of children per classroom and the size of the municipality. The costs include not only the means needed to provide the services to children, but also the salaries paid to the staff working in the different centres. A more

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<sup>745</sup> YLE (2018).

<sup>746</sup> Kangas (2020).

<sup>747</sup> UAB (2015), quoted in Poviliūnas and Šumskienė (2020a).

<sup>748</sup> Pop (2020), UNICEF (2019).

comprehensive analysis of the different costs would be useful to better understand how the funding of these schemes is organised and allocated.

## Chapter J4: Costs-Benefits analyses of the priority actions

CBAs of the priority actions under scrutiny are extremely complex.

Although there is robust research showing the benefits of the actions on children, as highlighted in the previous parts of this report, it is much harder to monetise these benefits over their lifetime. Most of the benefits that will materialise in the long run are intangible in nature (e.g. improved health prospects or human capital) and require longitudinal studies and strong assumptions to be made. Furthermore, some benefits have a wide outreach, affecting children, their parents, their descendants, and the government and society at large, and are extremely difficult to measure and monetise.

There is also a lack of consensus on how to calculate costs in longitudinal studies. Other methodological problems include how to deal with small sample sizes, how to account for attrition in long-term evaluations, how to control for different unmeasurable characteristics and confounding factors that can have an impact on the outcomes measured.

As a result, most CBAs are (very) approximate and cannot be compared with each other, as the choices made and methods applied vary significantly and implicit assumptions are very often not discussed.

This section provides an overview of the available studies. It is, however, important to keep in mind that the five policy areas identified by the European Parliament are children's rights which should be guaranteed by principle, and that the economic arguments developed in this section are only illustrative of the fact that if these rights are fulfilled there will also be important "returns on investment".

### J4.1 School meals

As reviewed in Chapter D4, there are studies which highlight the impact of school meal provision on the food security of children, positive educational outcomes or future health outcomes; but there are only a few attempts to monetise both costs and expected benefits in EU Member States.

The World Food Programme has developed a model for CBA that has been applied in a number of low- and middle-income countries.<sup>749</sup> This takes account of four cost elements – commodities, transport, operational costs, and overheads; and five benefits – value transfer, return on investment, increased productivity, healthier and longer life, and externalities. There is a need for similar studies in the EU, and this methodology could be a useful starting point.

One of the main problems of such analyses is the lack of longitudinal evidence on the long-term impact on health of, for example, eating healthily from childhood, and the impact of school food policy on health in adulthood. As a report<sup>750</sup> explains: "*In the absence of such evidence, it is important to consider the cost of implementing school food policies on the understanding that even if the long-term risks cannot be modelled appropriately or determined directly, there are changes in nutrition that can be brought about that are deemed desirable and accord with current government healthy eating policy.*"

Some indirect evidence tends to show that long-term good-quality provision of school meals may have important economic returns on investment via health outcomes and quality of life years.<sup>751</sup> For example, there is evidence that school meals reduce obesity

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<sup>749</sup> World Food Programme (2016).

<sup>750</sup> Nelson (2012), p. 1007.

<sup>751</sup> Nelson (2012).

risks.<sup>752</sup> The risk of obesity during childhood is influenced by the whole school food policy, including school meals and promotion of healthy food at school.<sup>753</sup> Some papers estimate the lifetime cost of obesity in childhood. For example, one report<sup>754</sup> estimates it at almost €150,000. Those calculations include healthcare costs, productivity losses, and income penalties.

School meals can have a positive impact on school performance and well-being, partly as children are not hungry and partly as they have access to the calories, vitamins, minerals, protein, and so on that they need. Although this is not the primary objective of free school meals, gains in academic achievements from adequate school nutrition can also have long-term returns, depending on the quality of the school system.<sup>755</sup> There is evidence from the UK<sup>756</sup> that there is a ratio of benefits to costs of 4.38 to 1. The estimated value of benefits derives from simulating, over the lifetime, the economic gains relating to observed changes in school attainment due to attendance at school breakfasts. The cost figure seems, however, to be underestimated, as it does not include the costs over the whole child's school career. Furthermore, it is extremely difficult to assess whether the observed increase in attainment during the programme translates into improvements that will last at later ages.

## J4.2 ECEC

Part E showed that there is robust research explaining the beneficial effects of enrolment in ECEC on the cognitive and non-cognitive outcomes of children, as well as on later school careers. Even one year of enrolment in ECEC may result in higher scores in mathematics and reading skills at age 15.<sup>757</sup> Participation in ECEC can particularly increase the chances of children from low-income households reaching or even surpassing the EU average scores on PISA tests in mathematics and reading, especially when they enter ECEC at an early age.<sup>758</sup> It is, however, hard to monetise these benefits and there is substantial disagreement about which outcomes to monetise. In many studies, children's outcomes translate into higher revenues and increased tax incomes (due to better educational outcomes and therefore better jobs with higher income). In some studies, in addition to the obvious benefits of higher lifetime earnings and thus higher tax revenues, lower expenditure on criminal justice, lower victim costs, and lower welfare payments are taken into account, even though these can only be very roughly estimated and are usually not counted in EU studies.<sup>759</sup>

As one report concludes after a thorough literature study: *"the field is (still) characterised by lack of standardisation, regarding which benefits to include and how these are to be monetised"*.<sup>760</sup> In addition, much caution is needed when looking at studies outside the EU. It needs to be noted that state regulation of childcare in the US, where most CBAs have been conducted, is minimal and only addresses health and safety issues. Moreover, researchers often disagree about the percentage discount that needs to be included in longitudinal cost studies; and there has been criticism that the benefits of ECEC many decades ago (when only a few children were attending) are overestimated when compared with today (when a majority of children attend). While, for instance, the cost/benefit balance of the Perry preschool project was traditionally depicted as 1:17 (later adapted to

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<sup>752</sup> See e.g. Veloudaki (2016) and Zota et al. (2015) for the DIATROFI programme.

<sup>753</sup> Storcksdieck Genannt Bonsmann et al. (2014).

<sup>754</sup> Hamilton et al. (2017).

<sup>755</sup> Kitchen et al. (2010).

<sup>756</sup> Stevens et al. (2008) quoted in Nelson (2013).

<sup>757</sup> OECD (2011).

<sup>758</sup> Morabito and Vandenbroeck (2020).

<sup>759</sup> Nores et al. (2005).

<sup>760</sup> Beuchert and Verner (2019), p. 7.

1:12).<sup>761</sup> One report<sup>762</sup> argues that 1:3 or 1:4 would be more realistic. There are also disagreements over which costs are essential and relevant for the ECEC programme being evaluated, and which indirect costs need to be taken into account (e.g. is voluntary work to be counted, what about capital that was mobilised for infrastructure, should all programme ingredients be calculated, should all phases be reported including preparation phases?). Most importantly, cost information provided in reports is all too often incomplete.<sup>763</sup>

Considering the lack of methodological consensus and the limited transferability from one country to another (due to different regulations, and so on), it does not come as a surprise that studies yield very different results, from high returns on investment to no returns at all.<sup>764</sup> It goes without saying that CBAs which attempt to estimate the cost-benefit balance of possible future universal ECEC are even more speculative.

Despite these cautions, the scarce European CBAs concur that investing in accessible and affordable ECEC yields significant returns.

One estimate is that the shortage of places in Czechia has led to a loss for the public budget and that – even under very conservative estimates – the net gain for the public budget of each additional place in pre-school facilities could be CZK 10,000 (around €386) per year.<sup>765</sup> A significant proportion of the gains stem from mothers' increased income, via tax and other contributions. However, the authors also signal that, while costs are mainly incurred at the local level, the benefits accrue to the national budget. According to the authors, estimated net gains are higher if the indirect and long-term consequences of supporting future places in pre-school facilities are taken into account. These include: families' private gains in the form of higher income; improvements in the quality of life; young people's greater willingness to have children, given the relative ease of combining parenting with a professional career; and the benefits of pre-schooling for children from socially disadvantaged backgrounds in terms of socialisation and preparation for school. After taking these into account, funding for pre-school places proves decidedly profitable.

In Germany, research<sup>766</sup> looked at the impact of childcare – both for children under 3 and aged 3-6 – on the employment of women and on household income. It found that all-day ECEC is related to mothers taking up more working hours per week, rather than changing their employment status; and effects are smaller in households with more children. This is a conservative estimate, as other benefits (such as possible lower welfare costs) were not considered. The report estimated the total annual expenditure per child to be around €3,440 for childcare (under age 3) and €4,950-€5,150 for pre-school facilities (ages 3-6). The fiscal effects of a place in day-care (under 3) are estimated to be around €4,080-€4,110 per year for childcare and around €870-€1,380 per year for pre-school provision (under 3). The authors argue that there is a considerable self-financing effect (40-48%) in the short term through higher mothers' employment resulting in higher tax income. It needs to be noted that children's developmental gains and longer-term effects have not been included in these calculations.

In Spain, the LOGSE<sup>767</sup> reform dramatically increased pre-school enrolment, from 8.5% in 1990 to 42.9% in 1997 and 67.1% in 2002. Researchers<sup>768</sup> found that maternal employment improved: for each 10 additional children going to ECEC, two mothers took up employment. They also found that grade retention rates in primary school fell by 2.4

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<sup>761</sup> The Perry preschool project is an intensive pre-school intervention delivered during the 1960s to at-risk children in Ypsilanti, Michigan (US).

<sup>762</sup> Karoly (2016).

<sup>763</sup> Jones et al. (2019).

<sup>764</sup> Dalziel, Halliday and Segal (2015).

<sup>765</sup> Kalísková et al. (1996).

<sup>766</sup> Rainer et al. (2011).

<sup>767</sup> General Law of the Education System.

<sup>768</sup> Van Huizen et al. (2016).

percentage points (meaning a decrease in the incidence of retention of almost 50%). Based on the PISA scores, it was documented that students' reading scores (but not maths) at age 15 improved by 0.154 standard deviations. Costs have been estimated as the reform costs per child in the post-reform period, based on data from the Ministry of Education on total expenditure and on total enrolment, adjusted for inflation (€4,762 in 2007 prices). Benefits include short-term and longer-term employment effects (including fewer career interruptions); these have been translated into estimated effects on actual and future earnings. Gains in cognitive development have been based on assumptions from US-based studies, resulting in a 4.2%-5.5% increase in earnings and an effect size of 0.018 on employment rates for one standard deviation increase in literacy skills. The study concluded that the total costs per child were approximately €3,544 and the benefits €11,728, meaning a benefit-cost ratio of over 4:1. This was for the largest part (65%) due to the benefits for the children; the maternal employment impact played a minor role in this study.

In England, the Institute of Fiscal Studies estimated that pre-school attendance led to positive returns over a lifetime.<sup>769</sup> They estimated the economic returns both of attending pre-school settings (versus not attending) and of benefiting from high-quality provision (versus low quality). They did so by estimating the pre-school effect on obtaining higher grades in secondary school and simulated lifetime profiles, including subsequent chances to pursue tertiary education. They estimated that children who participated in pre-school provision would earn around £27,000 more during a lifetime than those who did not attend, and around £36,000 (€40,000) after taking into account the earnings of other household members. Children who attended high- or medium-quality pre-school facilities were estimated to have an additional £12,000 (growing to £19,000 for a household) in lifetime earnings. The benefits for state tax revenues have been estimated at around £8,000 per household. It should be noted that the authors argue that their estimates used projections based on three different data sets and that *"this inevitably implies that there are many sources of uncertainty in our calculations ... and results are very speculative"*.

In the Netherlands, a study<sup>770</sup> re-examined evaluations of educational projects done since the 1980s, and built on the results of the pre-COOL (i.e. before primary school) cohort study, which followed 3,000 children from age 2 to 6, with follow-up at ages 9 and 12 – this with a view to assessing the short- and long-term effects of participation in different provisions of ECEC. Disadvantaged children were found to significantly catch up, especially in targeted provision using an official curriculum and adopting a balance between guided play and academic activities. Pre-kindergarten education seemed to reduce class retention by almost 2 percentage points (10%). After a comparison with the Norwegian situation, the authors conclude with a policy paradox: the more narrowly "disadvantage" is defined, and the higher the percentage of disadvantaged children in one room, the higher the return on investment may be – but at the same time, the higher the level of segregation and the smaller the total aggregated impact of the policy on society. Moreover, they point to the important result of a recent Dutch study,<sup>771</sup> showing that smaller, value-driven NGOs offering childcare are on average of significantly higher quality (and thus expected to yield better child development outcomes) than larger mainstream for-profit or not-for-profit provision aimed at middle-class parents. They conclude that the highest returns may be expected from either targeted programmes within universal provision or universal provision within targeted approaches. The latter offers universal high-quality ECEC provision within designated areas with a moderate to high representation of children who meet broadly defined criteria of disadvantage. The former provides for targeted incentives of high-quality education within universal ECEC (e.g. through earmarked subsidies).

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<sup>769</sup> Cattan et al. (2014).

<sup>770</sup> Leseman and Slot (2020).

<sup>771</sup> Van der Werf, Slot, Kenis and Leseman (2020).

Few other countries have methodologically rigorous studies that calculate costs and benefits. As far as the Swedish universal system is concerned, longitudinal studies are a bit outdated,<sup>772</sup> yet the system is highly comparable to similar systems in other Scandinavian countries, notably Denmark and Norway. In those countries, longitudinal studies on the impact of universal access have been conducted<sup>773</sup> and concur in documenting a beneficial impact on children's development, not only on cognitive or academic skills but also on socio-emotional development.

In conclusion, even if the field of CBAs of ECEC is still characterised by the lack of a methodological consensus regarding which benefits and cost components to include and how these are to be "monetised", the European evidence concurs that investing in ECEC yields significant financial returns due to higher mothers' employment and the positive impact of children's developmental gains and longer-term effects on education costs and future outcomes.

### J4.3 School costs

The results of the national mapping exercise presented in Chapter F2 demonstrate that school costs and benefits available to low-income children may vary significantly between and across Member States. The detailed assessment of selected policies and programmes implemented in Estonia, Finland, Ireland, and Austria revealed that the financial data on school costs may be difficult to distinguish from other educational expenses in the public budget. Similarly, distinguishing the long-term benefits of programmes which remove school costs from the benefits from education is not possible.

An additional review of the literature and research on the *costs* and *benefits* of education reveals that different CBAs analyse *externalities* of education such as improved health status and life expectancy, and reduced crime levels (see Table J9).

These benefits reflect the main incentives for states and individuals to invest in education. Based on the literature review, governments investing in education hope to improve the wealth and well-being of the nation, by: stimulating productivity and innovation; reducing crime: and promoting social cohesion, civic responsibility, healthy lifestyles, and pro-social behaviour (among other things). Individuals consider own life success and social status, often focused on monetary rewards and life satisfaction, and do not take into consideration the broader implications of their choices for society.<sup>774</sup> Based on the research, social returns from education are likely to be higher than private returns and relying only on the latter would lead to a sub-optimal level of investment.<sup>775</sup> This is the main rationale for public spending on schooling.<sup>776</sup>

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<sup>772</sup> Anderson (1992).

<sup>773</sup> E.g. Datta Gupta and Simonsen (2007), Havnes and Mogstad (2011), Jensen (2013).

<sup>774</sup> Bukowski (2019).

<sup>775</sup> Acemoglu and Angrist (2000), Psacharopoulos and Patrinos (2018).

<sup>776</sup> See e.g. Acemoglu and Angrist (2000).

**Table J9: Benefits from education across different perspectives**

<b>Private individual benefits</b>	(1) Gain in net earnings and wealth + (2) Improved health status or life expectancy + (3) Household productivity gains - (4) Fees for education
<b>Fiscal or government (state/local and federal/central) benefits</b>	(5) Increased tax payments + (6) Lower reliance on government health programmes + (7) Reduced expenditure on criminal justice + (8) Lower reliance on welfare - (9) Subsidies for education
<b>Social benefits</b>	Private individual benefits [(1)+(2)+(3)-(4)] + Fiscal or government benefits [(5)+(6)+(7)+(8)-(9)] + (10) Productivity externalities + (11) Gains from reduced crime + (12) Social value of health

Source: Belfield (2008).

A review<sup>777</sup> summarises the literature on the rate of returns from public investment in education under various outcomes (including student achievements, wages, and employability) focusing exclusively on individual outcomes. The main conclusions from this review were as follows.

- The returns from public investment in education decrease with the length of education and are lower for tertiary than for primary education; pre-school education and early childhood interventions are especially important for cognitive and non-cognitive development, as well as outcomes achieved during adulthood.
- Different types of investment matter in different ways for countries at different stages of development. Investment in school infrastructure and educational materials is crucial for low- and middle-income countries, but not so much for high-income countries. On the other hand, the reverse seems to be true for investment in teacher quality or class sizes.
- Public education matters not only for the cognitive and non-cognitive development of individuals or labour market outcomes, but also for a healthier society. This is true for all levels of education.
- Training and upskilling teachers seem to be one of the most effective ways of improving student performance.
- A reduction in class sizes has, in general, a positive effect on student outcomes, but it is not always justified on the basis of cost-effectiveness analysis.
- There is no evidence that investment in new types of learning materials, such as interactive whiteboards, computers or specialised software, improves student outcomes.

Evidence from the research on the outcomes of early school-leaving shows that there is a strong positive return on an additional year of education (as well as skill) across countries.<sup>778</sup> The authors consider returns to staying on in education for “the marginal learner”. They use a cohort of all children born in 1970 in Britain and evaluate returns to this birth cohort at ages 29-30 (in 1999/2000). They estimate the wage return to staying on in post-compulsory schooling after age 16 (versus leaving education at this time) and the return to completing any form of higher education (versus obtaining a lower-level qualification). Their overall estimate for staying on is 11% for men and 18% for women. They estimate that men and women from low-income households who drop out would have

<sup>777</sup> Bukowski (2019).

<sup>778</sup> Woessmann (2014), Dearden et al. (2002).

enjoyed very similar returns from staying on (not statistically different from the average). They find sizeable average wage returns from going to higher education relative to a lower-level qualification (about 15% for men and 22% for women). For women, returns do not vary by social background, but for men returns to staying on in higher education are substantially higher for those from a low socio-economic class or from a low-income household.

Literature looking at the effect of education on “macro” outcomes, such as GDP growth, provides evidence<sup>779</sup> on the social and fiscal benefits of education. Several studies<sup>780</sup> analysed the role of education in promoting economic growth, with a particular focus on the role of educational quality. They conclude that: *“there is strong evidence that the cognitive skills of the population – rather than mere school attainment – are powerfully related to long-run economic growth. The relationship between skills and growth proves extremely robust in empirical applications. The effect of skills is complementary to the quality of economic institutions. Growth simulations reveal that the long-run rewards to educational quality are large, but also require patience.”*

They show that: *“cognitive skills can account for growth differences within the OECD, whereas a range of economic institutions and quantitative measures of tertiary education cannot. Under the growth model estimates and plausible projection parameters, school improvements falling within currently observed performance levels yield very large gains.”* In the CBA framework, the present value of OECD aggregate gains by 2090 could be as much as \$275 trillion, or 13.8% of the discounted value of future GDP for plausible policy changes: *“Extensive sensitivity analyses indicate that, while different model frameworks and alternative parameter choices make a difference, the economic impact of improved educational outcomes remains enormous.”*

A recent study<sup>781</sup> quantifies the economic benefits of educational improvement for each of the EU Member States. The analysis focuses on the relationship between educational achievement (as measured by the PISA) and the long-run growth of nations. Building on prior research that shows the strong historical relationship between growth and educational achievement, it projects the aggregate economic results of improvements in achievement. The projections of the economic benefits of improving educational achievement in the EU over the next 80 years incorporate the dynamics of educational reform – that it takes time for student improvements to appear and for better-skilled workers to become a noticeable proportion of the workforce. The authors modelled four educational improvement scenarios and provided quantified results on gains in improved student achievement (see Table J10).

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<sup>779</sup> See e.g. Lucas (1988), Barro and Sala-i-Martin (2013), Hanushek and Woessmann (2010, 2010a, 2011, 2019).

<sup>780</sup> Hanushek and Woessmann (2010, 2010a, 2011).

<sup>781</sup> Hanushek and Woessmann (2019).

**Table J10: Present value of the future economic benefits of improving educational achievement in the EU**

Scenario	€ billion € PPP*	As % of current GDP	As % of discounted future GDP	Conclusion
An <b>increase in student achievement</b> of 25 PISA points	71,027	340%	7.7%	This reform, shown possible by several EU Member States, would add €71 trillion to EU GDP over the status quo. This amounts to an aggregate EU gain of almost 3.5 times current levels of GDP and an average GDP that is 7% higher for the remainder of the century.
Bringing <b>all low-performing students up to basic skill requirements</b> for competing in today's economy (PISA level 2)	37,898	188%	3.9%	Achieving this goal would boost average GDP over the 21st century by nearly 4%. The more limited goal of the strategic framework for European cooperation in education and training (ET 2020), to reduce low achievement to 15% by country, would have only about one seventh of the impact.
Reductions in <b>early school-leaving</b> matching the goal of ET 2020	7,097	34%	0.7%	Enhancing the skills of all potential early school-leavers is projected to raise average GDP by 0.7%. Just reaching the specific ET 2020 goal of no more than 10% early leavers in each EU country has significantly less impact (0.1%).
Increasing <b>top performance</b> , ensuring that at least 15% of students in each country achieve PISA level 5 (highly proficient)	4,615	22%	0.5%	While having minimal effect on currently high-achieving countries, average GDP across EU Member States would be 0.5% higher for the remainder of the century

Source: Hanushek and Woessmann (2019). Notes: This table provides the present value of future increases in GDP of the (then 28) EU Member States until 2100 due to respective reforms, expressed in € billion (PPP), as a percentage of current GDP, and as a percentage of discounted future GDP. See text for reform parameters.

\* Purchasing power parities.

This analysis highlights the large impacts of educational reforms on EU Member States, in particular if they reach substantial portions of the student population. Hanushek and Woessmann showed that “*implementing successful reforms now would strongly benefit the economic well-being of EU Member States*”. The authors also note that “*there are parallel improvements in the economic well-being of individuals who get more skills from the educational system..., if economic growth accelerates, these individual rewards are likely to increase*”. These results show that achieving universal basic skills for all students (second scenario), by bringing all low-performing students up to the basic skill requirements (level 2 on the PISA tests) would boost average GDP over the 21st century by nearly 4% at EU level (with larger improvements in Member States with more low-skilled students).

#### **J4.4 Health-screening programmes**

It is very difficult to “monetise” the different services and screening programmes, and the evaluations of the programmes investigated in this report include few CBAs. The assessment of general health examination programmes remains difficult as they cover a wide range of types (health check-ups, visual acuity, hearing screening, and sometimes oral check-ups). The assessments depend on the type of screening, its frequency, its coverage and organisation, as well as the type of benefits taken into account. However, each time a programme prevents illness thanks to prevention or reduces the risk of health complications due to early diagnosis, the balance between costs and benefits increases rapidly, depending on the long-term costs for the public authority of illness and complications.

With regard to specific screening programmes, some evidence<sup>782</sup> has been found in the literature, especially for vision, hearing, and dental screening.

##### **J4.4.1 Vision screening**

Regarding vision screening, a study<sup>783</sup> has looked at the costs and benefits of visual acuity screening and photo-screening in children for three different age groups (6-18 months, 3-4 years, 7-8 years). An evaluation was conducted of different vision screening strategies.

Based on a decision-analytic model, the authors evaluated different vision screening strategies. Both direct and indirect costs were included.<sup>784</sup> Evidence demonstrated that all vision screening programmes show a favourable benefit-to-cost ratio (i.e. exceeding 1:1).<sup>785</sup>

A systematic review and economic evaluation<sup>786</sup> estimated the cost-effectiveness of screening for amblyopia and strabismus for children aged 3, 4, and 5. Their study showed that screening at the age of 3 or 4 prevented cases of amblyopia and strabismus at a low absolute cost. However, when using accepted values of a quality-adjusted life-year, vision screening was not cost-effective.

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<sup>782</sup> This section lists and describes some evidence found in the literature, but is not exhaustive.

<sup>783</sup> Joish, Malone and Miller (2003).

<sup>784</sup> Costs of the programme included the costs of the screening itself (e.g. film, cameras, supplies, salary and research for PS), costs for an ophthalmologic visit (referral visit) and related costs for treatment (surgical and non-surgical). The study refers to literature, healthcare maintenance organisations’ claims database, and the United States Social Security Administration for cost estimates and referral rates for surgical treatment.

<sup>785</sup> More specifically, the study found that the visual acuity screening programme for children aged 3-4 had the highest benefit-to-cost ratio; while the photo-screening programme for children aged 6-18 months had the lowest benefit-to-cost ratio.

<sup>786</sup> Carlton et al. (2008).

#### J4.4.2 Dental screening

Although the importance of oral health for children is not questioned, literature has shown contrasting results regarding the effectiveness of school dental screening in improving oral health status.<sup>787</sup>

For example, a study conducted among 64 schools in Northern Ireland looked at the effectiveness of school dental screening in encouraging children with a treatment need to attend their general dental practitioner. The authors underlined that “*school dental screening was capable of stimulating dental attendance*”.<sup>788</sup> A strong effect has been noticed among the lowest socio-economic group, which could suggest a possible way to reduce dental health inequalities.

Assessment of other school-screening programmes found less effect on dental health.<sup>789</sup> Researchers have undertaken a cluster RCT in England with the aim of determining if school dental screening of children reduces untreated disease or improves attendance. 16,864 children aged 6-9 took part in the study. No evidence to attest to a possible link between screening and caries reduction was found. There was also no significant difference in the proportion of children who visited a dentist after screening between the control group and the other groups.<sup>790</sup>

Similarly, a systematic review and meta-analysis<sup>791</sup> of RCTs (in UK and in India),<sup>792</sup> has evaluated the effectiveness of school-based dental screening versus no screening on improving oral health in children. The authors reveal that “*there is currently no evidence to support or refute the clinical benefits or harms of dental screening*”. Indeed, no significant statistical effect was found of school-based dental screening on dental attendance in children.

Another study<sup>793</sup> has underlined the fact that more country-specific research is needed.

#### J4.4.3 Universal new-born hearing screening, and hearing screening for school-age children

Universal new-born hearing screening appears as a cost-effective strategy for early diagnosis and intervention of hearing impairment.<sup>794</sup> Early diagnosis of hearing problems avoids the high cost of intervention or specialist language and communication services.<sup>795</sup>

Many economic evaluations of hearing screening programmes have been carried out, especially for universal new-born hearing screening programmes. For example, a study<sup>796</sup> has looked at the costs of the neonatal screening programme in place in the Netherlands. The study examines both the screening method (auditory automated brainstem response testing – AABR; or evoked otoacoustic emissions – OAE) and the number of stages (two or three) at home or at the child health clinic. The neonatal hearing screening test at home is combined with existing home visits from healthcare workers during the first weeks of life. The study focuses on the cost of the screening itself (excluding e.g. costs of treatment, counselling), and takes into account the following cost components: equipment and consumables; personnel; extra travel by personnel; sending out invitations; making appointments; training; a central helpdesk; and monitoring of the programme. The study

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<sup>787</sup> See Donaldson and Kinirons, 2001), Milsom et al. (2006), Milsom et al. (2008), Arora et al. (2017), Joury et al. (2017).

<sup>788</sup> Donaldson and Kinirons (2001), p.147.

<sup>789</sup> Milsom et al. (2006).

<sup>790</sup> Milsom et al. (2006).

<sup>791</sup> Joury et al. (2017).

<sup>792</sup> Three out of the five studies were conducted in the UK, and two in India.

<sup>793</sup> Milsom et al. (2008).

<sup>794</sup> See for example Papacharalampous et al. (2011), Wroblewska-Seniuk et al. (2017).

<sup>795</sup> Wroblewska-Seniuk et al. (2017).

<sup>796</sup> Boshuizen et al. (2001).

reveals that the cost of a three-stage screening process in a child health clinic is €39 per child detected with AABR, in comparison with €25 per child detected using the OAE method. The difference in cost between the two screening methods is explained by the price of the equipment required. The study also indicates that the referral rates are lower for a three-stage screening process and the costs are likely to be lower as well compared with a two-stage screening process (as it considerably limits the costs of subsequent diagnostic tests).

Evidence demonstrated that a combination of TEOAE (transient evoked otoacoustic emissions) and AABR in a two-stage screening programme *“has been found to provide the most favourable combination of specificity, sensitivity, referral rates, and cost effectiveness”*.<sup>797</sup> For example, in a large study conducted in Germany, more than 60,000 new-borns were screened.<sup>798</sup> The study highlighted that the most cost-effective protocol was the strategy combining TEOAE and AABR, with a total screening cost of €17.16 per child (compared with €20.87 per child screened for the alternative AABR screening programme). Overhead costs for tracking, quality assurance, completeness monitoring and the securing of structural screening requirements were added to the initial cost of screening.

Some authors have also underscored certain weaknesses of universal hearing new-born screening.<sup>799</sup> See for example New-born screening does not always detect children's hearing impairment, as the first tests do not always reveal hearing problems. In this case, the diagnosis is delayed. Another problem concerns the follow-up of children who have screened positive on the test. In fact, among the percentage of new-borns that do not pass the first test, a significant number of them do not retake the test and the follow-up is lost. A report<sup>800</sup> underlined the fact that in a large study which took place in Germany and covered more than 60,000 new-borns, the lost-to-follow-up rate was as high as 31.3%.<sup>801</sup>

This evidence shows that *“the cost-effectiveness of a new-born hearing screening programme does not depend only on the accuracy of the programme, but also on the ability to ensure follow-up of new-borns that do not pass the initial hearing screening test and subsequent tests”*.<sup>802 803</sup>

A recent report<sup>804</sup> from the WHO has underlined that *“screening of schoolchildren for hearing loss has been shown to be a cost-effective and economically attractive intervention. However, targeted screening could be more accurate and cost-effective than universal screening, especially when children have already been identified with hearing loss at a school-entry hearing check”*. Furthermore, screening schoolchildren annually allows the effective diagnosis and treatment of otitis.<sup>805</sup>

#### **J4.4.4 Other programmes**

Home visiting programmes also appear to save costs,<sup>806</sup> and have many potential impacts depending on their aim and design (such as improved maternal and child health, prevention of child abuse or maltreatment, improved health literacy, information on and support to access to other services available in the environment, assessment of housing quality and home environment).

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<sup>797</sup> Papacharalampous et al. (2011), p. 1403.

<sup>798</sup> Böttcher et al. (2009).

<sup>799</sup> Papacharalampous et al. (2011), Wroblewska-Seniuk et al. (2017).

<sup>800</sup> Papacharalampous et al. (2011).

<sup>801</sup> See Böttcher et al. (2009) in Papacharalampous et al. (2011).

<sup>802</sup> Langer et al. (2012), p. 9.

<sup>803</sup> As highlighted in Chapters G4 and G5, tracking systems are very important, and follow-up is crucial to ensure that early detection results in early support without unnecessary delays.

<sup>804</sup> WHO (2017), p. 28.

<sup>805</sup> Baltussen and Smith (2009), cited in WHO (2017).

<sup>806</sup> See Acquah and Thévenon (2020)

Other programmes targeted at children or young people also appear to be very cost-effective. For example, UNICEF performed a CBA of the “youth friendly health services” (YFHS) programme in the Republic of Moldova.<sup>807</sup> The study presents a threshold analysis of what would be the required impact level for the YFHS programme to become cost saving, and shows that all the service activities (sexual infection prevention and detection, early pregnancy prevention, and HIV prevention and detection) are potentially cost saving.

Another study<sup>808</sup> looked at the effectiveness of school health services, in particular whether they can meet adolescents’ health needs. School health services have the potential to reach a majority of adolescents and promote well-being and safe lifestyles through effective interventions; the services provided within the school are considered the most effective. Results of the report have shown that investing in the well-being and health of adolescents is cost-effective.<sup>809</sup>

Child and adolescent mental health, well-being, healthy habits promotion, bullying, and suicide prevention, are areas that have received a lot of attention.

#### **J4.5 Homelessness**

Homelessness has enormous human costs for children and their families but also has a public cost, as homeless people usually need health assistance, emergency intervention, and (if homelessness lasts longer) more complex and expensive interventions.<sup>810</sup> Experience from the US, for example, shows that while people who are chronically homeless represent a small percentage of the total homeless population, their intensive use of services (both homelessness and mainstream services) entails very high costs across these different areas. Based on data from management information systems covering shelter use, researchers were able to show that for people with long-term shelter stays, homelessness is potentially more expensive than providing permanent housing: “*Stated simplistically, the rental costs of market-rate housing (\$6,000-\$8,000 per year, or €3,885-€5,184 per year) could be paid for by the shelter costs, which are estimated to be an average of \$13,000 (€8,417) per bed per year nationally*”. Wong, Park and Nemon (2005).<sup>811</sup> Similar research conducted in Canada exploring the costs of homelessness<sup>812</sup> also highlights the heavy burden on the use of both specialised (e.g. shelters and support services) and mainstream services (e.g. healthcare and the criminal justice system), particularly by people experiencing homelessness on a long-term basis.<sup>813</sup>

The shift away from a response to homelessness that focuses on providing emergency services and temporary responses, to one that emphasises prevention and rehousing strategies, has proved to be cost-effective – but more importantly to benefit individuals, families, and communities.

The implementation and evaluation of HF programmes both in the EU and beyond has strongly contributed to the visibility of the cost-saving dimension of an intervention based on the assumption that having a place to live is both a human right and a basic right.

There is a cost-effectiveness analysis of the HF project in Brno (CZ) analysed in Chapters H3 and H4. The RCT of the programme provides some insights into the cost-effectiveness of the intervention, based on the participation of 150 participant homeless families, stratified by number of children into treatment and control groups.<sup>814</sup> According to the study, the HF intervention with families achieved significant savings in public spending

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<sup>807</sup> UNICEF (2013).

<sup>808</sup> Michaud et al. (2018).

<sup>809</sup> See Sheehan et al. (2017), quoted in Michaud et al. (2018).

<sup>810</sup> OECD (2020a).

<sup>811</sup> Culhane (2008), p. 101.

<sup>812</sup> Gaetz (2012).

<sup>813</sup> Gaetz (2012), p. 5.

<sup>814</sup> Ripka et al. (2018).

during the first 12 months: each family saved on average CZK 31,477 (€1,200) from public budgets which means that around CZK 1,573,850 (€59,990) of public savings in 12 months by using the HF intervention. The highest savings were achieved on institutional and foster care, and shelters.

The assessment of two HF4Y programmes in Ireland<sup>815</sup> and Scotland<sup>816</sup> also highlight some of these cost-effectiveness outcomes related to the implementation of these support services addressing young people. Although none of the evaluation reports engaged in a comprehensive CBA of the programmes, they both provide illustrations of potential cost savings of using the HF4Y approach.

The Limerick (Ireland) youth housing evaluation report highlights two main types of cost savings arising from the implementation of the project for which only rough estimates are available. The first type of cost saving is reduced public spending resulting from: reduced contact with the criminal justice system; lower benefit payments as young people moved into work; reduced use of the health system, associated with better physical and emotional health outcomes, and with a reduction in problematic drug use; and reduced use of emergency accommodation services. On this latter area only, considering that about 50% of the youngsters would have gone into emergency accommodation if they had not had the support of the HF programme, the report estimates a “return” of about 1.6:1 (i.e. €1.60 was saved for every €1 invested).<sup>817</sup> The second type of cost saving is the lower administrative costs resulting from the partnership approach on which the project was implemented, which avoids duplication of work and resources.

The Rock Trust HF4Y pilot report<sup>818</sup> estimates the cost of supporting one person through the project to be £6,580 (€7,315) per year, which compares with costs (to the local authority) of between £685 (€762) per week (foster placement) and £4,899 (€5,446) per week (residential children’s home). However, the authors argue, the complexity of youngsters’ needs and the level of risk would probably exclude the option of these mainstream placements. Secure placement options for these youngsters would therefore represent much higher costs – for example, £210,000 (€233,482) per year in a secure children’s home or £588,015 (€653,767) per year in a medium-secure mental health setting.

In both cases, it is important to mention that the cost-effectiveness of the intervention centres on the right targeting of those youngsters, who would be unlikely to succeed with other more traditional types of interventions and who would be likely to generate high costs for different support systems (e.g. mental/physical health, criminal justice).

In Canada, the results of the world’s largest trial of HF in five Canadian cities – the “at home/chez soi” project – reveal that HF is a sound investment: over the two-year period following entry, every \$10 invested in HF services resulted in an average saving of \$21.72 (significant differences between participants with high needs and moderate needs were registered).<sup>819</sup>

In Finland, the national-level implementation of the HF approach, which has proved effective in reducing homelessness over recent decades, has also produced important cost savings in terms of the use of services, particularly for those people who use the services on a long-term basis: *“The savings in terms of the services needed by one person can be up to €9,600 a year when compared to the costs that would result from that person being homeless. Additionally, housing one long-term homeless person saves about €15,000 of*

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<sup>815</sup> Lawlor and Bowen (2017).

<sup>816</sup> Blood et al. (2020).

<sup>817</sup> Lawlor and Bowen (2017).

<sup>818</sup> Blood et al. (2020).

<sup>819</sup> Goering et al. (2014).

*society's funds per year. The most important thing, however, is that since 1987 about 12,000 people have received a home.*"<sup>820</sup>

In addition, in France, evaluation of the "un chez-soi d'abord" HF pilot programme showed that it was cost-effective during the two-year study period. Significant reductions in the use of healthcare and homelessness services by the participants were observed, which represented a better and more rational use of the services. According to the evaluation, the savings associated with the reduced use of health and social services offset the total cost of the programme.<sup>821</sup>

The examples above have shown that it is possible to measure the cost-effectiveness of homelessness services. They have basically tried to answer two main questions: (a) is the new service/programme achieving better results than the existing provision for the same level of spending and/or for a lower level of spending?; and (b) is the new service producing reductions in expenditure for other publicly funded services (e.g. emergency health services, mental healthcare and addiction services, policing and criminal justice interventions?)<sup>822</sup>

However, the evidence produced so far has also highlighted the importance of understanding that the measurement of the cost-effectiveness of homelessness services relies strongly on access to good-quality data on the use and cost of existing services.

In fact, an earlier study<sup>823</sup> on the costs of homelessness in the EU had already drawn attention to the challenges involved in exploring the costs of homelessness due to restricted availability of robust data on both costs and service use. Nevertheless, the study also showed – based on the available evidence collected from 13 EU Member States and on the use of vignettes illustrating a theoretical example of a homeless person or household and the financial costs associated with it – that "*homelessness services that prevented or reduced homelessness did have a financial benefit for society*". One of the vignettes used in the study is particularly relevant for the current assessment since it relates to the theoretical situation of a homeless mother, without support needs, with two young children who can no longer afford the costs of their existing housing due to a relationship breakdown. In spite of all the caveats related to the limitations of the data available, it was possible to conclude that the financial costs for supporting this household by providing different types of temporary accommodation at public expense were clearly higher across all countries for which data were available than those associated with quickly rehousing the household and providing them with the necessary mobile support.

Overall, the in-depth assessment of the policies, programmes, and projects has confirmed the need for an increased and consistent effort to strengthen the existing evidence base on the costs of homelessness provision in general, and for children (or families with children) in particular. However, as the authors of the aforementioned study pinpoint, an excessive focus on the financial argument in favour of policies or programmes to prevent and stop homelessness may be detrimental: "*One of the key challenges for homelessness service providers and researchers is to counteract the dehumanisation of homeless people and a tendency to essentially blame homelessness on the, supposedly deliberate, acts of people who are experiencing it. Highlighting costs as the reason for preventing and reducing homelessness arguably risks further dehumanisation of homeless people, because it could be seen as implying that the grounds for intervention to stop homelessness are largely, maybe even primarily, financial, rather, than as should be the case,*

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<sup>820</sup> Y-Foundation (2017) p. 12.

<sup>821</sup> Estacahandy et al. (2018).

<sup>822</sup> Pleace et al. (2013).

<sup>823</sup> Pleace et al. (2013).

*humanitarian*.”<sup>824</sup> Thus cost savings may be best viewed as a bonus of, or an additional reason rather than the main reason for, preventing child homelessness.

#### **J4.6 Integrated services**

The costs of the programmes providing integrated services at school or in ECEC and the average cost for every child vary and are subject to different factors such as the type of services provided, the number of children per classroom and the size of the municipality. The composition of the costs includes not only the necessary means to provide the services to children, but also the salaries paid to the staff who are working in the different centres and the coordination costs. A more comprehensive analysis of the different costs would be useful so as to more specifically know how the funding of these schemes is allocated.

Nevertheless, additional analysis of the literature on the cost and benefits of integrated service provision revealed that integrated delivery proved to be cost-effective in the analysed cases. Evidence coming from the US project at Teachers’ College, Columbia University, entitled “an excellent education for all of America’s children” provides estimates of the costs and benefits of the various interventions aimed at reducing high school drop-out rates.<sup>825</sup> Five programmes have been identified that demonstrably increase high school graduation, including at least three examples of cross-cutting initiatives – “Perry preschool”, “first things first”, and “Chicago child-parent”.

The results of applying CBA to the five interventions showed that the cost-benefit ratio of the various interventions ranges from 1:1.5 to 1:3.5 (i.e. the benefits far exceed the costs of the intervention in all cases). Two out of the three cross-cutting initiatives demonstrated the best cost-benefit ratio (see Table J11).

The literature provides good evidence on cross-cutting initiatives from evaluation of particular school types which could be thought of as a “whole school” intervention. For example, a report<sup>826</sup> evaluated the effect of attending a particular type of autonomous school in Boston: a charter school organised by the “knowledge is power” (KIPP) management. This group run a chain of schools and target low-income and minority pupils. They are sometimes called “no excuses” schools and they focus on traditional reading and maths skills, have a long school day and year, selective teacher hiring, strict behaviour norms, and a strong student work ethic. The study<sup>827</sup> found overall reading gains of about 0.12 standard deviations for each year a student spends at KIPP, and significantly larger gains of about 0.3-0.4 standard deviations for students with special educational needs and “limited English proficiency” students. Furthermore, their evidence suggests that the school benefits the weakest students most. These effect sizes are substantial. They are big enough to wipe out the average socio-economic gap in the PISA study. However, it is difficult to know whether these effects can be generalised as this study focused on one school in Boston.<sup>828</sup> On the other hand, this study shows that it is possible to overcome the socio-economic gap by policies implemented at a school level.

All these results should be interpreted with caution, as they are specific to each model of whole-school intervention. Overall, the FSCG2 in-depth assessments and the review of literature confirm the need for collecting rigorous evidence on the costs and benefits of the existing provisions.

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<sup>824</sup> Pleace et al. (2013), p. 74.

<sup>825</sup> Levin (2005), Levin et al. (2007, 2007a). Estimates were first made of the various private and social costs associated with high school dropping-out. These estimates give the potential benefit of reducing the high school drop-out rate. In a second step, various interventions expected to increase high school completion were costed. Finally, the costs and benefits were combined into a cost-benefit model.

<sup>826</sup> Angrist et al. (2012).

<sup>827</sup> Angrist et al. (2012).

<sup>828</sup> Blanden and McNally (2015).

**Table J11: Cost-benefit analysis of selected interventions in US to raise high school graduation**

Intervention	First things first	Chicago parent-child	Teacher salary increase	Perry preschool	Class size reduction
	Comprehensive school reform of: small learning communities with dedicated teachers; family advocates; instructional improvement efforts	Centre-based pre-school programme: parental centre programme involvement, outreach and health/nutrition services	10% increase	1.8 years of a centre-based programme for 2.5 hours per weekday, child-teacher ratio of 5:1; home visits; and group meetings of parents	4 years of schooling (grades K–3) with class size reduced from 25 to 15
Benefits (\$)	209,100	209,100	209,100	209,100	209,100
Cost (\$)	59,100	67,700	82,000	90,700	143,600
Net present value (\$)	150,100	141,400	127,100	118,400	65,500
Benefit-cost ratio	3.54:1	3.09:1	2.55:1	2.31:1	1.46:1

Source: Based on Levin et al. (2007a), cited in Psacharopoulos (2007).

## Chapter J5: Main conclusions of the cost analysis

We have provided above detailed country estimates of the finance needed to implement three concrete actions (provision of free school meals, provision of free high-quality ECEC, and removal of school costs) in those countries where they are currently not (or not fully) implemented.

Information on the cost of these priority actions is lacking or scarce in various Member States and not always comparable across them. Estimating these costs was therefore extremely difficult. We devoted considerable resources to gathering as much information as possible from different national and international sources: (a) available relevant macro- and micro-data sources to support the calculations (primarily from Eurostat and the OECD), complemented with some ad hoc simulations provided by the OECD; and (b) information (such as data/evaluations, consultation of ministries) provided by the FSCG2 national experts.

For each of the three actions, we made full use of the information we were able to gather to try to calculate the best estimates in as many Member States as possible. We have sought to systematically highlight the caveats/qualifications that apply to our estimates.

In calculating our estimates, we have strictly followed the spirit of the objective set by the European Parliament. In order to ensure that every AROP child can have access to adequate nutrition (operationalised as free school meals), free ECEC, and free education (operationalised through the removal of school costs), we have: (a) assumed a full “enrolment” of AROP children in the provision; and (b) focused on the cost to be paid by parents of AROP children (which should be equal to zero).

We are aware that reaching 100% enrolment will require the development of policies that will: (a) allow outreach to some hard-to-reach groups of AROP children (e.g. children in highly remote areas, children with a migrant background, Roma children); and (b) support children with specific needs (e.g. children combining income poverty with other vulnerabilities such as disabilities, migrant background, violence in the household,

child/parents' addictions). All of these policies are crucial and, we believe, should definitely be covered by the CG. They have specific costs which could not be monetised in our calculations.

In our estimates, we have suggested taking into account the quality adjustments that may be needed in some Member States for two of the actions under scrutiny (school meals and ECEC). Our estimates are exploratory (in view of the lack of information and, when available, its often poor reliability) and illustrative (we have provided concrete examples of quality criteria but the cost could of course be very different – higher or lower – depending on criteria chosen); even so, we think that the need to ensure the quality of the provision is essential.

We want to stress that, for each of these three actions, there are elements in our computations which certainly give rise to overestimates in some Member States, while in others there are underestimates. We have mentioned examples of such potential over/underestimation in the text.

According to our computations, the cost of implementing these three provisions is relatively low in comparison with the current budget – especially if it is put in the context of the potentially huge benefits of these actions for AROP children highlighted in Chapter J4.

We have then also estimated the cost per child of the other three priority actions analysed in FSCG2: the provision of free regular health-screening programmes, the provision of services aimed at preventing and fighting child homelessness, and the provision of integrated delivery of services in the few Member States where available data made such estimates possible (see Chapter J3).

As highlighted above, information on the cost of the six priority actions examined in FSCG2 is lacking or scarce in various Member States and, when available, is often not comparable between them. We tried to make full use of the information we were able to obtain from different national and international sources. We hope our cost estimates will be challenged and refined thanks to additional information that the various ministries involved in the delivery of these services in Member States would be willing and able to share. Depending on the country and the action concerned, some of this information may be readily available or available after processing of existing information, or may require the collection of new data/information. We believe the SPC could play a major role in gathering and sharing this information.

The overview of the available CBAs presented in Chapter J4 highlighted the lack of consensus on how the methodology should be applied in order to estimate and compare benefits and costs. As a result, most CBAs are approximate and cannot be compared with each other. However, the review of available evidence shows that for the priority actions under scrutiny the monetised benefits (largely) exceed the costs.

## PART K: MAIN CONCLUSIONS AND RECOMMENDATIONS

To ensure that all children in need can have access to the five social rights identified by the European Parliament (free healthcare, free education, free childcare, decent housing, and adequate nutrition), the final report of the study prepared for the first phase of the Feasibility Study for a Child Guarantee (FSCG1), as well as the discussion at the closing conference (Brussels, 17 February 2020), highlighted the necessity for the European Union (EU) to develop in parallel: (a) a comprehensive strategic approach focusing on the general policy outcomes to be achieved by the EU Child Guarantee (CG); and (b) understandable and tangible policy levers (i.e. (sub-)national policies/programmes/projects) to achieve the desired policy outcomes and create accountability by Member States for each component of the future CG.

A major objective of this second phase of the Feasibility Study for a CG (FSCG2) was to prepare a detailed analysis of what the costs and benefits could be for the competent authorities of guaranteeing in practice that all children **at risk of poverty** (AROP) in the EU have access to the five social rights under scrutiny. This phase, which was complementary to the first phase, aimed at providing an analysis of the design, feasibility, governance, and implementation options of a possible future CG scheme in all EU Member States. Even though, in line with the FSCG2 terms of reference, the focus of this study was exclusively on AROP children, ample evidence was provided in FSCG1 on the specific needs of **other groups of children in vulnerable situations**, including children with disabilities, children in alternative care, children with a migrant/refugee background, and children in precarious household situations. Some of these children are not covered in this study because they do not belong to a low-income household; others combine low income and other vulnerabilities. However, all these children also often face serious problems of access to one or several of these social rights. It is crucial that the future CG recognises and takes into account the additional needs of these children.

It is not possible to fully “operationalise” the CG without defining concretely what should be guaranteed. However, at the time of finalising this report (March 2021), the scope and focus of the CG have not yet been defined at EU level. Defining them will be, to a large extent, a matter of political choice that will involve the 27 Member States, the European Commission, and other relevant stakeholders. The purpose of this study was to provide further evidence that can inform this definition. The analysis presented is therefore based on **possible** components of the CG and, for each of them, related priority actions (“flagships”). The selection of these components and flagships was made on the basis of a careful analysis of the evidence collected in FSCG1 and then further discussed and fine-tuned with the European Commission. The five components examined in the context of the study were defined as follows:

- each AROP child should receive at least one healthy balanced full meal per day;
- each AROP child should have access to free early childhood education and care (ECEC);
- there should be no school costs for AROP children attending compulsory (primary and secondary) school;
- each AROP child should be provided with free regular health examinations and follow-up treatment; and
- there should be no homeless children.

The aim of this study was to discuss how these selected components and the related flagships/priority actions could be concretely operationalised in the EU Member States – that is, by addressing the following questions.

- What are the expected benefits that they can bring to children, parents, and society as a whole?
- At which level (national, sub-national), under which conditions (universal or criteria-based), and through which mechanisms, can the actions best be operated? What are the pros and cons of different provisions?
- What are the key aspects of governance that have an impact on the successful implementation and outcomes of the different types of actions? How can segregation and stigmatisation best be avoided and how best can we reach out to the most vulnerable children?
- How can these actions best be monitored at (sub-)national and EU level?
- What are the possible sources of funding?

To reply to these questions, this study has applied a step-by-step methodology, as follows.

- A mapping of the concrete policies and actions in EU Member States has allowed the identification of interesting practices at national, regional, and local level – including EU-funded practices.
- An in-depth assessment of a set of promising practices, together with an analysis of the key challenges and preconditions for success, have made it possible to identify the aspects that need to be taken into account when replicating these actions in other contexts.
- The expected costs were based on estimates of the cost of the priority actions in Member States which implement them.
- The expected short-term and long-term benefits of the actions were reviewed, based on the experience of Member States which implement the actions and evaluations in other countries (including non-EU countries). This provided insights into the cost-saving aspects of the investment needed.

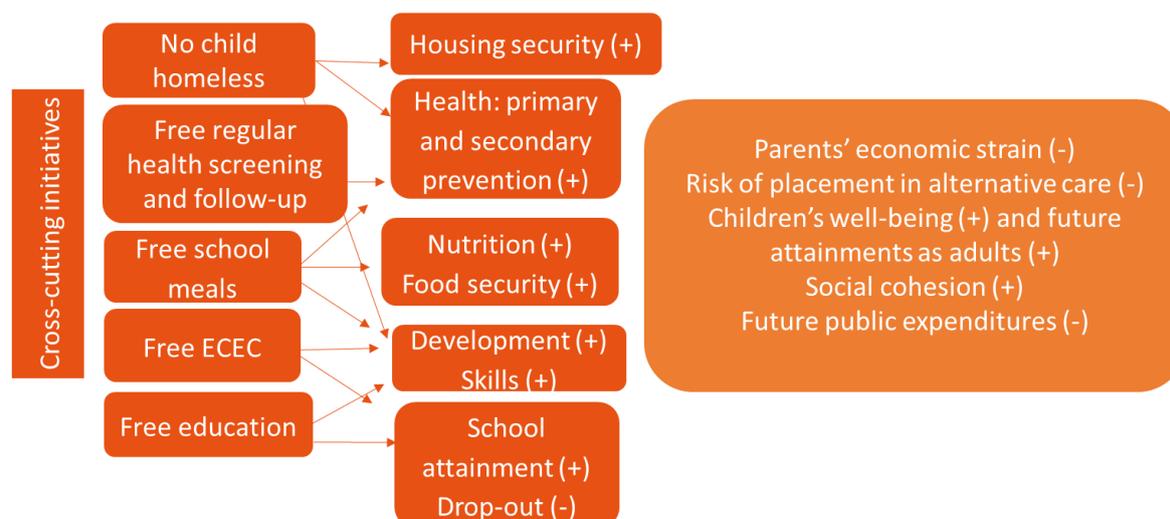
The evidence gathered during FSCG2 and documented in the earlier parts of this report reinforces the assessment that each of the CG components selected for this study is a plausible component to include in the CG. Furthermore, the research shows that each of the six priority actions analysed in FSCG2, while not sufficient on their own, can, if effectively designed and delivered, make a significant and cost-saving contribution to achieving the selected components and thus the policy objectives of the CG.

In the first chapter of this final part, we summarise the benefits and cost savings that can be achieved by the six priority actions that are analysed in detail the report. Then in the next two chapters we draw on the evidence collected during FSCG2 (see especially Parts D to I) to make recommendations in relation to governance, monitoring, evaluation, and also funding arrangements that we think should be considered when implementing the CG. We conclude with chapters on interpreting the results of FSCG2 and extending the results of FSCG2 to other priority areas and target groups.

## Chapter K1: Key benefits and cost savings of the key priority actions assessed in depth in the context of FSCG2

Chart K1 illustrates the key benefits of the priority actions on children’s health, nutrition, education, and well-being; and thus the potential effects on their chances of having a joyful childhood, on their parents, and on society. As highlighted in previous sections, these benefits have both a short-term impact on children’s lives and a long-term impact on children’s perspectives as adults, on society, and on future public expenditure.

**Chart K1: Key benefits of the five CG components**



In the earlier parts of this report, we have also provided country estimates of the finance needed to implement some of the concrete actions – including provision of free school meals, provision of free high-quality ECEC, and removal of school costs – in those Member States where they are currently not (or not fully) implemented. We have also analysed the gaps in provision in terms of regular health screening, services which help to prevent and fight against child homelessness, and cross-cutting initiatives at school or in other settings. The unit costs per child of different types of services and programmes have been provided.

Estimating these costs was extremely difficult and should be considered as a **rough estimate**. We devoted considerable resources to gathering as much information as possible from different national and international sources: (a) available relevant macro- and micro-data sources to support the calculations (primarily from Eurostat and the Organization for Economic Cooperation and Development – OECD) complemented by some ad hoc simulations kindly provided by the OECD; and (b) information (such as data/evaluations, consultation of ministries) provided by the FSCG2 national experts. We have sought to systematically highlight the caveats/qualifications that apply to our estimates and, when the amount of information was not sufficient to allow for the computation of a national estimate, even if very rough, we have provided as much information as possible on unit costs per child of different types of services and programmes. In our estimates, we have also suggested taking into account the quality adjustments that may be needed in some Member States.

According to our computations, the cost associated with the realisation of the provision to AROP children of free school meals and free high-quality ECEC, and children’s exemption from school costs (Chapter J2), is relatively low in comparison with the current budget – especially if it is put in the context of the potentially huge benefits of these actions: in most Member States, the additional finance needed to remove all school costs and to provide free school meals on all weekdays (including holidays) for all AROP children aged 6-17 is lower than 3% of the current public budget of primary and secondary education.

The review of available cost-benefit analyses for all five CG components shows that in most cases the monetised benefits exceed the costs of the action. It is however important to keep in mind that the five social rights identified by the European Parliament are **children's rights** which need to be guaranteed as a principle, according to national and international law, and that the economic arguments developed in this report are only illustrative of the returns on investment in such rights.

Finally, as was clear from FSCG1, for most policy areas a CG may need to include more than one component and a large range of actions. It would not have been possible to perform an in-depth assessment of all of these in the context of this study – that is, to explore the feasibility, cost, benefits, design, governance, and implementation for every possible action that could improve children's access to the five social rights under scrutiny. However, many of the lessons from the priority actions studied can help to inform other actions, as will be highlighted in the next chapters.

## **Chapter K2: Governance arrangements to implement, monitor, and evaluate the CG**

The evidence documented in the earlier parts of this report demonstrates clearly that the success of each priority action in ensuring access for all AROP children depends on the way policies are designed and implemented. In the following sections we draw on this evidence to make recommendations for each priority action in relation to the following areas: levels of governance and types of approach; networking and collaboration between services; quality; effective monitoring and enhanced data collection; participation of children and parents; a child-centred and child rights approach; and prevention. In each section we also suggest how the lessons learned from studying these particular policies could be applied to other priority actions that may be developed in the context of the CG.

### **K2.1 Levels of governance and types of approach**

A key element in the effective implementation of the CG will be to clearly identify at which level, under which conditions, and through which mechanisms, policies and programmes are best delivered to ensure the effective access of AROP children to services and to avoid gaps in provision. Based on the in-depth assessment of the priority actions studied in FSCG2, there are two major variables to consider: (a) the way in which responsibility for policy formulation and for delivery of programmes is allocated between national, regional, and local levels in a particular country; and (b) the particular policy area in question and the current state of development of policies in that area in a particular country. There is therefore a need for some flexibility in the arrangements that each Member State puts in place to implement the CG. However, while there may be variations from country to country and according to the policy area concerned, what is clear is that it is important that, in implementing the CG, each Member State should set out clearly the governance arrangements and approach for delivering on the actions it prioritises and should ensure coherence between different governance levels (national, regional, and local).

Although there is some variation in approach between Member States, the FSCG2 research does provide useful evidence on the types of governance arrangements and policy approaches most likely to be effective. Drawing on the findings documented in the earlier parts of this report, we therefore first make recommendations on levels of governance and types of approach best suited to each of the five priority actions studied. Following this, we draw out some more general recommendations in relation to other priority actions that might be developed in the context of the CG.

### **K2.1.1 Recommendations in relation to the in-depth assessed priority actions**

#### **Adequate nutrition – free school meals**

In relation to free school meals, governance arrangements should be divided between central (national or regional depending on the division of competencies in the country) and local levels. The central level is important for establishing a country-wide scheme which ensures that free school meals are available to all AROP children, to set and monitor overall standards for schemes, to underpin initiatives with clear national legislation, and to define the appropriate funding arrangements that ensure complete geographical coverage. The local level (and sometimes the school level) should have responsibility for delivering the meals, as their local knowledge is key to ensuring delivery in ways that are appropriate to their area. However, to avoid geographical inequities in provision, the quality, pricing, and monitoring should not be decided at local level.

As far as possible, universal approaches should be developed, as school-based targeting or individual targeting leads to problems of coverage, non-take-up, stigmatisation, and administrative costs and burdens. The issue of how to set appropriate criteria to reach out to children who need free meals is the most crucial difficulty in the design of targeted programmes and can hamper their effectiveness. When it is not possible to immediately introduce universal schemes, targeted schemes should be developed as a step towards the progressive development of universal schemes; and particular attention should be paid in the meantime to ensuring high levels of take-up and avoiding stigmatisation, by ensuring that all children are expected to participate in meals in the same way as part of school life, irrespective of whether they receive a free/subsidised meal or not, and by guaranteeing data protection regarding the eligibility of children.

In terms of age group provision, it is important to cover the whole span of compulsory education and to avoid prioritising the nutritional needs of primary school children over secondary school children as is currently most often the case.

#### **Free ECEC**

In relation to free ECEC, coherence between different governance levels (national, regional, local) should be ensured. The degree of devolution of responsibility should be adapted to existing governance arrangements in a particular Member State and may include financing, infrastructure, parental fees, structural quality criteria, monitoring, and other domains. However, the distribution of competences across the various levels of government can lead to differences regarding the provision and quality of these services within countries.<sup>829</sup> To ensure that all AROP children are reached, the central level (national or regional depending on the division of competencies in the country) should establish an overall framework that sets out clear guidelines on structural quality and, as necessary, puts in place funding arrangements to address regional imbalances in provision and enable regions with a higher prevalence of AROP children to have the means to provide the necessary number of places.

Given that the evidence shows that countries where there is a clear entitlement to ECEC and where it is universally available have the best coverage of AROP children, Member States should aim to establish a clear legal entitlement to ECEC and develop provision on a universal basis. Free ECEC for all children should be the priority approach, as this will ensure high levels of coverage for AROP children. However, where this is not feasible in the foreseeable future, means-tested mechanisms should be used as an intermediate step with the aim of waiving parental fees for AROP children. To reduce the negative effects of means testing in terms of take-up, every effort should be made to ensure that administrative procedures are as simple as possible and that criteria that might prevent children in vulnerable situations having access are removed (e.g. priority for in-work

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<sup>829</sup> See also European Social Network (2020).

parents). Furthermore, effective outreach to families in vulnerable situations should be ensured, and where necessary additional support for indirect costs (such as transport, meals, and clothing), which can act as barriers to participation, should be provided.

### **Free education – removal of school costs**

Governance responsibility for establishing the policies and mechanisms for cutting education-related expenses incurred by low-income families should rest at the national level. To ensure that all AROP children are covered, the costs that should be removed have to be clearly identified, and there needs to be regular monitoring of these costs and of the schemes aimed at removing them. Where there is evidence that school costs of compulsory education are not totally removed, Member States should increase their support in an effective way to promote equity in education and guarantee that all children, regardless of their socio-economic or other background characteristics, have the same opportunity to study and fully utilise the educational services. The evidence gathered shows that both universal and targeted policies can be effective in removing school costs for AROP children. However, where targeted systems focusing specifically on disadvantaged children are put in place, it is vital that: eligibility criteria cover all children in need; that a simple process, such as an automated identification of eligible participants, is put in place; that the level of support provided (financial or in-kind) is adequate to totally remove all school costs; that the quality of any in-kind support is assured and avoids stigmatisation; and that there is a properly organised delivery process.

### **Free healthcare – free regular health examinations**

Effective governance in relation to free regular health examinations and follow-up treatment requires the active involvement of local, regional, and national levels and health insurers according to the specific circumstances of each Member State. The central level (national or regional as appropriate) should be responsible for establishing and defining standardised programmes, setting quality standards, and ensuring effective monitoring arrangements. The local level should ensure effective coordination between different stakeholders and different sectors in delivering schemes, develop effective arrangements to provide information to families, reach out to AROP children and, as the competent authority, develop a binding system of invitation, registration, and reminders. In order to ensure coverage of all children, including AROP children, schemes should be universal and there should be a clear legal entitlement to include all children. Targeted approaches should complement the universal provision, to ensure that the most vulnerable children (such as the Roma community, low-income children with specific health problems, children with other vulnerabilities) are reached out to.

### **Decent housing – no homeless children**

In relation to governance arrangements to ensure there are no homeless children, a national strategy to prevent and fight against homelessness should be established at central level (national or regional depending on the governance arrangements in place in a country) which creates accountability at all levels and is implemented locally to take into account local specificities. As part of the national strategy, the central level should design a comprehensive framework which ensures the development of mainstream policies and practices for preventing and addressing homelessness among children and families. It should design and implement effective legal and regulatory frameworks aimed at ensuring comprehensive protection of all children (particularly the most vulnerable) from the risk of homelessness, and design and implement legislative frameworks which establish clear limits on the amount of time families with children may stay in emergency/temporary accommodation. At sub-national level, strategic partnerships should be set up, based on shared goals and strong collaboration between different actors and different support systems which all intervene in preventing homelessness and providing support to children and families through their homelessness trajectories. The upcoming European Platform on

Combatting Homelessness, announced in the EPSR action plan proposed by the European Commission, may provide a supranational governance framework to enhance the exchange of learning and good practices between Member States.

### **K2.1.2 General recommendations on approaches to governance, and types of approach that might be adopted in the context of the CG**

From the detailed study of the priority actions considered during FSCG2 it is possible to draw out some general principles on governance and approach that could inform the development and implementation by Member States of other priority actions that will be needed to achieve the objectives set by the CG. The following principles stand out.

- The central level (normally the national level but in some countries for some policy areas, depending on a Member State's governance arrangements, the regional level) in meaningful consultation with local authorities, civil society, children, and parents, should be responsible for establishing the overall policies to be followed in each of the five areas covered by the CG, set quality standards, and ensure effective monitoring arrangements are in place. These should be included in "Child Guarantee National Action Plans", which themselves should be part of "multi-annual national strategies covering at least the period until 2030" – as proposed in the European Commission's roadmap for a CG.<sup>830</sup> In their multi-annual strategies, whose overarching objective should be to end child poverty, Member States should be invited to set up one, or several, (sub-)national targets that will contribute to the overall EU target which the European Commission has suggested in its European Pillar of Social Rights action plan issued on 4 March 2021 – that is, the reduction of the number of children at risk of poverty or social exclusion (AROPE) by at least 5 million by 2030.<sup>831</sup> In the light of previous experience, we would stress the strategic importance of this new EU target. For instance, in a joint assessment of the role of the employment and social inclusion EU *headline targets* agreed in the context of the Europe 2020 strategy,<sup>832</sup> the Employment Committee and the Social Protection Committee (SPC) emphasised that these targets "*proved to be useful in driving forward ambitious policy reform*". They generally felt that these targets and associated indicators served as "*an effective tool for monitoring the progress achieved against the employment and social objectives of Europe 2020*". Importantly, they expressed "*strong support to the view that the setting of national targets (in addition to an overall, common target) has been useful for supporting national policy reforms*". Finally, it should be noted that the committees also expressed some concerns that these targets had not been "*assessed in a sufficiently integrated manner*". (See also Section K2.4.2 below, on monitoring and data collection.)
- The multi-annual national strategies, backed up by CG National Action Plans, should contribute to ending child poverty and also to ensuring that all children who are AROPE or otherwise disadvantaged (e.g. children with disabilities, children growing up in

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<sup>830</sup> See European Commission's CG roadmap [here](#).

<sup>831</sup> In its proposed EPSR action plan, the European Commission suggests that the number of AROPE people should be reduced by at least 15 million by 2030 – of which at least 5 million should be children. We briefly come back below to the EU AROPE indicator (see next footnote as well as Section K2.4.2).

<sup>832</sup> European Commission (2019). The Europe 2020 strategy for "smart, sustainable and inclusive growth" was adopted by the European Council on 17 June 2010 for the 2010-2020 decade. It included five overall EU *headline targets* to be achieved by 2020 covering employment, research and development, climate change and energy sustainability, education, and social inclusion. The employment target consisted of raising to 75% the employment rate for women and men aged 20-64, and the social inclusion target consisted of reducing by at least 20 million the number of AROPE people. The EU AROPE indicator used in the context of the Europe 2020 strategy was adopted in 2010. It consists of the union of three EU indicators: AROPE people (adults as well as children) are people who live in a household that is at risk of poverty (according the standard EU definition already presented above) and/or severely materially deprived (i.e. the household cannot afford at least four out of nine material deprivation items) and/or (quasi-)jobless (its work intensity is less or equal to 0.2). For an in-depth analysis of the AROPE indicator and its three components, see inter alia Atkinson, Guio and Marlier (2017).

precarious situations, migrant children, and children in alternative or institutional care) have access to the five social rights identified by the European Parliament. They should ensure that any particular initiative is prioritised following a careful analysis of the main gaps in existing provision, and identification of the most urgent areas requiring action in the Member State concerned. They should also ensure that EU and national financial resources are used strategically, and directed to implement the areas prioritised in the National Action Plan.

- The sub-national (often municipal) level should be responsible for the delivery of programmes to ensure that they are adapted to specific local conditions, involve all relevant actors, and develop effective outreach to families and children at risk.<sup>833</sup>
- The policy initiatives undertaken in the context of the CG should be linked to the rights of children, and duty-bearers should be accountable for ensuring that children's rights to non-discrimination and participation are fulfilled, in line with the EU strategy on the rights of the child (2021-2024).
- Where possible, universal programmes should be established, as these are the best means of achieving the CG goal of reaching all AROP children. However, for priority actions where this is not immediately realistic, targeted provision should be aimed at maximum possible coverage of all AROP children and should be designed in ways that minimise segregation and stigmatisation, and maximise take-up.
- Where more targeted programmes are initiated, the long-term strategy should be to move progressively towards more universal programmes.
- Although local pilot or demonstration projects could make a useful contribution to implementing the CG by testing out new approaches, they will only do so if they are set in the broader framework of a national approach and are specifically designed in ways to inform that approach.

To support Member States in the establishment of the types of effective governance arrangements and effective approaches identified in FSCG2, the European Commission, in the context of the CG, could usefully support the continuous exchange of learning and good practices between Member States, and develop guidelines for Member States to assist them in implementation on issues – such as how best to avoid or minimise stigmatisation, and improve take-up by AROP children.

## **K2.2 Mechanisms to ensure networking and collaboration between services**

### **K2.2.1 Recommendations in relation to the in-depth assessed priority actions**

The importance of encouraging networking between different services and different actors was stressed in several of the policy areas studied, in particular free ECEC, free regular health examinations, no homeless children, and the delivery of integrated services at school or in other settings.

- In relation to **free ECEC**, it is clear that although ECEC can make a substantial contribution to alleviating the impact of poverty on young children, it cannot by itself solve the problem of poverty. It is therefore recommended that ECEC provision should ally with partner organisations and closely network with various fields of social protection (e.g. parent support, housing, welfare, employment).
- In relation to **free regular health examinations**, the evidence shows that strong institutional cooperation, high interactivity between different stakeholders, and synergies between different sectors, are essential in order to ensure that economic vulnerability does not hamper adequate follow-up and treatment following health

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<sup>833</sup> For a similar recommendation, see Eurocities (2020).

examinations. Close cooperation between all actors in youth and healthcare for children and young people in local “early support” networks should therefore be promoted.

- In relation to priority action to ensure **no homeless children**, it is clear that (if not already in place) Member States should establish strategic partnership and governance models based on shared goals and strong collaboration between the different actors and support systems that all provide support to children and families through their homelessness trajectories – e.g. municipal services, homelessness services, child protection services, and domestic violence services. They should also strengthen collaboration between relevant actors in the homelessness policy and service provision sectors with Ombudspersons offices, and more specifically with Ombudspersons for children, given the latter’s specific knowledge on “children’s issues” and rights. Enhanced cooperation and coordination between all relevant services will help to ensure that the principle that no child should be separated from their family for purely financial reasons (including homelessness) is upheld.
- Networking and collaboration between services are at the heart of **integrated services initiatives**.
- Partnership is required between national and sub-national levels in order to promote networking and collaboration between services, and to establish cross-cutting initiatives designed to ensure the integrated delivery of services, as well as the horizontal interconnectedness of all actors and stakeholders engaged in their delivery. National levels should establish an overall framework for cross-cutting initiatives to ensure that their coverage is country-wide, there are overall quality standards, and initiatives are available to AROP children. The national level is also important for fostering cooperation between different policy areas in the development, design, funding, and implementation of integrated schemes. The local level should play the key role in implementation as it is at this level that cooperation between all sectors, the local community, parents, and children can best be established and where cross-cutting initiatives can be adapted to take account of local specificities. In terms of the approach to be adopted, integrated service provision should be based on universality, so as to ensure that all children have access to the services irrespective of their socio-economic background or geographical location within each Member State. However, in order to improve the functioning of schemes, universal access should be combined with a targeted approach to reach out to the most vulnerable and/or segregated groups of children and to respond to their specific needs.

However, although the importance of integrated working is emphasised across the different actions studied in FSCG2, it is also important to acknowledge that there are often significant barriers to be overcome to create integrated working models, especially in systems where existing services are quite compartmentalised and operate in silos. These barriers relate to issues such as funding, staff training, management/leadership, and allocation of responsibilities.

## **K2.2.2 General recommendations on approaches to networking and collaboration that might be adopted in the context of the CG**

From the detailed study in Parts D to I, it is possible to draw out some general principles on networking and collaboration that could inform the development and implementation by Member States of other policy actions that will be needed to achieve the objectives set by the CG. The following principles stand out.

- At central level, promoting networking and collaboration should become a key principle informing Member States' implementation of the CG. This can best be achieved through creating, if they do not already exist, cross-government (whole of government) arrangements for coordinating the planning, implementation, and monitoring of the CG across different policy areas and different sectors. This should be designed to ensure coordination between the different ministries and bodies in charge of children's policies and programmes from the start of developing the CG National Action Plans, so as to avoid working in silos and facilitate alignment between the policies being developed and the allocation of funds.
- The central level should give a high priority to looking at how integrated services initiatives can be created and resourced on a country-wide basis. This should involve a careful assessment of the existing barriers to integrated working – including regulatory constraints, financial barriers, administrative barriers, and lack of appropriate staff training and competences – and of what is needed to overcome these barriers.
- At sub-national level, authorities responsible for delivering services in the context of the CG should look at ways in which those services can be developed and delivered in an integrated way at local level, so that they are mutually reinforcing and meet the needs of AROP children and their families in a holistic and integrated way. This will require putting in place the necessary administrative changes to enhance coordination, cooperation, and a multidisciplinary approach between services; and investing in management and staff training and support to enable this.

## **K2.3 Ensuring good-quality services**

A key issue that emerges from Parts D to I is the importance of ensuring the quality of services. It is not enough to ensure that AROP children have access to services; that access must be to good-quality services. In the light of this we first make recommendations in relation to the priority actions studied and then, drawing on the evidence from these five areas, we make some more general recommendations that could be applied to other policy actions that might be developed in the context of the CG. It should be noted that Section K2.4 below (on monitoring) is also relevant to ensuring good-quality services.

### **K2.3.1 Recommendations in relation to the in-depth assessed priority actions**

#### **Adequate nutrition – free school meals**

In order to ensure that the nutritional value of school meals is maximised, their provision should be accompanied by clear guidelines setting out well informed quality standards. In this regard the European Commission could usefully support the exchange of good practices and consider developing guidelines to support Member States' implementation of the CG in this area.

#### **Free ECEC**

In order to ensure the quality of ECEC provision and to avoid imbalances in the quality between regions or between disadvantaged and other areas, general quality criteria should be established at the highest possible levels and set out in clear guidelines. These criteria need to encompass criteria about the quantity and quality of the workforce as well as the curriculum. The guidelines of the European quality framework can serve as the basis for

such quality criteria. National quality criteria can be supplemented at local policy levels by additional criteria adapted to local needs, such as criteria on the specific expertise of ethnic groups, on local health issues or on multilingualism. It is recommended that adults should not take care of more than four babies, six toddlers or 15-20 pre-school children, and that around 50% of the staff should have a qualification at bachelor level (ISCED<sup>834</sup> 5 or 6). In order to reach out to vulnerable families, it is also important to ensure the competence of staff in working with vulnerable families, and their intercultural competencies and knowledge of specific communities (for instance Roma). Staff should also be trained to support children with disabilities to participate equally in mainstream education. Involving specialised care staff and/or assistants, including parents as helpers, can also improve the quality of ECEC for children with disabilities or with other special needs.

### **Free education – removal of school costs**

In order to ensure that compulsory school is really free, it is essential to establish a clear legal definition of school-related costs (including “hidden” costs). These should include the costs of all materials and activities required by the school as part of the curriculum – including the cost of digital equipment and access to it, as it is essential to allow equal digital access to all children. Legal requirements and quality standards should be set for material in kind to ensure that it is of sufficient quality and non-stigmatising, and there should be regular monitoring of the quality of learning materials provided at schools. To support Member States in this regard and in the context of the CG, the European Commission should encourage the exchange of good practices in identifying and defining school-related costs and use the learning gained to develop guidelines to support Member State in the development of clear legal definitions.

### **Free healthcare – free regular health examinations**

Standards are the backbone of quality assurance in screening programmes. Member States should therefore define (minimum) standardised programmes, in order to guarantee uniformity and quality of programmes. This requires defining standards on the scope of the screenings, and on the content and structure of examinations, so as to make sure screening programmes are effective and in conformity with the latest medical advances. Investing in both the quantity and the quality of the workforce is crucial to guarantee the quality of health screenings and their accessibility. Standards should also be reviewed regularly in order to allow for continuous improvement and ensure they support the programme’s aims.

### **Decent housing – no homeless children**

Well specified quality standards should be developed for the provision of support to children (or families with children) experiencing homelessness or at risk of it (including young adults leaving institutions). Quality standards and requirements should be embedded in clear policy frameworks or service-level models that reflect an understanding of child and youth homelessness – guiding goals, outcomes, and practice. The European Commission in conjunction with the SPC could usefully develop guidelines to assist Member States in the development of quality standards.

### **Integrated delivery of services**

Establishing quality standards for initiatives fostering the integrated delivery of services should be ensured by specifying the requirements in the relevant legislation regulating the provision of the programmes. These requirements must be respected, and the funding of the programmes should make it feasible to comply with them. The monitoring of the quality of the programmes should be controlled through the conduct of internal and external evaluations assessing the effectiveness of the programmes. Surveys on the functioning of

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<sup>834</sup> International standard classification of education.

the centres including the participants' responses can be a complementary tool for the continuous improvement of their quality.

### **K2.3.2 General recommendations on approaches to ensuring good-quality services that might be adopted in the context of the CG**

From the detailed study of the priority actions considered during FSCG2, it is possible to draw out some general principles on ensuring quality that could inform the development and implementation by Member States of other policy actions that will be needed to achieve the objectives set by the CG. The following principles stand out.

- Measures to be covered by a policy action should be defined in legislation.
- Clear guidelines setting out criteria and quality standards for a policy action should be set out at national level for the delivery of a policy or programme. They should then be included as an integral part of the CG National Action Plans, and the services developed as part of these plans should be regularly monitored against these standards.
- When setting quality standards, the specific needs of AROP children should be taken into account, and issues such as cultural diversity considered.
- The relevance of quality standards should be reviewed on a regular basis.

Regarding most policy actions relevant to implementing the CG, the European Commission could usefully support the exchange of learning and good practices between Member States on setting quality standards and, in many cases, consider developing guidelines or quality frameworks to support Member States in developing these standards.

### **K2.4 Effective monitoring and enhanced data collection**

The evidence presented in Parts D to I highlights the importance of putting in place effective monitoring and evaluation of programmes/projects, and the importance of rigorous assessments of outcomes, in order to ensure effective management, the development of evidence-based interventions, and the maintenance of quality over time. It is also important to enhance the dissemination and potential for sustainability of actions. However, FSCG2 research highlights that effective monitoring is quite often hindered by the absence of appropriate data. In the light of this, we first make recommendations in relation to the priority actions studied and then, building on the evidence from these areas, we make some more general recommendations that could be applied to other actions that might be developed in the context of the CG.

#### **K2.4.1 Recommendations on evaluation and data collection in relation to the in-depth assessed priority actions**

##### **Adequate nutrition – free school meals**

The level of children's food insecurity and lack of nutrients should be regularly monitored in each Member State, for both the general population of children and for children in vulnerable situations in particular, allowing those areas to be identified where public intervention is needed.

All school meals provisions should be monitored. Part D of this report clearly shows that there is a need for more well-designed evaluation studies and cost-benefit analyses of school meals intervention. To ensure the quality and effectiveness of school meals monitoring and evaluation, arrangements should cover three different aspects of school meals programmes: outputs, quality and satisfaction, and outcomes. Outputs of the scheme could be measured in terms of numbers of meals provided, and how many of these meals were provided to children in specified target groups (such as those on low income). Systems of monitoring the implementation of carefully defined quality standards should be put in place. Satisfaction with the programmes could be measured by questionnaires to children and parents/carers. This could be achieved by standardised questionnaires issued

by schools or could be incorporated into national surveys. This should include qualitative information on the accessibility and “process” indicators which may help to better capture (and improve as needed) barriers to access and stigma. Outcomes to be measured could include primary objectives (food insecurity) and intended secondary benefits including educational and health benefits.

### **Free ECEC**

Monitoring is an essential part of an ECEC system that addresses the issue of poverty. To ensure the effectiveness of ECEC schemes, three dimensions should be monitored: accessibility, affordability, and quality.

As far as accessibility is concerned, it is recommended that an EU target should be agreed upon for guaranteeing that all AROP children have access to high-quality ECEC. Specific indicators of enrolment rates below and above age 3 are needed for children from AROP families. A key barrier to developing monitoring systems in relation to ECEC is that there is often a lack of available data on the enrolment of children, especially in the younger age group, enabling disaggregated enrolment levels by household income and ethnicity. It is therefore recommended that enrolment is more closely monitored and documented, especially that of younger children in split systems, to make it possible to evaluate policies and assess “what works”.

As regards affordability, the net childcare cost (NCC) for distinct groups of children in vulnerable situations should be computed. The NCC provided by OECD for different household types of working parents should be complemented by NCC computations for non-working parents in different socio-economic situations.

When monitoring the quality of ECEC, the European quality framework, decided by the European Commission, presents a sound basis for defining the crucial quality dimensions. Quality criteria which are particularly salient for AROP children should be added: the provision of material support, such as free meals and bathing facilities; networking with other social services (including welfare organisations, social housing, employment); and outreach to vulnerable families.

The literature is not conclusive on using data on children’s outcomes as indicators of quality, as outcomes may be influenced by many other criteria. Similarly, the literature shows that parental satisfaction is not a valid way to monitor quality, as parents’ opinions about quality do not relate to objective measures of quality, as the essence of process quality happens when they are not present. We therefore do not suggest including these two types of indicator (children’s outcomes and parental satisfaction) in the monitoring process of ECEC.

### **Free education – removal of school costs**

All the programmes that were assessed in-depth in relation to removing school costs demonstrate the importance of monitoring and evaluation of policies for the continuous improvement of policy implementation. However, too often there is a lack adequate data. It is therefore recommended that all Member States should develop a comprehensive monitoring and evaluation framework which should ensure the availability of regularly collected, comparable, and sufficient data on: the gross school costs for average and low-income children; the net out-of-pocket school costs computed for low-income children, to ensure that they have access to free education (main outcome indicator); the number of children benefiting from the different schemes, in proportion to the targeted population (output indicator); qualitative information on the accessibility and relevance of support (quality of implementation); and evaluation studies, including assessment of the benefits of funding schemes for children, families, and the society. Without such monitoring, it is extremely difficult to assess the effectiveness of the policies in place to remove school

costs. This monitoring should be implemented evenly across the country so that AROP children in poorer areas do not lose out.

### **Free healthcare – free regular health examinations**

The importance of monitoring health examination programmes emerges clearly from the programmes assessed. Data on the proportion of children benefiting from the different types of screening (and those who do not) are not easily available. Participation figures are important to assess whether all children access screening services and if additional outreach is needed. All Member States should therefore establish ongoing monitoring based on an information system allowing for real-time feedback. This monitoring should be based on specific criteria covering different aspects of the screening programmes (e.g. coverage, take-up rate, effectiveness, incidence measures, quality, follow-up treatment) and derived from the objectives of the programmes. Development of data collection and indicators should be part of monitoring, and should include not only quantitative but also qualitative information. It will be important to involve stakeholders, children, and families in the monitoring of service provision. In the context of the CG, an EU indicator or set of indicators should be established to monitor Member States' progress towards guaranteeing free regular health examinations and follow-up treatment for AROP children.

### **Decent housing – no homeless children**

The programmes relating to child homelessness studied during FSCG2 serve to highlight the important role that can be played by effective monitoring and evaluation in improving the quality, availability, and effectiveness of services. However, they also reveal a paucity of robust data and/or studies on the number of homeless children in different situations (such as in temporary shelters, at risk of eviction, living with family due to lack of housing), or on the use, costs, and benefits of policies/programmes preventing or addressing homelessness among children (or families with children). It is therefore recommended that, in the context of the CG, all Member States should establish clear review mechanisms or outcomes-monitoring systems regarding existing policies, programmes, and support services. These should be aimed at enhancing understanding of the impact of homelessness and of existing support on families and/or children experiencing homelessness, allowing the state to get the clear picture it needs of the value of investment. In this regard it will be important to strengthen the existing evidence base on the impact of services providing support to children and/or families at risk of, or experiencing, homelessness in order to develop the necessary quality standards and/or regulations when children are present. In this regard the European Commission in conjunction with the SPC could draw on existing good practices to develop EU-level guidelines to assist Member States in developing effective monitoring and evaluation mechanisms. As part of monitoring, it will be essential to establish robust mechanisms for measuring child homelessness at Member State level in order to be able to assess progress in reducing homelessness among children. In addition, at EU level and in the context of the CG, we recommend the establishment of an EU target of ending child homelessness, and the adoption of an EU-level indicator to monitor Member States' progress towards this target.

### **Integrated delivery of services**

In order to ensure that quality levels of integrated schemes are sustained over time, a monitoring scheme should be set up to improve the sustained tracking of different indicators regarding the functioning of the programme. Some key indicators to monitor the development of a programme include: the number of children benefiting; the number and types of services provided; and the learning, well-being, and health outcomes. Participation and take-up figures are especially relevant as they provide valuable information about the composition of the programmes' beneficiaries, enhancing knowledge of whether outreach is efficient.

## K2.4.2 General recommendations on approaches to monitoring and data collection that might be adopted in the context of the CG

It will be important to put in place at EU level a strong overall system for monitoring and reporting on the overall delivery of the CG. This will be crucial in ensuring the accountability of Member States and in fostering a high level of visibility for the CG. The following recommendations are made in this regard.

- Member States' monitoring at national level should be complemented by monitoring at EU level of progress made towards achieving the CG's objectives, by each Member State and in each policy area covered by the CG. Particular attention should also be paid to monitoring the progress made by Member States towards the (sub-)national targets they should be invited to include in their CG National Action Plans, as well as the progress of the EU as a whole towards the overall EU target of reducing the number of AROPE children by at least 5 million by 2030 (see Section K2.1.2). It will be important to ensure that the AROPE indicator used for this new EU target takes into account the latest developments agreed upon by the SPC and its indicators sub-group, with a view to improving the robustness of the original indicator that was used in the context of the Europe 2020 social inclusion target.<sup>835</sup>
- To enhance monitoring, the European Commission and Member States should agree appropriate indicators for each policy area. Both quantitative and qualitative indicators should be used. Furthermore, involving children in qualitative research could help to better reflect children's experiences and perspectives.<sup>836</sup> In its European Pillar of Social Rights (EPSR) action plan,<sup>837</sup> (the European Commission proposes to revise the "social scoreboard" (which feeds into the European semester process) so that it better reflects the 20 EPSR Principles and thereby makes it easier to monitor the progress of policy priorities and actions set out in the action plan. It proposes that the scoreboard should include, inter alia, new headline indicators on child poverty and housing cost overburden. We think it would be important to also consider including in the social scoreboard the EU indicator on child-specific deprivation agreed by the SPC and its indicators sub-group in 2018.<sup>838</sup>
- In conjunction with Eurostat, the European Commission should invest in filling gaps in the data necessary for such monitoring, including in regard to the most vulnerable groups and those who are harder to reach.
- A sub-committee of the SPC should be established to specifically monitor and report on progress in the implementation of the CG. This monitoring should take place annually and be linked to Member States' reviews of their CG National Action Plans.
- Monitoring and evaluation should be linked to the monitoring of EU funds, and in particular should assess the extent to which they are being used in compliance with the enabling conditions for access to EU funds.
- Monitoring and evaluation should feed into the European semester process, the EPSR action plan, the EU strategy on rights of the child (2021-2024), and the United Nations (UN) 2030 agenda and related sustainable development goals.

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<sup>835</sup> A major improvement concerns the measurement of deprivation at EU level. Since 2017, the EU indicator of "material deprivation" (based on nine deprivation items) has been replaced in the EU portfolio of social indicators by a more robust indicator of "material and social deprivation" (13 items). For a description of the two indicators, see [here](#). According to the new EU indicator, severely socially and materially deprived people are those who cannot afford at least seven out of the 13 items included in the indicator.

<sup>836</sup> FRA developed guidelines to facilitate children's participation in research with the relevant safeguards in place. These guidelines were used in different participatory research; see for example FRA (2017, 2019).

<sup>837</sup> European Commission (2021).

<sup>838</sup> For an in-depth analysis of this 17-item indicator, see Guio, Marlier, Vandenbroucke and Verbunt (2020).

As an example, Table K1 proposes a set of indicators that could be used to monitor the five CG components studied in FSCG2. These indicators should be monitored for the whole population of children, those living in low-income households, and different other vulnerable groups who deserve particular attention (such as lone parents, children in alternative care, children with disabilities, migrant children, Roma children<sup>839</sup>).

Although some available data sources can be used (see information provided in brackets), there exist many gaps in data relating to important dimensions: children food security, net out-of-pocket school costs, extent of child homelessness, and children's access to health screening and treatments. Filling some of these data gaps will require the use of methods designed to collect information about hard-to-reach children who cannot be easily captured in general population surveys.<sup>840</sup> Here also, both quantitative and qualitative information should be used.

Data on costs paid by parents are of crucial importance in assessing the affordability of the services and the need for additional public support for vulnerable families. The focus should be on the costs paid by low-income parents and parents of children in other vulnerable situations (i.e. the net out-of-pocket costs, taking into account possible benefits received and tax credits). These net costs should be zero for ECEC, education, healthcare or school meals. The ECEC net out-of-pocket costs are computed by OECD for a few household types (with at least one working parent), but are not available for the other services.

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<sup>839</sup> Monitoring the CG should be done in conjunction with the monitoring system developed to support the efforts to reach the targets set in the new "EU Roma strategic framework for equality, inclusion and participation" (published in October 2020). See FRA (2020).

<sup>840</sup> Till-Tentschert (2020).

**Table K1: Proposal for monitoring the five FSCG2 components, EU and Member States**

Breakdowns	At least one healthy balanced full meal per day	Free ECEC	No school costs	Free regular health examinations and follow-up treatment	No homeless children
	Proportion of children suffering from enforced lack of fruits/vegetable or proteins (due to affordability reasons), or simple lack (for other reasons) by age [EU-SILC <sup>841</sup> ]	Proportion of children under age 3 and 3-5 who attend ECEC [EU-SILC]	Net out-of-pocket school costs for distinct groups of children in vulnerable situations by grade [to be collected]	Proportion of children benefiting from free health-screening programmes at different ages: <ul style="list-style-type: none"> <li>• free general health screening;</li> <li>• free visual screening;</li> <li>• free dental screening; and</li> <li>• free mental health support [administrative data]</li> </ul>	Number of children aged 0-17 living: <ul style="list-style-type: none"> <li>• rough;</li> <li>• in emergency/temporary accommodation;</li> <li>• temporarily with family or friends due to lack of housing;</li> <li>• living in refuges for women escaping domestic violence; and</li> <li>• in non-conventional dwellings [to be collected]</li> </ul>
All children by: household SES, income level and poverty risk status; other vulnerabilities; rural and urban	Proportion of children receiving full school meals, by grade and income level of parents [School records and administrative data]  Net out-of-pocket school meal costs for distinct groups of children in vulnerable situations by grade [Administrative data]  Quality of school meal provision [Survey and administrative data on quality control]	NCC (under age 3 and 3-5) [OECD tax-benefit model, to be extended to non-working parents]	Percentage of children living in households that find it very or moderately difficult to cover the costs of compulsory education by age [EU-SILC]	Proportion of children benefiting from appropriate follow-up treatment (e.g. quality, waiting time) [to be collected]	Number of children aged 0-17 living in households who received eviction notices [to be collected]
	Food security level [food security survey module, to be collected]  Children who are deemed underweight, overweight or obese (if reliable body-mass index data) [Survey]	Quality of ECEC provision (such as child-staff ratio, staff education) [Eurydice]		Proportion of children suffering from unmet need for medical/dental treatments by age [EU-SILC]	Number of children aged 0-17 suffering from severe housing deprivation or living in overcrowded dwellings [EU-SILC]

<sup>841</sup> European Union statistics on income and living conditions.

Regarding the concrete policy actions put in place to achieve the objectives set by the CG, it is possible to draw out some general principles on monitoring and data collection that could inform the development and implementation by Member States of the policy actions that will be needed. The following principles stand out.

- A monitoring and evaluation programme should be developed for all policy actions developed in the context of the CG.
- Monitoring and evaluation should cover issues of coverage, accessibility, take-up, stigma, quality, effectiveness, and impact/outcomes.
- Monitoring and evaluation should be done by independent experts.
- Where possible, the European Commission should support the exchange of good practices between Member States on the development of monitoring frameworks, and develop guidelines to support Member States.

The UN Committee on the Rights of the Child General Comment No 19 on public budgeting for the realisation of children's rights provides useful detailed guidance to states on their legal obligation to invest in children, and could be used in the CG context for planning and monitoring resource allocation.

## **K2.5 Ensuring participation of children and parents**

Only quite limited evidence is available from the priority actions studied during FSCG2 on the extent of participation and involvement of children and parents/carers in the design and evaluation of programmes and projects. Where there is such evidence, and from studying the wider literature, two main reasons for promoting participation and involvement are highlighted: (a) participation of children in the decisions that affect them is a right and can play an important role in their empowerment and development; and (b) the involvement of children and parents/carers leads to more relevant policymaking and greater accountability. In other words, better outcomes for children and young people require that they and their parents/carers are listened to and involved in decisions that affect them.

### **K2.5.1 Recommendations on participation in relation to the in-depth assessed priority actions**

The issue of participation and involvement was highlighted most in relation to free school meals, eliminating school costs, policies to ensure that no child is homeless, and integrated projects. Key conclusions reached are as follows.

- The design and planning of **school meals** and their evaluation should involve children and parents/carers. Measures to achieve this can include surveys/interviews of children and the involvement of parents in school planning committees.
- As the main target group, children and parents/carers should be directly involved in the design of programmes and in the monitoring and evaluation process in relation to **school costs**. They should be enabled to: provide their own estimates of school costs; give their views on the definition of school costs effectively used in practice; assess if the policies implemented addressed their actual needs; and provide insights on the practical side of implementation.
- In a few Member States, users participate to some extent in the implementation of **health-screening programmes**. Such participation may contribute to increasing children's involvement in health prevention. It is also crucial to assess and improve the existing programmes, by providing information on their use, the barriers to accessing them, possible follow-up treatments, and the gaps in health provision.
- Although the involvement of children and parents experiencing **homelessness** in the monitoring of service provision is only infrequently a feature of the programmes studied, the research emphasises that it is important on at least two different levels: (a) it gives service-users their own voice in the process, and the opportunity to express

themselves; and (b) it opens up possibilities for the monitoring and evaluation process to identify aspects within service provision that would not be visible or that could not have been anticipated from the sole perspective of the evaluation team (either internal or external). It is thus recommended that the active involvement of children, young people, and parents/carers with experience of homelessness be enhanced, within an empowering participative approach to the design, implementation, and monitoring of support services.

- Several of the **integrated projects** studied: emphasise the importance of promoting parental involvement, student participation, and social interaction in the school; stress the importance of strong cooperation between parents, professionals, and service providers; and highlight how this contributes to better understanding by professional staff of children's and parents' needs. The overall conclusion is that collaborative schemes between the partners involved – non-governmental organisations (NGOs), child and youth care organisations, and in some cases parents – seem to have positive outcomes for the functioning of the programmes, putting them in a better position to accomplish their objectives. Some examples of participation include: parental involvement on a parent or client council which provides suggestions for the implementation of the projects; and the training of parents, pupils, and volunteers for them to become mentors. It is therefore recommended that the involvement of children and parents should be built in to integrated schemes supported in the context of the CG.

### **K2.5.2 General recommendations on approaches to participation that might be adopted in the context of the CG**

In the light of the evidence from the priority actions studied, three elements can be identified which should be taken into account in the overall development of the CG. They are as follows.

- Integrating the involvement of children and young people and their parents/carers should be deemed a crucial element in any policy, programme, or initiative aimed at supporting the participation of all children or all AROP children.<sup>842</sup>
- Children and parents/carers should participate meaningfully in the design, implementation, monitoring, and evaluation of the CG National Action Plans. The European Commission should encourage and promote the exchange of good practices between Member States on the participation of all children or all AROP children and their parents/carers in the development, implementation, and monitoring of national strategies, policies, and programmes to implement the CG.
- The European Commission should consider developing guidelines to assist Member States in developing effective approaches to the involvement of children and parents/carers.

### **K2.6 Ensuring a child-centred and child rights approach**

Our research highlights at the outset that a fundamental reason for pursuing each of the priority actions studied in FSCG2 is that they can contribute to realising the fundamental rights of children to adequate nutrition, free ECEC, free education, free healthcare, and decent housing. This is clarified in Chapter C2 (Boxes C1-C5), where the legal basis for each component being studied is set out.

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<sup>842</sup> An example at the EU level is provided in the context of a symposium organised by the European Union Agency for Fundamental Rights (FRA) in June 2017, under the framework of the Maltese Presidency of the Council of the EU. More than 20 children from nine EU Member States suggested a number of measures to combat poverty and social exclusion.

In addition, in several areas emphasis is placed on the importance of ensuring that there is a flexible child-centred approach which takes into account, and is adapted to, the particular needs of individual children, as follows.

- In relation to policies and practices to ensure that **no child is homeless**, the analysis conducted revealed the importance of developing more targeted mechanisms which ensure that children at risk are actually supported in ways that best respond to their needs. The adoption of child-centred models of support which acknowledge the need to protect children from the negative impacts of homelessness, providing specialised targeted support, are cited as a positive example of such mechanisms. The adoption of child-centred models or approaches, where children's perspectives and experiences are duly considered and strategically used to assess and validate the experience of support services, is therefore recommended.
- In relation to **integrated services**, one of their key features is that they are often in a better position to offer services adjusted to the particular needs of each individual family. There is often greater flexibility in these programmes to adapt to the special needs of individuals, and their assessment is also relevant for sustained quality standards. This means combining universal access with a targeted approach to reaching out to the most vulnerable and/or segregated groups of children, and responding to their specific needs. In addition, the adaptation of the services to the specific needs of each child enables the full efficiency of programmes.

In the light of the FSCG1 and FSCG2 findings it is recommended that, in developing priority actions to achieve the objectives of the CG, all policies and programmes should be framed by strategic policy frameworks for protecting children's rights. Programmes should thus be developed on the basis of children's rights and should foster a child-centred approach across all relevant policy areas (e.g. housing, health, education, social services) which is based on the needs and experiences of children.

## **K2.7 Emphasising prevention**

The importance of prevention and early support is strongly highlighted across the priority actions studied during FSCG2. The evidence collected from all the actions studied and documented in Parts D to I of the report shows that, when they are of a good quality, they can contribute both to preventing/reducing problems associated with poverty risk and to ensuring the early identification and treatment of existing problems that could deepen children's poverty if not addressed. Such actions are highly cost-saving, as they allow the costs to be avoided of the more expensive actions needed when problems are allowed to become more acute.

- **Free school meals** help to prevent malnutrition and health problems, and also reduce the risk of poor school attendance, educational disadvantage, and ultimately school dropping-out.
- **Free ECEC**, especially if it is available from a very young age, plays a key role in children's cognitive and non-cognitive development, as well as outcomes achieved during adulthood. It thus contributes significantly to avoiding educational disadvantage and early school-leaving. It also provides an opportunity to identify children facing particular health, developmental, and educational challenges at an early age.
- **Free health examinations** combine both primary and secondary prevention, as explained in Chapter G1. Primary prevention involves actions that prevent the manifestation of a disease or injury before it ever occurs. It includes actions related to annual health check-ups, as well as activities to improve health through the provision of information on behavioural and medical health risks, measures to reduce them, and vaccinations. Secondary prevention reduces the impact of a disease or injury that has already occurred, by detecting and treating it as soon as possible to halt or slow its progress. It includes regular examinations and screening programmes to detect a disease in its earliest stages.

- Policies to ensure **no homeless children** put a strong emphasis on prevention, which demands: strong effective primary prevention systems (e.g. poverty reduction, adequate welfare benefits, access to affordable housing support, debt counselling, and other social support); well targeted secondary prevention measures (e.g. housing advice support addressing the actual “sources” of eviction); and rapid rehousing systems and support addressing the particular needs of children (and their families) and of young people in the transition to adulthood (with specific focus on vulnerable youngsters). The research undertaken reinforces the importance of developing prevention and early support policies (e.g. increasing access to affordable housing, strong poverty reduction measures, the provision of adequate welfare services, and comprehensive child welfare and prevention systems) to effectively address the structural causes of child homelessness; and it argues that the CG should emphasise strengthening preventive and early support strategies/solutions which are based on demonstrably effective evidence-based approaches.
- **Integrated services** initiatives contribute significantly to prevention, as they help to prevent the factors that may cause problems and ill-health among families and children. They also help to prevent and reduce educational disadvantage, health problems, preventable diseases, teenage pregnancies, poverty, and domestic violence.

In the light of these findings, it is strongly recommended that all priority actions and programmes that are developed in the context of the CG should be required to have a strong emphasis on prevention and early support. This means they should be designed and delivered in ways that reach out to and identify those children and families most at risk. The European Commission can play a key role in promoting exchange and learning between Member States on ways to ensure that the prevention and early support dimensions are strongly developed.

## Chapter K3: Funding arrangements to support the CG

### K3.1 Typology of programmes to be funded under the CG

In the course of FSCG2 we have identified a range of programmes that can contribute to making progress towards the five policy objectives set out for the CG by the European Parliament (i.e. all AROP children should have access to adequate nutrition, free ECEC, free education, free healthcare, and decent housing). Although we have only examined one policy component for each of these objectives (i.e. one healthy balanced full meal per day, free ECEC, no school costs, free health examinations, no homeless children) this research has enabled us to develop a typology of the types of projects and programmes that could be fostered under the CG – not only in relation to the specific policy component examined, but also across the many other policy actions identified in FSCG1 as being necessary to achieve the European Parliament’s policy objectives. Our examination of these five components has led us to identify five main types of programme:

- universal programmes;
- universal programmes with some additional targeting;
- programmes targeted at children from low-income households;
- programmes targeted at particular groups of children in vulnerable situations; and
- programmes targeted at disadvantaged areas.

Drawing on the findings outlined above in Parts D to I, we look in more detail at each of these types of programme, and at some of the potential advantages and disadvantages of each approach. Then, in the light of this, we make some recommendations as to which types of projects should be funded under the CG.

### **K3.1.1 Universal programmes**

Universal programmes with legal entitlement emerge from the FSCG2 research as the most effective way of ensuring access by AROP children to most key rights envisaged under the CG. In relation to adequate nutrition, interesting examples of the universal provision of school meals include school lunches in Estonia and free full school meals in Finland and Sweden. In relation to free-of-costs education, the universal approaches in Finland and Estonia documented in this report are good examples of the benefits of this approach. In terms of regular health screening, good examples of effective universal approaches are: the “mother-child pass” and yearly school health examinations in Austria; the maternity and child health clinics, “baby box”, and school healthcare programmes in Finland; and the child health examination programme in Germany.

The advantages of universal approaches documented in this report are that they achieve high rates of coverage, reduce socio-economic inequalities, reduce administrative burdens and barriers to take-up, and avoid segregation and stigmatisation. They can also help to ensure consistently high standards and regular monitoring of schemes. On the downside, the establishment of such programmes can take substantial time, require a high degree of political and public support, and may be more easily implemented in Member States with a tradition of universal schemes. There is also the reality of higher costs when universal provision is free of charge or significantly subsidised and reverse targeting is built in by design. In addition, universal schemes are sometimes limited to certain age groups and do not cover all children, or the hours that schemes are available may be quite limited. Furthermore, legal entitlements and free provision do not necessarily ensure high participation by children from low-income families if there is a lack of availability, as is sometimes the case: in relation to ECEC provision, this is exemplified in the Latvian and Austrian case studies. In addition, take-up of universal schemes may be adversely affected for a variety of reasons: when participation is optional; where parents have other alternatives (e.g. paid parental leave or stay-at-home allowances in the case of childcare); where provision is not seen as being of a high standard; where there are significant additional out-of-pocket expenses incurred in participating; where parents lack information about their rights; or where there may be other barriers to participation such as cultural barriers. As Part G on access to free regular health examinations and follow-up treatment demonstrates, a universal approach is not sufficient on its own. To ensure accessibility and actual coverage, it is necessary to establish a pro-active approach in order to reach all children, involving a binding system of invitation, registration, and reminders with a competent authority at local level. Active outreach programmes may be necessary to complement the universal provision, as explained above.

### **K3.1.2 Universal programmes with some additional targeting**

Although universal schemes reach most children there can still be gaps in provision. For instance, in relation to adequate nutrition, the provision of free school meals does not address the situation where some children may attend school irregularly or have dropped out of school, or the reality that school meals often do not cover weekends and holiday periods. Some additional provision targeted at AROP children may therefore be needed to complement universal school meals. Some AROP children may also have additional needs that need to be addressed to help them benefit from universal provision – for instance language or cultural support in the case of children from migrant backgrounds, and additional support for children with disabilities. The Finland case study highlights the challenges faced, in relation to education, by specific target groups who require additional targeted support and outreach activities.

### **K3.1.3 Programmes targeted at children from low-income households**

One type of approach to reaching AROP children is to target services at all AROP children on the basis of family income or related criteria. For instance, in relation to nutrition this approach can be seen in Cyprus where school meals are free to some pupils (in primary all-day schools) from families on the guaranteed minimum income (GMI). In relation to costs of education, in Austria the school starter parcels funded by the Fund for European Aid to the Most Deprived (FEAD), and in Ireland the “back to school clothing and footwear allowance” (BSCFA), are good examples of a targeted approach based on income.

The main advantage of such an approach compared with universal provision is cost reduction and, when compared with area-based targeting, it has better coverage of all AROP children if criteria are well designed. However, major disadvantages can include the risk of stigmatisation, the administrative burden of identifying targeted children, the risk of missing some children in vulnerable situations, and the risk of non-take-up. The effectiveness of this type of approach therefore largely depends on the details of each policy and each scheme, and on how well designed particular schemes are to try and avoid some of the negative factors such as stigmatisation and low take-up. For instance, in relation to school costs initiatives such as an automated identification of eligible recipients, the quality of the in-kind support provided, and a properly organised delivery process, are critical in order to ensure sufficient take-up of the assistance.

### **K3.1.4 Programmes targeted at particular groups of children in vulnerable situations**

Another type of approach is to target services at groups of children who are perceived as being in particularly vulnerable situations (such as Roma children, migrant/refugee/asylum-seeking families, and homeless children). In Romania, the “minimum service package” (MSP) (which targets children in low-income households, Roma children, children with disabilities, and children living in rural communities) is a good example of an approach aimed at reducing inequities in access to health services, education, and intersectoral and preventive social protection services, based on the community and centred on the family. In the area of homeless children, the municipal social assistance and “housing first” (HF) approach in Finland, and the HF for families with children project in Brno (CZ), are good examples of such an approach.

The advantage of this approach is that it can ensure high-quality services are developed that are more effective at: reaching the children in question; providing appropriately tailored information on services; taking fully into account children’s specific needs; and helping children develop links to mainstream provision. However, the downside can be that sometimes these children are further segregated and isolated. In most policy areas it is therefore better, where possible, to develop such targeting within the context of universal schemes or as a step to help children from disadvantaged backgrounds make the transition to mainstream provision – as illustrated by the Bulgarian and Slovenian case studies on reaching out to Roma and Turkish children in the context of ECEC provision. However, in the case of the selected component in the area of housing (i.e. no homeless children), the policies in question are inevitably targeted at a particular group (i.e. children and their families who are, or at risk of being, homeless). What is important in this type of targeted approach is that it is based on an overall national strategy: one which puts in place a comprehensive range of support policies aimed at prevention and rapid rehousing when homelessness has occurred, based on a clear statutory recognition of the right of children to be protected from homelessness. It is essential to avoid, as far as possible, temporary solutions that segregate children and their families in temporary provision, but rather focus on their rehousing in mainstream housing provision.

### K3.1.5 Programmes targeted at disadvantaged areas – universalism within a targeted approach

Some programmes are designed to reach children in vulnerable situations by targeting services at those areas with high levels of poverty and social exclusion. For instance, in relation to free school meals one approach is the targeting of schools in areas of multiple disadvantage (e.g. Bulgarian Red Cross hot meal programme, the Greek DIATROFI programme) or with high numbers of AROP children. In relation to ECEC, the Ghent municipality deliberately embeds new places in areas with additional social needs. This type of approach can be quite effective at reaching many of the most vulnerable children in an area and ensuring high levels of take-up – even if, as a consequence, there is reverse targeting. However, some of the cost efficiencies may be offset by higher administrative costs in determining which areas or schools are eligible. In addition, this type of approach does not reach all AROP children, as those outside the targeted areas (or schools) are not covered, and so this approach does not meet the objective of the CG to reach all AROP children. If a Member State begins with a programme targeting disadvantaged areas, it will therefore need to consider either gradually expanding the programme to include more areas until a universal programme is established or else complementing it with targeted programmes for children at risk in other areas.

### K3.1.6 Recommendations on types of projects to be funded

Drawing on the above findings and given that the aim of the CG is to reach all children in need, it is thus recommended that priority under the CG should be given to funding those policies and programmes which adopt a universal approach, and especially those that combine a universal approach with some additional targeting to make sure that children in particularly vulnerable situations are reached (see Sections K3.1.1 and K3.1.2). In Member States and policy areas where it is not immediately realistic to develop a universal approach, programmes targeted at all AROP children or suffering from other vulnerabilities could also be supported under the CG. However, this should only be the case when it is clear that they are of a high quality and that every possible step is being taken to ensure comprehensive coverage of these children and to combat stigmatisation and segregation (see Section K3.1.3). Programmes which are targeted at specific groups of children or at particular disadvantaged areas should only be supported under the CG when they are set in the broader context of an overall approach aimed at reaching all AROP children, and thus are combined with other initiatives to reach those AROP children who are not in the disadvantaged groups or areas. (See Sections K3.1.4 and K3.1.5.) Ideally, they should be seen as step towards developing more universal provision.

The development of **experimental initiatives** should also be funded, on the condition that additional funding can ensure the sustainability of efficient projects in the long term.

## K3.2 Levels at which the required financial resources could be found

The evidence from the research undertaken on the six priority actions shows that there is a significant variation in the governance levels (EU, national, and sub-national) at which financial resources are found to support the actions. The exact details of these largely depend on the particular governance arrangements and economic situation in a country and on the particular priority action under consideration. See examples as follows.

- **Free school meals:** Many existing schemes involve a mix of funding from a variety of sources at national, municipal, and school levels, sometimes combined with local donations. The range of provision of school meals can include: primary support by central government with additional support from municipalities (e.g. EE, LT); meals being fully funded by municipalities (e.g. FI); central government funding supplemented by parental fund-raising (e.g. CY); and a combination of NGO and private sector funding (e.g. Bulgaria). EU funds, particularly the FEAD, are sometimes used to fully or partly fund particular initiatives, and have shown the potential to provide

matched funding to stimulate or facilitate the expansion of existing initiatives and to fund school meals infrastructure.

- **Free ECEC:** Member States differ significantly in how ECEC funding is organised. They differ in terms of the governmental level that provides funds (national, regional and/or local) as well as to the degree to which the funding is channelled to providers (supply-side funding) or users (demand-side funding). Demand-side funding seems to lead to increased inequality in take-up of ECEC (e.g. FI) and increased geographical inequalities in the availability of places (e.g. NL). The evidence also suggests that central regulations and funding mechanisms are necessary to avoid regional imbalances and inequities in enrolment. Central structural quality standards entail that national and regional governments should co-finance investment in ECEC in order to reduce geographical differences in ECEC provision and increase the inclusion of children in vulnerable situations. EU funds have proved instrumental in supporting the development of experimental ECEC initiatives and in increasing the availability of places (e.g. in the Polish region of Kujawsko-Pomorskie *voivodship*). There is also evidence that EU funds are used to support families via the provision of vouchers, but the efficacy of this form of demand-side support is questioned. Overall, it is recommended that the approach should be to develop national or regional supply-side funding schemes (depending on the governance specificities of a country) as these foster solidarity between richer and poorer regions, avoiding the risk that municipalities with a higher prevalence of low-income families lack the means to serve the families' needs and to provide the necessary childcare places. The Swedish national framework, with the municipalities responsible for implementation, is an example of such a coherent policy. EU funds can then be used to stimulate and/or support the expansion of such an approach.
- **Removal of school costs:** The programmes assessed for this report are mainly co-funded from national and local budgets. For instance, in Finland the costs are covered by public education budgets (state and municipalities), the Irish BSCFA scheme is entirely funded from the state budget, and in Estonia funding for study materials comes mainly from the national equalisation and support fund – with additional funding for digital textbooks and other materials from EU funds, especially the European Social Fund (ESF) and FEAD. There is also evidence from the research of EU funds being used to support innovative/pilot and, in the long term, sustainable interventions (e.g. digital learning materials), and to implement very targeted (though rather small-scale) support schemes such as the Austrian school starter parcels. FEAD interventions were also highlighted in other Member States in the area of school materials.
- **Free regular health examinations:** The funding of health services is typically a national/regional competence but, depending on the health system design, the programmes may be tax-funded or funded through health insurers. The actual funding sources may differ depending on the specific characteristics of the scheme and of the organisation of the health and education system in the country. Some combine state and regional funding; for instance in Finland the baby box is covered by the state level, and the maternity and child health clinics and school healthcare service by the municipal budget. In other cases (e.g. the Portuguese programme of dentist-cheques) funding is solely by central government. In some instances, international funding has been used to test innovative approaches or to support the creation of new programmes – for example the MSP in Romania (United Nations Children's Fund: UNICEF), and the hearing screening programme in Poland (ESF).
- **No homeless children:** From the evidence collected, government remains a substantial and critical source of funding for homelessness provision, either directly (through homelessness services), or indirectly through the use of services (e.g. health, welfare, justice) for homeless people. In some Member States funding comes primarily from the national level, and in others the responsibility is mainly at the municipal level (e.g. DE); in yet others it is a combination of the two (e.g. FI) or national plus local

funding (e.g. IE). However, occasionally the private sector can play a key role in funding particular initiatives (e.g. funding from the *La Caixa* foundation in Andalusia). Funding raised privately by NGOs can also complement initiatives funded by government (e.g. IE). Although there are some positive examples of EU funds being used to support innovative and effective practices to address (family) homelessness that have a strong potential for introducing sustainable policy change (e.g. Brno HF project), overall the evidence is that although European Structural and Investment Funds (ESIF) projects bring good opportunities for supporting homeless people, especially in the housing area, the usage of the funds remains quite low and should be developed in future.

- **Integrated services:** Three different types of funding schemes have been identified during the research. First, funding from individual partners (e.g. SE). This potentially offers more flexibility to the centres to manage their resources. Second, funding of the services through a combination of municipal and national funding. This approach is the most common one, and is in some cases (e.g. NL) accompanied by other parallel funding projects and initiatives. In this model a more decentralised funding scheme can be useful in addressing different issues related to the timing of the provision of the funds. Third, EU or other international funding in conjunction with national funding. This can provide a solid funding mechanism, and has fostered the institutionalisation of some initiatives (e.g. study halls and “sure start” programmes in Hungary with EU funds, and the MSP in Romania funded by UNICEF and Norwegian Fund grants). Other important findings are that earmarked budgets should be allocated for integrated working instead of distributing the funds to individual sectors or organisations involved in integrated services, and that the combination of public and private funding can be a tool for staying financially healthy. EU funds are very important for the piloting and development of the integrated services.

From the experience of the different priority actions, it can be concluded that there is no one model of funding that should be applied in a uniform manner across all Member States and all policy areas, as it is important to take into account the specific governance arrangements and economic situation of each Member State. However, in order to ensure coverage of all AROP children and the sustainability of programmes, it is recommended that, in the context of the CG, funding programmes should usually be developed at central level (national or regional depending on the division of competencies in the country). However, it will also be important to recognise that in some situations a combination of central and local funding can be useful in tailoring the delivery of schemes to the particular needs in local areas, and in adding to the resources that are available at central level. EU and private funds should play a role in implementing the CG in countries or regions with limited financial resources, through supporting the setting-up and implementation of new programmes and triggering additional central funding. They can also play a role in testing innovative approaches, but these should be set in the context of contributing to and promoting the development of a broader national strategy.

### **K3.3 Recommendations on how EU funding can complement and influence (sub-) national funding**

The evidence collected by the FSCG2 experts suggests that EU funds can have a strategically important catalytic role in supporting and encouraging Member States to address the needs of low-income children in regards to the six priority actions under scrutiny. The results of the national mapping and the in-depth assessments provide evidence on policies and programmes supported by the ESF, European Regional Development Fund (ERDF) and FEAD, also the Norwegian financial mechanism and international funding.

Out of EU funds analysed in our study, the **FEAD** was the only one directly targeting materially deprived children, by co-financing **the provision of free school meals** (CZ, HR, CY) and **school supplies for low-income children** (AT, IE, HR, GR, LV) in the 2014-2021 programming period.

Other EU funding, though not prioritising or targeting AROP children explicitly, is designed to: reduce early school-leaving; improve learning achievements; promote equal access to good-quality early-childhood, primary, and secondary education; improve the education, health, and social infrastructure; improve housing conditions; and enhance access to affordable and high-quality services including healthcare, out-of-school care, childcare, and integrated services. These investment priorities of EU funds potentially contribute to improving the situation of low-income children, who are often at a greater risk of social exclusion, early school-leaving, health problems, and so on. EU-funded interventions, mapped in the course of FSCG2, were mainly identified as being supported by the ESF, and demonstrated the variety of programmes and projects addressing the needs of children, and in particular low-income children.

Examples of ways that **FEAD- and ESIF-funded** interventions have **benefited low-income children** include the following.

- Improved nutrition: contributing to national schemes aimed at the provision of free school lunches for low-income children.
- Released financial resources: providing basic school supplies and materials, and reducing the financial burden for low-income families
- Increased access to services: increasing the supply of, or supporting the demand for, ECEC services, by creating nurseries; supporting early detection of developmental defects and the rehabilitation of children at risk of disability; organising access to hearing screening programmes; supporting positive parenting and the development of foster care; and providing scholarship assistance programmes for students.
- Improved housing conditions: increasing access to decent housing for families with children covered by experimental intervention, such as the HF approach.
- Better-coordinated and aligned services: promoting integrated services that contribute to the social welfare of children, develop their social skills, improve their developmental/health/school results, and support services aimed at the integration and social inclusion of Roma.

In-depth assessed programmes and projects funded from **EU and other international funding sources** revealed the following **key lessons**.

- EU funding can have a strategic role in strengthening the supply and thus the accessibility of ECEC services; however, a proper combination of strategies, regulatory framework, and financing should be in place to support the demand for services by the target group.
- EU and other international funding can be instrumental in supporting and developing effective practices – such as sure start children’s homes (SSCHs), HF, and MSP – which have a strong potential for raising new strategic agendas, introducing sustainable policy change at the national level, and having a leverage effect.
- EU-funding allows for experimental initiatives (e.g. Brno HF project) to be developed, tested, adjusted to local needs and institutional environments, and assessed in terms of their actual benefits for the target group and society.
- EU funds can be a key first supporter for the further development of integrated services for children. EU-funded cross-cutting initiatives have contributed to strengthening and scaling-up the formal and informal cooperation between different stakeholders. As a result they have promoted the sustainability of the intervention, with partners committing to taking on costs that were previously financed by the EU – for example, the ESF-funded PNPSE (*programa nacional de promoção do sucesso escolar*) and PIICIE (*programa nacional de promoção da saúde oral*) programmes in Portugal.

- EU funding has the potential to both support the development of systemic and, in the long term, sustainable interventions (e.g. development of digital learning materials) and provide additional support to address the immediate needs of low-income children in the face of the COVID-19 pandemic (e.g. funding procurement of laptops and tablets, ensuring network connections for low-income children in Poland).
- The policy learning cycle can be crucial for successful implementation and scaling-up the EU-funded interventions. Development, piloting, implementation, and regular evaluation of interventions (e.g. FEAD-supported school start parcels) contribute to better addressing the needs of low-income children, and lowering the risk of stigmatisation and non-take-up.
- The combination of different EU funds (ERDF, ESF, FEAD) creates synergies and allows sustainable results to be achieved for target groups by developing safe and attractive environments where services and assistance addressing the needs of low-income children are provided.
- However, pauses between the EU funding periods can *hinder the quality and accessibility of those services* benefiting low-income children that are not financed from the national and/or local budgets (due to *the lack of prioritising and/or limited national resources*).
- Finally, at EU level it is often difficult to identify the actual results and effects of EU funding in fighting child poverty and improving access to the CG priority actions, due to the lack of visibility of low-income children as a separate target group in the strategic and monitoring framework of the ESIF.<sup>843</sup>

In the light of this it is clear that EU funds, if used in a strategic and planned way, have the potential to support and stimulate the types of policies and programmes that will be necessary for the implementation of the CG, and to ensure that all AROP children have access to: adequate nutrition; free, accessible, and high-quality ECEC; free education; free healthcare; decent housing; and integrated service provision. The key role of the European Social Fund Plus (ESF+) could be strategically complemented by the EU4Health programme (2021-2027) and the recovery and resilience facility,<sup>844</sup> as well as the InvestEU programme.<sup>845</sup> The allocation and use of EU funds should be outlined in the CG National Action Plans, in line with the priorities identified.

As identified in FSCG1 final report, for the many Member States, and especially for those with lower per capita income, EU funding represents up to 3% of their national budgets (maximum absorption capacity) and this additional money allows them to develop policies and programmes in the CG priority areas.<sup>846</sup> Nevertheless, absorption capacity and effective management continue to be a key challenge in some Member States. Based on FSCG2 analysis of EU-funded programmes and policies implemented in Member States and other research available in the area, we provide the following recommendations on the use of EU support to fund interventions in the area of the five CG priority actions.

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<sup>843</sup> Brožaitis et al. (2018).

<sup>844</sup> The recovery and resilience facility “will make €672.5 billion in loans and grants available to support reforms and investment undertaken by Member States. The aim is to mitigate the economic and social impact of the coronavirus pandemic and make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions”. See link [here](#).

<sup>845</sup> The InvestEU programme is expected to “provide the EU with crucial long-term funding, crowding in private investment in support of a sustainable recovery and helping build a greener, more digital and more resilient European economy”. See link [here](#).

<sup>846</sup> Frazer, Guio and Marlier (2020).

### **K3.3.1 Combine allocation of funding with strategic commitment at national level**

At EU level, funding should be prioritised for those Member States where there is both a high number of low-income children and a substantial shortfall in the financing (see Section J2) needed to implement the five children's rights covered by the CG. However, the allocation of funding should be combined with an improved strategic orientation of the relevant EU funds and commitments at a national level. The key channel to strengthen the commitment to the CG objectives at a national level is an improved link between EU funds' programming and country specific recommendations (CSRs) under the European semester cycle. In 2021-2027 the proposed ESF+ regulation set a number of specific objectives relevant to the implementation of the CG:<sup>847</sup>

- promoting equal access to, and completion of, good-quality and inclusive education and training (in particular for disadvantaged groups) from ECEC through general and vocational education/training to tertiary level, as well as adult education/learning, including facilitating learning mobility for all;
- promoting socio-economic integration of third-country nationals and marginalised communities such as the Roma;
- enhancing equal and timely access to good-quality, sustainable, and affordable services; modernising social protection systems, including promoting access to social protection; improving the accessibility, effectiveness, and resilience of healthcare systems and long-term care services;
- promoting the social integration of AROPE people, including the most deprived and children; and
- addressing material deprivation through food and/or basic material assistance to the most deprived, including accompanying measures.

As mentioned above, the European Parliament and the EU Council reached a political agreement on the Commission's proposal for a Regulation on the ESF+. Following this agreement, the Parliament and the Council have to formally approve the ESF+ Regulation for its entry into force.

Integration of the FEAD and the ESF under ESF+ strengthens the social inclusion dimension of EU funding, while the requirement to earmark at least 25% of national ESF+ resources for social inclusion and active measures, and at least 3% for measures targeting the most deprived (food and basic material assistance), ensures a minimum amount of resources for those most in need. In addition, to strengthen the link with the European semester, the ESF+ regulation includes a new provision that if a Member State has a relevant CSR it should allocate an appropriate amount of its resources from the ESF+ strand under shared management to interventions that address the challenges identified in their national reform programmes (NRPs). It is also important for the implementation of the CG that EU Member States with higher levels of poverty than the EU average should allocate 5% of their ESF+ resources to address child poverty, while other Member States should allocate an appropriate amount of their ESF+ resources (2021-2027) to targeted actions to combat child poverty and are urged by the European Commission to use this and other existing funding opportunities to further increase investment in the fight against child poverty.

In the context of the current COVID-19 crisis, the potentially crucial role of the EU recovery and resilience facility should be highlighted, as outlined in its sixth pillar "policies for the next generation, children and youth, including education and skills".

To ensure that in those Member States in which the child poverty situation and the gap in financing needed to implement CG priority actions are most challenging – and this is also acknowledged in NRPs and CSRs – for each specific objective mentioning children, at least

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<sup>847</sup> European Commission (2018c).

one result-level target should be aimed at children, especially the most disadvantaged children. Finally, EU investment should complement, not replace, national/local funding targeted at CG priority actions addressing the needs of low-income children. Evidence from the research reveals how the scope and effectiveness of investment in children, and especially the most disadvantaged children, is determined primarily by the national policy agendas and priorities of separate Member States.<sup>848</sup> The presence of a comprehensive national strategy to invest in children and combat child poverty enables the better coordinated and more effective use of the relevant EU funds. A condition of the future use of EU funds to support children should therefore be that they are used to support the implementation of a national strategy to combat child poverty and a CG National Action Plan.

### **K3.3.2 Strengthen planning and administrative capacities to effectively implement policies in the areas of CG priority actions**

EU funding proved to be successful in setting the new policy agendas and promoting new intervention methods and designs, which can be followed up by national legislation and financial support through national budgets. Unfortunately, in many cases projects funded from the ESIF are not well connected to national policies; or the authorities in charge lack administrative and implementation capacities to achieve sustainable changes in the CG areas. When ESIF funding finishes, the implementation of the project also therefore finishes. To improve the efficiency and effectiveness of EU-funded programme delivery, resources (human, financial, and time) should be allocated to:

- strengthening strategic and planning capacities at national and local levels, including reforms of education, social inclusion, health, and child welfare and protection systems; and
- improving the policy implementation and administrative capacities of authorities and organisations in charge of interventions in the areas of CG priority actions.

In the 2021-2027 programming period, the proposed common provision regulation<sup>849</sup> set the “enabling conditions” to encourage policy discussion and target-setting at national level, and to ensure that all co-financed operations are in line with the EU policy framework. For the allocation of EU funding to CG priority actions, one enabling condition which explicitly requires the policy framework to include “*evidence-based diagnosis of poverty and social exclusion including child poverty, homelessness, spatial and educational segregation, limited access to essential services and infrastructure, and the specific needs of vulnerable people*” is relevant.

Implementation of this enabling condition can contribute to better policy planning and implementation in several ways. It sets a strategic policy agenda; promotes discussions between stakeholders at national, local, but also EU levels; contributes to the development of new policy strategies and the revision of existing ones; strengthens administrative capacities; disciplines implementation processes; and promotes policy learning at national level. Member States will not be able to declare expenditure related to specific objectives until the enabling condition is met, which will be monitored throughout the programming period.

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<sup>848</sup> Brožaitis et al. (2018).

<sup>849</sup> European Commission (2018b).

Other measures that have the potential to improve policy implementation and administrative capacities include transnational networking, mutual learning and dissemination of good practice, and regular monitoring and evaluation activities.

### **K3.3.3 Concentrate financial resources on outreach to those in most need of support, and complementing more universal provision**

FSCG2 analysis and other research reveal that the concentration of resources under a targeted approach can successfully address the specific problems of some AROP children and other children in need. Integrated service provision in Romania and Czechia, as well as inclusive education programmes in Hungary (study halls) and Portugal, were targeted at specifically designated economically and socially disadvantaged territories, or localities marked by the poverty and social exclusion of particular groups (Roma, migrants). Based on this evidence, additional investment in access to services, and material assistance targeted directly at low-income children, have the potential to improve the situation of children living in the territories characterised by high rates of child poverty and to complement more universal provision. However, the limitations of these approaches in the context of the CG are that many AROP children are not covered by these programmes. Funding of such targeted initiatives should therefore only be used as one part of an overall strategy to reach all AROP children.

FSCG2 analysis provided estimates, for most Member States, of costs and funding needed to implement CG priority actions aimed at the provision of free school meals, accessible and high-quality ECEC, and the removal of school costs for low-income children. The computations revealed that Member States characterised by high numbers of, and/or a high proportion of, AROP children often demonstrate a substantial shortfall in the finance needed to provide free school meals and remove school costs, especially if compared with overall budget expenditure in primary and secondary education. Focusing on territories with the highest rates of low-income children, both across and within Member States, could therefore have a role to play. However, such an approach also requires applying instruments for evidence-based policymaking in terms of baseline assessment, setting of targets, monitoring, evaluation, and policy learning. In addition, as highlighted in K3.1.6, area-based targeting, although it can adopt a universal approach within a particular area, misses all those AROP children not living in the targeted areas. In the context of the CG, it should therefore only be used as one element in an overall strategy to reach all low-income children.

## **Chapter K4: Interpreting the results of FSCG2**

The FSCG2 analysis focused on six priority actions, which have been described in detail in this report. These were selected on the basis of a careful analysis of the evidence collected by FSCG1 and then discussed and agreed with the European Commission.

The purpose of FSCG2 was therefore to inform the concrete design and implementation of the CG with a detailed analysis based on these concrete examples of objectives and performance expectations. It is therefore important to keep in mind that FSCG2 results (in terms of e.g. cost, benefits, level(s) of policy intervention and other governance issues, implementation options) are linked to the selected components and priority actions. Depending on the final selection of components and priority actions that will be agreed between the European Commission and Member States, these results may of course be (very) different.

The results are also linked to the size and characteristics of the group of children that will be covered by the future CG. In FSCG2, targeted children are children in poverty – to be understood as children living in low-income households. As highlighted in Chapter B1, the group of children in vulnerable situations is larger than those who are AROP. Specific attention needs to be paid to children residing in alternative care, children with disabilities,

children with a migrant background, children with a minority background (in particular Roma children), and all children living in precarious family situations.

The size and definition of the group of children targeted in the future CG have a (significant) impact on the results.

## **Chapter K5: Extending the results of FSCG2 to other priority areas and target groups in the current context**

Although our findings are primarily focused on AROP children and on the six priority actions studied, in each of the subsections of Chapter K2 we have tried to draw out some of the lessons from the priority actions studied that could be applied to any other components and priority actions that may be included in the CG. This has served to highlight the extent to which FSCG2 has illustrated how mutual learning can be used to provide insights into the concrete implementation of the key CG actions, and into improving access by vulnerable children to the five key social rights under scrutiny. See examples as follows.

- The mapping of the concrete policies and actions in EU Member States has allowed the identification of interesting practices at national, regional, and local level, including EU-funded practices.
- The in-depth assessment of a set of promising practices, and the identification of the key challenges and conditions for success, has allowed the identification of the aspects that need to be taken into account when replicating these actions in other contexts.
- The estimation of expected costs, based on the cost estimation of the priority actions in countries which implement these actions, compared with the cost of the current situation in the Member states which do not (fully) implement them provide estimation about the resources needed. If implemented, these first estimates will need to be fine-tuned using precise and detailed administrative national data, which were not available for this study.
- The review of expected short-term and long-term benefits, based on the experience of Member States which implement the actions and evaluations in other countries (including non-EU countries), provide insights into the cost-saving aspects of the investment needed. This type of information may be needed to increase political support for reforms, without however obscuring the fact that the CG is primarily a question of the fundamental rights of the child.

The FSCG2 focus was on AROP children. Similar approaches are easily implementable for other groups of children in vulnerable situation, depending on the national/sub-national vulnerabilities highlighted in FSCG1.

The importance of a comprehensive approach to tackling child poverty and social exclusion and improving child well-being, as outlined in the 2013 EU recommendation on investing in children, was a key conclusion of FSCG1 and has been reinforced by the findings in FSCG2 – particularly in relation to the importance and potential of fostering integrated services. The selected CG components and the six *flagship* priority actions studied in FSCG2, while all having a key contribution to make to achieve the objectives set by the European Parliament, will not be sufficient on their own. Other priority actions will also be needed to guarantee access by all AROP children to these five key social rights. Each of the six priority actions studied will also have much greater impact if they are part of a comprehensive and integrated approach. We would therefore strongly recommend that, in line with the European Commission's roadmap for a CG (see above), the future CG National Action Plans should be developed in the context of "multi-annual national strategies" to end child poverty. These strategies should set out a large set of coherent actions with clear and accountable targets appropriate to the situation in each Member State.

Finally, during the course of FSCG2 it has become very apparent that COVID-19 has been having a particularly severe effect on AROP children and their families. For instance, from the FSCG2 national reports and thematic reports it is clear that the loss of school meals during lockdowns has had a severe negative effect on some children's nutrition and has led to many emergency arrangements being put in place. In relation to homelessness, the severe consequences for children of families being evicted during COVID-19 has led many Member States to ban evictions during the crisis. Both these trends have served to reinforce the need for policies that ensure all AROP children have one good-quality meal a day and that no children are homeless. More broadly, many organisations and recent reports have documented how COVID-19 has both highlighted the impact of pre-existing inequalities on children's health and well-being and, in many cases, deepened them further.<sup>850</sup> Many of these reports demonstrate how the pandemic has highlighted the extent to which AROP children often have much worse access to ECEC, education, digital equipment, healthcare, adequate nutrition, and decent housing/environmental conditions. This has reinforced the need for the type of priority actions studied in FSCG2 and also for an even wider range of actions to tackle persistent inequalities faced by AROP children. For instance, the OECD, in highlighting the impact of COVID-19 on AROP children, has stressed the need to take measures that: strengthen food assistance; provide immediate protection and assistance; mitigate mental health problems; support distance learning and ensure continuity of learning; support children in the digital environment; and curtail the rise in child poverty.<sup>851</sup> In conclusion, the urgency of putting in place a comprehensive but well focused CG has been reinforced by the pandemic.

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<sup>850</sup> See for instance: EU Alliance for Investing in Children (2020), Eurochild (2020), Eurodiaconia (2020), EuroHealthNet (2020), Frazer (2020).

<sup>851</sup> OECD (2020c).

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## Annex 1: Overview of the in-depth assessed policies/ programmes

### Annex 1.1: Overview of the in-depth assessed policies/programmes providing free school full meals

#### Bulgaria: Red Cross “hot meal programme”

**Main purpose and context:** The hot meal programme is provided in selected localities in Bulgaria. The programme is targeted at disadvantaged students. Bulgaria is the poorest country in the EU with 40% of people being AROPE. It is estimated that, in Bulgaria, around 12,000 children drop out of school each year for socio-economic reasons. The aims of the scheme are to ensure adequate nutrition, prevent school dropping-out, and improve children’s health, well-being, and educational progress.

**Organisation and governance:** The programme is organised by the Bulgarian Red Cross national office, which takes overall responsibility for management and design. The scheme is implemented by the Red Cross regional offices including the use of volunteers. It is jointly funded by the Bulgarian Red Cross and by fundraising including a network of corporate partners. In some municipalities it is also co-funded by the local authority. The programme is targeted at areas where there are high levels of disadvantage. In some areas, individual targeting is used, based on low income. In other areas whole schools are covered in partnership with the municipality. Quality assurance is undertaken by the Bulgarian Red Cross. This is a longstanding initiative which began in 2004.

**Participation and take-up:** In the 2019/2020 school year, 1,663 children defined as “in need” benefited from the scheme. In 2020/2021 it is expected that 1,473 will benefit from the scheme. It is not possible to estimate take-up as a proportion of the child population in need in Bulgaria, as the scheme is only implemented in some areas.

**Budget:** The average daily cost per child per meal is around €1 (ranging from €0.65 in a village to €1.75 in Sofia). This sum excludes some aspects of the management and administration of the scheme which are funded by the Bulgarian Red Cross and not included in this cost estimate.

#### Cyprus: School meals programme in all-day primary schools

**Main purpose and context:** The main original purpose of the scheme was to ensure social welfare and to support economically disadvantaged groups of the population who were particularly affected by the economic crisis of 2011-2016. The programme provides a free lunch for children in families with low income or in other disadvantaged groups. The intended outcomes, in addition to good-quality nutrition, are to support children’s smooth participation in education, and to avoid their social exclusion and school drop-out. The programme runs in public primary schools that either have a compulsory or optional all-day curriculum (many primary schools finish at 13:05 and children in those schools have lunch at home).

**Organisation and governance:** The scheme was introduced by a government circular, but the relevant ministry does not have any power or jurisdiction over the operation of the scheme or selection of eligible children. It is a decentralised scheme managed within each school by an advisory committee consisting of the school principal or deputy, a member of the staff association, a member of the parent association, and a member of the regional school board committee. The central government funds two thirds of the cost of the scheme while the remaining third is funded by the parent association of the school. Quality standards, including balanced meal plans, are designed at the national level. This programme has been running since 2011.

**Participation and take-up:** Take-up is deemed to be 100%, in that all children in the participating schools are expected to eat the school lunch provided. The meal is provided free to eligible children and at a cost to other children. It is estimated that the programme covers around 1,280 children who receive free meals. In addition, a second scheme is in place for the provision of free breakfast for all children in public education (pre-school, primary, secondary, and technical). 13,000 children receive breakfast, which is around 12% of the total student population.

**Budget:** Average annual cost per child = €470. Average daily cost per child per meal = €2.75.

## Estonia: Support for school lunch

**Main purpose and context:** Universal state support for school lunches started in Estonia in 2002. Initially it covered children in grades 1 to 4 but this was gradually expanded until, in 2015, it covered all children from grades 1 to 12 (upper secondary school). The programme is supported by several pieces of government legislation covering basic schools, private schools, and vocational institutions. The aims of the scheme are to provide nutrition to children from poorer families, in order to enable them to participate fully and focus at school. It is considered as a measure targeted at reducing socio-economic inequalities. The scheme runs alongside support for study materials for children in poorer families. It is implemented across the whole of Estonia.

**Organisation and governance:** The national government is responsible for establishing the legislation and support for the programme. Each municipality establishes its procedures for utilising the support. The procurement of meals is mostly organised at the school level. The state support covers most but not all the costs of the lunch. It is up to each school whether to make the scheme free or subsidised. Many municipalities make up the remainder of the costs but some do not. In the latter case, additional support is specifically provided for families in poor economic situation. Regulations and guidance are provided by the national government regarding quality standards for food provision and suggested meal content.

**Participation and take-up:** This is a universal scheme and so take-up is, in theory, 100%. A survey conducted in 2011/2012 reports that take-up was almost 100% in basic schools in the age groups covered by the scheme. This contrasted with take-up of only 68% in upper secondary schools that, at that time, were not covered.

**Budget:** Average annual cost per child = €175 (from central government; municipal figures not known). Average daily cost per child per meal = €1.50 (ranging from €1.34 to €1.66.)

## Finland: Free full school meals

**Main purpose and context:** Finland was the first country in the world to provide free school meals to all children. The first legislation was introduced in 1943 and by the 1970s the scheme had been extended to include secondary education. The programme is supported by a number of acts of parliament. The initial motivations were to improve children's nutritional and health status after the Second World War. The philosophy behind the programme has developed over the years and it is now seen as a holistic pedagogic tool that supports health, education, and social skills. The scheme covers the whole country and extends to all age groups of pre-school children and schoolchildren. There is also some support for university students.

**Organisation and governance:** The programme is based on national governance but is managed by municipalities which are obliged, by law, to provide school meals. National guidelines are provided on nutritional content, food choices, and mealtimes. These guidelines are based on advice from nutritional experts. Children are involved in the planning, implementation, and evaluation of the programme. Views and input are also sought from parents. This is a longstanding universal scheme; there is no targeting.

**Participation and take-up:** Given its universal nature and the way the school meals are provided, take-up is 100%.

**Budget:** Average annual cost per child = €530. Average daily cost per child per meal = €2.80 (ranging from €1.75 to €8.45).

## Lithuania: Free meals for pre-primary and grade 1 pupils

**Main purpose and context:** The programme is a new initiative, started at a universal level from January 2020 in pre-school facilities and from September 2020 in **grade 1 schools**. The scheme was introduced by government legislation in 2019. The scheme is in operation at a national level. According to the legislation, it is aimed at: (a) developing healthy eating habits in children; and (b) reducing the level of social exclusion and discrimination.

**Organisation and governance:** The scheme is funded partly from the central government budget that covers the costs of food products and partly from municipal budgets that cover the expenses of administration. The scheme is administered by municipalities. Guidance is provided by national government on the nutritional content of the meals, based on advice from experts and international evidence. The quality of nutrition is monitored by a team of experts from central government ministries and bodies. This is a new scheme introduced in 2020. There is no targeting – it is nationwide and universal.

**Participation and take-up:** All children in the two age cohorts covered are expected to participate in the scheme. It is estimated that this covers around 56,000 children across the two age groups in the 2020/2021 school year.

**Budget:** Average annual cost per child = €297.50. Average daily cost per child per meal = €1.70, ranging from €1.36 to €1.95.

## Annex 1.2: Overview of the in-depth assessed policies/programmes providing free ECEC

### Sweden: Universal legal entitlement

**Main purpose and context:** ECEC in Sweden is a universal legal entitlement. Within four months of application to the municipality, each child (aged 1-5) should be offered a place at a pre-school facility.

**Organisation and governance:** The municipalities are responsible for providing ECEC for children whose parents are registered and live in the municipality, within the regulations set out in the national frameworks. Many municipalities run their own ECEC services, often in combination with independent providers. Pre-school and related services are not targeted, but are offered on a universal basis. There is thus no fixed number of available ECEC places. Out-of-pocket pre-school expenses are based on family income up to a national maximum. There is no fee at all if the household lacks income.

**Participation and take-up:** Around 90% of all children aged 2 attend pre-school facilities. Among children aged 3-5, attendance is above 90%. Close to one fifth of all those aged 3-5 who were not attending pre-school facilities were living in low-income households, defined as not being able to afford the most essential living costs. In comparison, only 8% of all children aged 3-5 were living in low-income households.

**Cost and budget:** ECEC in Sweden is financed partly by central government grants and partly by tax revenue and parental fees. According to the National Agency for Education, the total public costs of early childhood and education were €12.2 million (around 2.5% of GDP). The public costs for pre-school provision were €7.96 million (around 1.6% of GDP), out of which €931,000 (11.7%) was for premises and inventories. Pre-school costs per child enrolled were €2,244. The costs for premises and inventories were €5,693,800.

### Ghent: Local provision

**Main purpose and context:** Ghent invests in availability, affordability, and quality to compensate for weaknesses of the regional/national provision.

**Organisation and governance:** The three linguistic communities are responsible for the organisation of ECEC in Belgium, not the federal state. Accessibility for children in poverty is problematic in Flanders. The total coverage rate in Flanders for children aged 0-3 is 45%, but affluent families use childcare around twice as much as families at the bottom end of the income gradient. One of the weaker points of quality in Flanders is the low staff qualification (vocational level of secondary school) and the high child-staff ratio (nine children per adult). To compensate for these weaknesses, the Ghent municipality invests in: 175 new places; reduced fees; additional staff (by funding pedagogical coaches and additional staff to lower the child-staff ratio to 7:1) and matching of supply and demand.

**Participation and take-up:** In Ghent there are 4,500 childcare places, of which 1,300 are public (organised by the municipality); together the 4,500 places represent a coverage rate of just over 50% (compared with 45% for the rest of Flanders). This is partly realised because the municipality funds 175 additional places that are not financed by the Flemish government. More importantly, the municipality deliberately embeds new places in areas with additional social needs. As a result, Ghent is one of the only cities where there is no negative relation between average income and childcare coverage per neighbourhood.

**Cost and budget:** The 175 places funded by the municipality represent an additional yearly cost of €15,568 per place per year = €2,724 million, not including infrastructure. The yearly cost to lower the child-staff ratio (from nine to seven children per staff member) is €2,840, €48 per childcare place. The yearly budget for the pedagogical centre that runs the professional development and coaching is €750,000.

## Slovenia: “Together for knowledge” project

**Main purpose and context:** The activities of the development project called “together for knowledge — implementing activities of knowledge acquisition support mechanisms for members of the Roma community” (January 2016 to August 2021) have focused on ECEC provision in the preparatory kindergarten in the Roma settlement of *Kerinov Grm* and programmes for pre-school children organised in multipurpose centres in two other Roma settlements. The main goals of the programme are to create equal opportunities for pre-school Roma children regarding their integration in kindergarten, as well as overcome existing prejudices and stereotypes among the kindergarten staff and Roma parents. The purpose of a special programme for pre-school Roma children implemented in two settlements is to provide Roma children with an easier start to schooling. One of the project’s aims is to increase the number of Roma assistants and improve their educational structure.

**Organisation and governance:** The together for knowledge development project has been implemented by the Centre for School and Outdoor Education. The responsibility for the design and implementation of the scheme is at the national level (Centre for School and Outdoor Education). The day-to-day coordination of activities between different settings (partner primary schools; kindergartens; multipurpose centres in Roma settlements; Roma settlements without multipurpose centres where only extracurricular activities are performed; preparatory kindergartens) is performed at the project office by the project leader and project coordinator, and in the field mainly by mentors who direct the work of multipurpose centres and a special coordinator who is organising the work of Roma assistants.

**Participation and take-up:** Average monthly number of pre-school children participating in individual project activities, by school year.

School year	Number of pre-school children involved in activities with Roma assistants	Number of pre-school children involved in the activities of MPCs	Number of children involved in the Kerinov Grm Preparatory Kindergarten
2015-2016	23	6	18
2016-2017	25	36	20
2017-2018	40	28	18
2018-2019	29	23	12

**Cost and budget:** The total budget of the together for knowledge project is €6.557 million (for the period January 2016 to August 2021), of which €5 million is funded by the ESF and the other 20% by the Ministry of Education of the Republic of Slovenia.

## Bulgaria: World Bank project

**Main purpose and context:** The main aim was to improve full-day kindergarten participation of poor children, especially Roma and Turkish in 236 poor settlements across Bulgaria.

**Organisation and governance:** The World Bank funded the project. Several conditions were tested: giving additional information about kindergarten only; ensuring free access only (affordability); giving an incentive of BGN 7 or BGN 20 (food coupons); and diverse combinations of these. Enrolment in kindergarten was evaluated, as well as impact on children's developmental outcomes (both cognitive and non-cognitive skills: emergent literacy, emergent numeracy, motor development, and socio-emotional skills).

**Participation and take-up:** The project encouraged pre-school and kindergarten enrolment of 5,737 children from vulnerable groups. Removing the costs of kindergarten reduced the share of children aged 3-6 not registered in kindergarten by half – while also significantly increasing attendance by about 24%. Additional financial incentives of either BGN 7 or BGN 20 monthly conditional on attendance had no clear impact on registration and attendance.

**Cost and budget:** The World Bank project in Bulgaria involved 101 funded projects with a total budget of €2.5 million for 18,119 beneficiaries per year (including 429 in maternal and infant health, 150 in specialised home visiting care, and 9,487 in pre-school and kindergarten programmes) and encouraging the pre-school and kindergarten enrolment of 5,737 children.

## Vienna: Local provision of free childcare

**Main purpose and context:** The city of Vienna (which is at the same time one of the nine Austrian federal provinces – *Bundesländer*) provides free ECEC in public childcare facilities for children aged 0-6. Furthermore, substantial public co-payments are provided for children looked after in private childcare facilities, by this substantially reducing private costs for parents in this sector. These schemes got introduced as from 2009, with the declared goal of increasing take-up of ECEC, and to make it accessible and affordable for low-income families.

**Organisation and governance:** In Austria, responsibility for ECEC generally is located at the level of the federal provinces (*Bundesländer*) and the municipalities, whereby – depending on federal province – different concrete models apply. Furthermore, the federal republic has followed the strategy of offering the federal provinces and municipalities some positive incentives to enhance their systems of institutional childcare, at first instance via co-financing the start-up costs of new childcare places. In Vienna, the legislative power to decide on measures in the area of ECEC is with the regional parliament (i.e. the municipal council). Concrete planning activities and the implementation of the schemes is in the competency and responsibility of the "Municipal Department 10 – Vienna Kindergartens".

**Participation and take-up:** Vienna has by far the highest ECEC coverage rates of all Austrian federal provinces for children aged 0-2, according to registry data in 2019, amounting to 44% (Austrian average: 27.6%). The coverage rate for those aged 3-5 is rather high in all Austrian federal provinces (national average: 93.4%), with Vienna at 92.6% again showing one of the highest coverage rates.

**Cost and budget:** The total expenditure of the city of Vienna for the cost-centre kindergartens (cost centre 2400) amounted to around €486.36 million in 2019. This includes spending on public childcare facilities. On top of that, co-financing for private facilities for children below school age amounted to around €357.6 million (cost centre 2401). The total public outlays therefore amounted to around €843.96 million. However, this spending is partly financed by private co-payments within public ECEC. In total, revenues from "food fees" amounted to around €15.6 million in public ECEC in 2019, and revenues from parents (especially for children not living in Vienna, but attending ECEC in Vienna) to around €7.2 million. When these revenues are subtracted from public spending, public spending for ECEC in public facilities amounts to around €463.55 million and total public spending on ECEC (including co-funding for private providers) to around €821.2 million.

## Latvia: Free ECEC

**Main purpose and context:** Latvia offers free ECEC from age 1½ to 6 or 7 in municipal educational institutions, and reduced-fee ECEC for all children of the same age who attend private pre-school settings.

**Organisation and governance:** In Latvia, pre-school education programmes are provided by kindergartens and pre-school education groups at schools (this refers only to children aged 5-6). These educational institutions may be both municipal and private. Municipalities in Latvia should provide the same financing for public and private childcare centres. When the local government does not provide a place in the public childcare centre for a child who has reached the age of 1½ and who lives in the municipality, the local government should cover costs of the private institution in the amount that corresponds to the average costs of one child in a pre-school educational programme in a childcare centre of the municipality.

**Participation and take-up:** Low overall enrolment is combined with high inequality of enrolment (less than 10% of AROP children aged 0-2, and around 60% of those aged 3 or over) due to lack of available places.

**Cost and budget:** The average cost of the provision of ECEC per child in public ECEC institutions (children aged 1½-4) was €247.42 per month, excluding meals.

## Poland: Toddler+ government programme implemented in 2011-2021 and ESF regional operational programme for Kujawsko-Pomorskie voivodship 2014-2020 (ROP KP-V) (1/2)

**Context of these two projects:** Access to the ECEC in Poland is one of the major challenges. According to Eurostat, in 2019 the share of children aged under 3 in formal childcare was 10.2%, compared with the average for the EU (then 28 Member States) at 35.5%. In general, the financing of the ECEC in Poland is shared between parents and public financing. The law regulates the types of fees that can be paid by parents, particularly in public ECEC facilities. These include fees for a stay in the ECEC facility and fees for meals.

**1. Toddler+ programme:** The main purpose of the toddler+ programme is to increase the territorial accessibility of places of care in nurseries, children's clubs, and day-carers for all children, including children with disabilities and those requiring special care, as well as to raise the standards of ECEC. The indirect purpose of the programme is to improve reconciliation of work and family life and to increase employment, especially for women. Preference in the distribution of the programme funds is also given to *poviats* with an unemployment rate exceeding 150% of the national average.

**Organisation and governance:** The funding from the toddler+ programme can be granted to:

- (a) local government units (*gminy, powiats* and *voivodships*), in which there is a need to maintain and develop care institutions for young children due to unmet needs of local communities; and
- (b) other entities that can establish care facilities such as natural persons (including employers and entities cooperating with employers), legal persons and organisational units without legal personality (including universities and entities cooperating with them), and employers and entities cooperating with them, running or intending to run in 2020 childcare institutions for children aged under 3.

Funding is provided primarily to local government authorities and, if there are sufficient financial resources, to other non-public entities. The funding is national, there are no geographical restrictions for applicants. Due to partial funding from the labour fund, applicants from areas with a higher risk of unemployment, therefore a worse labour market and economic situation, have preference. The programme is universal, and there are no specific targeting requirements related to children or households. However, the law obliges local authorities to give preference to children from disadvantaged backgrounds and with disabilities. The type of preference is at the discretion of local authorities (i.e. easier access to ECEC facilities, reduced payment for care, or ECEC provision free of charge).

**Participation and take-up:** Between 2011 and 2019, the toddler+ programme contributed to the development of 56,600 places in the ECEC.

Despite the creation of ECEC places, there is still an unmet demand. At the end of 2019, the reports submitted to the Ministry of Family and Social Policy by *gminy* and non-public entities in 649 *gminy* (i.e. approximately 26% of all *gminy* in Poland) declared the need to create 79,300 new care places in total, of which 69,600 in nurseries, 3,600 in children's clubs, and 6,100 at day-carers.

**Cost and budget:** The toddler+ programme in 2019 accounted for 17% of total public spending (that is €64.62 million). The total spending for the toddler+ programme was below the allocated budget for 2019, at PLN 450 million (€100 million).

The financing of the toddler+ programme has increased significantly since 2011. In 2011-2013 the annual programme budget was €8.89 million, then €22.44 million in 2014, €33.56 million in 2015-2017 (an additional €3.33 million was devoted for the "pro-life" addition to finance care support for children with disabilities), up to €100 million annually in 2018-2021.

## Poland: Toddler+ government programme implemented in 2011-2021 and ESF ROP KP-V 2014-2020 (2/2)

**2. EU-funded ROP KP-V 2014-2020** Main purpose: The ROP KP-V includes four sub-measures that are aimed at supporting development of ECEC services in the region. The analysis covers 134 financed projects, including projects focusing on:

- investment in social infrastructure (seven projects)
- supporting the employment of carers who return to the labour market (81 projects)
- development of ECEC services for children aged under 3 (19 projects).

**Organisation and governance:** Funding was provided at the level of the Kujawsko-Pomorskie *voivodship*. According to the RPO KP-V requirements, the projects were aimed at developing the social infrastructure in *gminy* which had no ECEC facilities and in rural areas. Preference was also given to projects that focus on providing access to ECEC for children with disabilities.

**Participation and take-up:** Within the projects that were subject to evaluation, 1,080 ECEC places were created and 1,929 parents (carers) received support for participation of their children in ECEC.<sup>852</sup>

The assessment of the project outcomes also showed that, among the beneficiaries who participated in the programme, 71% of places were created with co-financing; in the case of children with disabilities it was 100% of places. However, only 5.4% ECEC places in the *voivodship* are adjusted to the needs of children with disabilities.

The beneficiaries also used the funding from the RPO KP-V to update the facilities' equipment and infrastructure (almost 90% of beneficiaries). Only 4.7% of beneficiaries used the funds to adapt places to the needs of children with disabilities.

In the case of parents who received support and participated in the evaluation, 41.2% changed their labour market status from unemployment or inactivity to employment. Overall, the respondents indicated that participation in the project improved their financial situation and the quality of their family lives.

**Cost and budget:** For the entire programming period 2014-2020, a total of €35.02 million (total value of projects) was allocated to the implementation of projects under the ROP KP-V that finance development and access to ECEC, of which the EU co-financing amounted to €28.15 million.

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<sup>852</sup> Lider Projekt et al. (2019).

## Annex 1.3: Overview of the in-depth assessed policies/programmes aimed at removing school costs

### Finland: Universal provision

**Main purpose and context:** In Finland, the Act on Compulsory Education (101/1921) laid the basis for universal and free education for all children, regardless of their wealth and social status. The 1921 Act made participation in basic education obligatory for every child, beginning at age 7. The most comprehensive school reform took place in the early 1970s, when the basic school system (*peruskoulu*) was established. The “basic school”, with nine grades was gradually implemented in the whole country. After nine years in the basic school, children can either continue at a vocational school or go to college and then university. The main objective of the Finnish education policy is to offer all citizens equal opportunities by guaranteeing free education from the lowest to the highest levels.<sup>853</sup>

**Organisation and governance:** The system is legally regulated at the federal level by legislation, which obligates the municipalities to organise all the education, healthcare, and other services that the legislation stipulates. They provide basic education to all children in their area. They can also offer education on other levels. Upper secondary education and vocational training can be organised by the municipalities, joint municipal authorities, (private) registered communities or foundations. All education providers are guided by legislation and the national core curricula.<sup>854</sup>

**Participation and take-up:** All children residing in Finland are universally and equally entitled to all education services, school meals, healthcare, and any other services offered in schools. Since all the services are free of charge, there should not be any obstacles for children coming from low-income families to participate in education. However, each year some pupils end their basic school without a degree or drop out from other forms of education. According to the Act Amending the Basic Education Act (*Laki perusopetuslain muuttamisesta*) 642/2010), pupils who need regular support in their learning or schooling must be given “enhanced support”. Furthermore, municipalities are responsible for organising all the necessary assistance for disabled children to enable them to participate in integrated education, and are also responsible for organising education for refugee children.

**Budget:** The Finnish education system offers free education from public education budgets. Basic education and child day-care is covered by municipalities, while higher education is covered by the central government. The costs of municipalities accounted for 60% of the budget, while the central government paid the remaining 40%. There are about 2,200 schools in Finland, and 98% of them are municipal schools. The average cost per child in basic school is about €9,100 per year;<sup>855</sup> however this amount includes all educational expenses (e.g. development of infrastructure, teachers’ salaries, free meals, and non-formal education activities, but excluding school healthcare). There are substantial variations in this unit price, depending on the size of the municipality and the number of pupils in the classroom. The total costs for the nine-year basic education are therefore about €80,000-€90,000 per child. Total spending on education corresponded to 5.5% of GDP in 2018.

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<sup>853</sup> Finnish National Agency for Education (2019).

<sup>854</sup> Ministry of Education and Culture (2020a).

<sup>855</sup> YLE (2018), quoted in Kangas (2020a).

## Estonia: Universal provision of study materials

**Main purpose and context:** In Estonia support for study materials was introduced in 2007/2008. The main aim of this initiative is to meet children’s need to have textbooks and workbooks to participate in study. This budget for study materials does not cover all costs related to the completion of the compulsory basic school curriculum, but only textbooks and workbooks. Parents need to cover other costs (such as schoolbag, pens, notebooks, arts and crafts accessories, sports clothing, digital device, extramural activities). There are also education allowances to cover school costs in compulsory education, which are organised at local government level and therefore may vary.<sup>856</sup> Some of them are universal in certain regions, while others are targeted at low-income families. The public costs of these grants are not available.

**Organisation and governance:** Basic schools provide their students with all the study materials required for completion of the school curriculum; for general secondary education students, the school provides at least free use of textbooks.

**Participation and take-up:** The measure of support is universal. Support is allocated from the state budget on a uniform basis regardless of the form of ownership of the school.

**Budget:** The support for study materials is €57 per child and €11.40 for individual subjects and external studies. It covers licences for digital textbooks so that they are free for the students, but also for teachers and parents in general education. This applies to all types of schools regardless of their owner. The 2020 budget for study materials is as follows: for state schools €0.4 million, for municipality schools €8.1 million from the equalisation and support fund, and for private schools €0.5 million. The cost of licences for digital textbooks is financed by the ESF. The cost of licences for basic school digital textbooks was €3.6 million over three years; for digital textbooks for upper secondary school, vocational upper secondary school, and adult education it is €0.5 million annually. In addition, Tallinn University developed digital study materials for upper secondary school for €1.3 million. There are also other study materials digitally available (including *Klass+*, *Nutikas õppevara*) developed in collaboration with enterprises and schools. All digital study materials which are created or purchased with the support of ESF funds must be available for free through the E-schoolbag portal.<sup>857</sup>

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<sup>856</sup> Arrak and Murasov (2020).

<sup>857</sup> Arrak and Murasov (2020).

## Ireland: Back to School Clothing and Footwear Allowance (BSCFA)

**Main purpose and context:** The BSCFA in Ireland is a means-tested, non-statutory scheme providing once-off payments to eligible families to reduce their school-related costs when children are returning to school at the start of each academic year. It is the only bespoke support available to low-income children for school costs. It recognises that primary and secondary education in Ireland is only nominally free, and that families face significant costs. The main purpose of the BSCFA scheme is to provide assistance to low-income families towards the cost of clothing and footwear of their children in primary and post primary school. It is designed to reduce the pressure placed on low-income families to retain their children in school. It is therefore an anti-poverty measure which at the same time seeks to promote educational participation among children living in poverty.

**Organisation and governance:** The Department of Employment Affairs and Social Protection is responsible for organising the BSCFA. The allowance is administered centrally and there are no local or regional differences or particularities. The scheme provides means-tested, targeted financial support. Every June, the majority of the beneficiaries across Ireland are automatically qualified for the BSCFA following the department's annual evaluation of eligible families in the light of certain criteria. There is no indication of a participatory process where children and/or their parents get involved in the design and implementation of the scheme.

**Participation and take-up:** The latest available data from 2019 show that 115,540 families were automatically identified as eligible, with around 39,500 families applying online for the allowance.<sup>858</sup> As the BSCFA scheme is based on a means test, non-take-up might be an important issue. To overcome this barrier to ensure a higher take-up rate, the majority of BSCFA payments are now fully automated. The automated payment system still leaves a significant number families and their children out. In addition to this, there are also children who, despite their clear need, are not eligible to receive a BSCFA payment, as it is the case of Roma children. The reason is that Roma families do not satisfy the habitual residence condition, an important requirement to access the BSCFA scheme.

**Budget:** Under the scheme, the annual allowance paid is €150 for children aged 4-11 and €275 for children and young people aged 12-22. The BSCFA only provides partial financial support towards school costs – the scheme is not intended to meet the full clothing and footwear costs of the child. The scheme is entirely funded by the state and no other parties are involved. In 2019, the scheme cost €53.5 million (compared with €49.9 million in 2018). According to a calculation made by the Department of Employment Affairs and Social Protection in 2019, the cost of a universal payment to all school going children at the current BSCFA rates is €78,315,000 for 522,100 children aged 4-11 and €113,492,500 for 412,700 children aged 12-22 (on the basis of the 2018/2019 school enrolment statistics and no administrative costs). A large increase (a trebling in value) in the BSCFA budget was announced in August 2020 by the Minister for Social Protection – a significant €152.9 million allocation for the scheme for the 2020/2021 school year to extend coverage at the same rate and include families that are receiving the COVID-19 social assistance payment for the unemployed.<sup>859</sup>

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<sup>858</sup> For reference, the number of primary and post-primary students in the school year 2019/2020 was 939,166.

<sup>859</sup> Department of Employment Affairs and Social Protection (2020), quoted in Polat and Daly (2020a).

## Austria: FEAD “school starter parcels”

**Main purpose and context:** In Austria, the “school starter parcels” programme provides material assistance for school supplies to the most deprived families. The initiative, started in 2015, emerged as a result of the determination of the Federal Ministry of Labour, Social Affairs and Consumer Protection to address material deprivation among families and reduce inequality between students. Before the start of this project a couple of test runs were performed (with people experiencing poverty) to see whether the products chosen are useful. Material assistance consists of different parcels containing basic school materials (such as school bags, stationary supplies, painting materials), depending on the age of children.

**Organisation and governance:** The distribution of the parcels is carried out by the Ministry of Labour, Social Affairs and Consumer Protection with the collaboration of the Austrian Red Cross as a partner. Starter parcels are distributed to all eligible young children identified by their local authorities. Distribution starts in July each year and ends in September. Good coordination is required to ensure the adequate content of parcels and punctual delivery to the distribution centres. The managing authority collaborates with the nine federal states and the organisations responsible for implementing the country’s minimum-income scheme. The managing authority together with the suppliers and school authorities decide on the content of parcels and delivery plan. Suppliers are selected by the managing authority, and the Red Cross is in charge of distribution and delivery planning. According to the ex post evaluation (2015-2017) report, the great logistical challenge was better managed with each successive implementation period due to the high level of commitment of everyone involved and the ongoing improvements.

**Participation and take-up:** In Austria children and young people are more likely than other groups to be affected by poverty – 10% of those aged below 18 are affected by material deprivation. The main target groups of the programme are therefore children affected by (or at risk of) poverty, migrants, children whose families receive the minimum income, and children of school age. The main family profiles which benefit from the support include low-income families, single-parent households, and parents with labour market issues, mental/physical health problems or of a migration background (in combination with the non-recognition of their skills). Within this programme 84% of eligible schoolchildren were reached. The yearly take-up rate grew constantly. In 2018 there were 44,555 end-recipients (33,213 in 2015) and the feedback survey showed that 99% of children were happy with the school materials received. According to the evaluation report 2019, satisfaction with the school starter package support was very high – 92% relatives interviewed were very satisfied and 7% were fairly satisfied.

**Budget:** A variety of 11 different parcels are offered. Parcels are valued at approximately €70 each. Applicants can choose the most suitable package according to their needs. In order to avoid the issue of stigmatisation, all the supplies (made from eco-friendly, high-quality materials) are purchased in regular shops and follow current fashions. The school starter parcels are funded by the EU and co-financed by the Ministry of Labour, Social Affairs and Consumer Protection, the FEAD managing authority in Austria.

## Annex 1.4: Overview of the in-depth assessed health-screening policies/ programmes

### Austria: Mother-child pass and yearly school health examinations

#### Main purpose and context:

**Mother-child pass:** The aim is to screen and safeguard the health of mothers and their children. The declared goal is early detection and timely treatment of diseases and monitoring the child's healthy development.

**Yearly school health examinations:** School health examinations, provided within the system of school physicians, are designed to implement a yearly preventive health check-up for all pupils in Austria. The programme is designed to identify children with health issues at an early stage in order to provide early adequate treatment.

#### Organisation and governance:

**Mother-child pass:** The programme includes a series of preventive health examinations for pregnant women, breastfeeding babies, and infants up to age 5. The examinations include five pre-natal examinations, and nine post-natal examinations, up to and including age 5 (the last examination takes place between 58 and 62 months). The programme is defined under the mother-child pass regulation (*Mutter-Kind-Pass-Verordnung*) issued by the Federal Minister of Health and Social Affairs, and is universal. The programme applies uniformly across all federal provinces. Women insured by public health insurance get the examinations at no cost if the examinations are performed by contracted physicians of one of the public health insurance providers. Where no health insurance with a public health insurance provider exists, women with registered residence get an "entitlements document" (*Anspruchsbeleg*) from the public health insurance fund responsible for the place of residence, and are offered examinations free of charge by a contracted physician.<sup>860</sup>

**Yearly school health examinations:** The yearly school health examinations scheme provides a general examination, a visual acuity examination, and a dental check-up. It also includes monitoring of vaccination status, and vaccination advice. The health examination, which is carried out once a year by school physicians (*Schulärzte*), is a legal obligation that applies uniformly to all schools across all federal provinces. It is obligatory for all "school-providers" (*Schulerhalter*) to employ school physicians in order to fulfil the tasks defined in the "School Education Act" (*Schulunterrichtsgesetz*) and the school physicians regulation (*Schulärzte-Verordnung*). School providers are in the first instance the municipalities (for primary education and parts of lower secondary education), the federal republic (for parts of lower secondary education and different types of higher secondary education) and private entities running schools of different levels.<sup>861</sup>

#### Participation and take-up:

There is limited evidence with regard to the take-up and actual coverage of the mother-child pass and the yearly school health examinations. The available data suggest that take-up for the first 10 examinations (of the mother child pass) is very high.

#### Budget:

**Mother-child pass:** The total public costs for the mother-child pass are estimated at around €61.9 million in 2020. Two thirds of this amount come from the "equalisation fund for family allowances" (*Ausgleichsfonds für Familienbeihilfen*) and one third from insurance contributions to health insurance. As the actual coverage of the mother-child pass is not known, costs per child can only be roughly estimated. The total number of children aged 0-4 amounted to around 435,900 in 2020. This results in an average yearly cost of approximately €142 per child aged 0-5.

**Yearly school health examinations:** No data are publicly available on the costs of the system of school doctors and the yearly health examinations provided by them. This is inter alia caused by the fact that school doctors are employed by the different school providers (*Schulerhalter*) according to different contractual arrangements, on which for most municipalities no further information is readily publicly available.

<sup>860</sup> Fink (2020b).

<sup>861</sup> Fink (2020b).

## Finland: Maternity and child health clinics, the baby box, and the school healthcare programmes

### Main purpose and context:

**Maternity and child health clinics:** The clinics (*Neuvola*) provide advice, medical examinations of pregnant women, and organise pre-natal small-group and childbirth coaching sessions for first-time mothers and fathers. The overarching goals are to promote healthy growth and development of the foetus and to monitor the health of the pregnant mother. After childbirth, the aim of counselling by maternity and child health clinics is to support the healthy growth, development, and well-being of the child and their family.<sup>862</sup>

**The baby box / maternity package:** Each child is entitled to a maternity package, or baby box.<sup>863</sup> The Finnish baby box contains all the essential items a baby needs, such as children's clothes, bedding, cloth nappies, gauze towels, and childcare products.<sup>864</sup> The baby box can be requested by all permanent residents in Finland, citizens of some countries of the EU or European Economic Area, or Swiss citizens working in Finland, as long as the mothers regularly attend the medical examinations and activities organised by the clinics. This maternity package, which was designed to give all children a more equal start in life, provides a positive incentive to attend pre-natal health screenings.

**School healthcare programme:** These examinations enable an overall evaluation of the well-being of the whole family. The examinations consist of assessments of children's physical and mental health, as well as well-being and learning, and health counselling.<sup>865</sup> Similarly, schools' healthcare responsibilities have expanded to provide immediate care for acute health conditions, to monitor the health and safety of the school environment and the well-being of the school community, to promote overall wellness, and to create proper conditions for studying and learning.<sup>866</sup>

### Organisation and governance:

The **maternity and child health clinics:** The clinics carry out regular examinations of children from birth to age 5, when they start school. More precisely, the children's physical, mental, and social condition are assessed on a regular basis, and vaccinations and parental support are also provided. Collaboration is established with different professionals working with young families.<sup>867</sup>

**School healthcare:** The school healthcare system provides regular mandatory health examinations. The services cover all primary schoolchildren and their families, and are available during school days, at school or in the immediate vicinity. The annual health examinations form the backbone of school healthcare. Extensive health check-ups are conducted in grades 1, 5, and 8, and the participation of parents is encouraged.

The child and baby clinics are under the Ministry of Social Affairs and Health,<sup>868</sup> which has ultimate responsibility for school healthcare,<sup>869</sup> and the Ministry of Culture and Education. In Finland, the public administration consists of two levels: the central government (the state) and the local government (municipalities). The local municipalities must therefore organise and implement the tasks decided by the central government. The right to healthcare services is not based on residence in a particular municipality, nor on Finnish citizenship. Services are universal and free.

<sup>862</sup> Ministry of Social Affairs and Health (2020a), quoted in Kangas (2020b).

<sup>863</sup> Kela (2020b), quoted in Kangas (2020b).

<sup>864</sup> Kela (2020); Lisickis (2020), quoted in Kangas (2020b).

<sup>865</sup> See Hakulinen and Gissler (2017), cited in Kangas (2020b).

<sup>866</sup> Ministry of Social Affairs and Health (2020b), quoted in Kangas (2020b).

<sup>867</sup> Pelkonen and Löthman-Kilpeläinen (2000); Häggman-Laitila et al. (2001), quoted in Kangas (2020b).

<sup>868</sup> Ministry of Social Affairs and Health (2020a).

<sup>869</sup> Ministry of Social Affairs and Health (2020b).

**Participation and take-up:**

- There are about 900 child and maternity clinics in the country, and approximately 400,000 children that in 2019 utilised those services.<sup>870</sup> This corresponds to approximately 99.6% of the children eligible for this service.<sup>871</sup>
- The participation rate in the baby box amounted to 95% of the eligible beneficiaries in 2019 (approximately 28,000 mothers), while the remaining eligible mothers preferred to receive monetary compensation, although of less financial value.
- School healthcare services carry out regular and obligatory health examinations for all schoolchildren up to college level.

**Budget:**

- Annual costs of baby box are estimated to €6.5 million (2019) and are funded by Kela (state). The average yearly cost is €223 per child.
- For the child and maternity clinics, the annual costs are estimated at €196.6 million (2018) and are funded by the municipalities. The average yearly cost is around €492 per child.
- The annual costs for school healthcare are estimated at €123.8 million (2018) and are funded by the municipalities. The average yearly cost is around €220 per child.

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<sup>870</sup> THL (2020d) quoted in Kangas (2020b).

<sup>871</sup> THL (2020d) quoted in Kangas (2020b).

## Germany: Child health examination programme

**Main purpose and context:** The early detection examinations for children and adolescents (currently U1-U9 and J1) are an important component of healthy child development. Especially in the first years of their lives, children make enormous developmental strides. It is important that a child's general state of health and age-appropriate development are regularly checked by a doctor during the "U" examinations. In this way, possible problems or abnormalities can be recognised and treated early on.

The U1 to U9 comprise 10 examination appointments, taking place immediately after birth (U1) to the 60th-64th month (U9). The early detection examinations provide opportunities to detect and treat possible disorders or developmental abnormalities at an early stage. The early detection examinations are free of charge and carried out in the medical practice of a general practitioner or paediatrician. Additionally, there is a mandatory health examination before a child is enrolled in school which takes place in the local health office. Additional examinations are recommended for primary schoolchildren (U10 for ages 7-8, and U11 for ages 9-10) and adolescents (J1 for ages 12-14, and J2 for ages 16-17) but these are in some cases costly.<sup>872</sup>

**Organisation and governance:** Early detection examinations for children and adolescents are defined as services of the statutory health insurance in § 26 social code book V. The content, timing and structure of the examination programmes are defined by the *Gemeinsamer Bundesausschuss* (Joint Federal Committee) in the guideline on the early detection of diseases in children and adolescents.<sup>873</sup> While the first two examinations (U1 and U2) are normally carried out in the maternity hospital, the subsequent examinations generally take place in the medical practice of a general practitioner or paediatrician.

The U examinations are documented in a yellow paediatric examination booklet. It contains a removable attendance card with which the parents can prove to third parties, such as nurseries and other day-care providers, that their child has regularly attended the U-examinations without disclosing confidential information.

According to §26 social code book the statutory health insurance funds have to cooperate with the agencies stipulated in Länder legislation (municipal public health offices or youth offices) in order to ensure that families attend the early detection examinations.

**Participation and take-up:** A recent study<sup>874</sup> has shown that the participation rates in most screening tests were over 95% during the first six years of life. Children from families with a low SES are less likely to participate in testing compared with the middle- and higher-status groups. Children with a migration background attend the early detection examinations slightly less frequently but the differences are only statistically significant for children with a migration background on both sides.<sup>875</sup> There has been a significant increase in coverage of routine health checks over the past decades, and a reduction in social differences in attendance rates according to SES and migration background.

**Budget:** In 2019 a total of approximately €327 million was spent on preventive medical check-ups for children and adolescents (€292 million for the German National Association of Statutory Health Funds, and an estimated €35 million<sup>876</sup> for the private health insurance companies). The expenditure is financed by the contributions paid into the statutory health insurance funds and the premiums charged by private health insurance companies.

<sup>872</sup> Hanesch (2020a).

<sup>873</sup> Gemeinsamer Bundesausschuss (2017 and 2020), quoted in Kangas (2020b).

<sup>874</sup> Schmidtke et al. (2018), quoted in Hanesch (2020a).

<sup>875</sup> Hanesch (2020a).

<sup>876</sup> No results are available for the private health insurance companies. An estimate of their expenditure is approximately €35 million, based on the cautious assumption that they spend at least the same amount per child.

## Portugal: Child vision screening programme

**Main purpose and context:** The “child vision screening” programme developed in Portugal implements systematic visual screening to all children at age 2 and registered in health units. The programme also includes all children aged 4 who have not been screened at age 2 or whose screening had a negative result, as well as those whose positive result was not confirmed by an ophthalmologist as cause for amblyopia.<sup>877</sup> Positive cases detected by the vision screening should be referred to a hospital appointment of ophthalmology. The pilot programme was developed in 2016 by the ARS of the Norte region. This pilot programme was then progressively extended to the other regions in mainland Portugal under the coordination of the Directorate-General of Health. The key intended benefit of the scheme is preventing and decreasing the incidence of amblyopia.

**Organisation and governance:** The scheme is designed at the national level and runs under the overall responsibility of the Directorate-General for Health. It is implemented at the local levels under the coordination of the ARS. At the local level, two types of bodies are responsible for organising the provision: at the first stage, the bodies involved are the health units of the groups of health centres; at the second stage, the bodies involved are the hospital ophthalmology services. The scheme is universal as it targets all the children aged 2. Cases of non-take-up are targeted again at age 4.

### Participation and take-up:

- The programme covered a total of 36 “aces” (groups of health centres) and 64,696 children in mainland Portugal in 2019.
- In the region ARS Norte (comprising 24 aces), 41,344 children were invited for the screening and 32,458 children accepted the invitation and were screened in 2019, which corresponds to a take-up rate of 81.3%. Among the children who screened positive, 26.7% had a first appointment with an ophthalmologist at the hospital. Eventually, 32.8% of children who had an appointment were prescribed glasses, which corresponds to 1% of all screened children in the region.<sup>878</sup>

**Budget:** No information regarding the cost of provision and the programme’s sources and proportions of funding is available.

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<sup>877</sup> Perista (2020a).

<sup>878</sup> Perista (2020a).

## Portugal: Dentist-cheques scheme

**Main purpose and context:** The dentist-cheques scheme is organised under the national programme for the promotion of oral health. The PNPSO in general, and the dentist-cheques programme in particular, are aimed at reducing the incidence and prevalence of oral diseases in children, improved knowledge and behaviours regarding oral health, and the promotion of equity in access to oral healthcare. The cheques are issued to specific groups of the population, including children. The scheme only covers children attending pre-school facilities and schools of the public network or from the private not-for-profit sector with a protocol with the state.

**Organisation and governance:** Oral hygiene consultations take place at the ages of 7, 10, and 13 and take place in health centres but also in private settings as the cheques may be used to pay private providers adhering to the scheme. The cheques are delivered in schools and cover five age groups (0-6; 7 to 9; 10 to 12; 13 to 15; and 16 to 18). The use of dentist-cheques is not compulsory, but the non-use of the cheques issued implies that the child will no longer be entitled to subsequent cheques. The PNPSO is designed at the national level. As regards implementation, the programme has three operational levels. At the national level, the programme has a national coordinator, appointed by the DGS, and a supporting team of professionals. Their responsibilities include the national coordination, internal evaluation and monitoring of the programme. There are similar structures at the regional level with similar responsibilities for implementing the programme in a specific region. Finally, the programme is implemented locally.

**Participation and take-up:** The dentist-cheques scheme in Portugal targets all children in public schools and also in private not-for-profit schools. In 2019, a total of 226,400 children participated in the scheme. A total of 473,200 cheques were issued to them, out of which 71.8% were used.

**Budget:** The scheme had a total cost of €11,165,840 in 2019. The annual cost per child was €66.92. Disaggregating by age, the annual cost per child was €66.16 for the age 7 cohort, €67.96 for the age 10 cohort, and €99.31 for the age 13 cohort. These figures do not include expenditure on the referrals for oral hygienist appointments at health centres.

Available programme data for 2019 indicate that a total of 473,215 cheques were issued to children. Considering that each cheque has a value of €35, the total expenditure on this component of the programme would amount to €16,562,525 should all the cheques issued be used. By dividing this amount by the number of 226,449 children who were beneficiaries of the programme in 2019, we would reach a cost of €73.14 per child.

The PNPSO is funded solely by the Ministry for Health through funds that are transferred to the ARS by the central administration of the health system.

## Romania: UNICEF MSP programme

**Main purpose and context:** The main objective of the MSP programme for children in vulnerable situations and their families is “to accelerate the efforts to enact children’s rights and reduce inequities in access to health services, education and inter-sectoral and preventive social protection services, based on community and centred on the family”.<sup>879</sup> The programme is targeted at vulnerable children, and at the same time is designed to establish an institutional mechanism at the community level (i.e. community-integrated services/teams) allowing any family to access basic social services.

The purpose of the scheme was threefold. In the short term, the scheme sought to map the needs and vulnerabilities of all children in the community, and to address the immediate needs of children and their families. In the medium term, it established an institutional mechanism to assess needs at the community level and contribute to the amendment and development of the legislative framework. In the long term, the scheme sought to increase preventive strategies at the local level and to increase cost-effectiveness of social service provision.<sup>880</sup>

The programme, which was implemented in 2018, provides “a set of basic community integrated services to address vulnerable children and their families (children in poor households, Roma children, children with disabilities, children living in rural communities), in the areas of education, healthcare, housing and social protection, with an emphasis on prevention”. These services are delivered by the CITs, which are composed of a community nurse, a social worker, and a school counsellor. In marginalised ethnic communities, school and health mediators reinforce the team.

In November 2020 the authorities passed a law regulating community integrated intervention through an MSP (law 231/2020).<sup>881</sup>

**Organisation and governance:** Community health assistance activities in Romania can be carried out by CITs which can be put in place by local authorities. UNICEF offered support, along with other specialised NGOs, to increase the capacity of the CITs. The main partners in implementing the programme of CITs delivering the MSP in Romania were as follows.

- At national level: Ministry of Labour and Social Protection, Ministry of Health, Ministry of Education, Ministry of Regional Development and Public Administration and, finally, the Ministry of European Funds.
- At county level: (a) the decentralised Directorate for Social Assistance and Child Protection (under the county council); (b) the decentralised organisations under the Ministry of Health and Ministry of Education: county public health directorates and county centres for resources and assistance in education; and (c) NGOs.
- At local level: local public authorities, the CITs, consultative community structures (if present), NGOs, children and their families

**Participation and take-up:** This programme initially targeted about 20,956 children, which corresponds to 0.5% of the children in Romania and more than 15% of the children in the county. It appears that more than 52% of the children in vulnerable situations initially assessed received a second visit from the CIT. The number of children benefiting from a third or fourth visit decreases drastically, to 3,900 and 623 children respectively.<sup>882</sup>

<sup>879</sup> Rebeleanu and Toma (2016), quoted in Pop (2020).

<sup>880</sup> Pop (2020).

<sup>881</sup> Pop (2020).

<sup>882</sup> UNICEF (2019), p. 41, quoted in Pop (2020).

#### **Budget:**

- The costs for the programme under scrutiny were supported by UNICEF and from Norwegian Fund grants, and included salaries, equipment, and training at local, county, and national level. The final assessment of the UNICEF project estimated all costs related to the development and implementation of the provision of MSP in 45 communities, during 2015-2018, at approximately €2.6 million. This corresponded to an average annual cost per community of approximately €16,165.
- Estimates of the average cost per beneficiary per year are as follows.

Approximately €26 per year per beneficiary, if taking into account all people which have benefited from at least one service recommended by AURORA within the MSP.

Approximately €162 per year per beneficiary, if taking into account the average number of recommended beneficiaries, that is 100 beneficiaries per community, to be provided with the MSP.

Approximately €145 per year per beneficiary, if taking into account the total number of active child cases within the AURORA database.<sup>883</sup>

The provision of the MSP started to be scaled-up at the national level in 2021 (law 231/2020) and was supported from the state budget, EU funds, and other European economic space or Norwegian Fund grants. The financing of the programme, as well as the extra support for the training and recruiting of CITs, is done under the umbrella of national interest programmes.

### **Poland: Hearing screening programme for students of the first grades of primary schools in Mazowieckie voivodship**

**Main purpose and context:** The hearing screening programme for pupils in primary schools in Mazowieckie (Poland) was implemented in 2017 and 2018. This scheme was financed by the ESF.<sup>884</sup> The main goal of the programme was to increase the early detection and assessment of hearing disorders in first grade students from the Mazowieckie voivodship, and to coordinate diagnostic and treatment care. The programme was organised around four axes: an information campaign, hearing screening, information and education activities, and training for medical staff.<sup>885</sup>

**Organisation and governance:** The programme was implemented by the Institute of Physiology and Pathology of Hearing, selected to carry out the task through public procurement by regional authorities in Mazowieckie voivodship. The intervention covered first grade students of primary schools from the Mazowieckie voivodship. Moreover, the programme covered information and education activities for parents or carers of students, staff of educational institutions, and medical staff.

**Participation and take-up:** The number of first year primary school students from the Mazowieckie voivodship in 2017/2018 and 2018/2019 was 112,572. Data from the programme implementation indicate that schools enrolled 48,764 students in the programme, which corresponds to 43.3% of children from the first grade of primary school in Mazowieckie voivodship. Out of these children, only 35.3% (39,773) were tested. 8,991 children were not screened either because of the absence of consent from the parents or legal guardians, or because the child did not meet the criteria for inclusion in the programme. As part of the hearing screening test, disorders were identified among 15.3% of the children examined. All children diagnosed with hearing impairment were referred for further diagnosis and treatment.<sup>886</sup>

**Budget:** The funds allocated for the programme amounted to PLN 7.1 million (€1.58 million), of which PLN 5.68 million (€1.26 million) was from the ESF.

<sup>883</sup> UNICEF (2019), p. 69, quoted in Pop (2020).

<sup>884</sup> EU-Consult (2019), quoted in Chłoń-Domińczak (2020a).

<sup>885</sup> Chłoń-Domińczak (2020a).

<sup>886</sup> Chłoń-Domińczak (2020a).

## Annex 1.5: Overview of the in-depth assessed services aimed at preventing and fighting child homelessness

### Finland: Municipal social assistance and housing-first approach

**Main purpose and context:** The HF approach in Finland has been the overarching framework for the development of Finnish housing policy. The core philosophy of the HF model adopted in Finland since 2008 (i.e. a home rather than temporary accommodation, as a human right), has resulted in priority being given to this HF approach in the provision of services for homeless people. A dwelling is a precondition for solving other problems, and hence housing is always the top priority. The primary goal is to reduce of all forms of homelessness, with a particular focus on homelessness among families with children. This goal unifies various NGOs, municipalities, the government, and both private and public constructors. Reducing homelessness has consistently been an objective of Finnish government action programmes since the 1980s, regardless of political orientation. The Finnish HF approach is based on the existing social benefits system, which allows it to be utilised as much as possible. Its implementation is accomplished in connection with the provision of extensive housing allowances and other income transfer systems.

**Organisation and governance:** The Finnish HF model is built on cooperation between the central government, municipalities, and a wide range of NGOs and voluntary charity organisations. This governance model is strongly embedded in a common shared vision that homelessness is not a problem that can be solved by the actions of one sector alone, but must be addressed through extensive cooperation and coordination between various relevant sectors. The Finnish government bears the ultimate responsibility for all social policy activities, including housing policy and combating homelessness at the national level. In this context, the most important governmental organisation has been the ARA, which is responsible for the granting of subsidies, grants, and guarantees for housing and construction. Municipalities are responsible for the overall well-being of their residents, and they must therefore provide any health and social care services needed to achieve this goal. NGOs are also important partners operating within the homelessness sector.

The Finnish HF programme is a national strategy implemented across the country since 2008, and it has in particular tackled the situation of the most vulnerable long-term homeless people. Since 2016, preventive work has been a specific emphasis in all work on homelessness in Finland.

The HF model is based on a broad definition of homelessness (i.e. for services adhering to the HF principle anyone who does not have their own rental or owner-occupied dwelling is considered a homeless person in need of support).

**Participation and take-up:** The figures available relate to the number of beneficiaries of the general housing allowance and the number of homeless people. In 2019, a total of 379,667 households were receiving a general housing allowance, and in almost 1 in every 4 these children were present: 16% were single parents and 7% were couples with children. It is impossible to evaluate the exact take-up ratio or actual number of children in low-income families. As a rule, low income is a precondition for obtaining a state-subsidised or municipally owned apartment, although this may vary between municipalities.

The latest available homelessness figures show that, at the end of 2019, there were a total of 264 homeless families and couples. The number of young people under 25 was 850, falling for the first time (since 2003) to less than 1,000.

**Budget:** The costs of municipal social assistance and housing services in Finland are borne both at the national and municipal level. Low-income families with children benefit from these different types of support. Some aggregate data are available at national and municipal levels, but it is not possible to decompose the data on costs for low-income children or families. Housing allowances and ARA-financed housing loans represent the main component of the provision of support (€2.1 billion in 2019 and up to €1.4 billion in 2020, respectively). Basic social assistance – at the state and municipal level – had a total cost of €698 million, of which about 40% is marked for subsidised housing. Total costs differ substantially between municipalities, and consequently the costs per family (per child) may be different.

## Germany: Municipal specialised prevention services

**Main purpose and context:** The system of municipal assistance for the homeless has a long tradition in Germany. The current system is based on a combination of Länder policy and federal social law principles. At the same time, the municipalities are obliged by the specific municipal constitutions of each Land to prevent or overcome homelessness as part of their services of general interest. However, municipalities enjoy considerable freedom in implementing these tasks.

Municipal housing provision services target all households and household groups that are at risk of housing loss and/or homelessness or are already homeless. Special efforts are put in place in order to prevent that families with children lose their housing or to support them moving out of homelessness. These specialised municipal prevention housing services have several goals, for which they resort to multiple areas of service provision, including: (a) prevention services (preventing evictions by e.g. assuming rent arrears); (b) providing emergency accommodation and emergency assistance for homeless people; (c) providing permanent housing supply (by assisting people reintegrating into normal living conditions, securing an apartment); and (d) providing accompanying support (social work assistance and/or financial management advice).

**Organisation and governance:** The municipal specialised prevention services operating at the local level were developed based on the networking and cooperation of a diverse range of key stakeholders, including local authorities, job centres, independent welfare agencies, and the housing industry. Since 1987, a specific organisational model was introduced – *Zentrale Fachstelle* (one-stop housing resource centre) – at bringing together all the partial and often fragmented competences and responsibilities which are necessary to tackle housing emergencies, thus improving the effectiveness of preventing homelessness.

A recent study on strategies to prevent and eliminate homelessness conducted at the national level<sup>887</sup> provided evidence that the one-stop centre model is currently dominating the homelessness assistance system in the district-free cities, although there is a wide variety with regard to the actual level of integration of the different tasks and competences. A set of four core services tend to be integrated within existing systems: the responsibility for assuming rent debts; preventive advice services; responsibility for orderly admission to an emergency shelter; and rapid rehousing support services.

In many municipalities, families with children facing critical life situations are provided with counselling and support work in addition to the above-mentioned housing assistance, in order to ensure that the family housing situation is stabilised as quickly as possible, thus avoiding greater risks and dangers for the well-being of children. Such specialised support is in general provided by welfare associations, on the legal basis of the Child and Youth Services Act.

**Participation and take-up:** The lack of federal statistics on the use of (municipal) emergency housing assistance services prevents the provision of figures on the extent and composition of the beneficiaries. Nor are data available on the extent to which certain vulnerable groups have actually been reached and have accepted the services offered.

However, some individual Länder have commissioned studies of the municipal assistance system, including figures on state-specific homelessness. In Baden-Württemberg, for example, in 2014, 21% of all people accommodated in emergency accommodation in the municipalities studied were minors. Extrapolated to the state of Baden-Württemberg as a whole, there were 3,000 children and adolescents in this situation.

The above-mentioned study on homelessness strategies to prevent and eliminate homelessness<sup>888</sup> revealed that the vast majority of at-risk households were single-person households, with a clear over-representation of single mothers relative to their share of the total population (14.6% were at risk of homelessness); every fifth person threatened by homelessness was under the age of majority. Families with under-aged children were the focus of increased attention by the municipal prevention services. Of particular concern was the identification of an increasing number of families with underage children with special needs for support, which was partly due to the rising number of homeless refugee families with children.

<sup>887</sup> Busch-Geertsema et al. (2019).

<sup>888</sup> Busch-Geertsema et al. (2019).

**Budget:** The costs of municipal housing services are borne by the municipalities and financed from their budgets. No information on the costs of these services is available, including costs per beneficiary, since the number of beneficiaries is also unknown.

## Czechia: The Housing First for families with children project in Brno

**Main purpose and context:** The HF for families with children project in Brno (regional capital of Moravia in Czechia) was set up as a pilot project within the city's overall strategy to end family homelessness, by making it rare, short and non-recurring.<sup>889</sup> The project was aimed at responding to the large number of families with children who were living in private hostels, shelters or in other homelessness situations. A total of 421 families were living in these types of accommodation in April 2016. 92% of homeless families experienced long-term (more than six months) homelessness in their life for a median period of eight years. Once homeless, these families faced serious obstacles to access both private and public housing. Two thirds of the families were headed by a Roma parent(s).

The project was set up in 2016, based on a partnership between the Brno municipality, the University of Ostrava, HVO Querido (NL), and IQ Roma Servis. It provided a municipal flat and intensive HF case management for 50 families who were previously living in one of those homelessness situations. For this purpose, a total of 50 municipal flats were dedicated to showcase HF in Brno and measure its impact through an RCT. Although the Brno project continued to run following the end of the pilot project and its evaluation, the information provided in this report relates to the implementation of the pilot project, which was fully documented.

**Organisation and governance:** The project was piloted with ESF funds and supported by the municipality. It was run by Brno municipality who provided overall coordination of local partners including the Department of Social and Legal Protection of Children, the Labour Office, and the Department of Education.

A total of 50 families with children were randomly selected. One of the selection criteria related to the presence of at least one child aged under 18 at the time of the time of moving in. One important aspect which was taken into consideration was the possibility of including a family whose child could live in institutional or foster care at the time of assignment, as long as there were good expectations (granted by child welfare service) that the child/ren would be reunified with their parents if their housing situation improved.

The 50 families selected were assigned a municipal flat and entitled to government housing allowance and/or housing supplement. The housing allowance covered housing costs which exceed 30% of the household income; and if their residual income was not sufficient, they were also eligible for a housing supplement to reach the living wage level.

The IQ Roma Servis intensive case management (ICM) team was responsible for providing all the necessary support to these families. The support team (seven full time workers, including two peer workers) received training in ICM from the Dutch organisation HVO Querido Discus with a solid experience in implementing the HF model.

All the families were assigned a specific case manager. They were assisted through the whole moving-in process and further supported once they were already living in the assigned municipal flat. The ICM team used different methods and techniques – embedded in a strengths-based model of support – for working with the families. The support provided by the team involved an individualised approach, the monitoring of the housing situation, support in managing the budget, counselling, harm reduction for alcohol users, and so on. Social workers in the project kept a close relationship with the clients.

The Brno project tested the HF approach for the first time in Czechia, and it was also a pioneering project in the country in terms of introducing the use of an RCT aimed at gathering evidence on the impact of a social project or policy.

<sup>889</sup> Ripka et al. (2018).

**Participation and take-up:** In April 2016, there were a total of 421 families with children living in different types of homelessness situations eligible for inclusion under the criteria established by the HF for Families project. Out of these 421 homeless families, 50 families with children were randomly assigned to a municipal flat and ICM. A control group of 100 families with children from the same population was set up.

The selection of these 150 families was proportional to the population of 421 homeless families, taking into consideration the composition of the baseline group in relation to the number of children in the family (among the 421 families, 229 had one or two children, 76 families had three children, and 116 families had four or more children). The group of homeless families who made up the HF project was composed of 27 families with one or two children, nine families with three children and 14 families with four and more children.

**Budget:** The project was implemented with the support of a €369,656 ESF grant, out of a total budget of €372,290. The ESF support to the Brno project has proved to be particularly relevant in showcasing the potential role of EU funds for introducing innovative and effective practices to address (family) homelessness with a strong potential for introducing sustainable policy change. The evaluation conducted on the implementation of the Brno HF project revealed that it was possible to achieve significant savings in public spending during the first 12 months of the project: each family saved on average CZK 31,477 (€1,200) from public budgets which means around CZK 1,573,850 (€59,990) of public savings in 12 months by using the HF intervention. The highest savings were achieved on institutional and foster care, and shelters.

## Ireland: Family Homeless Action Team (FHAT)

**Main purpose and context:** The FHAT began in 2013 in Dublin as a social impact project aimed at tackling the problem of family homelessness in Ireland, in particular in the Dublin region. The main objective of the FHAT scheme is to provide support to families living in emergency accommodation and help them out of homelessness into long-term, secure homes. Ending homelessness for families is therefore the core outcome hoped for. The FHAT essentially provides two main types of services for homeless families: case management support and child support.

**Organisation and governance:** There are four bodies involved in the provision of FHAT services. Focus Ireland, an NGO, is the responsible organisation for service provision. Three state bodies support Focus Ireland. One is the Dublin Regional Homeless Executive (DRHE), the lead statutory local authority responsible for issues pertaining to homelessness in Dublin. DRHE's first role as part of FHAT is to give responsibility to Focus Ireland by designating it as the relevant homelessness team in Dublin region. In addition to that, DRHE provides (partial) funding for the team's case managers. Other state bodies involved are Tusla (Child and Family Agency) and the Health Service Executive (HSE), who fund the child support workers of the team.

The scheme is targeted at people who meet the definition of homeless according to the relevant legislation – people who are visibly homeless (people who live rough or stay in emergency accommodation), people who have housing but are at risk of homelessness (e.g. due to economic situation or threat of violence), and people who sleep rough (out of emergency accommodation; not in touch with emergency services). It started as a pilot project in 2013 and following its success was re-funded and continued in operation in Dublin.

Once the local authority assesses, based on the criteria above, a family as being homeless, they are placed in emergency accommodation. The family is then referred to FHAT. FHAT makes initial contact with families within 24 hours. An initial assessment of social and housing needs of the family is conducted to identify the level of need – whether it is low, medium, or high. Due to the high number of homeless families, those with low needs are directly referred to family support teams of local councils; only families with a medium or high level of needs stay in FHAT's case load. Following the initial assessment, each family is allocated a case manager who will provide assistance in identifying appropriate accommodation options. At this stage, based on the assessment of social needs, families may also be allocated a child support worker.

**Participation and take-up:** A total of 1,100 families and 2,400 children benefited from FHAT in 2019 (compared with 160 families who received support in 2013). However, this number refers to children in families that were assigned a case manager to help them find a home: not all of these children were allocated a child support worker, which normally is the child-centred element of FHAT. According to Focus Ireland, child support workers are only able to work with 9% of all children linked to the service, which equals approximately 90 out of 1,000 potentially eligible children.<sup>890</sup>

**Budget:** The exact cost of the service per child is not available. However, there is information on the cost of one child support worker (€70,000 per year) who works with, on average, 20 children. There are additional organisational costs (e.g. human resources for the rest of the provider organisation) to run the scheme. These are not available. FHAT is primarily funded by Dublin's four local authorities through DRHE. Additionally, child support workers are funded by Tusla and the HSE.

<sup>890</sup> Joint Committee on Children and Youth Affairs (2019) *Meeting report Tuesday, 11 June 2019*, available [here](#).

## Spain: Building a bridge towards the mainstream child protection system

**Main purpose and context:** The “building a bridge towards the mainstream child protection system” project has been running since 2013, at the initiative of a local NGO – *Voluntarios por Otro Mundo* (Volunteers for a different world), in the city of Jerez de la Frontera, in the Spanish region of Andalusia.

The programme is designed to support unaccompanied foreign minors after arrival in Spain, namely with regard to their integration within the child protection system, by adjusting their migratory expectations to the reality of living as underage children under the protection of the statutory services, and by supporting them in claiming their rights. The programme also supports these children and young people through their transition towards autonomous living, facilitating their social educational and professional insertion into Spanish society.

The programme was set up as a response to the limitations experienced by the child protection system to adequately fulfil its mission, namely as a consequence of serious organisational deficiencies (e.g. shortage of staff, lack of qualified personnel, overcrowding conditions in the child-protection centres, rigidities of the education system) preventing its adequacy to the specific needs and conditions of these children and youngsters. The purpose of the activities pursued by *Voluntarios* is therefore structured around the efforts to respond to the challenges posed by these circumstances experienced by foreign unaccompanied minors.

**Organisation and governance:** The project includes different types of support activities responding to the different challenges faced by these youngsters after their arrival. Overall, the work developed mainly consists of a mediating role between unaccompanied foreign minors and the relevant support systems, providing these youngsters with the necessary support to ensure that their rights are actually realised. The strong flexibility of the support provided, and the ability to closely connect with these children and youngsters in the context of where they are living, facilitates the bridging function between their needs/aspirations/rights and the responsibilities of the different public services for protecting unaccompanied minors.

The work is developed in close cooperation with the child-protection services and its activities are structured around a series of initiatives aimed at (e.g.): providing advice and guidance to unaccompanied foreign minors; mentoring and accommodation support in the transition stage between the child-protection centres and autonomous living; enhancing language and professional skills; providing legal support to fully regularise their administrative situation in Spain; providing reliable information on their rights with regard to accommodation alternatives, access to schooling, participation in the labour market, healthcare, and legal protection; and monitoring potential risks of radicalisation. Another important area relates to the advocacy work undertaken to ensure that the identification of systemic deficiencies may lead to positive changes in the operation of the statutory services responsible for protecting this particularly vulnerable group of children and young people.

**Participation and take-up:** The figures available on the number of beneficiaries relate to specific activities undertaken by the programme, and they need to be interpreted within the context of a small-scale programme operating on a totally voluntary nature. On average, the programme therefore intervenes a dozen times per year to host young migrants who have been expelled from child-protection centres because they have been declared to be over 18, although they claim to be minors. Additionally, about 150 young migrants are interviewed every year and receive individualised advice on how to proceed towards their emancipation, while around 60 of them will be offered a place to be hosted in the organisation’s flats and will be accompanied through their autonomisation process. In 2020, the total number of houses run by this organisation has increased to five, and an average of 42 youngsters are hosted in those facilities at any moment in time.

**Budget:** The whole initiative run by *Voluntarios por Otro Mundo* relies mainly on donations rather than on public resources, and the support work is provided by non-paid staff (i.e. volunteers). The main expenses of the programme are therefore related mostly to food supplies. The costs related to the rents of the accommodation support provided are low, since the organisation benefits from reduced/subsidised rents from institutional landlords (i.e. the regional government of Andalusia and one NGO). The annual reports published on the website of the organisation for the period 2014-2016 showed that in 2016 the annual cost per young person receiving support (including accommodation) was well below €1,000.

## Annex 1.6: Overview of the in-depth assessed integrated delivery of services

### Finland: Multiservice schools

**Main purpose and context:** In Finland, all schools function as multiservice schools, offering a wide variety of health and social services, free meals and recreational activities in addition to free and high-quality conventional education. They also provide housing where needed because of long distances (Lapland) or the specific needs of the children. The ultimate objective of the national education policy is to provide citizens with possibilities for personal development through education and cultural services, to guarantee the skills needed in the labour market, and to reinforce the national culture.<sup>891</sup> According to all analyses based on PISA, the Finnish school system has performed very well, not only in learning results but also as regards to equal opportunities.

**Organisation and governance:** The system is legally regulated at the federal level by legislation, which obligates the municipalities to organise all the education, healthcare, and other services that the legislation stipulates. They provide basic education to all children in their area. They can also offer education on other levels. Upper secondary education and vocational training can be organised by the municipalities, joint municipal authorities, (private) registered communities or foundations. All education providers are guided by legislation and the national core curricula.

**Participation and take-up:** All children residing in Finland are universally and equally entitled to all education services, school meals, healthcare, and any other services offered in schools. Since all the services are free of charge, there should not be any obstacles for children coming from low-income families to participate in education. However, each year some pupils end their basic school without a degree or drop out from other forms of education. According to the Act Amending the Basic Education Act (*Laki perusopetuslain muuttamisesta*) 642/2010), pupils who need regular support in their learning or schooling must be given “enhanced support”. Furthermore, municipalities are responsible for organising all the necessary assistance for disabled children to enable them to participate in integrated education and are also responsible for organising education for refugee children.

**Budget:** The Finnish education system offers free education from basic school up to the highest level. The costs are covered by the public education budgets (state and municipalities) and funding comes directly from public revenues. Total spending on education corresponded to 5.5% of GDP in 2018 (the figures do not include school healthcare). The share of total spending on education covered by the municipalities, which are responsible for the costs of basic education and child day-care, was about 60%. The central government, which covers the costs of higher education, paid for the remaining 40%. The average cost per child in basic school is about €9,100 per year.<sup>892</sup> The total costs for the nine-year basic education is about €80,000-€90,000 per child.

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<sup>891</sup> Ministry of Education and Culture (2020a, 2020).

<sup>892</sup> YLE (2018).

## The Netherlands: Integral Child Centres (*Integrale Kindcentra* [IKC])

**Main purpose and context:** IKCs in the Netherlands are collaborations between childcare centres, primary schools and (sometimes) youth care and welfare services. The main goals of these kind of centres include offering a place where children can develop their talents, preventing and combating educational disadvantage, and providing better care for children with special needs. Nevertheless, IKCs are free to give shape to their cooperation and choose their specific goals based on the population of their community. The most relevant positive impacts of these centres are the following: the better development of children, children enjoying school more, children with special needs being attended to more quickly, and an easier combination of work and childcare for parents. Cooperation between primary schools, childcare, and youth care and welfare services can be challenging because they do not fall under the same legislation.

**Organisation and governance:** Broad schools and IKCs are implemented and administered by the municipalities. Local schools, childcare, and youth care and welfare organisations are involved in their implementation. In most IKCs and broad schools, childcare and youth care are separate administrative bodies; there are separate managers for childcare, youth care and welfare, and education. In some IKCs, the boards of primary education and childcare have merged into one board or two boards exist in a holding. These types of IKCs are expected to increase in number in the following years. All children can attend broad schools and IKCs. Initially, broad schools were targeted more towards children from lower socio-economic backgrounds, but nowadays they welcome all children (also higher-performing children). Children are not actively involved in the implementation process of broad schools and IKCs. Parents can join a parent or client council through which they shall provide suggestions.

**Participation and take-up:** There are no data available on the number of children/households benefiting from IKCs. There is no evidence of segregation by socio-economic background or for reverse targeting. Broad schools are less common in secondary education, since secondary education centres are attended by children from several neighbourhoods. All children can attend IKCs as they operate under a universal access scheme.

**Budget:** We have no information regarding the private and total cost per child. Broad schools and IKCs are financed by local subsidies provided by municipalities and therefore their costs can differ across the country. Furthermore, some national funding does exist for IKCs, for example the PACT project. They have to separate their costs depending on the effect of governance aspects on the level of success of broad schools/IKCs.

## The Netherlands: Broad schools

**Main purpose and context:** Broad schools (the Netherlands) mainly concentrate in the creation of equal educational opportunities among children, especially focusing on low-income families. Their goals include: fostering improved cognitive performance and a better development of socio-emotional skills, improving educational quality, strengthening social cohesion, and promoting a better quality of life in the neighbourhood.

**Organisation and governance:** Broad schools are implemented and administered by municipalities in cooperation with local schools, and youth care and welfare organisations. Children and parents are not actively involved in their implementation, but parents can join a parent or client council through which they might provide suggestions. In most broad schools, as in IKCs, childcare and youth care are under separate administrative bodies; there are separate managers for childcare, youth care and welfare, and education.

**Participation and take-up:** Access to broad schools is open to all children, ranging from children from lower socio-economic backgrounds to high-performing children. The results of a study<sup>893</sup> show that students of broad schools more often have a non-western immigration background and a lower socio-economic background. However, the results of another study<sup>894</sup> show that there is no difference between broad schools that are subsidised by the municipality of Rotterdam and regular schools, in terms of student population (ethnic background, single parent, (dis)advantaged area, residential value). There is no evidence available of “reverse targeting”. There are no concrete available data on the number of children/households benefiting from broad schools.

**Budget:** There exists a general lack of information regarding the private and total cost per child. Broad schools are financed by local subsidies provided by municipalities and therefore their costs can differ across the country. Although the government and municipalities are responsible for financing education and care and welfare organisations, childcare organisations are commercial and depend on payments by parents.

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<sup>893</sup> Kruiter et al. (2013).

<sup>894</sup> Heers (2014).

## Sweden: Family centres

**Main purpose and context:** Family centres (Sweden) offer integrated care services for families with children. They provide easily accessible support and seek to strengthen social networks. They function as a hub for knowledge and information, while involving parents and children in the delivery of care. A family centre typically includes a maternity clinic, an open pre-school facility, child healthcare, and the preventive aspects of social work. The overarching expectation is that the integration of different types of care will create benefits for users and society that goes beyond those produced by each support service independently.

**Organisation and governance:** Family centres are run in collaboration between the municipalities and the regions (municipalities are responsible for providing ECEC and social services, while healthcare is the responsibility of regions). There exist around 250 family centres in Sweden.<sup>895</sup> The Association for the Promotion of Family Centres (*Föreningen för familjecentralers främjande*), recommends that family centres should be based on a collaborative agreement between the partners involved, and a common business plan should be established. Almost all family centres have collaboration agreements, and some centres also have a common business plan and an annual report. Each family centre should also establish means for the evaluation of the centre and have a steering group.

**Participation and take-up:** The services are universal, free of charge, and open to all parents and children. It is not possible to find any country-level data on the number and composition of parents and children using the services, nor on the prevalence of different types of interventions. A recent nationally representative survey, conducted by an independent consulting firm and commissioned by the social ministry, covered 87 different family centres. The family centres surveyed all covered children aged 0-6; slightly below one fifth of the family centres also included those aged 7-12; while children aged 13-16 were covered to a lesser extent.<sup>896</sup> Regarding the number of people benefiting from the services from family centres, the number varies from 2,000 to 50,000 individuals. Some family centres cover the whole municipality, while family centres in large municipalities are often restricted to certain districts.

**Budget:** There are no national statistics on the costs and funding of family centres, nor any study on the topic. The family centres are financed by the budgets of the individual partners. There is no national funding, nor any user fees. The annual reports of individual family centres or family centres of a region are often not detailed enough to provide an analysis of costs and funding.

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<sup>895</sup> For more information see [here](#).

<sup>896</sup> Ramböll (2013).

## Hungary: Study hall programme

**Main purpose and context:** The study hall programme (Hungary) used to belong to the field of education, but since 2019 it has belonged to social services and is currently listed in the Child Protection Law as a service to improve the chances of disadvantaged children, which should cooperate with local educational and social institutions (Gyvt.38/B§). The main aim of the programme is to date the same: provision of out-of-school occupations for children in disadvantaged backgrounds coming from low-income families, allowing them to pursue successful school careers. They compensate for deficits and enhance equal opportunities, by providing complex after-school services for children from disadvantaged backgrounds.

**Organisation and governance:** They are typically operated by an NGO, but study halls operated by state schools also provide such services after compulsory classes. The teachers from the study halls cannot be the same as those from mainstream schools. The programme consists of bottom-up initiatives that include a wide range of civil society actors and Roma organisations. Some study halls collaborate under the *tanodaplatform*, organised by educational experts and civil actors who work in study halls and have relevant experience in pedagogical management. Students usually work in small groups and also have individual tutoring with a focus on non-formal pedagogical methods. Concrete activities include: help with school tasks; coaching; individual skills and capacity development; career orientation programmes; community-building activities; strengthening the identities of Gypsy/Roma students; involvement of parents through the development of common programmes with them; and the provision of one meal (either morning or afternoon snack).<sup>897</sup>

**Participation and take-up:** Study halls are characteristically located in settlements where disadvantaged or Roma children are highly concentrated, predominantly with students aged 6-18 coming from low-educated and poor families (90% of participating children are Roma).<sup>898</sup> Despite this, they can only reach a fraction of these children, partly because there are still no study halls in most locations; and in several settlements there are a lot more students in need of the service than the existing study hall can provide services for.<sup>899</sup> Calls for proposals for financing define the target groups of study halls as disadvantaged children (with no emphasis on being Roma), children in state care, and migrant young people.

**Budget:** Most study halls were financed from EU structural funds between the mid-2000s until 2019 and their functioning relied heavily on them. Financing could be gained for two- or three-year projects. In 2019, the government decided to finance the already operating ones nationally from the central budget. In 2019 in total 191 state-financed study halls serviced 5,535 schoolchildren.<sup>900</sup> Apart from these there are others which have opened in recent years and are still financed from the EU structural funds (EFOP-3.3.1 measures). There are no available data on their headcounts.

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<sup>897</sup> Fejes et al. (2016).

<sup>898</sup> Németh (2014).

<sup>899</sup> Bihari and Csoba (2018).

<sup>900</sup> KSH Statat (2019).

## Hungary: “Sure start” children’s homes (SSCHs)

**Main purpose and context:** The main goal of SSCHs (Hungary) is to counter social exclusion and to eradicate child poverty and malnutrition. The programme provides help for young children to ease their access to, and enrolment in, kindergartens, in order to prepare them for successful school education. It is designed to provide complex and flexible services adapted to the specific needs of individual families. These services are diverse, and include parental support, health counselling, play activities, and providing opportunities to cook and do laundry.

**Organisation and governance:** The core of the programme is the strong cooperation between parents, professionals, and service providers, designed to promote the physical, mental, and social development of young children and also their parents. A particular feature that adds a remarkable value to the programme is the involvement and participation of the Roma community at different levels of the services. This contributes to a mutual understanding and empowers parents – by allowing them to widen their social networks, relate to other parents, and increase their trust on institutions.

**Participation and take-up:** Since 2013, the programme has provided services to children under age 3 and it has become part of Hungarian child protection law as a basic component of child welfare services. According to recent regulations, the programme should target children receiving child protection benefits and disadvantaged children (including those children with multiple disadvantages). Generally, it provides support and programmes for families with children (ages 0-3) who do not have access to good-quality services due to their low incomes or having sociocultural problems and living in segregated regions or areas. These children’s homes can help disadvantaged children (including Roma children) at a very early stage.

**Budget:** The programme, which started as an initiative based on good practices in other countries and was modified to suit local needs, has been mostly supported by external funding from the ESF and Norwegian Fund. It then became institutionalised by receiving national state funding, becoming part of the system of social services. There is a lack of financial information on the individual costs and budget per children.

## Lithuania: Child day-care centres

**Main purpose and context:** The scheme of child day-care centres (Lithuania), addresses two main purposes: daily services for children in the short term, and the longer-term well-being of vulnerable families (especially single parents). The network of child day-care centres provides preventive and complex services for children and families, enabling children's growth in their biological families (the child welfare action plan for 2019-2021). The centres help fighting exclusion, contribute to create workplaces, enhance the growth of a more successful young generation, and contribute to the social and economic well-being of society. The centres help children to enjoy their childhood, develop their social skills, and receive necessary help and support.

**Organisation and governance:** The staff of the day-care centres actively collaborate with the school social workers, pedagogues, and community social workers, who help to target those children who could best benefit from these centres. A total of 426 day-care centres operate all over the country,<sup>901</sup> some of them only in one particular community while others belong to large NGOs and might operate in different regions all over Lithuania. As per data from 2019, only one day-care centre operates in Skuodas and Alytus district municipalities, whereas in the capital Vilnius there are 37 of them. Each centre has its own internal rules. They are free of charge for every child, irrespective of the family income, geographical region, or child's age. On the policy level, large NGOs active in childcare or child rights protection (Save the Children) participate in the decision-making at the level of the ministry as the scheme is mainly influenced or shaped by these large and influential NGOs.

**Participation and take-up:** Starting from the year 2017, day-care services are provided for all children free of charge, not exclusively for vulnerable ones. However, the contract with the respective family identifies concrete individual needs of the child, and areas that must be targeted and addressed. These contracts are compulsory for all children attending day-care centres, irrespective of their family's income or status. In 2019, the total number of children in the centres was 9,320 (1.87% of children in the country) and the average number of children per centre was 27. A total of 75.78% of children in day-care centres receive free catering.

**Budget:** Services provided at the child day-care are funded from the municipal budgets, and the Ministry of Labour and Social Affairs provides funding based on the yearly call for proposals since 2002 (the municipalities can decide on whether to contribute or not). Out of the total number of 426 day-care centres in Lithuania, 375 are funded by the Ministry of Labour with at least €5,000 per project. From 1 January 2021 the new funding scheme anticipates a fixed yearly amount of €16,800 of ministry support per centre established by an NGO and €7,200 per centre established by a local government or other public institution. Additionally, municipalities are obliged to allocate the amount of €27.50 per child per month.

## Romania: UNICEF programme "Minimum Service Package (MSP)": see Annex 1.4

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<sup>901</sup> Ministry of Labour and Social Affairs (2020).

## Annex 2: Notes to Table E1

**BE:** Priority criteria in childcare (under age 3) in Flanders.<sup>902</sup> Flanders grants three types of subsidies to childcare services: a basic subsidy, a subsidy for the application of income-related priorities, and a subsidy for the care of children from vulnerable families. It is a stepped system. To receive a subsidy from the second stage, the childcare service must receive at least 20% children of: parents who need childcare because of work and/or education; single parents; low-income families; foster children. In order to obtain the subsidy of the third stage, on top of the 20% families with priority characteristics based on income, the childcare service must receive at least 30% children of vulnerable families. A vulnerable family is one that meets at least two of the following conditions:

- a) needs childcare to look for or keep a job or receive vocational training;
- b) has a joint taxable annual income of less than €28,757.06 (2019 amount);
- c) is single;
- d) has a problematic health and/or care situation; and
- e) has a low level of education.

One of the two conditions must be (b), (d) or (e).

**BG:** Data from the Trust for Social Achievement's survey at the beginning of 2020 show that over 60 municipalities in Bulgaria have abolished kindergarten fees for all children in the municipality. According to the trust, this initiative by local self-government bodies, despite the reduction of the revenue part of their budgets, is a clear proof of the effectiveness of the measure and its benefits for children and their families. The fee is determined locally. For example, for the municipality of Sofia, there is no fee for: children whose parent/parents have a 71% or more permanently reduced working capacity; orphans; children of parent(s) killed in industrial accidents, natural disasters or in the performance of official duty; children with medical conditions giving rise to a 50% or more reduction in opportunities for social adaptation; and the third and subsequent children in a large family (50% and 75% discounts are given for the first and second child respectively). Additionally, a 50% discount is given for: children of a single parent; and children of a parent who is a full-time student. In over 60 municipalities in Bulgaria, fee have been abolished for children in kindergartens.

**CZ:** Free provision of ECEC is universal only for children aged 5 or for children in their pre-school year in kindergarten (at the same time, the pre-school year in kindergarten is compulsory for all children). In the whole country, directors of kindergartens have the authority to waive the fee where the parents or legal representatives of a child are in regular receipt of: the minimum-income scheme benefit; care allowance (benefit for people with disabilities) corresponding to a higher degree of dependency; or foster care benefit. Low-income children are defined as those from families that receive social assistance or minimum-income benefits.

**DK:** In Denmark, children in families earning less than €24,330 per year have a free place in childcare; children in families earning €24,330-€75,575 have their fee reduced; and children in families earning above €75,575 have to pay the full fee. The reduction is applicable for children independent of their age (the 6 months mentioned under accessibility is for the guarantee; children may start earlier). The policy level combines both national regulations setting out the formula for fee reductions, and local politicians who set the level of the full fee to be paid (albeit at a maximum of 25% of the cost of running childcare).

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<sup>902</sup> For more information see [here](#).

**DE:** In Germany, there is no distinction between childcare and pre-school settings (both called childcare). The level and structure of the childcare fee is partly regulated at Länder level, partly at the discretion of the municipalities. In recent years, many Länder and municipalities have begun to gradually reduce or even abolish the fees. Currently, there is great heterogeneity between the Länder – and, within the Länder, between the municipalities – as to whether or which parts of childcare are fee-based, cost-reduced or free. These regulations then apply to all children in the Land/municipality. Families who receive minimum-income benefits under social code books II and XII or under the Asylum Seekers Benefits Act can apply to the local youth welfare office for coverage of childcare costs, which is usually accepted.

**EE:** Free provision is universal (i.e. provided to all, or almost all, children attending childcare). It is important to note that local government authorities have the right to seek an attendance fee from parents, but not totalling more than 20% of the national minimum wage. As a result, childcare and pre-school provision are sometimes not free in practice.

**IE:** Universal and targeted childcare subsidies are provided. The universal part of the subsidy is paid for all children (irrespective of income or work status of the parents) between the ages of 6 months and 3 years (when the free pre-school year begins). The targeted subsidy is for low-income children between the ages of 6 months and 15 years. The early childhood care and education scheme is available and free to all children who have turned 2 years and 8 months of age before 1 September of the relevant year. Children can continue until they transfer to primary school as long as they will not reach the age of 5 years and 6 months on or before 30 June of the programme year. If a child is over the eligibility age requirement due to special needs, they may be able to get an exemption from the upper age limit for the scheme but there are no exemptions to the lower age limit.

**EL:** In Greece, attendance in publicly funded infant/child centres (run by municipalities) requires monthly means-tested board fees. However, there are fees reductions and/or fees exemptions for families with low income based on specific income and social criteria which vary among the municipalities. For example, for the school year 2020/2021, in the case of the municipality of Athens no fees are charged for those families whose annual income does not exceed €20,000; whereas other municipalities, such as the municipality of Marousi (in Attica region) and the municipality of Volos (in Thessalia region), set the income thresholds for the granting of zero fees at €14,000 and €9,000 respectively. On the other hand, no fee exemptions are granted in the case of the municipality of Thessaloniki, but only lower fees for low-income families, families with more than four children, single-parent families, and so on.

In addition, since 2011, **free subsidised places** in municipality (and private) infant/child centres are provided to a considerable number of families with low income, in the framework of the EU co-financed “reconciliation of work and family life” programme. This programme, in particular, provides subsidised places (taking the form of vouchers since 2017) in infant and child centres to families with children fulfilling certain socio-economic eligibility criteria. That is, the beneficiaries of the programme are parents who work in the private sector (employees in the public sector and in local authorities are excluded) or are unemployed and whose income is below a predefined level, while the family situation (i.e. single-parent family, divorced parents, large families, disabled parents) is also taken into consideration. As to the eligibility income criteria, the total annual income (net of taxes) of a family (including single-parent households) cannot exceed €36,000; and in particular, it cannot exceed €27,000 for a family with one or two children, €30,000 for a family with three children, €33,000 for a family with four children, and €36,000 for a family with five or more children. It should be noted that, since 2018, all welfare cash benefits are treated as income, and are therefore included in the total reported family income of the applicants for subsidised places.

**ES:** In Spain, ECEC is an optional cycle of the general education system. It constitutes the non-compulsory first stage of the education system, organised in two cycles: ages 3-6 (free of charge), and 0-3 (not free of charge).

Regulation about objectives, contents, evaluation, organisation, fees, and requirements of ECEC falls under the responsibility of autonomous communities (regions), and there are no minimum requirements at the national level for the first cycle (0-3). Municipalities play a key role in the provision and financing of childcare together with regional governments.

The second cycle (3-6), however, is regulated by the central government, and the autonomous communities complement that regulation with their own measures (introducing considerable variation between regions in this policy domain).

Some form of childcare financial support for low-income households exists in all Spanish autonomous communities, although very substantial differences exist between them in the number of families supported, and the intensity of the support provided.

Provision of education for children aged under 3 in Spain is an evenly shared responsibility between public and private sectors. Since the number of places in public childcare facilities is clearly insufficient to respond to existing levels of demand, access to private centres is facilitated by Spanish public administrations. Adjusting to that reality, regional governments and municipalities combine different types of childcare financial support schemes.

Available free childcare (in public centres, or in private ones with public funding) is insufficient, leaving a significant demand unmet (about one third of children aged 0-2 live in households that declare an unmet need for childcare services).<sup>903</sup> In this context, for many low-income families paying the fees to take their children to childcare represents a decrease in total household income if both parents try to access jobs. In that context, it is rational for one of the parents (generally the mother) to stay home, thus damaging her future income levels and labour market trajectory.<sup>904</sup>

**FR:** Early childcare establishments (crèches) offered 448,000 places in France in 2019, which is a theoretical capacity to care for 19.5% children aged under 3. In addition to crèches, young children are cared for by registered childminders employed in private homes (777,800 places), privately employed nannies (46,100), and nursery schools that take in children aged 2-3 (92,600 places), amounting to a total of 1.358 million places. The total ECEC capacity is consequently equivalent to 58.9% of children aged under 3. Apart from financial issues, problems in accessing ECEC are primarily due to insufficient places. The response provided by the 2018 poverty action plan was to create 30,000 places by 2022. Faced with the high number of requests, allocation commissions determine priority award criteria that can be different from one town to the next. These criteria usually include the age of children, social or economic difficulties in the family, the fact that both parents work, the number of children in the family, and a concern to maintain social diversity. Family income is not a primary criterion, since the price charged is established according to family income.

**HR:** By law, priority access to both childcare and pre-school provision is given to: children of Homeland War victims and disabled people; children from families with three or more children; children of employed people; children with health issues; children from single-parent families; children in the year prior to primary school; and children whose parents receive child benefits. As the threshold for child benefits is set at a low level, this can be counted as a priority for low-income children. However, the application of these criteria is completely left to local government, which contributes to huge variations in the ratio of enrolment of children, and huge variations in how national criteria about preferential access are applied, and in the fee parents must pay. A reduction for minimum-income recipients

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<sup>903</sup> Espinosa (2018).

<sup>904</sup> de Quinto et al. (2020).

is applied by only 30% of local governments, in which case recipients are completely exempt. The criterion most applied (by 77% of local authorities) is when parents have other children in childcare/pre-school settings, in which case they pay a reduced fee.

**CY:** Attendance at pre-primary education is mandatory and free for children aged from 4 years and 8 months to 5 years and 8 months.

The pre-primary school system in Cyprus includes day nursery schools (usually children under 3) and kindergartens (usually children aged 3 to compulsory school age). Parents can choose the type of pre-school facility for their children (public, communal, or private). Although the provision of public and communal kindergartens is adequate in Cyprus, the number of public and communal day nursery schools targeting children aged 0-3 is rather low.

Children aged between age 3 and 4 years and 8 months attending pre-school facilities pay fees, set by the Ministry of Education and Culture in cooperation with the Ministry of Finance. The community pre-school facilities which function in parallel with the public ones, most of the time with the same address and the same parents' association, are funded by the government, local authorities, and parents' associations. Finally, fees are regulated at local level for communal day nursery schools (usually children under 3) in Cyprus.<sup>905</sup>

**LV:** Local authorities are responsible for the provision of equal access to ECEC for all children from age 1½ and subsidise the cost of child education, while parents have to pay for meals and additional educational activities. In December 2015, the parliament amended the Law on Education, mandating local municipalities to provide the same funding for children attending public and private childcare centres (pre-school education institutions). According to the normative regulation, if the local authority does not provide a place in the public childcare centre (kindergarten) (from age 1½ until the start of primary education) for a child who has reached age 1½ and whose declared domicile is in the administrative territory of the authority, the local authority contributes to the costs of attendance at a private childcare centre (in an amount corresponding to the average costs of one child in a pre-school educational programme in a childcare centre of the respective municipality). It follows that in Latvia free ECEC is available for all children aged 1½ to 6 or 7 who attend public childcare centres, and reduced-fee ECEC is available for all children of the same age who attend private childcare centres.

**LT:** A fee reduction for children living in low-income households is applied in the whole country. Attendance at ECEC is obligatory for children from families at social risk,<sup>906</sup> which in most cases include low-income families. The place is secured from the age of 0 to 6 and funded by the local municipality. It is also recommended by the Ministry of Education, Science and Sports that priority admission to ECEC be given to children living in low-income households.

**LU:** Free childcare and pre-school provision is limited to 34 hours per week; for the remaining 26 hours (public subsidies are only offered for a maximum of 60 hours a week) a reduced fee applies (€0.50 per hour for the first child, €0.30 for the second child, €0.15 for the third child, and €0.00 from the fourth child on). Moreover, all children are granted 20 free hours per week during 46 weeks per year (generally the weeks when classes take place), provided they attend a care facility which is participating in the multilingual

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<sup>905</sup> The number of public nursery schools targeting children aged 0-3 is rather low in Cyprus.

<sup>906</sup> "Family at social risk" means a family in which there are children aged under 18 and at least one of the parents: abuses alcohol, narcotic, psychotropic or toxic substances; is gambling dependent; due to a lack of social skills, does not know how to (or is incapable of) properly caring for children; abuses their children psychologically, physically or sexually; does not use the state support they receive in the interests of the family, which results in a threat posed to the physical, intellectual, spiritual/moral development, and security of the children.

education programme of the ministry (the vast majority of the care facilities do adhere to this programme).

**HU:** Applicants receiving regular child protection benefit (low-income children) have to be prioritised, but only on condition that the parent is employed. For children receiving regular child protection benefit (low-income children) both crèches and kindergartens are free of charge. For other children, the fee depends on the income of the family. In recent years the availability of various types of crèches has increased for children aged 0-2. Despite this, only a small proportion of this age group attends such institutions (12%), with large regional disparities.

**MT:** Childcare (for children under age 3) is free for working mothers and for parents in training. Children will remain eligible for the free childcare scheme until they become eligible to attend kindergarten classes. Pre-school provision (ages 3-5) is free until 14:30 then €0.80 per hour per child.

**NL:** Each child from the age of 3 months up to 4 years can go to day-care. Day-care is provided by privately owned organisations and is only accessible via a financial contribution by the parents. Working parents can receive an income-related allowance for the costs of childcare, which is provided by the (national) tax authorities. Municipalities can provide subsidies to non-working parents of children aged 2-4 for supporting them in accessing childcare. Subsidy rules may differ between municipalities. In most municipalities parents have to pay a parental, often income-related, contribution. Dutch municipalities are obliged to provide early childhood education to children aged 2½-4 (*Voor- en Vroegschoolse Educatie, VVE*). VVE also targets children aged 2½-6 who are at risk of developing educational disadvantages. VVE groups for children aged 2½-4 are provided by day-care nurseries. A VVE group works with a special VVE programme, aimed at reducing language disadvantages and promoting the child's socio-emotional, cognitive, and motor development. The municipal authorities determine which children belong to the VVE target group. The main indicator used is the parents' education level. Referral usually takes place via the baby and toddler clinic, using criteria that are set by the municipality. Municipalities cannot require parents of target group children to enrol their children in a VVE group. All parents are free to choose a provision for their children or to refrain from using any of the provisions.

The Ministry of Social Affairs and Employment encourages municipalities to create a "social medical indication" arrangement. Such an arrangement should enable children living in precarious family situations to go to day-care by fully subsidising the associated costs for day-care. Two kinds of precarious family situations are distinguished:

When parents experience obstacles in fully caring for their child(ren), such as due to the parent's health situation.

When the development, health or well-being of the child is at risk due to the parents' situation, for instance due to substance abuse.

Most municipalities have such arrangements and provide a subsidy for day-care for children living in precarious family situations.<sup>907</sup> The eligibility requirements for accessing this financial support, as well as regulations as to who can apply (i.e. the parent or specific professionals) differ by municipality. However, research shows that in 2014 and 2016 full access to the "social medical indication" arrangement was only limited to low-income households due to an income threshold that local municipalities apply. Moreover, low awareness of the arrangement among employers also prevented eligible parents from fully accessing the arrangement.<sup>908</sup> In 2016, the Ministry of Social Affairs and Employment made

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<sup>907</sup> De Weerd et al. (2014), quoted in van Waveren and Dekker (2020).

<sup>908</sup> de Lange et al. (2016).

a commitment to increase awareness of the arrangement, and to encourage local municipalities that apply the income threshold to cease applying it.<sup>909</sup>

**AT:** Full-time childcare at ages 5-6 is free of charge in all federal provinces for at least 20 hours per week (“free last year of kindergarten”). This a universal (not targeted) provision. Several federal provinces provide free childcare according to universal provision for other age groups and/or more hours:

- Vienna and Burgenland: ages 0-6, full time;
- Carinthia, having a reduced-fees model, is planning to introduce universal free access at ages 0-6 and full time as from the kindergarten year 2020/2021;
- Upper Austria and Lower Austria: ages 2½-6, part time (maximum 20 hours per week).

In cases where no universal free access is granted, different models of reduced fees apply. Household income is used for targeting, but different thresholds and incremental arrangements apply in the different federal provinces, resulting in substantial differentiation and variation.

**PL:** Childcare (children aged under 3). Accessibility: in principle, public nurseries are for children aged from 20 weeks to 3 years. Affordability: fee reductions for childcare in public nurseries are often related to the number of children in the family, disability, occasionally to the family income. In the latter case, usually a social assistance threshold is referred to. It happens (very rarely) that childcare in public nurseries is free (e.g. Warsaw from 2019, but there are some implementation/accessibility problems).

Pre-school provision. Accessibility: municipalities may use family income as one of the additional criteria for screening out applicants. Affordability: provision of pre-school services, care in public establishments, and kindergartens is free but only for five instruction hours per day. Each additional hour is payable at up to a maximum of PLN 1 (€0.23) (nationwide, legal rules). Fee reductions might apply (implemented locally).

**PT:** Economic vulnerability is one of the priority criteria for access to childcare, along with other criteria such as age, having an impairment or disability, and living in a lone-parent household. The financial support to children living in low-income households is available in the whole country in the form of means-tested fees.

**RO:** Ante-pre-school education (ages 0-3, i.e. crèches):

Parents are required to pay a contribution for crèches and other ante-pre-school facilities, according to the number of children and monthly income of both parents (during the previous 6 months). Parents with children at risk of separation are not required to pay any contribution. The level of the contribution is proportional to income, and established by the local authorities, according to specific financing needs. The contribution is paid only for the days effectively attended. The contribution cannot exceed 20% of the monthly average cost per child. In 2012 the methodology stipulated a contribution of 20% for parents with a joint gross income of RON 700 (€155) and one child. For families with more than one child, or those with one child and lower income, the contribution decreases to 10%. Further, parents with incomes in the lower bracket and two or more children pay 5%.

In addition to this, the education law stipulates that all low-income families are eligible to receive a social coupon of €500; but the application of the law was postponed until the end of 2020.

While the constitution and the law on education specifies access to ECEC as a basic legal right, in fact accessibility/affordability is limited by two facts: (a) the lack of education pre-school facilities in some areas, especially in the case of educational and care facilities for children aged 0-3; and (b) the fact that the state guarantees financing only to accredited

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<sup>909</sup> Asscher (2016), quoted in van Waveren and Dekker (2020).

pre-school and ante-pre-school educational units, public or private – whereas many facilities are currently not accredited as educational facilities, but as childcare centres.

Pre-school education (kindergarten, ages 3-5) is free (except lunch). In 2015, legislation was passed granting kindergarten tickets of RON 50 (about €11) monthly to low-income families, but only if the child attends kindergarten on a regular basis and only during the period September through June.

**SI:** There are nine income brackets (expressed as a per capita monthly family income net of taxes), including the one for which ECEC is free. Fee reductions decrease for higher income brackets (from 90% to 23%). Everybody enjoys a fee reduction of at least 23%. There is an additional 70% fee reduction (parents pay 30% of the fee for their income bracket) for second children from the same family concurrently attending ECEC. Local communities may provide additional fee reductions.

**SK:** Currently, there is no legal entitlement to publicly funded childcare. But, according to the amended Education Act approved in 2019, all children aged 5 will have to attend pre-school education (i.e. the last year in kindergarten) from 2021. Children who are in the year before compulsory school attendance, and children from households receiving minimum-income benefit, do not pay fees in public kindergartens.

**FI:** Early education is universally available for all children. The municipality of residence is also obliged to provide care for children in the evenings, at night, and on weekends, if the work or study of the parents so requires. The ECEC fee depends on family income, size of the family, and how many hours a week the child participates. Siblings get a discount. If the family's income is small, early childhood education is free of charge for the family. The monthly fee varies from €0 to €288 per child. Pre-school provision is free of charge.

**SE:** Maximum fees are set at national level. The local level may decide on lower fees than the national maximum. The fee is based on family income up to a national maximum. The fourth and subsequent children are free of charge. Compulsory pre-school provision is free of charge (15 hours per week), and for children aged 3-5 the maximum fee is thus often reduced proportionally. There is no fee at all if the household has no earnings or earnings-related social insurance income. In addition, families with low earnings do not pay the maximum fee, which implies that there is some kind of fee-reduction system; but it is not exclusively targeted at low-income groups, and has the character of a sliding scale.

### Annex 3: Notes to Table E2

**BE:** Limited to the Flemish community/region of Belgium. The ECEC and education policies are completely decentralised.

For age 0-1 and 1-2: a maximum child-staff ratio of 8:1 (i.e. eight children for one childcare worker), and 9:1 for the second worker present. When the children are resting: a maximum ratio of 14:1 provided that there are at least two child counsellors present in the childcare location and the rest period lasts not more than two consecutive hours.

For age 3 and over: the organiser has discretion over class sizes and child-staff ratios. The ratio in the table is not an average nor an ideal class size to be pursued. The ratio does provide a theoretical calculation of the number of students per full-time teacher that can be appointed in the school.

**BG:** In the nurseries there are pedagogues, nurses, and carers. At least one pedagogue must be appointed in a nursery for up to 60 children, and an additional pedagogue for each additional 20 children. At least two nurses and two babysitters are appointed to one nursery group, and the children are cared for by at least one nurse and one babysitter per shift.

**CZ:** The estimate is made for a kindergarten of three classes, in operation for 10.15 hours per day, where the maximum is 177.5 teaching hours per week and 24 children per class (which mostly fills to capacity due to lack of places; exceptions allow going up to 28 children per class). On the other hand, the number of children in a class may be reduced by two children for each child aged 2-3 or a child with special educational needs. However, this reduction may be by six children at maximum. Assuming there are 24 children in a class and the total number of children is 72, the allowance of 177.5 teaching hours represents 5.66 full-time teachers, which means 12.72 children per member of teaching staff (0.5 full-time staff equivalent for managerial work of the director of the kindergarten is not included). 31 hours of direct teaching per member of staff is the norm.

**DK:** The statistics concern children aged 0-2 in nurseries in 2018 and cannot be broken down in smaller age groups.

Under age 3: the statistics concern children aged 3 in childcare in 2018.

**DE:** There are no nationwide standards for childcare facilities. Responsibility for regulation lies with the 16 Länder, which leave the municipalities a great deal of discretion. According to the Federal Statistical Office, the child-staff ratio in day-care centres with children aged under 3 on 1 March 2018 was 4.2:1, and with children aged 2-7 (excluding schoolchildren) it was 8.4:1 (that is, respectively, one full-time educator looked after 4.2 or 8.4 children throughout the day). Childcare is usually provided in mixed-age groups, so there are no child-staff ratios by individual age group.

**EE:** According to the existing law, formal childcare institutions can increase the maximum number of children allowed in a group, while the number of staff remains the same. There is currently no information about how common this practice is.

**IE:** The child-staff ratios above apply to full-time (5+ hours) and part-time (3.5-5 hours) day-care. For sessional services (less than 3.5 hours), the following apply: children aged under 1 – 3:1; ages 1-2½ – 5:1; ages 2½-6 – 11:1.

A child-staff ratio of 8:1 or 6:1 applies after the 3.5 hours expires (when the ECEC sessional pre-school service has finished) and the child is staying on in the full day-care service for the rest of the day.

The child-staff ratios are 11:1 for any child availing of the ECEC scheme and attending a sessional pre-school service (up to 3.5 hours).

**EL:** ECEC in Greece is offered in: (a) community infant centres (*Vrefikoi Stathmoi*) for children aged 0-2½, and community child centres (*Paidikoi Stathmoi*) for children from age 2½ to compulsory school age, which are both under the supervision of municipalities and the Ministry of Interior; and (b) private infant and child centres, which are under the supervision of the Ministry of Labour and Social Affairs.

Public infant/child centres (under the supervision of municipalities and the Ministry of Interior): children aged 0-2½ – for a maximum group size of 12 children, two educators and one assistant must be employed and present at the same time (ratio of 12:3); children aged 2½ and over – for a maximum group size of 25 children, one educator and one assistant (ratio of 25:2).

Private infant/child centres (for-profit or non-profit): children aged 0-2½ – for a maximum group size of eight children, one baby/infant nurse and one assistant must be employed and present at the same time (ratio of 8:2); children aged 2½ and over – for a maximum group size of 25 children, one educator and one assistant (ratio of 25:2).

**ES:** children aged 0-1 – most regions, except Aragon (6-7:1) and Balearic Islands (7:1)

Ages 1-2½ – 10-12:1 in Aragon

Ages 2½-6 – 16-18:1 in Aragon

**FR:** The quality standards applicable in France are not based on an age criterion but rather on children's motor skills. Crèches must provide one carer for every five children unable to walk, and one for eight children able to walk. This is because babies that are not yet autonomous require a lot more attention than those that can walk. This ratio could change depending on studies underway and projects to establish new standards by decree.

**HR:** The quality standards are determined at the national level by the national educational standard for pre-school education (2008, 2010). The standard sets the number of children per educational group according to their age, as follows:

Age: maximum number of children per staff member

- 6-12 months: 5:1
- 13-18 months: 8:1
- 19-24 months: 12:1
- 3 years: 14:1
- 4 years: 18:1
- 5 years: 20:1
- 6 years: 23:1
- 7 years: 25:1

The ratio is lower for the mixed group (of different ages) and if a child with health issues is included in a group, or if it is a special group only for children with various health issues. The document also sets a number of educators per group, as follows:

- Up to 3 hours daily: 1 (50% of working hours)
- 4 to 6 hours daily: 1
- 7 to 10 hours daily: 2

The ratio is lower for the mixed group (of different ages) and if a child with health issues is included in a group, or if it is a special group only for children with various health issues.

A separate ratio is set for other professionals, such as pedagogues, psychologists, special educators, and nurses. The research showed that the child-staff ratio (for educators and other professionals) was 16.3:1 in childcare and 22.6:1 in pre-school settings in 2016. It also showed

that a majority of children, both in childcare and pre-school settings, attend groups with a higher number of children than prescribed.<sup>910</sup>

**CY:** For children aged 0-3, schools usually have one additional assistant teacher (this is not compulsory).

**LV:** In Latvia, there are no legal provisions determining the number of children in a group of a pre-school educational institution (except for special pre-school institutions and special pre-school educational groups). There are usually 15-22 children in a group with one pre-school teacher and one teaching assistant working at the same time. In total, each pre-school group has two pre-school teachers and one teaching assistant, regardless of the age of the children. Restrictions on the number of children are determined by hygiene requirements, including infrastructure requirements, for pre-school education institutions and opportunities to ensure high-quality implementation of the pre-school education programme. The number of children in groups for pre-school institutions is determined, if at all, by local authorities.

**LU:** For children aged 0-2 – 6:1; ages 2-4 – 8:1; aged over 4 – 11:1

**HU:** For children aged 0-3: a maximum of 12 children per group, and two pre-school teachers and one nanny (equals ratio of 4:1). For mini-, workplace, family crèches (and SSCHs), different regulations apply.

For children aged over 3: a maximum of 25 children per group, and two kindergarten teachers and one nanny (equals ratio of 8.33:1). On top of that, one kindergarten secretary per 100 children, one teaching assistant and three kindergarten groups.

In various ECEC institution types, the state regulates the maximum group size and the minimum number of staff necessary to provide the services. In the table only staff directly working with children are included (pre-school teacher and nanny).

- crèche: maximum of 12 children for three carers (two pre-school teachers and one nanny)
- mini crèche: seven children for two carers (one pre-school teacher and one nanny)
- workplace crèche: seven children for one carer; for six to eight children, one extra helper
- family crèche: five children for one carer; for six or seven children one extra helper
- SSCHs: minimum of 5-10 children depending on settlement size per employee working 40 hours a week and another of at least 30 hours a week / minimum 20 square metre playroom (40/2018. (XII. 4.) EMMI decree)
- kindergarten: maximum of 25 children for two kindergarten teachers and one nanny.

**MT:** For children aged over 3: breakfast club 5:1; all other ratios are applicable to core hours (830-1,430 hours).

**NL:** Ratio applies to age-homogeneous groups.<sup>911</sup>

**AT:** Quality standards differ substantially between federal provinces. Regulations on child-staff ratios exist in all federal provinces. The numbers provided relate to the situation in Vienna, which is by far the largest federal province.<sup>912</sup>

**PL:** Maximum five children per carer, if a child with disabilities is present. The same ratios are valid for nurseries and for children's clubs.<sup>913</sup>

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<sup>910</sup> Dobrotić, Matković and Menger (2018).

<sup>911</sup> Ratios and calculation rules for composite groups are available [here](#).

<sup>912</sup> See link [here](#).

<sup>913</sup> See link [here](#).

The table shows ratios for the nurseries/children clubs, providing – in principle – care for children aged from 20 weeks to 3 years. The older children, aged 3-6, attend kindergartens, where there are no such child-staff ratios are set. Instead, the maximum number of children in a group/grade is set at 25 (down to 12 and then up to 16 during the COVID-19 period).

**PT:** Rather than at a specific age, the legislation establishes the threshold at the time the child starts to walk. Whenever the number of children does not allow the creation of a homogenous group of children aged 2-3, the group may include children as from the time they start to walk. In these cases, the number of children per educator cannot be higher than 16.

**RO:** Children aged 3-5 or 6: on average, nationwide, 15 children per member of teaching staff (2018/2019).

- Urban: on average, 14 children per member of teaching staff
- Rural: on average, 17 children per member of teaching staff

**SI:** Children aged under 1: not applicable.

- For children aged 3: 17 (+2)<sup>914</sup> children in a group
- For children aged 4: 22 (+2) children in a group

The indicated maximum number of children per class/group applies to all types of S2 setting. The indicated maximum number of children per group applies to homogenous age groups (i.e. age range of one year). If the age range of children in a group varies, the maximum number of children is as follows.

- In groups with children aged 1-3 the maximum number of children is 10 (+2)
- In groups with children aged 3-6 maximum number of children is 19 (+2)
- In groups with children aged 1-6 maximum number of children is 17 (+2)

If a public kindergarten organises ECEC at the home of a pre-school teacher employed at the kindergarten (i.e. education and care family) the regulations are as follows:

- In groups with children aged 1-3 the maximum number of children is 6
- In groups with children aged 3-6 the maximum number of children is 8
- In groups with children aged 1-6 the maximum number of children is 7
- In education and care family settings there is only one educator per group

**SK:** Legislation defines a maximum number of children per class for a given age category.

Formally, there are usually two teachers per class. But they work in different parts of day, with a small period during which their work overlaps.

**FI:** The Act on Early Education (540/2018) stipulates that *"at least two-thirds of the personnel in nursery education, teaching and care duties shall have the qualification of an early childhood education teacher, of which at least half shall have the qualification of an early childhood education teacher. Others must have at least the qualifications of an early childhood nanny."* The child-staff ratio is different (more staff) if the kindergarten has children in need of special care.

**SE:** Data from the Swedish National Agency for Education. No data per age category, only guidelines.

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<sup>914</sup> Municipalities can raise the maximum number of children per group for two children (considering the situation in the local community). In practice, 78% of groups (classes) have these two additional children. Data from Ministry of Education, Science and Sport.

## Annex 4: Notes to Tables F3-F5

The information related to the following items was collected:

- compulsory basic school material such as schoolbag, pens, glue, scissors
- compulsory textbooks include books, notebook, diary (including photocopying)
- compulsory specific clothing includes uniform, sport clothing
- informatics equipment requested by the school (computer/tablet)
- other equipment requested by the school (sport or music instruments)
- compulsory extramural activities (such as school trips, sport, culture)
- fees
- other important compulsory costs

### Country notes

**CZ:** According to the Act on Material Need No 111/2006 Coll., a discretionary extraordinary lump sum may be provided from the minimum-income scheme to cover reasonable costs that arise due to the education or leisure activities of children (most items mentioned in the scheme are covered, and so are also working clothes/equipment for children in vocational secondary education, as well as school winter and summer field trips, leisure activities, and transport costs related to commuting to school). The lump sum can be up to the total costs involved, with a ceiling of 10 times the benefit for personal needs of an adult person, which is CZK 38,600 (€1,485) per child per year.

**EE:** These estimates are based on Estonia's largest municipality, Tallinn, where the maximum rates of income-related allowances per person per calendar year are as follows (2018): (a) for a child under 18 and in primary education or general secondary education, and under 20 in vocational secondary education, €350; and (b) for a child going to school from a family that receives subsistence allowance, €32.

**ES:** It is difficult to compute an average amount due to large differences between the different autonomous communities. Some regions have already established free access to books for all students (Andalucía, Valencia, Navarre, and Melilla), and others are moving in that direction (Ceuta, Murcia, and Rioja), while the Basque Country has a system of free books with co-payments by parents (who must cover one fourth of the cost). The remaining regions have some kind of means-tested schemes for low-income families.

**FI:** If a student is under 17 they can receive compensation for study materials (*oppimateriaalilisä*). In addition, low-income pupils can apply for compensation from the social assistance system.

**FR:** Digital equipment is provided free by middle schools and high schools, but students equip themselves with additional devices.

**IE:** The costs of secondary vocational education can be estimated to be similar to the costs of general secondary schools (i.e. €735). There might be costs of apprenticeship (student's off-the-job training that takes place within a higher education institute), in which case the student is expected to pay a pro-rata registration fee. This fee is highly variable across different apprenticeships (approximately €500-€4,500).

**HR:** In the school year 2019/2020, in line with a comprehensive curricula reform, the government provided, for the first time ever, tablets for the first-year pupils, in a ratio of one tablet per four pupils, and to all pupils in the 5th and 7th grades. This year, the plan is to provide tablets for pupils from the 2nd to 4th grade (in a ratio of one tablet per four pupils), and tablets for all other pupils in the 5th-8th grade.

**HU:** From September 2020 all textbooks became free for grades 1-12.

**MT:** Any expenses relative to technical education are paid through EU funds.

**NL:** Costs of school bags are borne by parents/carers. Materials used at school (such as glue, scissors) are purchased by schools. Schools that make the use of computers/tablets compulsory should theoretically provide for their purchase, as students/parents may only be asked to make a voluntary contribution with regard to curriculum-related items. In practice, the costs are often paid by parents.

**AT:** Normal textbooks are free of charge, but parents reported average costs of €13 (primary) and €49 (secondary) for other books/media; notebooks are included in "basic school material". In public schooling no uniforms exist. But parents report average costs of €91 for school-specific clothing and shoes (supposedly at first instance for sport clothing).

**PL:** Social benefits: €70 (universal) + €24 (means tested supplement of family allowances) + €23- €57 (means-tested monthly school grants, from 1 to 10 months).

**SI:** In Slovenia, only elementary (primary and lower secondary) education is compulsory, which is covered by the table.

**SE:** Total cost includes meals.

## Annex 5: Key points from the FSCG2 online final conference (11 February 2021, 13:30-17:00 Brussels time)

### Introduction

Eric Marlier (Luxembourg Institute of Socio-Economic Research: LISER; FSCG2 project manager) welcomed participants and outlined the overall architecture of the study prepared for the second phase of the Preparatory Action for a Child Guarantee (CG). He reminded participants that the aims of the second phase were to focus on the operationalisation of the CG and to explore what the cost and benefits could be for the competent authorities in the 27 Member States to guarantee that all children at risk of poverty (AROP) have access to the five social rights singled out by the European Parliament in 2015 (free healthcare, free education, free childcare, decent housing, and adequate nutrition). He explained that it is not possible to fully operationalise the CG without defining concretely what should be guaranteed, and that the purpose of the second phase of the Preparatory Action was to provide examples of such operationalisation in order to inform this definition. However, he stressed that this does not prejudice the final form of the CG, which is the responsibility of Member States and the European Commission.

The second phase has focused on five possible components of the CG and has analysed in depth one priority action for each component (i.e. concrete examples of what could be guaranteed in the future CG). These are:

- provision of free/reduced-price full school meals for AROP children;
- provision of free early childhood education and care (ECEC) for AROP children;
- removal of school costs for AROP children attending compulsory school (only costs of materials and activities formally required for the curriculum are considered here);
- provision of free regular health examinations and follow-up treatment at children's successive growth stages; and
- provision of services aimed at preventing and fighting homelessness of children and their families.

In addition to the five priority actions selected, an additional priority action, integrated delivery of services – cross-cutting initiatives such as extended/whole-day schools – has also been examined.

He went on to outline the step-by-step methodology used: systematic mapping of all relevant actions in each Member State; in-depth assessment of carefully selected policies and programmes; computation of the cost of action in Member States; review and analysis of available cost-benefit analyses; review and analysis of monitoring options.

He concluded with four important warnings to take into account when considering the findings of the study. First, although the study has focused on specific components and actions, a CG, if it is to achieve the objectives set out by the European Parliament, will need **more than one component** and **a large range of actions**. Second, the future CG will have to avoid developing actions in isolation. It will have to contain many different actions, and these actions will have a much greater impact if they are part of a comprehensive, strategic, and integrated approach so that they are mutually reinforcing – hence the importance of CG National Action Plans. Third, no one size fits all: the actions that will need to be prioritised under the CG will therefore vary between Member States, and the selection of actions should follow a careful analysis of the situation in each one. Fourth, although the study has focused on AROP children, **there are other children in vulnerable situations** (e.g. children with disabilities or with a migrant background, children in alternative care) who were not covered in the study if they are not AROP, but who may also have problems of access to the five rights identified by the European Parliament.

## **Session 1: Guaranteeing access to adequate nutrition, free childcare, and free education**

The chair for the first session of the conference, Peter Lelie (Chair of the Social Protection Committee), outlined the Social Protection Committee's strong track record on working on issues of child poverty and services for children. He said the committee looks forward to engaging with the Council Recommendation on a CG after it is adopted. He then introduced presentations by three of the study's thematic experts.

Gwyther Rees (University of York) presented the main findings on how to guarantee access to adequate nutrition, and the important role of the provision of free school meals. He drew out 12 conclusions and recommendations from the study: ensure coherence within an overall approach to social policy; aim for universal provision, but targeted provision can be a stepping stone; tackle infrastructure issues; ensure clarity about primary nutritional benefits (ensuring adequate child nutrition and reducing food insecurity) and secondary health and educational benefits; the need for robust evaluation (including cost-benefit analyses) and exchange of good practices; the importance of well-informed quality standards and systems for monitoring the implementation of these standards and the quality of food; ensure consistent national standards while at the same time using the strengths of regional and local governance layers but avoiding geographical inequalities; ensure inclusivity across age ranges of compulsory schooling; facilitate the participation of children and parents/carers in the design and evaluation of provision; consider how to fill gaps in "universal" provision (such as children not at school, holidays); build in resilience to crises and ensure continuity of nutrition; use European Union (EU) funding to support infrastructure improvements, encourage the development of experimental initiatives, and stimulate matched funding from other sources (public and private).

Michel Vandebroek (University of Ghent) presented the findings on how to guarantee access to free and good-quality childcare, and highlighted the important benefits for children (on cognitive and social skills, executive functions, school readiness, and educational careers), their families, and society as a whole. He provided an overview of the diversity of provision in the EU and drew out five main recommendations from the in-depth assessments of selected policies and programmes: first, have a long-term vision of guaranteeing universal access and a legal entitlement to high-quality ECEC, which should be free for AROP children; second, develop a mid-term vision which focuses on addressing geographical disparities, promoting universalism within targeting or targeting within universalism, building new places, balancing economic and social needs, and establishing national standards while allowing for local flexibility; third, use bridging figures from the target communities to help in developing effective outreach to vulnerable communities (for instance Roma); fourth, promote networking between stakeholders; fifth, address data gaps and establish effective monitoring of both access to, and the quality of, ECEC provision.

Alina Makarevičienė (PPMI) presented the findings on how to guarantee access to free education by removing compulsory school costs. She drew out six main recommendations for Member States to consider initiating and implementing: first, set up a clear strategic and legal framework to ensure access to free-of-costs education for low-income children, including removal of "hidden costs"; second, establish a clear legal definition of school-related costs; third, ensure a comprehensive monitoring and assessment framework for implementing support and compensation measures; fourth, provide sufficient financial resources and ensure that support provided at the regional and/or local level does not contribute to widening inequality between more prosperous and poorer regions or urban and rural areas; fifth, assess and adapt the adequacy of the provided support in order to ensure that compulsory education is really free; and, sixth, prioritise the needs of children in national European Structural and Investment Funds (ESIF) programming documents and implement needs-based and non-stigmatising solutions, aimed at reducing or removing school costs.

Following the three presentations, an exchange session with participants was introduced by a short input from Bruce Adamson (European Network of Ombudspersons for Children: ENOC). He stressed the richness of the work undertaken and the potential of the CG not only for the EU but also for other European countries and internationally. ENOC will work closely with the implementation of the CG. Key issues raised by Bruce and participants during the exchanges included the following:

- it will be important to adopt a comprehensive approach and set specific actions within the broader context of national action plans to deliver the CG;
- the need for the CG has increased given the profoundly serious impact of COVID-19 on AROP children and families;
- focusing on adequate nutrition is important in its own right but also because of its link to children's health and well-being;
- avoiding stigma in the provision of services is essential and universal provision can help in ensuring this;
- addressing the costs of education is a key to ensuring children's right to education;
- children's rights impact assessments can sit alongside and reinforce the delivery of the CG;
- involving children and parents in the implementation and monitoring of the CG will be essential – it was pointed out that participation by AROP children and their families can help to overcome psychological barriers to access, especially in targeted systems, and lead to increased take-up of ECEC and other services;
- effective outreach programmes are essential to foster access to services by children and families in vulnerable situations;
- flexibility in the provision of childcare is important to respond to local situations, and initiatives by cities can play a key role in this regard;
- although flexibility is important, it is also important to ensure coherence between local and national levels so that disparities in provision of ECEC (urban-rural or within urban areas) are avoided – to ensure this there should be a minimum threshold of provision guaranteed across each Member State;
- an integrated approach is needed that links the implementation of the CG with other EU strategies, such as the gender equality strategy, and embeds the CG in Member States' recovery and resilience plans;
- while the specific target group of children in institutions and separated from their families was not covered in phase 2 (they were covered in phase 1), it will be important to take their situation into account in the roll-out of the CG;
- building integrated child protection systems will be important in ensuring the care of all children;
- while access to personal hygiene products was beyond the scope of the study on school costs, they are important to the issue of period poverty; and
- the situation of AROP children cannot be separated from family poverty and intergenerational poverty.

Concluding the session, Peter Lelie thanked the speakers and participants for their excellent contributions and said that they have given him an appetite to learn more. He looked forward to discussing the implementation of the CG with the European Commission.

## **Session 2: Guaranteeing access to free healthcare and decent housing**

The chair for the second session of the conference, Hugh Frazer (Maynooth University), introduced the session by stressing the richness of the material collected by the many experts involved in Phase 2. This should be useful not only in assisting the European Commission in designing the CG but also as a valuable resource for policymakers and practitioners across Member States. He then introduced presentations by two of the study's thematic experts.

Rita Baeten (European Social Observatory) presented the findings on how to guarantee access to free healthcare, and the important role of free regular routine health examinations/screening programmes and follow-up treatment. She concluded by highlighting challenges and recommendations in relation to seven areas. First, she emphasised the importance of the universality of provision, with a binding system of invitation/registration/reminders, awareness-raising initiatives, and incentives to participate in the programme. Second, she explained the importance of strong institutional cooperation, with a key role for the central level being to design and monitor the scheme, supported by the active involvement of local/regional/national levels and health insurers according to the specificity of each country. Third, she stressed the importance of establishing quality requirements and monitoring by defining (minimum) standardised programmes with defined standards, by establishing ongoing monitoring, and by establishing an EU indicator or set of indicators. Fourth, she focused on human resources and emphasised the need: to ensure the availability, stability, and quality of human resources; to ensure sufficient availability of healthcare providers cooperating in the scheme; to establish standards and quality requirements with regard to staff qualifications; to provide systematic and consistent training as well as continuous professional development programmes for service providers and other actors involved, and to compose multidisciplinary teams of service providers. Fifth, she emphasised the importance of: supporting vulnerable families to claim their rights to healthcare; setting up a clear and effective procedure to ensure that all children actually receive the required follow-up treatment, free of charge; and setting up a system to monitor follow-up treatment as an integral part of the monitoring system of the programme. Sixth, she recommended that targeted screening programmes should clearly define the target groups and provide support to them in terms of information, access to mainstream healthcare, and specific programmes responding to their specific needs. Seventh, she suggested that EU funding should be used to test innovative approaches and, in countries or regions with limited financial resources, to support the setting-up and implementation of new programmes for screening, health examination, and treatment.

Isabel Baptista (independent social policy expert) then presented the findings on the necessity to prevent and fight homelessness among children and their families. She concluded by highlighting five possible ways forward. First, she emphasised the need to develop strategic approaches and overall frameworks by: enhancing the development of mainstream support policies and practices which are framed by strategic policy frameworks for protecting children's rights; adopting a rights-based approach across all relevant policy areas (e.g. housing, health, social welfare) centred on the experiences of children through homelessness; and designing and implementing legislative frameworks which establish clear limits on the amount of time families with children may stay in emergency/temporary accommodation. Second, she highlighted the need to address structural obstacles and homelessness causation by: ensuring that the right to access adequate housing is established in law, and implementing the mechanisms to ensure accountability and enforceability of such a right; and aligning welfare and housing benefit levels with current housing costs, so as to enable homeless families to access and secure housing options and avoid further financial instability. Third, she stressed the importance of enhancing governance and funding mechanisms by: strengthening collaboration between relevant actors in the homelessness policy and service provision sectors with Ombudspersons offices; and prioritising the needs of children and/or families experiencing homelessness in national programming documents for using the ESIF. Fourth, she advocated strengthening monitoring and evaluation systems by: establishing an EU target of ending child homelessness; adopting an EU-level indicator to monitor Member States' progress towards this target; and strengthening system-level outcomes at the policy, programme, and practice level aimed at changing and improving the functioning of support systems. Fifth, she stressed the need to develop service provision by: strengthening preventive and early intervention strategies and permanent (re)housing solutions which are based on demonstrably effective evidence-based approaches; ensuring that the particular needs and preferences of children,

especially the most vulnerable, are duly assessed and attended to at the policy and service level; and ensuring that specialised support (e.g. case managers and child support workers) is made available to homeless families and children.

Following the two presentations, a question-and-answer and exchange session with participants was introduced by a short input from Pamela Dale (United Nations Children’s Fund). Key issues raised by Pamela and other participants during the exchanges included the following:

- the importance of developing integrated services and policies, and promoting effective cooperation between services – in this regard support to Member States to develop integrated national action plans to implement the CG could be helpful;
- the value of universal approaches – but these often need to be complemented by extra efforts to reach and support those most at risk;
- the importance of a child-centred approach;
- the importance of addressing data gaps, especially in relation to access, outcomes, and specific target groups, and the potential for developing common indicators across Member States;
- the importance of encouraging cooperation between all actors and avoiding differences in quality of provision;
- the need to ensure children are reunited with their parents as soon as possible if parents have been in prison;
- the importance of ensuring that health examinations lead to unmet medical needs being addressed;
- the need to ensure that sexual and reproductive health issues are covered by health examinations, especially for older children in secondary school; and
- the importance of increasing the availability of affordable housing if child and family homelessness is to be combated – COVID-19 has highlighted the limitations of temporary accommodation and the need for permanent solutions.

Concluding the session, the chair, Hugh Frazer, said two issues had stood out for him: the importance of fostering an integrated and holistic approach to the provision of services, and the potential of progressive universalism in the provision of services for AROP children and their families.

### **Session 3: Cost and monitoring, and related statistical challenges**

The chair for the third session of the conference, Eric Marlier (LISER), introduced Anne-Catherine Guio (LISER; FSCG2 scientific coordinator), who presented the main findings in relation to the cost of selected priority actions and monitoring issues. After presenting the findings in relation to costs, she highlighted three main conclusions of the cost estimation process. First, the cost of providing AROP children with free school meals, free high-quality ECEC, and free-of-costs schools is quite low in comparison with current budgets – especially if it is put in the context of the potentially huge benefits of these actions. Second, the review of available cost-benefit analyses for all five CG components (see report) shows that in most cases the “monetised” benefits exceed the costs of the action. Third, independent of cost issues, we need to keep in mind that the five policy areas identified by the European Parliament are children’s rights which need be guaranteed as a matter of principle, and that the economic arguments developed in the report are only illustrative of the returns on investment in such rights.

She then highlighted findings in relation to monitoring; she stressed the need for effective monitoring and evaluation of programmes, and rigorous assessments of outcomes, to ensure the development of evidence-based interventions, and to maintain quality over time. In relation to the overall monitoring of the CG, she stressed the need to put in place at EU level a strong overall system for monitoring of, and reporting on, the overall delivery of the CG. This should

include the following: identifying the need for actions in each policy area in each Member State; for each CG component, monitoring the availability, accessibility, affordability, and quality of services; and monitoring Member States' progress towards guaranteeing access to the five policy areas. She then presented a set of indicators that could be used to monitor the CG at the EU level and in each Member State.

Olivier Thévenon (Head of Child Well-Being Unit, Organization for Economic Cooperation and Development) outlined some statistical challenges in relation to monitoring, and agreed strongly with Anne-Catherine on the importance of establishing a robust monitoring framework for the CG at EU level. He said that a framework for gathering good data in relation to policy monitoring requires three things: first, data on the outcome(s) a policy is expected to influence, and associated risk factors; second, data on the policy resources/programmes (outputs) put in place to reach the target (i.e. type of support – cash, in-kind, quality), and on coverage/take-up; and third, information on barriers to policy effectiveness such as lack of availability, affordability, low satisfaction. He then made concrete proposals in relation to the proposed set of indicators presented by Anne-Catherine.

In the subsequent question-and-answer and exchange session with participants, a number of points were raised. These included:

- the Fundamental Rights Agency indicated its availability to support the monitoring of the CG, stressing the importance of qualitative as well as quantitative data;
- ensuring access to the five rights identified by the European Parliament is clearly an investment and it will be important to produce data showing this;
- national averages can often hide local realities, so disaggregating data and monitoring disparities in provision across Member States is important;
- using data at a very local level can be particularly good for grasping barriers to accessing services;
- the COVID-19 crisis has shown the key role of parents and families for children's well-being so it is important to include parents and families in the CG and monitor support for them; and
- all aspects of the future CG are relevant to reducing health inequalities, and thus it will be important to ensure that the findings of this study (and FSCG1) are made widely available all stakeholders including the public health and healthcare communities.

### **Closing remarks**

In closing the conference, Katarina Ivanković-Knežević (Director for Social Affairs and Inclusion, Employment, Social Affairs and Inclusion Directorate-General, European Commission) thanked all the speakers and participants for their contributions. She said the work of the FSCG team together with the inputs from many different stakeholders have been invaluable in helping the European Commission to develop the CG Recommendation. She stressed that the CG is on a good path and, while at the start of the process in 2018 it was not clear where the path would lead, it is now expected that the Council will adopt the CG in March 2021. Work on finalising it is at a very advanced stage across the European Commission. Together with the action plan to implement the European Pillar of Social Rights, it will provide additional guidance to Member States on addressing poverty and exclusion, and especially child poverty. She stressed that, at the same time as adopting the CG, a revised EU strategy on the rights of the child will also be adopted, and the two documents will be complementary. She went on to highlight the potential importance of the agreement that Member States with levels of poverty above the EU average should spend at least 5% of their European Social Fund Plus funding (2021-2027) on children, and she hopes that this will act as a trigger to encourage Member States to rethink their investment priorities in this regard. She also stressed the potential of the European Regional Development Fund and the European Recovery and Resilience Fund to support action on child poverty, but emphasised that this will be in the hands of Member States to decide. It will be up

to the Member States to propose their CG National Action Plans. The European Commission will use every possible means to distribute all the rich material collected during the Preparatory Action to inform and support Member States in the implementation of the CG.

Eric Marlier (LISER) thanked Katarina Ivanković-Knežević for her very encouraging remarks and thanked all participants for their contributions.

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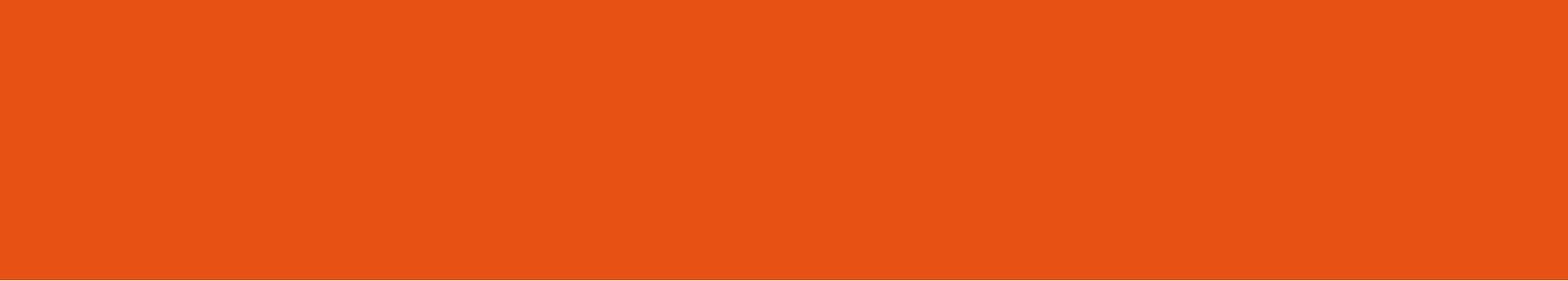
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