



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

Summary of the Final Report

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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

Summary of the Final Report (available [here](#))

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



in partnership with

PPMi



Eurochild



Save the Children®

Official Member State abbreviations

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

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Context and purpose of the report¹

In 2015, the European Parliament called on the European Commission and 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 Parliament to the Commission to implement a Preparatory Action to explore the potential scope of a guarantee for vulnerable children, the Commission is implementing a three-phase Preparatory Action with a view to analysing the design, feasibility, governance and implementation of such a scheme in EU Member States.

The purpose of **phase one of the Preparatory Action (*Feasibility Study for a Child Guarantee 1 [FSCG1]*)**² assessed the feasibility, efficiency and overall benefits of an EU Child Guarantee scheme, and made concrete suggestions for improving policies and programmes at EU and (sub-)national levels. FSCG1 focused on access by four groups of children to the five social rights identified by the European Parliament (see above): children with disabilities, children residing in institutions, children with a migrant background (including refugee children), and children living in precarious family situations. To reach the European Parliament objective of guaranteeing access to the five key social rights under scrutiny, the Final Report of this first phase highlighted the need to develop in parallel: (a) a comprehensive strategic approach focusing on the general policy outcomes to be achieved by the Child Guarantee; 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 in respect of each specific component of the Child Guarantee.

The aim of **phase two (*Feasibility Study for a Child Guarantee 2 [FSCG2]*)** is the “operationalisation” of this second aspect. It makes full use of the rich evidence gathered and lessons learned in the first phase, and analyses what could be some of the costs and benefits for the competent authorities of realising in practice such a Child Guarantee for all children **at risk of poverty (AROP) in the EU**.

The [report](#) identifies examples of operational objectives for which the relevant public authorities would be held accountable; and provides a thorough economic analysis of the design, feasibility, governance and implementation options of concrete examples of key priority actions. These are:

- provision of free/reduced-price full school meals;
- provision of free early childhood education and care (ECEC);
- removal of school costs (only costs of material and activities formally required for the curriculum in compulsory school 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 among 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.

¹ The FSCG2 report was finalised on 8 March 2021. In the meantime, on 24 March 2021, the European Commission has issued its [Proposal for a Council recommendation establishing a European Child Guarantee \(COM/2021/137 final\)](#).

² The Final Report of this first phase is available [here](#).

Even though, in line with the terms of reference, the focus of this study is exclusively on AROP children, ample evidence was provided in the first phase 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 an AROP household; others face both poverty and other vulnerabilities. Nonetheless, all these children also often face serious problems of access to one or more of these social rights.

Although the study has focused on specific components and examples of key priority actions, a Child Guarantee will need a larger range of actions to be effective, as already highlighted in FSCG1. Furthermore, 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 Child Guarantee National Action Plans, proposed in FSCG1 and in the Commission's Roadmap towards a European Child Guarantee³. The selection of actions to be prioritised will need to follow a careful analysis of the situation in each Member State.

1. Guaranteeing access to adequate nutrition

Adequate nutrition is not only important in its own right but also because of its link to children's health, education and well-being.

All AROP children should be protected from malnutrition, defined by the World Health Organization (WHO) as: 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.

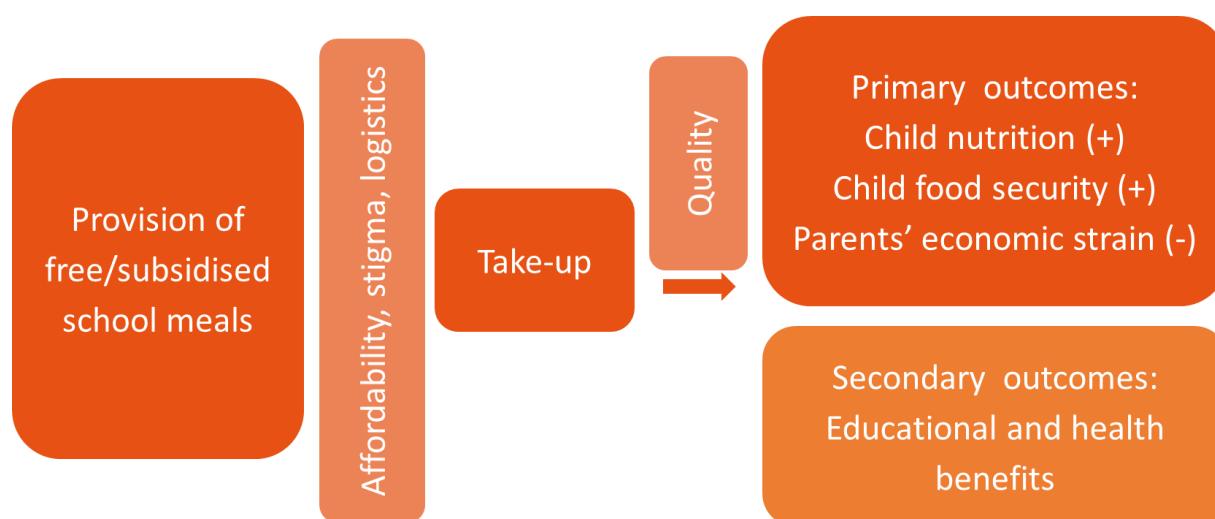
1.1 What are the potential benefits of school meals in guaranteeing access to adequate nutrition, and the conditions for obtaining them?

Even if it is not the only policy that can provide children with access to adequate nutrition⁴, free school meal provision can make a significant and cost-saving contribution to this objective, if effectively designed and delivered. Attention needs to be paid in particular to issues of: stigmatisation and peer-group effects; modes and timings of meal provision; the quality of food provided; and variations in provision to meet the requirements of children from different cultural backgrounds. When such conditions are met, the provision of free school meals has primary benefits (such as reducing food insecurity, parents' economic strain and risk of obesity) and secondary outcomes (such as educational benefits – engagement, attendance, behaviour and attainment – and health benefits) (see Figure 1).

³ See: <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12565-European-Child-Guarantee>.

⁴ The adequacy of minimum-income protection, and policies which support the promotion of healthy eating or direct provision of food, are also important.

Figure 1: Expected benefits of free or subsidised school meals



1.2 The diversity of free full school meals provision across the EU

There is a huge diversity of approaches to full school meal provision across the EU. A few 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 on individual children who meet certain criteria (see Table 1). The report describes in detail the conditions of provision in each Member State, including during school holidays.

Table 1: Free and subsidised full school meals provision in EU Member States

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

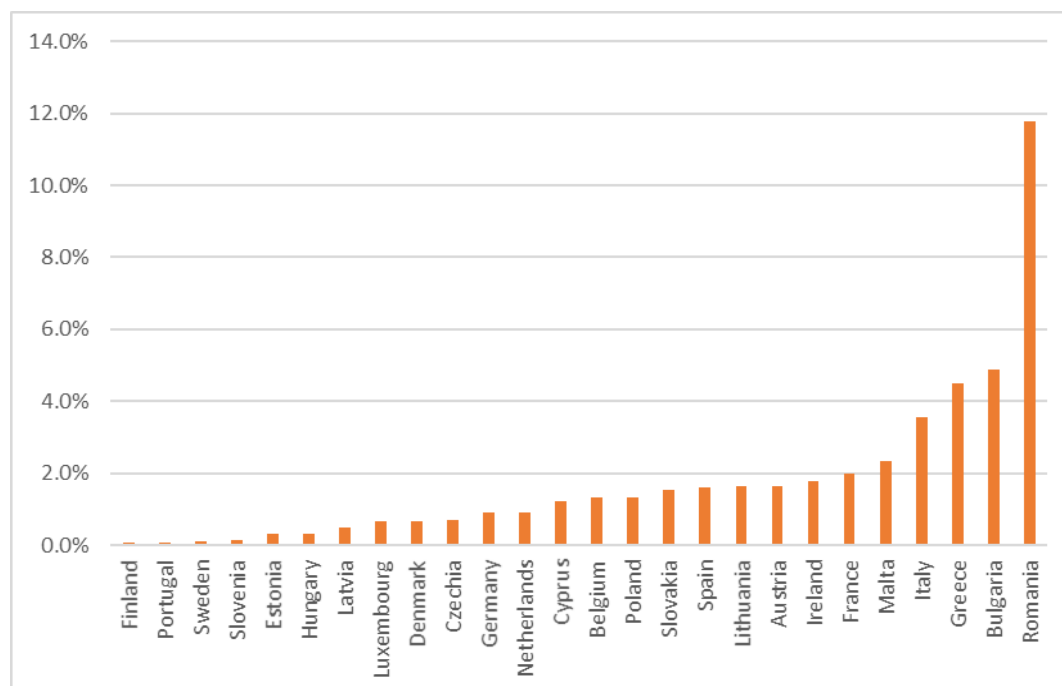
1.3 How much would it cost to guarantee free school meals to all AROP children in the EU?

The report outlines a methodology for calculating the additional finance needed to guarantee access for AROP children to free full school meals, along with the underlying assumptions.

In most Member States, the estimated additional budget needed to guarantee a good-quality school meal to all AROP children on all weekdays, including non-school days⁵, represents less than 2% of the total budget devoted to primary and secondary education (see Figure 2).

⁵ 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.

Figure 2: Finance needed annually to provide free full school meals to all AROP children on all weekdays, including non-school days (261 days) as proportion of budget devoted to primary and secondary education, EU Member States (%)



Source: FSCG2 computations (budget devoted to primary and secondary education: Eurostat, table EDUC_UOE_FINE01, no data for Croatia).

1.4 What are the challenges?

The report outlines the challenges of ensuring access to good-quality free school meals for AROP children. The in-depth assessments of provision in different national, regional and local contexts leads to the following main conclusions. When providing free school meals to AROP children, it is important to:

1. aim for universal provision even if targeted provision can be a stepping stone;
2. ensure inclusivity across the age range of compulsory schooling;
3. consider how to fill gaps in provision (e.g. children not at school, holidays);
4. tackle infrastructure issues (including by the use of EU Funds);
5. define well informed quality standards, and monitor the implementation of these standards and the quality of food;
6. ensure consistent national standards while at the same time using the strengths of regional and local governance layers (but avoiding geographical inequalities);
7. facilitate participation of children and parents/carers in the design and evaluation of the provision;
8. develop robust evaluation (including cost-benefit analyses) of provision, and the exchange of good practice between Member States; and
9. use EU funding to support infrastructure improvements, encourage the development of experimental initiatives and stimulate match funding from other sources (public and private).

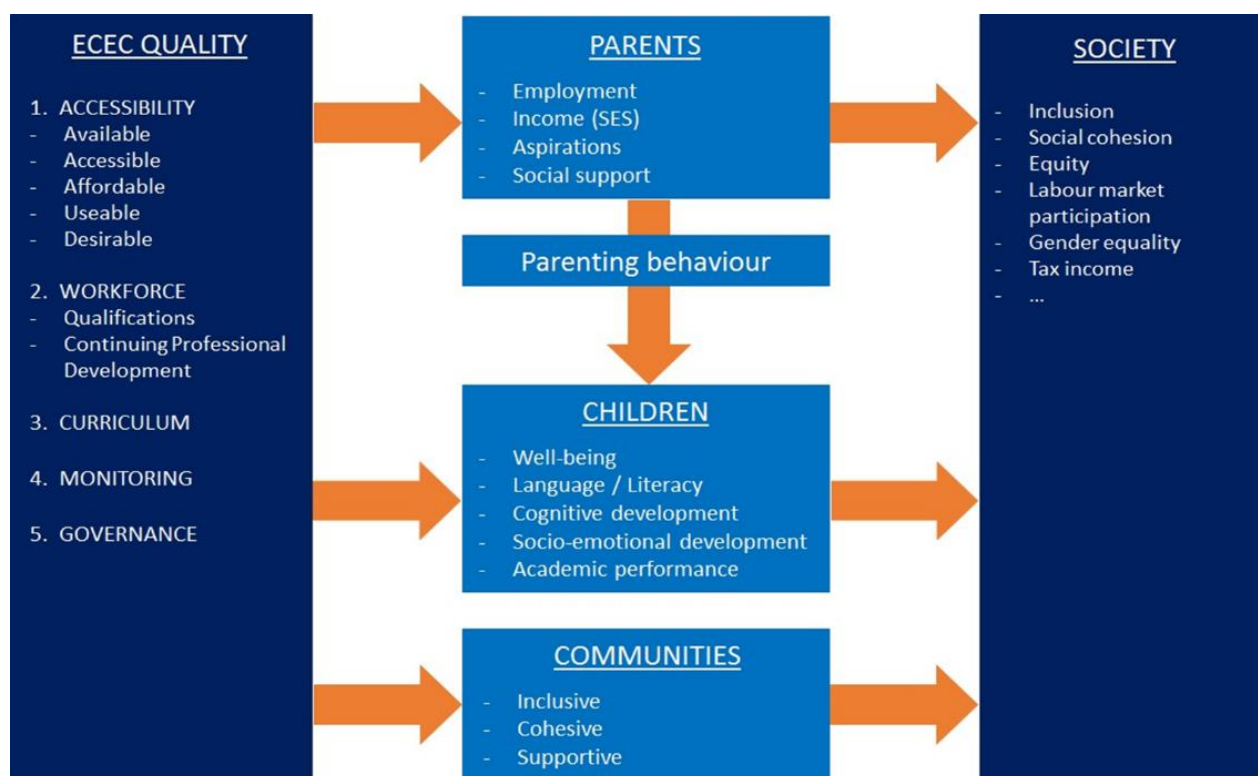
2. Guaranteeing access to free ECEC

All AROP children should have access to good-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 – including: centre and family day-care; privately and publicly funded provision; and pre-school and pre-primary provision. 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 Systems⁶.

2.1 What are the potential benefits of ECEC and the conditions for obtaining them?

The report presents robust evidence that ECEC can have a direct beneficial influence on children’s development (in both cognitive and other developmental domains), as well as on parents’ employment, income and support. It can also benefit children and communities (inclusion and cohesion) indirectly through enhancing and supporting parenting behaviour. The societal added-value of ECEC lies in the combination of these effects on children, parents and communities (see Figure 3). However, this impact can only be fully realised when ECEC is of high quality and accessible.

Figure 3: Expected benefits of high-quality, accessible ECEC



2.2 The diversity of ECEC provision across the EU

The report illustrates the diversity of ECEC provision across the EU in terms of: (a) the extent to which children from poor households are entitled to a place in childcare; (b) the age of the entitlement; (c) fee reductions; (d) the policy-making levels that regulate accessibility and affordability; and (e) the quality requirements. The degree of effort

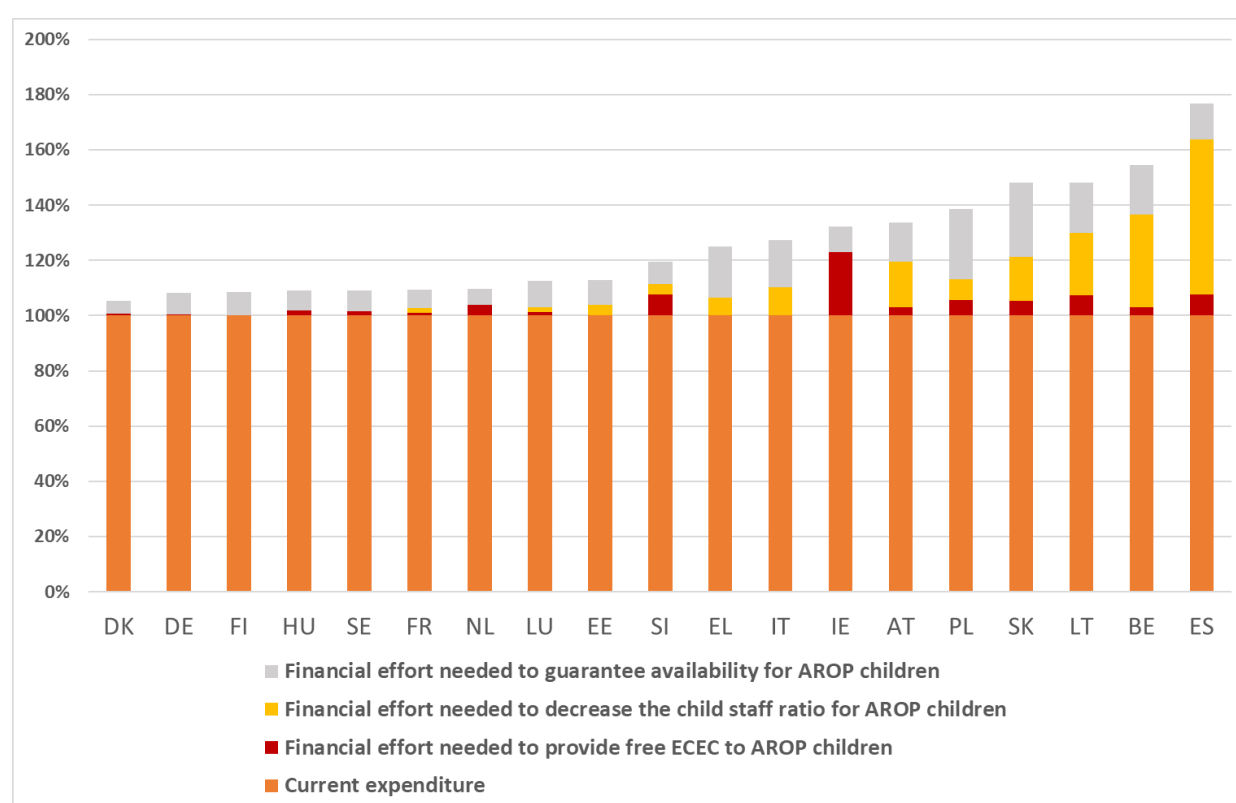
⁶ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2019.189.01.0004.01.ENG

needed to guarantee affordable, available and good-quality ECEC to AROP children differs substantially between Member States, as shown in Table 2.

2.3 How much would it cost to guarantee free ECEC to all AROP children in each EU Member State?

Expressed as a proportion of the current ECEC budget, the **cost of making ECEC free** for all AROP children aged 0-5 is relatively small in most Member States (Figure 4): it is less than, or around, 1% in 11 cases. It reaches 2-3% in Belgium, the Netherlands, Portugal, Hungary and Austria; 5% in Czechia, Slovakia and Poland; 7% in Lithuania, Spain and Slovenia; and 21% in Ireland. The structural policies needed **for improving quality and availability** may be more costly, depending on the current investment in ECEC (for all children) in a given Member State. The report discusses whether these costs should be considered as part of the Child Guarantee cost, as these are structural policies necessary for all children to reach acceptable targets in terms of attendance and quality.

Figure 4: Finance needed annually to provide free ECEC to all AROP children (aged 0-5), as % of current expenditure, EU Member States



Source: FSCG2 computations. Expressed as proportion of budget of ECEC for all children aged 0-5 (OECD – SOXC database). (There are no SOXC data for Bulgaria, Cyprus, Croatia and Romania; and there are no data on the quality adjustment and/or availability costs for Czechia, Latvia and Portugal.)

Table 2: Accessibility and affordability of ECEC for AROP children in the 27 EU Member States

	Childcare (usually under age 3)			Pre-school setting (usually under age 3 to compulsory school age)		
	Accessibility	Affordability	Policy level	Accessibility	Affordability	Policy level
BE	No	Fee reduction	Sub-national	ENT 2y 6m	FREE 2y 6m	Sub-national
BG	PRIOR	Fee reduction	Both	ENT 3y	FREE 5y	Both
CZ	No	Fee reduction	Sub-national/school	ENT 3y	Fee reduction local/school level. FREE 5y.	National
DK	ENT 6m	FREE or fee reduction	Both	ENT 6m	FREE or fee reduction	Both
DE	ENT 1y	Fee reduction	Both	ENT 1y	Fee reduction	Both
EE	ENT 1y 6m	FREE 1y 6m	National	ENT 1y 6m	FREE 1y 6m	National
IE	No	Fee reduction	No regulations	ENT 2y 8m	FREE 2y 8m (max. 15 hrs/week)	National
EL	No	Fee reduction	Sub-national	ENT 4y	FREE 4y	National
ES	PRIOR	Fee reduction	Sub-national	ENT 3y	FREE 3y	National
FR	PRIOR	Fee reduction	National	ENT 3y (2y in deprived areas)	FREE 3y (2y in deprived areas)	National
HR	No	Fee reduction in some localities	Sub-national	No	Fee reduction in some localities	Sub-national
IT	PRIOR	Fee reduction	Sub-national	ENT 5y	FREE 3y	National
CY	No	No	Sub-national	ENT 4y 8m	FREE 4y 8m	National
LV	ENT 1y	FREE 1y 6m	National	ENT 1.5y	FREE 1y 6m	National
LT	PRIOR	Fee reductions	Sub-national	ENT 6Y	Fee reduction	Local
LU	No	FREE 1y	National	ENT 3y	FREE 1y	National
HU	PRIOR	Fee reduction/FREE	National	ENT 3y	FREE 3y	National
MT	PRIOR	FREE	National	ENT	FREE 2y 9m	National
NL	PRIOR	Fee reduction	No regulations	ENT 5y	FREE 4y	National
AT	No	Fee reduction (most federal provinces) 0y; FREE (some federal provinces) different y.	Sub-national	ENT 5y	FREE 5y. Fee reduction or FREE (some federal provinces) different y.	Both
PL	ENT 20 weeks	Fee reduction	Sub-national	ENT 3y	FREE 3y	National
PT	PRIOR	Fee reduction	No regulations	ENT 4y	FREE 3y	National
RO	ENT 3m	Fee reduction	National	ENT 3y	FREE 3y	National
SI	ENT 11m	FREE/fee reduction	National	ENT 11m	FREE/fee reduction	National
SK	No	No	No regulations	No	FREE 5y + fee reduction	National
FI	ENT 9m	FREE	National	ENT 9m	FREE 6y	National
SE	ENT 1y	Fee reduction	Both	ENT 1y	FREE 3y	National

Notes: "y" = year; "m" = month; "ENT" = legal entitlement, followed by the age from which a place is guaranteed; "PRIOR" = some priority in access; "No" in the column "Accessibility" means no legal entitlement and no priority; "No" in the column "Affordability" means not free and no other mechanisms to ensure affordability. Source: Eurydice and OECD, further checked by FSCG2 national experts.

2.4 What are the challenges?

The study outlines the challenges of ensuring access to high-quality, accessible and free ECEC for AROP children. The in-depth assessment of provision in different national, regional and local contexts leads to the following main conclusions. It is important to:

1. have a long-term vision of guaranteeing universal access, and a legal entitlement, to high-quality ECEC, which should be free for AROP children;
2. develop a mid-term vision which focuses on addressing geographical disparities, promoting universalism within targeting or targeting within universalism, expanding the provision of places, and balancing economic and social needs;
3. use EU funding in a strategic way to strengthen the supply of, and support the demand for, services by the target group;
4. establish national standards while allowing for local flexibility;
5. develop effective outreach to children in vulnerable situations;
6. promote networking between stakeholders; and
7. address data gaps and establish effective monitoring of both access to, and the quality of, ECEC provision.

3. Guaranteeing access to free education

All AROP children should have access to free compulsory education. Children's education through formal schooling is a social good, a basic right and a pathway for the development of individuals and societies. Education's outcomes include many aspects, both when children are at school and in their future life.

3.1 What are the potential benefits of making education really free?

Making sure that children receive a genuinely free education is important, as it can contribute to:

- decreasing the level of household deprivation by lifting the burden of school costs;
- increasing children's well-being and self-esteem;
- reducing stigmatisation and bullying;
- 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.

The key conditions for realising the aforementioned benefits for AROP children are: a strong political and strategic commitment to ensure free-of-costs education; effective coordination of policy implementation; and monitoring and evaluation of policies.

3.2 In which Member States is compulsory education really free?

The report presents the estimated school costs incurred by parents with children in primary/secondary education in most Member States. Account has been taken of the costs of school textbooks and notebooks, specific clothing, informatics and other equipment, and compulsory extramural activities such as school trips, sports and culture. Though formally in many Member States school textbooks are free for all children, schools can decide to use additional exercise books or textbooks (e.g. for teaching foreign languages), leading to extra costs for families.

The in-depth assessment of existing policies designed to remove school costs revealed that most of the current schemes do not cover all school costs incurred by families, and in particular by those on low incomes. The lack of data identified by this national mapping indicates that a comprehensive monitoring framework is needed to ensure availability of

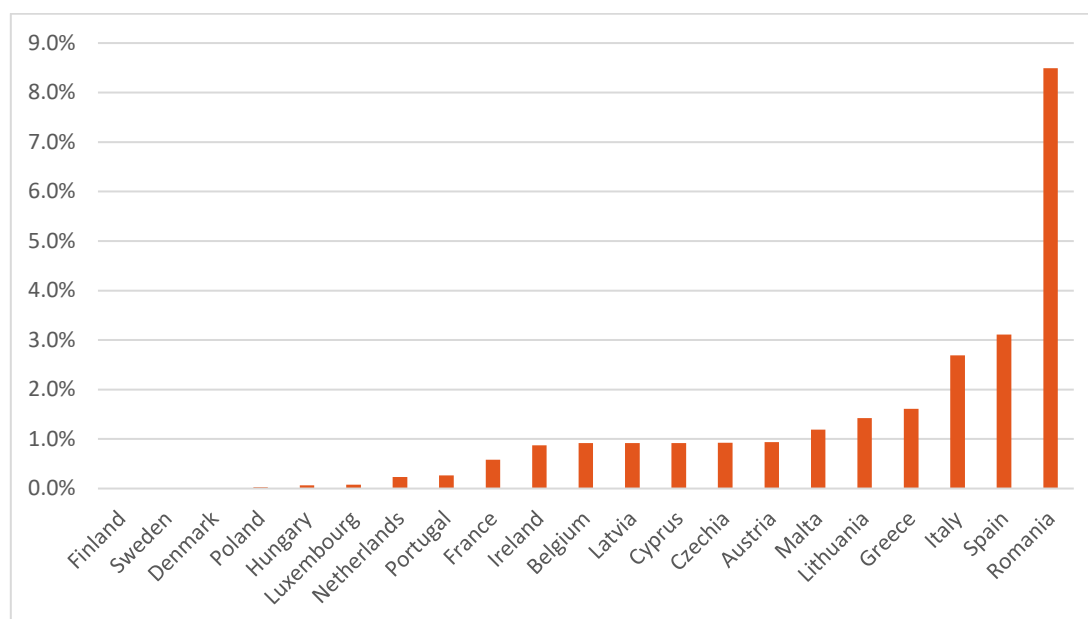
regularly collected, comparable and sufficient data on school costs and on the adequacy of the support provided.

3.3 How much would it cost to remove school costs for all AROP children in each EU Member State?

The estimated national amounts needed annually to remove school costs at primary and secondary levels for all AROP children are shown on Figure 5. These estimates are based on the annual amount of school costs in each Member State and take into account the educational benefits AROP children may receive to cover part of them (such as study grants, education allowances and back-to-school allowances).

The finance needed to remove school costs for all AROP children aged 6-17 is zero for primary education in France and Poland, and for both primary and secondary education in Denmark, Finland and Sweden. In the remaining Member States, in proportion of the public budget for primary and secondary education, it is between 0.1 and 0.3% in eight cases, and between 0.6 and 1.6% in all other cases except Italy and Spain (ca. 3%) and Romania (ca. 8%).

Figure 5: Finance needed annually to remove school costs for all AROP children, as proportion of budget for primary and secondary education (%)



Source: FSCG2 computations and Eurostat⁷. Data on educational expenditure missing for Croatia. Data on finance needed to remove school costs not available for Bulgaria, Estonia, Germany, Slovakia and Slovenia (only secondary education).

3.4 What are the challenges?

The report analyses different policies which are aimed at guaranteeing access to free education by removing compulsory school costs.

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 of 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 automated identification of eligible recipients, the quality of the in-kind support provided and a properly organised delivery process are critical

⁷ Total educational expenditure by educational level, programme orientation and type of source (EDUC_UOE_FINE01).

in order to ensure sufficient take-up of targeted assistance. The adequacy of support and non-stigmatising content and process are also important issues.

The report recommends:

1. establishing a clear legal definition of school-related costs;
2. 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”;
3. developing a comprehensive monitoring and assessment framework for evaluating support and compensation measures;
4. assessing the adequacy of the support provided and adapting it in order to ensure that compulsory education is really free;
5. providing additional targeted support and outreach activities for specific target groups (e.g. Roma children, refugee children, children with disabilities);
6. 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; and
7. using EU Funds to prioritise the needs of children and implement needs-based and non-stigmatising solutions, aimed at removing school costs.

4. Guaranteeing access to free healthcare

No AROP children should have problems in accessing healthcare, due to the cost or insufficient availability (in terms of distance and waiting times) of healthcare services. In view of the diversity of healthcare systems across the EU, Member States should be offered a “structured menu”, which would take into account their national specificities and challenges in terms of children’s access. This menu should provide a wide range of policies that can address specific barriers. FSCG2 focuses on: the organisation of free post-natal health examinations; home visits/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.

4.1 What are the potential benefits of regular free examinations and follow-up treatment at the successive stages in children’s development?

Ensuring access to regular examinations allows for early detection of health problems. The benefits of regular child examinations also include:

- promoting breastfeeding;
- detecting developmental (physical or mental) problems;
- detecting diseases, including chronic disorders;
- providing age-appropriate immunisation;
- 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; and
- counselling to prevent future health problems, and promote better health.

Early detection of abnormal developmental processes allows for effective early support or intervention, the effectiveness of which has been proven in many areas.

The development and implementation of a screening programme is not easy, and requires 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. As reported by the WHO Regional Office for Europe, it is essential that all parts of the process are in place in order for it to be effective.

4.2 The diversity of regular screening programmes

The report provides an overview of regular routine health checks and screening programmes organised in EU Member States at children's successive growth stages – post-natal, first years and school years (see summary Table 3). It also outlines the challenges of ensuring access to qualitatively adequate and regular health examinations for *all* children; and it discusses the outreach of screening examinations to children in vulnerable situations, and the availability of regular health examinations, in all geographical areas (including remote rural areas). Finally it discusses the key conditions for effective medical follow-up.

4.3 What are the costs and benefits of providing free ECEC to all AROP children in each EU Member State?

The report provides the unit cost per child for a variety of provision: universal provision of routine healthcare examinations; follow-up care; targeted measures reaching out to the most vulnerable; and programmes which focus on specific aspects (e.g. oral care, vision acuity) or provide integrated services.

The cost 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.

It is in general very difficult to quantify the financial benefits of different services and screening programmes. These benefits depend on the type of screening, and on its frequency, coverage and organisation, as well as the type of benefits taken into account. However, the available evidence consistently shows that each time a programme prevents illness or reduces the risk of health complications thanks to an early diagnosis, the net benefit increases rapidly, depending on the long-term costs to the public authority of illness and complications.

4.4 What are the challenges?

The in-depth assessments highlight the importance of:

1. the universality of provision, with a binding system of invitation/registration/reminders, awareness-raising initiatives and incentives to participate in the programme;
2. strong institutional cooperation, with the central level designing and monitoring the scheme, supported by the active involvement of local/regional/national levels and health insurers according to the specificity of each Member State;
3. clear quality requirements and continuous monitoring;
4. the availability, stability and quality of human resources (sufficient availability of healthcare providers cooperating in the scheme; standards and quality requirements with regard to staff qualifications; systematic and consistent training, as well as continuous professional development programmes, for service providers and multidisciplinary teams);
5. supporting vulnerable families to claim their rights to healthcare;
6. setting up a clear and effective procedure to ensure that all children actually receive the required follow-up treatment; that it is free of charge; and that it is monitored as an integral part of the monitoring system of the programme;

7. targeted screening programmes, which should provide support to children in vulnerable situations, in terms of information and access to mainstream healthcare, as well as providing them with specific support responding to their specific need; and
8. using EU Funding (such as EU4Health and ESF+) to test innovative approaches or, in Member States with limited financial resources, to support the implementation of new programmes.

Table 3: Overview of regular screening programmes in EU Member States⁸

	Post-natal				First years				School years				Age limit for screening programmes
	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	
BE	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	0-18
BG	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes		Yes	Yes	0-18
CZ	Yes	Yes	Yes	No	Yes			Yes	Yes	Yes	Yes	Yes	0-19
DK	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	0-16
DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁹				0-6; at age 7-8, 9-10, 12-14 and 16-17
EE	Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	Yes	0-16/17
IE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes	0-6 ¹⁰
EL	Yes	Yes	Yes	No				No				No	
ES	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes ¹¹	0-18
FR	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16 ¹²
HR	Yes				Yes	No	No	No	Yes				Birth to first grade of secondary school
IT	Yes				Yes				Yes				
CY	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
LV	Yes				Yes		Yes	Yes	Yes		No	Yes	0-18
LT	Yes				Yes			Yes	Yes	Yes	Yes	Yes	
LU	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes	0-18
HU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
MT	Yes				Yes				Yes	Yes	Yes		0-11
NL	Yes	Yes	Yes		Yes	Yes	Yes		Yes				0-19 (except for dental care, 0-17)
AT	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes*	
PL	Yes	Yes			Yes	Yes	Yes		Yes*	Yes ¹³	Yes	Yes ¹⁴	0-18
PT ¹⁵	Yes				Yes	Yes	Yes ¹⁶	Yes	Yes	Yes	Yes	Yes	0-18
RO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
SI	Yes				Yes				Yes	Yes	Yes	Yes	Birth until third grade of higher secondary school
SK	Yes			No	Yes			No	Yes			No	
FI	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Birth to first year of secondary education (age 16)
SE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16

⁸ Information based on the FSCG2 country consultations.

⁹ 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).

¹⁰ Dental check-up at age 11-12 (between 2nd and 6th class).

¹¹ In some autonomous communities.

¹² Dental check-ups mandatory up to age 15, but available at ages 18, 21 and 24.

¹³ In Poland, the regional hearing screening programme for first grade students of primary schools in the Mazowieckie voivodship was implemented in 2017 and 2018.

¹⁴ In Poland, regular dental care monitoring in school was established only in April 2019.

¹⁵ In Portugal, the examinations included depend on the age of the child. They most often include general health and vision screening and (less often) hearing screening.

¹⁶ Specific visual screening is undertaken within the scope of the "child vision screening" programme at age 2.

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

5. Guaranteeing access to decent housing

The housing component retained for analysis in FSCG2 (that “there should be no homeless children”) is not sufficient to ensure that all AROP children have access to decent housing. As explained in the report, this objective should be part of a broad strategic approach encouraging Member States to improve the affordability, availability and quality of housing.

5.1 What are the potential benefits of services aimed at preventing and fighting child homelessness?

Preventing homelessness among children and families with children, and ensuring that they exit 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 study.

A home as a basic human right is acknowledged in the report 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 actual or prospective loss of their home has strong negative impacts on the overall life situation of both children and their families.

The main benefits highlighted in the report tend to focus on the role of existing schemes in preventing or quickly reversing the damaging effects on children of the loss of the family home. Providing long-term housing solutions and avoiding temporary accommodation responses for children and families experiencing homelessness is crucial 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 intervention with proven effectiveness, which may minimise the harmful impacts of homelessness on children and their families. Previous studies have shown that, from a child’s perspective, restoring safety and stability should be guiding principles for any intervention.

5.2 What types of support services are provided to specific groups of children experiencing, or at risk of, homelessness in the 27 EU Member States?

The report provides an overview of the main services aimed at preventing and fighting child homelessness across the 27 Member States. These include: services 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.

5.3 What are the costs and benefits of providing services aimed at preventing and fighting child homelessness?

Homelessness has an enormous human cost for children and their families; but it also has a public cost, as homeless people usually need more complex and expensive support.

The shift away from a response to homelessness that focuses on providing emergency services and temporary solutions, to one that emphasises prevention and rehousing strategies, has proved to be cost-effective.

The implementation and evaluation of HF programmes both in Europe and beyond has strongly contributed to the visibility of the cost-saving dimension of this type of intervention. Indeed, many studies have shown that the amount invested in HF services

resulted in cost savings greater than the implementation costs, due to reductions in expenditure for other publicly funded services (e.g. emergency health services, alternative care, mental healthcare and addiction services and justice interventions).

The in-depth assessment of the policies, programmes and projects in this field 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, it is argued in the report that highlighting costs as the reason for preventing and reducing child homelessness arguably risks dehumanising homeless people, because it could be seen as implying that the grounds for intervention to stop homelessness are largely financial, rather than humanitarian. Cost savings may therefore be best viewed as a bonus of, or an additional reason for, preventing child homelessness, rather than the main reason.

5.4 What are the challenges?

The report highlights five possible ways forward to fight child homelessness, as follows:

1. Develop strategic approaches and overall frameworks which: (a) adopt a rights-based approach across all relevant policy areas (e.g. housing, health, social welfare), centred on children's experiences of homelessness; and (b) design and implement legislative frameworks which establish clear limits on the amount of time families with children may stay in emergency/temporary accommodation.
2. Address the structural causes of homelessness by: (a) ensuring that the right to adequate housing is established in law; (b) implementing mechanisms to ensure accountability and enforceability in relation to such a right; and (c) aligning welfare and housing benefit levels with current housing costs, so as to enable homeless families to access secure housing options and avoid further financial instability.
3. Enhance 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 EU Funds.
4. Strengthen 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.
5. 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) are made available for homeless families and children.

6. Key recommendations

The evidence documented in the 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.

6.1 Levels of governance and types of approach

A key element in the effective implementation of the Child Guarantee will be to clearly identify at which level, under which conditions and through which mechanisms policies and programmes are best delivered, so as to ensure the effective access by 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 for each Member State: (a) the way in which responsibility for policy formulation and for delivery of programmes is allocated between national, regional and local levels; and (b) the particular policy area in question and the current state of development of policies in that area. As already explained, there is a need for some flexibility in the arrangements that each Member State puts in place to implement the Child Guarantee. However, while taking account of these two variables, it will clearly be important that, in implementing the Child Guarantee, each Member State should set out clearly the governance arrangements and approach for delivering on the priority actions it prioritises. Member States should also ensure coherence between different governance levels (national, regional and local).

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 their priority actions. The following principles stand out:

- The central (usually national, but in some cases regional) level should be responsible for: establishing the overall policies to be followed in each of the five areas covered by the Child Guarantee; setting quality standards; and ensuring effective monitoring arrangements are in place. This should be based on meaningful consultation with local authorities, civil society, children and parents, leading to creation of the Child Guarantee National Action Plans, as proposed in the Commission's Roadmap towards a European Child Guarantee. Member States should be invited to establish one or more (sub-)national targets that would contribute to achieving the overall EU target set in the European Pillar of Social Rights (EPSR) Action Plan issued on 4 March 2021 – that is to say, a reduction in the number of children at risk of poverty or social exclusion by at least 5 million by 2030.
- The National Action Plans should contribute to ending child poverty and to ensuring that all children who are at risk of poverty or social exclusion or otherwise disadvantaged (e.g. children with disabilities, children growing up in precarious family situations, children with a migrant background and children in alternative or institutional care) have access to the five social rights identified by the European Parliament. The plans should ensure that any particular initiative is prioritised following a careful analysis of the main gaps in existing provision and the identification of the most urgent areas requiring action in the Member State. They should also ensure that EU and national financial resources are used strategically and directed to implement the areas prioritised.
- The sub-national (often municipal) level should be responsible for the delivery of programmes to ensure that they are adapted to local specificities, involve all relevant actors and develop effective outreach to families and children at risk.
- The policy initiatives undertaken in the context of the Child Guarantee 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 and 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 way to reach all AROP children. However, for priority actions where this is not immediately realistic, targeted provision should be aimed at the maximum possible coverage of all AROP children, and should be designed in ways that minimise segregation and stigmatisation and avoid non-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 may make a useful contribution to implementing the Child Guarantee 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 establishing the types of effective governance arrangements and effective approaches identified in FSCG2, the Commission could support mutual learning and the exchange of good practice 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).

6.2 Mechanisms to ensure networking and collaboration between services

From the detailed analyses in the report, it is possible to draw out some general principles on networking and collaboration that could inform the development and implementation by Member States of their priority actions. The following principles stand out:

- At central level, promoting networking and collaboration should become a key principle informing Member States' implementation of the Child Guarantee. This can best be achieved through creating, if they do not already exist, cross-government arrangements for coordinating the planning, implementation and monitoring of the Child Guarantee across different policy areas and different sectors. This should be aimed at ensuring coordination between the different ministries and bodies in charge of children's policies and programmes from the start of developing the 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 what is needed to overcome these barriers.
- At the sub-national level, authorities responsible for delivering services in the context of the Child Guarantee 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.

6.3 Ensuring good-quality services

A key issue that emerges from the report is the importance of ensuring the quality of services. It is not enough to ensure that AROP children have access to services: those services must also be of a good quality. 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 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 need to be considered.
- The relevance of quality standards should be reviewed on a regular basis.

Regarding most policy actions relevant to implementing the Child Guarantee, the Commission could usefully support the exchange of learning and good practice 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.

6.4 Effective monitoring and enhanced data collection

The evidence presented in the report highlights the importance of putting in place effective monitoring and evaluation of programmes/projects, and rigorous assessments of outcomes, in order to ensure effective management and the development of evidence-based interventions, and to maintain quality over time. It is also important to enhance the dissemination and sustainability potential of actions.

The report also argues that it will be important to put in place at European level a strong overall system for monitoring and reporting on the overall delivery of the Child Guarantee. This will be crucial in ensuring the accountability of Member States, and in fostering a high level of visibility for the Child Guarantee. 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 by Member States towards achieving the objectives in each policy area covered by the Child Guarantee. Particular attention should be paid to monitoring the progress towards the (sub-)national targets included in National Action Plans, as well as the progress of the EU as a whole towards the overall target of reducing the number of children at risk of poverty or social exclusion by at least 5 million by 2030.
- To enhance monitoring, the 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. In its EPSR Action Plan¹⁷, the Commission proposes to revise the so-called *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. It would also be important to include in the Social Scoreboard the EU indicator on child-specific deprivation agreed by the Social Protection Committee (SPC) and its Indicators Sub-Group in 2018.
- In conjunction with Eurostat, the 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 Child Guarantee. This monitoring should take place annually and be linked to Member States' reviews of their National Action Plans.
- Monitoring and evaluation should be linked to the monitoring of EU Funds, and in particular should assess the extent to which the Funds are being used in compliance with the enabling conditions for access to them.

¹⁷ See: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_820.

- Monitoring and evaluation should feed into the European Semester process, the EPSR Action Plan, and the EU Strategy on Rights of the Child (2021-2024), as well as the UN 2030 Agenda and related Sustainable Development Goals (SDGs).

As an example, Table 4 proposes a set of indicators that could be used to monitor the five components of the Child Guarantee 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 (including lone parents, children in alternative care, children with disabilities, migrant children and Roma children¹⁸).

Although some available data sources can be used (see information provided in brackets in Table 4), some dimensions suffer from data gaps, including: children's food security, net out-of-pocket school costs, the extent of child homelessness, and children's access to health screening/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. Here, also, both quantitative and qualitative information should be used.

Data on costs borne by parents are of crucial importance in assessing the affordability of services and the need for additional public support for vulnerable families. The focus should be on the costs borne 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. ECEC net out-of-pocket costs are computed by the OECD for a few household types (with at least one working parent), but are not available for the other services.

Regarding the concrete policy actions put in place to achieve the Child Guarantee objectives, the report draws 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:

- there should be a monitoring and evaluation programme covering all policy actions developed to implement the Child Guarantee;
- monitoring and evaluation should cover issues of coverage, accessibility, take-up, avoidance of stigma, quality, effectiveness and impact (outcomes);
- monitoring and evaluation should be conducted by independent experts; and
- where possible, the Commission should support the exchange of good practice between Member States in 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 on the legal obligation to invest in children and could be used in the Child Guarantee context for planning and monitoring resource allocation.

¹⁸ Monitoring of the Child Guarantee should be carried out in conjunction with the monitoring system developed to support efforts to reach the targets set in the new "EU Roma strategic framework for equality, inclusion and participation" (published in October 2020).

Table 4: Proposal for the monitoring of 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
All children by household socio-economic status, income level and poverty risk status; other vulnerabilities; rural and urban	Proportion of children suffering from enforced lack of fruit/vegetables or proteins (due to affordability reasons), or simple lack (for other reasons), by age [EU-SILC]	Proportion of children aged <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"> • free general health screening; • free visual screening; • free dental screening; and • free mental health support [administrative data] 	Number of children aged 0-17 living: <ul style="list-style-type: none"> • rough; • in emergency/temporary accommodation; • temporarily with family or friends due to lack of housing; • living in refuges for women escaping domestic violence; and • in non-conventional dwellings [to be collected]
	Proportion of children receiving full school meals, by grade and income level of parents [school records and administrative data]	Net childcare costs (aged <3 and 3-5) [OECD TaxBen 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 (quality, waiting time) [to be collected]	Number of children aged 0-17 living in households who received eviction notices [to be collected]
	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]				
	Food security level [Food Security Survey Module, to be collected]	Quality of ECEC provision (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]
	Children who are deemed underweight, overweight or obese (if reliable BMI data) [survey]				

6.5 Ensuring participation of children and parents

Only quite limited evidence is available from the priority actions studied during FSCG2 on the extent of the 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 policy-making 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.

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 Child Guarantee, 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/AROP children.
- Children and parents/carers should participate meaningfully in the design, implementation, monitoring and evaluation of the National Action Plans. The Commission should encourage and promote the exchange of good practice between Member States on the participation of all children/AROP children and their parents/carers in the development, implementation and monitoring of national strategies and policies and programmes to implement the Child Guarantee.
- The Commission should consider developing guidelines to assist Member States in developing effective approaches to the involvement of children and parents/carers.

6.6 Ensuring a child-centred and child rights approach

The report highlights at the outset that a fundamental reason for pursuing each of the priority actions studied in FSCG2 is that they can contribute to meeting the fundamental rights of children to adequate nutrition, free ECEC, free education, free healthcare and decent housing.

6.7 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 in 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 avoid the cost of more expensive actions that are necessary once the problems become more acute.

In the light of these findings, it is strongly recommended that all priority actions and programmes that are developed in the context of the Child Guarantee should be required to put a strong emphasis on prevention and early support. This means that they should be designed and delivered in ways that reach out to and identify those children and families most at risk. The 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.

7. Interpreting the results of the study

The FSCG2 analysis focused on five priority actions (plus integrated delivery of services). These were selected on the basis of a careful analysis of the evidence collected by FSCG1 and then discussed and agreed with the Commission.

The purpose of FSCG2 was to inform the concrete design and implementation of the Child Guarantee with a detailed analysis based on these concrete examples of objectives and performance expectations. It is then important to keep in mind that FSCG2 results (including in terms of cost, benefits, level(s) of policy intervention and other governance issues, and 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 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 Child Guarantee. In FSCG2, the children targeted are AROP children – to be understood as children living in low-income households. As highlighted in the report, 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 under the future Child Guarantee will have a (significant) impact on the results.

Finally, independent of costs, we need to keep in mind that the five key social rights of children identified by the European Parliament 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.

The report concludes by noting that the urgency of putting in place a comprehensive but well focused Child Guarantee has been reinforced by the impact of the COVID-19 pandemic on AROP children and their families.