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reviewing progress made in the implementation of the Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee

Accompanying the document

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

Breaking the cycle of child poverty - strengthening the European Child Guarantee

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INTRODUCTION

President von der Leyen's Political Guidelines for the 2024–2029 European Commission state that the European Child Guarantee should be strengthened "*to prevent and fight social exclusion through education, healthcare and other essential public services*". This commitment from the Political Guidelines was reflected in the Commission Work Programme 2026, which includes an initiative to strengthen the European Child Guarantee (ECG) through investments and reforms. This is closely related to addressing the root causes of poverty, stepping up efforts towards attaining the poverty reduction targets set in the European Pillar of Social Rights Action Plan, the implementation of the EU Strategy on the Rights of the Child and the roll-out of first-ever EU Anti-Poverty Strategy, which is being published along with the Communication on breaking the cycle of child poverty - strengthening the European Child Guarantee and the proposal for a Council Recommendation on fighting housing exclusion.

The European Child Guarantee is a key tool to break the intergenerational transmission of disadvantage and is one of the flagship deliverables of the European Pillar of Social Rights Action Plan and the EU Strategy on the Rights of the Child. The Council Recommendation establishing a European Child Guarantee (2021) aims to combat and prevent social exclusion of children by ensuring their access to a set of key services. As regards the accession process, the Council recommendation also forms part of the EU acquis falling under chapter 19 "social policies and employment". The ECG is targeted at children in need, who are defined as "persons under 18 years old who are at risk of poverty or social exclusion" ([1]). In line with the ECG Recommendation, children in need should be provided with effective and free access to high-quality early childhood education and care, education and school-based activities, at least one healthy meal each school day, and healthcare, as well as with effective access to healthy nutrition and adequate housing. By supporting access to these services, the ECG indirectly contributes to the reduction of the risk of poverty or social exclusion of children ([2]). In addition to providing guidance on the provision of key services to children in need, the ECG includes detailed guidance on the conditions that ought to be met for childcare, education, healthcare, nutrition and housing to be adequate, inclusive and truly accessible (§ 7 to 10). It also establishes robust governance, monitoring and reporting mechanisms (§ 11 and 12, see Section 3.3 for details).

In the first years following the establishment of the ECG, several Member States undertook significant reforms inspired by the ECG. However, qualitative and quantitative analysis of access to those services has shown that children in need remain, in general, less likely to use them than children living in households with a higher income. This reflects remaining barriers in access, such as hidden costs, low awareness (and insufficient outreach) and shortages of supply.

([1]) Within this target group, special attention should be paid to homeless children or children experiencing severe housing deprivation, children with disabilities, children with mental health issues, children with a migrant background or minority ethnic origin, particularly Roma, children in alternative, especially institutional, care, and children in precarious family situations.

([2]) The possible beneficial impacts are only indirect and thus weaker than measures which directly lead to higher family incomes. Therefore, the changes in the incidence of the risk of poverty or social exclusion among children should not be used to assess progress and efficiency of ECG implementation.

This Staff Working Document (SWD) investigates details of those gaps. It starts with sketching the socio-economic context in which European Child Guarantee operates, discussing recent trends in child poverty (shown at the Member State level in Annex I), the intergenerational transmission of disadvantage and the rights of the child agenda. The policy responses to child poverty are discussed in Section 2, starting with those addressing the lack of adequate resources of parents, and then moving to the ECG, which is meant to ensure more equal opportunities and offset the impact of poverty on children. The various types of EU financial support for actions tackling child poverty are also presented. Section 3, which reflects the structure of the ECG Recommendation, looks at progress with the implementation of the European Child Guarantee. It draws from the biennial progress reports by the Member States ([3]), indicators included in the monitoring framework for the European Child Guarantee, agreed and updated by the Social Protection Committee (see Annex II for an overview), *ad-hoc* information collected from Child Guarantee Coordinators and academic research. This EU-level analysis is complemented by country profiles, which can be found in Annex III. Section 4 takes stock of stakeholders' views on ECG and presents results of public consultations, including those which were conducted among children. Section 5 summarizes the results and presents a possible way forward. This completes the analysis and fulfils the mandate given to the Commission in § 12 (e) of the ECG Recommendation, to "*review the progress made in the implementation of this Recommendation and report to the Council by five years after its adoption".* This SWD serves also as evidence base for the Commission Communication on breaking the cycle of child poverty – strengthening the European Child Guarantee.

([3]) § 11(f) of the ECG Recommendation guides the Member States to *report every two years to the Commission on the progress in implementing this Recommendation, in line with the national action plan.* All Member States have submitted their first progress reports, which were due by 15 March 2024. Until 17 April 2026, the second progress reports (due by 15 March 2026) were received from Austria, Belgium, Cyprus, Estonia, Greece, Italy, Latvia, Luxembourg, Netherlands, Poland, Romania, Slovakia, Slovenia, and Sweden. All action plans and progress reports are available at https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee/national-action-plans-and-progress-reports_en.

1. CONTEXT: CHILD POVERTY AND THE RIGHTS OF THE CHILD

Besides aiming to mitigate the impact of poverty experienced by disadvantaged children, the ECG is also a key policy instrument for safeguarding the rights of the child in the EU. The two aspects – rights of the child and various forms of social and economic disadvantage – are closely interlinked. Children experiencing poverty are more likely to have their other rights compromised. This section presents key information on the determinants and consequences of child poverty, as well as on the main aspects of the realisation of the rights of the child.

Definitions and indicators

The concept of being at risk of poverty or social exclusion abbreviated as AROPE, refers to persons who are either at risk of poverty, or severely materially and socially deprived or live in a household with a very low work intensity. The at-risk-of-poverty (AROP) rate, also referred to as monetary poverty, reflects the share of people who live in households whose equivalised disposable income (after social transfers) is below 60% of the corresponding national median. Since the total disposable income is calculated at the household level, equivalisation factors allow to account for household size and composition, specifically accounting for the presence of children. Severe material and social deprivation (SMSD) is defined as the enforced lack of necessary essential goods and services (e.g. being able to afford a meal with meat, chicken, fish or vegetarian equivalent every second day, or having internet connection). The SMSD rate denotes the proportion of the population experiencing a lack of at least seven out of 13 items ([4]). When this 13-item indicator is broken down for children, it provides information on the proportion of children living in a severe deprivation context ([5]). Lastly, the very low work intensity (VLWI) component is defined as the share of persons living in households where working age adults ([6]) worked a working time equal or less than 20 % of their total potential during the previous 12 months. Effectively, the three components cover multiple facets of poverty – income (monetary) poverty, deprivation from basic goods and services and lack of labour market participation. The risk of poverty or social exclusion among children (AROPE) is used as a proxy for child poverty throughout this Staff Working Document.

The information on the risk of poverty or social exclusion is collected through the EU Statistics on Income and Living Conditions (EU-SILC). EU-SILC is a household and individual data collection whose output is harmonised as it is regulated by legislations. Around 90% of the data collection is made up of annual variables. The rest are either modules that are collected every three or six years or modules conducted ad-hoc to reply to policy needs. Information to monitor the situation of vulnerable children is collected either annually or every three years in a dedicated module on children (and feed into the EU monitoring framework for European Child Guarantee, see Section 3.3.3).

([4]) For a full list of items used to ascertain severe material and social deprivation, and how they are used to measure deprivation among children please see https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_(SMSD).

([5]) Note that a child specific deprivation indicator also exists. It refers to the percentage of children below 16 who suffer from the enforced lack of at least three items out of 17 (unweighted) essential items, ranging from access to fresh fruits and vegetables daily to leisure activities. Unlike the annual SMSD covering the overall population, data for this child specific indicator are collected as part of the three-yearly module on children. More information can be found here: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_-_material_deprivation#:~:text=of%20national%20data.-,Context,Household:%20Car.

([6]) The count of the household members of the working age does not include students aged 18-24 and people who are retired or who receive any pension (except survivors' pension), as well as people in the age bracket 60-64 who are inactive and live in a household where the main income is pension.

The trends in incidence of child poverty in the EU are concerning. While the number of children (persons under 18 years of age) across the EU who are at risk of poverty or social exclusion (AROPE, see box for discussion of statistical definitions and indicators) is lower today than it used to be ten years ago, it is also broadly similar to that observed in 2019, which serves as the baseline year for EU poverty reduction targets ([7]). While the overall number of children AROPE has slightly decreased in the most recent years – from 19.8 million in 2022 to 19.2 million in 2025 – it has remained broadly stable since 2019, thus not showing progress towards the 2030 EU poverty reduction sub-target covering children. Moreover, since 2019, the total number of people at risk of poverty or social exclusion in the EU has decreased by approximately 3.5 million. This implies an increase in the relative incidence of child poverty and a shift of vulnerability towards the youngest population.

1.1. Child poverty and its societal and economic impacts

Household income is the main determinant of the risk of poverty or social exclusion among children. Poverty among children stems from barriers to labour market participation of their parents and from insufficient income support. Workers with children record lower employment rates, and, in 18 out of the 27 EU Member States they are more likely to experience in-work poverty than workers without children (2024 data) ([8]). These lower employment prospects and higher rates of in-work poverty are in many cases directly linked to the presence of children in the household. First, a lack of adequate childcare arrangements leads parents – usually mothers – to withdraw, at least temporarily, from the labour market. Second, for a given level of labour market participation, a higher number of persons in the household (including children) diminishes the equivalised household income. The households headed by parents with a low level of education (which is usually associated with lower earnings) can serve as an illustration of this mechanism. In the EU in 2024, more than three in five children with parents with a low educational attainment (61.2%) were at risk of poverty or social exclusion ([9]). This share falls to roughly one in nine (11%) for households headed by highly educated parents ([10]).

Children growing up in households at risk of poverty or social exclusion are less likely to perform well in education and are exposed to greater health risks. They are also more prone to be affected by discrimination in fundamental areas of life. In childhood, this affects predominantly education but in adult life disadvantage stretches also to access to employment, housing and healthcare. This hinders their chances to realise their full potential and has a negative effect on equality of opportunities, making them more likely to experience poverty themselves later in life.

([7]) Source: Eurostat (online data code ilc_pecs01).

([8]) Source: Eurostat (online data code ilc_iw02).

([9]) Educational attainment level is defined in line with the International Standard Classification of Education (ISCED 2011). Low educational attainment (ISCED 0–2) covers less than primary, primary, and lower secondary education. Medium educational attainment (ISCED 3-4) includes upper secondary and post-secondary non-tertiary education, while high level (ISCED 5–8) covers tertiary education, including university degrees and other higher education qualifications. See https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Educational_attainment_level.

([10]) Source: Eurostat (online data code ilc_peps60n).

Intergenerational transmission of poverty is still strong, especially in some Member States. In 2023, 20% of adults aged 25 to 59, who lived in in a household with financial difficulties when they were around age 14, were at risk of poverty, compared to 12.4% of those who grew up in better financial conditions (see Graph 1). Bulgaria and Romania recorded the highest at-risk-of-poverty rates (respectively 48.1% and 42.1%) for those who considered their household's financial situation to be bad during their childhood, and also the largest differences in the respective risk faced by persons from better-off households. In Denmark and Slovenia, the at-risk-of-poverty rate in adulthood was similar regardless of the financial situation in childhood.

Graph 1: Incidence of poverty (in %) among persons aged 25 to 59 years, by financial situation of their households when they were around 14 years old

Note: Figures for 2023. Data not available for Germany and low reliability for Czechia and Poland.
Source: Eurostat (online data code ilc_igtp04). For more information please see: Intergenerational transmission of disadvantages - statistics, EU-SILC 2023, European Commission.

The resources and opportunities available in a child's formative years shape future life prospects. As an illustration, 13.0% of people aged 25 to 59 years in the EU who had less than primary, primary, or lower secondary education (ISCED levels 0-2) reported being unable to afford basic school needs when they were around 14 years old. This percentage decreases with higher educational attainment: 3.6% for those with upper secondary or post-secondary non-tertiary education (ISCED levels 3 and 4), and just 1.5% for those with tertiary education (ISCED levels 5-8). The latest PISA results further demonstrate the close links between children's disadvantages and educational outcomes: 28.8% of children with low socio-economic status underachieve in reading, maths and science, compared to just 4.7% of their advantaged peers, a nearly sixfold difference. This early academic struggle translates into long-term inequality in educational attainment. In 2023, only 26.4% of EU adults with tertiary education had parents with low education levels, while 34.1% had parents with tertiary qualifications themselves. This suggests that upward mobility remains limited for those starting from disadvantaged backgrounds, with education often reproducing—rather than mitigating—existing inequalities, feeding into persistent labour market disparities and social exclusion.

Failing to address the intergenerational transmission of poverty carries a substantial economic and social cost. The OECD estimates that child disadvantages alone cost EU economies approximately 3.4% of GDP, a figure that accounts for their negative impact on employment and health outcomes in the long run. These costs are avoidable. Investing

in early childhood education, and targeted support for low-income families can disrupt the transmission of poverty before it becomes entrenched ([11]).

Ensuring access to services supporting child development plays a crucial role to offset such disadvantage and foster equal opportunities. Early childhood education and care (ECEC), schooling, extracurricular activities, school meals and healthy nutrition, healthcare and housing are among those services. Expenditure on such services is a key investment yielding high rates of returns. Every euro spent on health-related programmes for children brings a return of three euros, while investments in education deliver up to nearly seven euros back for each euro invested ([12]). Such investments not only propel children towards a healthier and more prosperous adulthood: over the medium to long term, they revitalise our economies, fostering social cohesion and reducing poverty. Embracing social investment in children enhances their future prospects, creating a virtuous cycle that benefits the entire society.

However, participation gaps remain between children AROPE and their better-off peers. This is largely driven by the insufficient capacity of public services for children and by hidden costs linked to their use. Faced with short supply, which is often reflected by long waiting lines, children at risk of poverty or social exclusion live usually in households less able to revert to fee-charging private service providers, which results in children participating less than those from high- and medium- income households. Moreover, the hidden costs of participation in free and universal services matter more for children AROPE than the rest. Early childhood education and care is one example. In 2024, only 23.6% of children under the age of 3 at risk of poverty or social exclusion were enrolled in ECEC, compared to 43.9% of their peers not at risk ([13]). Alarmingly, this gap has widened in most EU Member States and occurs also in other areas, ranging from education to nutrition, healthcare and housing, as underlined by the monitoring framework for the European Child Guarantee ([14]).

1.2. Rights-based approach

Strengthening the European Child Guarantee is firmly rooted in a child-rights-based approach and takes place in synergy with the implementation of the EU Strategy on the Rights of the Child, which the European Commission adopted together with the proposal for the Council Recommendation establishing the ECG. Under the Strategy, the Commission aims to empower children to be active citizens and members of democratic societies, promotes socio-economic inclusion, health and education of children (for which the ECG is the key instrument), helps children grow up free from violence, supports justice systems that uphold the children's rights and needs of children and aims to ensure that children can safely navigate and benefit from the digital environment.

Ensuring children's participation in making decisions that affect them is key for the implementation and strengthening of ECG. At EU level, this is done through the EU

([11]) Clarke, C. et al. (2022), "The economic costs of childhood socio-economic disadvantage in European OECD countries", OECD Papers on Well-being and Inequalities, No. 9, OECD Publishing, Paris, https://doi.org/10.1787/8c0c66b9-en.

([12]) Report on the effectiveness of child benefits in the EU by Rand Europe, forthcoming.

([13]) Source: Eurostat (online data codeilc_caindform25b).

([14]) https://webgate.ec.europa.eu/circabc-ewpp/ui/group/bab664d7-1188-47b2-9fa6-869902320ba2/library/1263d2f9-f558-4e3f-a384-9e24da0883d1/details.

Children's Participation Platform ([15]), which allows children to express their opinions in online surveys, focus groups and individual interviews, as well as participate in various deliberative formats. At the national level, several Member States made a significant effort to meaningfully consult children. For example, Italy established the Youth Advisory Board, meant to represent children's opinions at all stages of the ECG roll-out. In Sweden, children have been consulted through the Living Conditions Survey of Children, which was facilitated by the Ombudsman for Children and gathered views on ECG from over 30 thousand respondents. In Slovenia, 25 consultations are planned until 2029, starting on the topic of access to education and ECEC.

The universally recognized rights of the child ([16]) serve as basis for several EU policy initiatives aimed to promote socio-economic inclusion, health and education of all children, with particular emphasis on vulnerable ones. Besides ECG, those include the European Strategy for the Rights of Persons with Disabilities ([17]) which is being enhanced with an initiative that is published together with the Communication on breaking the cycle of child poverty - strengthening the European Child Guarantee. Other guiding documents include the revised Barcelona targets on participation in early childhood education and care, which calls upon the Member States to close the participation gap between children at risk of poverty or social exclusion, and the overall population of children ([18]), the "Pathways to School Success" initiative ([19]), and others.

The protection of children's rights is also the guiding principle as regards the prevention of violence and organisation of justice systems. Each year across the EU children become involved in judicial proceedings, either directly, as a defendant, victim, witness or indirectly when decisions have a considerable impact on their lives. This can be the case in divorce or custody proceedings or in migration and status determination procedures. In all cases, children should feel comfortable and safe to participate effectively in the proceedings and judicial systems in Europe need to be adapted to the specific needs of children, including those with disabilities or special needs, and must respect their rights. Children can be also perpetrators of violence – physical but also increasingly cyber, i.e. in online settings, including while or because of being victimised themselves. Their vulnerability to exploitation and recruitment into crime as well as to victimisation is frequently exacerbated by socio-economic disadvantage and exclusion. Experiencing violence in childhood is likely to have lifelong consequences. As stated in the EU Strategy on the Rights of the Child, enforcing zero tolerance for violence against children requires closing the gap between international standards, political commitments and action, and to mobilise all relevant actors across the society. The EU has now very strong legislation to protect children from violence, such as on victim's rights, child sexual abuse and

([15]) See Section 5.6.

([16]) The UN Convention on the Rights of the Child (UNCRC) has been ratified by all Member States of the EU. Globally, 196 states – all members of the UN except United States of America – are parties to the UNCRC, making it the most ratified international human rights law instrument. https://www.unicef.org/child-rights-convention/convention-text.

([17]) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030

([18]) Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets for 2030.

([19]) Council Recommendation of 28 November 2022 on Pathways to School Success and replacing the Council Recommendation of 28 June 2011 on policies to reduce early school leaving.

trafficking in human beings. Specific EU actions, such as the European strategy for a Better Internet for Kids or the Digital Services Act, are intended to ensure that children can safely navigate the digital environment and harness its opportunities. However, the constant and rapid technological changes in this domain – most recently, the advent of artificial intelligence allowing the creation of 'deep fake' images and movies – call for respective regulatory adjustments ([20]).

By issuing a Recommendation on developing and strengthening integrated child protection systems in the best interests of the child, the Commission consolidates different strands of action to protect children from violence and to ensure that they receive the support they need to promote their rehabilitation where they are in conflict with the law. The Commission Recommendation helps Member States to develop and strengthen their child protection systems in line with children's needs and in their best interests. It encourages coordination among authorities at different levels, professionals across sectors and international and civil society organisations. All these child protection actors need to work together to protect children from any form of violence (physical, and mental, including in the digital world) in a coherent and systemic manner. Families, communities and children themselves also have a key role to play too.

([20]) See Section 4.7.

2. POLICY RESPONSES TO CHILD POVERTY

For more than a decade, the EU has been providing guidance in the domain of social policies to tackle child poverty. The 2013 Commission Recommendation on Investing in Children ([21]) called on Member States to develop integrated approaches to improving child wellbeing. It rests on three pillars: access to resources, access to quality services and children's right to participate. The access to resources is to be achieved through supporting parents' participation in the labour market as well as providing adequate living standards through a combination of adequate, coherent and efficient in-cash and in-kind benefits.

At the Gothenburg Summit in 2017, the European Parliament, the Council and the Commission proclaimed the European Pillar of Social Rights. The Pillar sets out 20 principles that guide the EU towards strong social standards and a society that is fair, inclusive and offers equal opportunities. Principle 11 of the Pillar states that children have the right to affordable early childhood education and care of good quality, and to protection from poverty. It also underlines that children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities. The main EU policy initiatives to implementing Principle 11 have been the Strategy on the Rights of the Child, the European Child Guarantee and the Council Recommendation on the revision of the Barcelona targets on early childhood education and care.

The EU has set as a poverty reduction target for 2030 to reduce the number of persons at risk of poverty or social exclusion by at least 15 million (compared to the 2019 level), out of whom at least 5 million should be children. This complementary target corresponds to a reduction by 26.1% from the 2019 level of 19.1 million children AROPE ([22]). All Member States have set their national poverty reduction targets to contribute to the general EU poverty reduction target, while 21 Member States set also child poverty reduction targets. However, as shown in Graph 2, some of those targets are low or even very low when compared to the number of children AROPE in 2019. Consequently, the sum of national targets (2.9 million children) falls short of the EU's 5 million ambition. For more information on child poverty reduction targets see Annex I.

The progress toward achievement of the national child poverty reduction targets has been limited. Only Ireland, Cyprus and Sweden have reached their targets, but those were relatively low. Additional efforts are needed in all Member States, especially those where the number of children AROPE increased between 2019 and 2025 (Estonia, France, Germany, Greece, Ireland and Sweden) ([23]). Incidence of child poverty varies throughout the EU from less than 13% in Slovenia and Netherlands to more than 30% in Spain, Bulgaria, Romania and outermost regions ([24]). With Greece, those are the Member States in which child-specific material deprivation is also the highest. In the EU at large, children remain more at risk of poverty and social exclusion than adults. In 2025, 24.3% of children were AROPE, compared to 20.9% of the overall population.

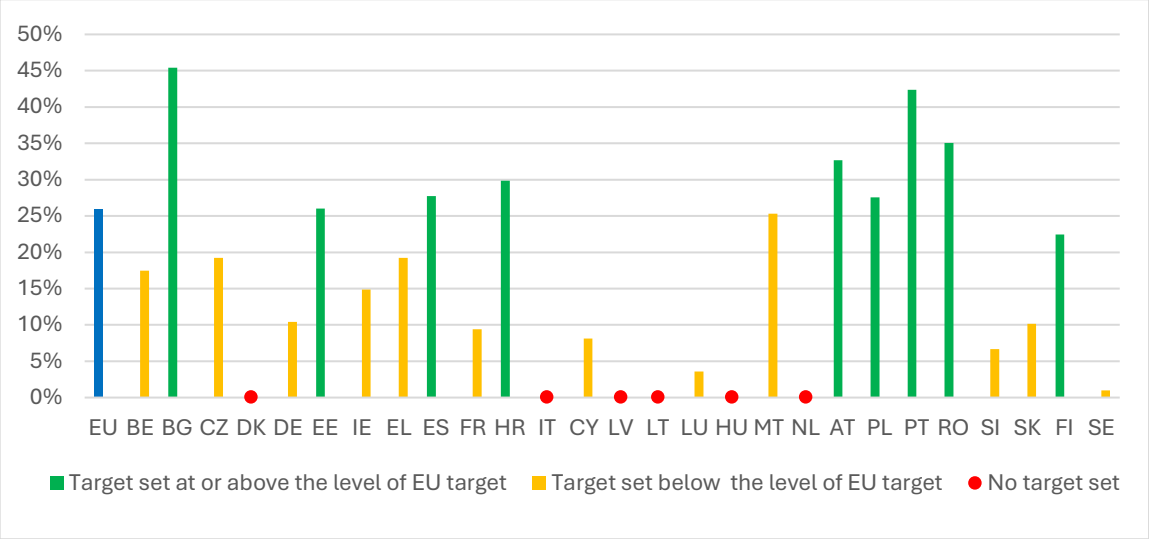
([21]) Commission Recommendation of 20 February 2013 Investing in children: breaking the cycle of disadvantage

([22]) Source: Eurostat (online data code ilc_pecs01).

([23]) No 2025 data available for Austria, Luxembourg, Malta, and Slovakia.

([24]) The absolute maxima are recorded in Mayotte (80%) and French Guyana (60%).

Graph 2: The national child poverty reduction targets expressed as percentages of the number (or share) of children at risk of poverty or social exclusion in 2019 (baseline year for the poverty reduction target)



Note: Belgium, Bulgaria, Czechia, Germany, Estonia, Ireland, Spain, France, Croatia, Cyprus, Luxembourg, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, and Sweden set their targets in absolute numbers, while Greece and Malta expressed them as percentage points referred to their child AROPE rates.
Source: DG EMPL computation based on Eurostat (online data code ilc_pecs01), European Commission.

2.1. Addressing the root causes of child poverty

2.1.2 Supporting the labour market integration of households

Supporting labour market integration of households is essential to combat child poverty. Several EU initiatives support the creation of quality jobs, thereby contributing to addressing child poverty. The Work-Life Balance Directive provides for the right to family leaves (paternity and parental leave) and the right to request flexible working time arrangements for working parents, allowing them to better reconcile childcare and work commitments. The Directive on adequate minimum wages addresses in-work poverty, including in households with children. In addition, the Quality Jobs Roadmap prepares the ground for further improvements in job quality, including for parents. Meanwhile, the Council Recommendation on adequate minimum income ensuring active inclusion fosters the labour market integration of those who can work, including parents, while promoting adequate income support, especially for those who cannot. The EU Anti-Poverty Strategy aims to step up the fight against poverty and further empower the working-age people excluded from the labour market to secure stable jobs, notably through individualised support.

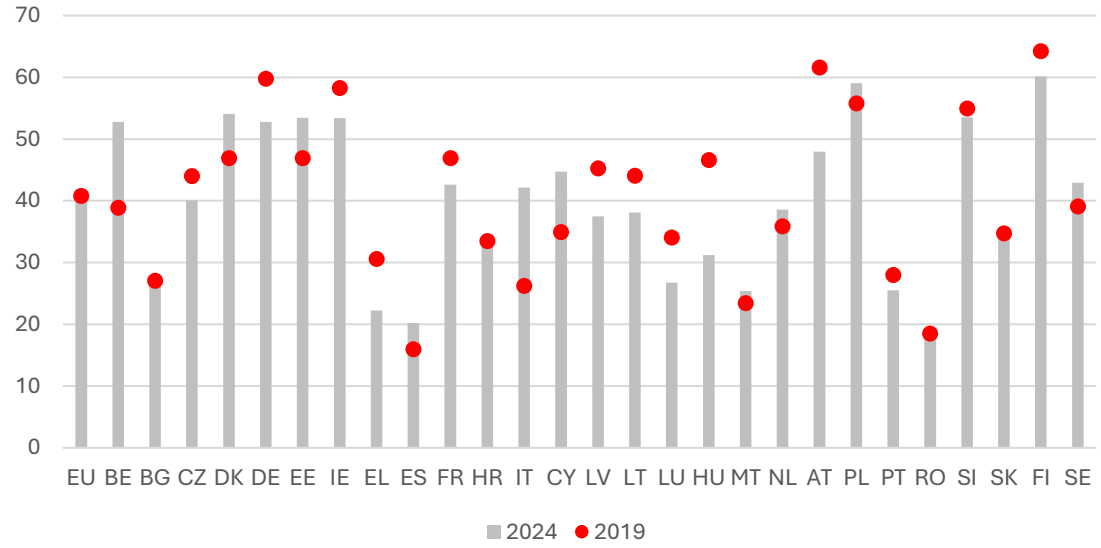
Further employment increases and policy reforms would translate into significant declines in child poverty. Around 1.7 million children could be lifted out of poverty if employment rates were to reach national targets set by Member States in the context of the employment headline target established in the European Pillar of Social Rights Action Plan. Research scenarios foresee a decline in the number of children AROPE by around 5 million and by up to around 14 million in case of an acceleration of reforms ([25]).

([25]) According to simulations conducted by the Joint Research Centre, the number of children at risk of poverty (AROPE) would decline by around 5 million at EU27 level in a reform scenario combining i) increases in the minimum wage to 60% of the national median wage, ii) reaching the 2030 national employment rate targets, iii) increasing the coverage of minimum income schemes by 10 percentage points (and assuming a 100% take-up rate) and iv) increasing the adequacy of minimum income schemes

2.1.2 *Child benefits and their efficiency*

Social transfers are essential to curb poverty. On average in the EU, they contribute to reducing child monetary poverty by around 42% ([26]). However, significant country variations can be observed. Finland achieved the highest impact, with social transfers reducing the incidence of monetary poverty among children by 60.1%. On the other end of the spectrum, Spain and Romania exhibited the lowest impact at 20.2% and 18.1% respectively. Examining changes since 2019, Hungary displayed the most significant change, i.e. a decrease by 15.3 pp., down to 31.2% in 2024 ([27]). Conversely, Italy experienced an increase by 15.9 pp., up to 42.1%. Such marked heterogeneity suggests scope for further upward convergence (see Graph 3).

Graph 3: Impact (%) of social transfers (excluding pensions) on child poverty reduction (<18) in 2024, compared to 2019



Notes: break in time series for Hungary, Ireland and Belgium in 2019, break in time series for Croatia in 2024, provisional data for Lithuania in 2024.
Source: DG EMPL calculation based on EU SILC (ILC_LI02 and ILC_LI10) (ext. October 2025).

Among social transfers, child benefits provide crucial income support to households with children, also supporting access to services. They refer to all benefits, in-cash or in-kind – ranging from child allowances to tax reliefs and childcare support – that households with children receive to help rear them. Their overarching objective is to ensure adequate

to 100% of the national at-risk-of-poverty threshold. The decline would reach around 14 million if reaching the 2030 national employment rate targets would be more geared towards very-low work intensity households and the coverage of minimum income benefits would reach all the households at-risk-of-poverty.

([26]) Pensions are not taken into account when calculating the impact of social transfers. The figure remained broadly stable between 2019 (42.9%) and 2024 (41.9%). In EU-SILC, the reference period of income refers to the calendar year before the year in which the survey took place. Hence, 2024 data are based on income from 2023. Source: Eurostat (online data codes ilc_li02, ilc_li10).

([27]) Note recent revisions of the Hungarian EU-SILC data, discussed i.a. in: Tatrai, A., Gabos, A., Huszár, Á., Krekó, J, and Tomka (2026). Revision of Hungarian EU-SILC Income Data in 2025 - A Comparative Analysis of Microdata Before and After the Revision.

living standards for children, thereby preventing material deprivation and removing barriers to social inclusion and personal development ([28]).

In-cash child benefits make a significant contribution to reducing child monetary poverty. On average in the EU, their poverty-reducing effect amounts to 10.3 pp. They also reduce the share of children deprived of at least one out of the 17 items of the child specific material deprivation indicator by 3 pp. ([29]). At the national level, the estimated reduction in child monetary poverty (AROP rate) associated with in-cash benefits ranges from 4.6 pp. in Spain to 15.9 pp. in Germany. Country-specific estimates for the reduction in child material deprivation (of at least one item) associated with in-cash benefits range from 0.7 pp. in Malta to 5.9 pp. in Belgium. Variations across Member States reflect differences in the pre-transfer child poverty and material deprivation rates, as well as in the level of investment, and the adequacy and targeting of in-cash child benefits.

All EU Member States provide in-cash child benefits, but their generosity varies widely. In 2021, expenditure on in-cash child benefits as a share of Gross Domestic Product (GDP) spent on in-cash child benefits in 2021 ranged from 0.45% in Malta to 2.6% in Poland (EU-27 average: 1.5%). The estimated monetary value of in-cash benefits in EU Member States, expressed as a share of national median equivalised disposable income, ranged from 44% in Poland to 9.3% in Spain. In all EU Member States, the level of in-cash child benefits as a proportion of disposable income is higher for AROP households than for non-AROP households. However, this does not necessarily mean that AROP households receive more in absolute terms than non-AROP households ([30]).

Child allowances are available in all Member States and reduce child poverty and material deprivation more than other types of cash benefits, such as birth benefits or child tax credits (see figure below). Although all EU Member States provide child allowances, there is considerable variation in their targeting and adequacy. In most Member States, child allowances are the most significant form of in-cash support. Support levels vary widely, ranging from the highest in Poland (33.7% of per capita median disposable income) to the lowest in Spain (2.4% of per capita median disposable income). On average across the EU-27, child allowances account for 74.8% of the effect of in-cash child benefits on the child AROP rate and 66.9% of their effect on child material deprivation.

In certain Member States, other categories of in-cash child benefits such as birth benefits and tax reliefs are associated with a sizable reduction in child poverty. In-cash benefits associated with childbirth or adoption (offered by 24 EU Member States) and tax reliefs for families with children (available in 22 EU Member States) play on average a smaller role in reducing the child AROP rate than child allowances, accounting for 11.0% and 7.7% of the total effect respectively. However, in specific countries, these types of

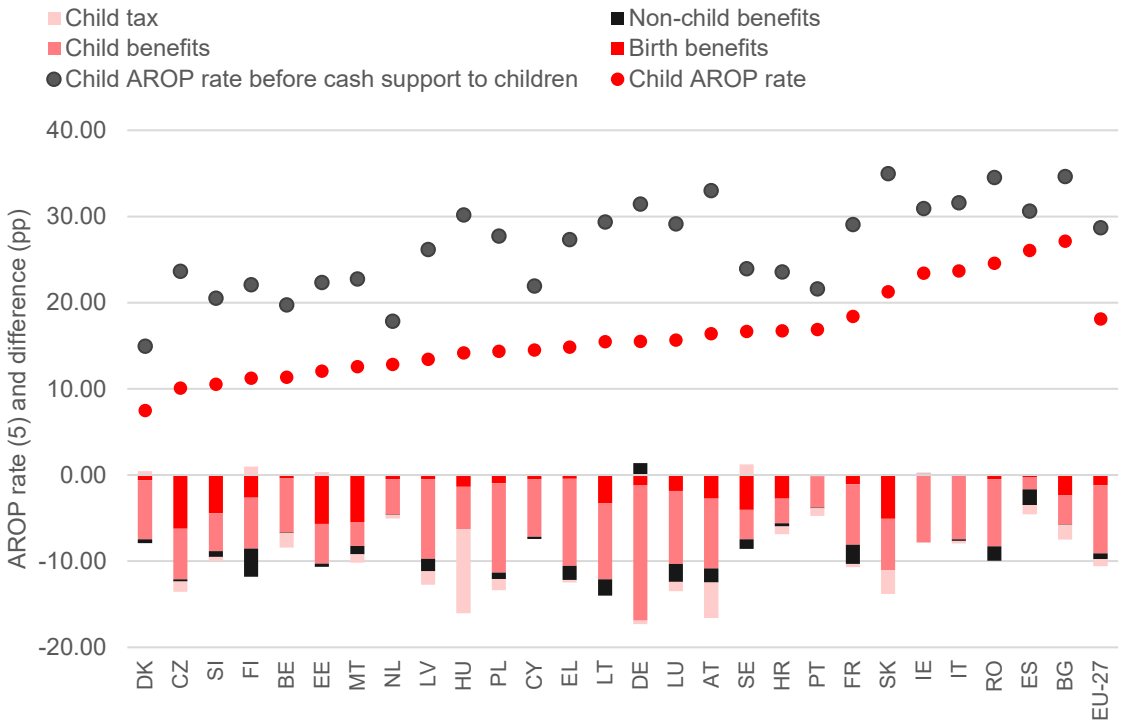
([28]) All the remainder of this subsection is based on a forthcoming study conducted by Rand on the effectiveness of child benefits in the EU.

([29]) For more information on the child specific deprivation indicator, see https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Child_deprivation for definitions and methodology, and https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_-_material_deprivation for descriptive statistical analysis based on official data.

([30]) This finding is also highlighted by Bornukova, K., Hernandez, A., & Picos, F. (2024). Investing in children: The impact of EU tax and benefit systems on child poverty and inequality (No. 2/2024). JRC Working Papers on Taxation and Structural Reforms.

child benefits play a bigger role. For instance, in Slovakia, birth benefits reduce the child AROP rate by 5.1 pp. and in Hungary, the reduction associated with tax reliefs is 9.7 pp.

Graph 4: Components of in-cash child benefits which decrease the child monetary poverty (AROP) rate, 2022



Notes: Countries are ordered by the child AROP rate. Income is equivalised using the modified OECD equivalence scale. The poverty threshold is set at 60% of median equivalised disposable income.
Source: Calculations using EUROMOD 2022 policies linked to 2022 EU-SILC data.

Combining universal child allowances with targeted measures for vulnerable groups such as low-income families, single parents and children with disabilities is the most common approach in the EU, followed by 13 Member States (Belgium, Germany, Ireland, Italy, Lithuania, Luxembourg, Malta, Netherlands, Poland, Romania, Sweden, Slovenia and Slovakia). Member States which provide only universal child benefits include Austria, Denmark, Estonia, Hungary, Latvia, and Finland, while the remaining eight Member States do not have a universal element of the cash child benefit systems. While universal child cash benefits provide broad coverage, the addition of means-tested supplements enhances targeting efficiency without dramatically increasing fiscal costs, consistent with previous literature findings ([31]). In addition to income-based targeting, 16 Member States apply age-based eligibility rules, with benefits typically covering children up to and including age 17, often with extensions for children in education or with disabilities. Three Member States and one region apply higher age limits, while eight countries have lower general age limits but allow for extensions in cases of continued education or special needs.

The potential of in-cash child benefits to reduce poverty and material deprivation is constrained when eligible families do not claim the support. Non-take-up can result from a range of factors, including lack of awareness or information, complex eligibility

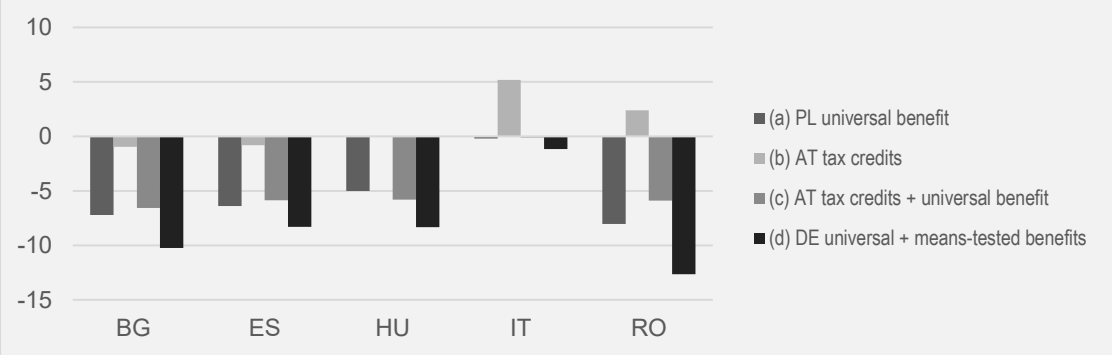
([31]) Mechelen, N. V., & Bradshaw, J.. 'GINI DP 50: Child Poverty as a Government Priority: Child Benefit Packages for Working Families, 1992-2009' (No. 50), 2012 AIAS, Amsterdam Institute for Advanced Labour Studies.

criteria or application processes, stigma associated with benefit receipt and administrative errors ([32]). While generous and universal benefits such as Poland's *Rodzina 800+* show near-universal take-up, in other cases the non-take-up rates can be high, particularly for targeted benefits and those with lower adequacy. For example, estimates for the *Working Family Payment* in Ireland range from 85–87% to a rather low 47%, depending on the data and methodology used. In contrast, the non-take-up of other types of benefits, including in-kind, can also be substantial. For instance, in Germany, only 18% of eligible children accessed the Education and Participation Package in 2022, with low awareness and burdensome application processes cited as key barriers. In Ireland, approximately 31% of eligible families did not take up the means-tested Medical Card scheme, with stigma and uncertainty around eligibility contributing to underutilisation. These findings highlight the importance of simplifying access and ensuring adequate benefit levels to maximise the reach and impact of child benefit policies ([33]).

Policy swaps of in-cash child benefits

'Policy swaps' show that universal systems are effective in reducing child monetary poverty due to their broad coverage and that adding a targeted component increases cost efficiency. The policy swap approach involves transposing the child benefit system of a 'donor' country (one with a demonstrably effective child support system) into a 'recipient' country to estimate the potential impact on child monetary poverty. Five recipient countries (Bulgaria, Spain, Italy, Hungary, Romania) were selected on the basis of their relatively high child AROP rates, while donor countries (Poland, Austria, Germany) were chosen for their effective in-cash child support systems and variety of instruments used. In-cash child benefits in Poland and Germany both include universal child allowances (*500+/800+* programme in Poland and *Kindergeld* in Germany). Both are estimated to generate significant reductions in child monetary poverty in all recipient countries – although a relatively small effect is observed in Italy –, while the Austrian tax credit system shows more limited or even negative effectiveness. This performance reflects the non-refundable nature of part of the tax credits, which provides minimal benefit to low-income households with limited tax.

Graph: Impact of policy swap reforms on child monetary poverty (AROP) rate, 2024



Note: Positive values reflect increases in child AROP rates comparing to existing child support systems
Source: Calculations using EUROMOD 2024

Furthermore, based on a cost-efficiency analysis, measuring the fiscal cost required to achieve each percentage point reduction in child monetary poverty, a hybrid system like in Germany (*Kindergeld* is

([32]) Van Lancker, W., Ghysels, J., & Cantillon, B. 'The impact of child benefits on single mother poverty: Exploring the role of targeting in 15 European countries'. International Journal of Social Welfare, 24(3), 2015, pp.210-222. https://onlinelibrary.wiley.com/doi/full/10.1111/ijsw.12140 accessed 11 November 2024.

([33]) More references to estimates of non-take-up rates of both in-cash and in-kind benefits will be part of the upcoming study on the effectiveness of child benefits in the EU by Rand Europe.

combined with means-tested supplements, *Kinderzuschlag*) is found to be more cost effective. The German complete system consistently demonstrates superior cost-efficiency, requiring between 0.11% of GDP per percentage point reduction in Romania and 0.37% of GDP in Italy.

Table: cost per one percentage point of child AROP reduction as % of GDP, 2024

	HU	RO	BG	ES	IT
(a) PL universal benefit	0.21%	0.12%	0.23%	0.14%	1.26%
(b) AT tax credits			0.94%	0.56%	
(c) AT tax credits + universal benefit	0.34%	0.26%	0.36%	0.26%	4.80%
(d) DE universal + means-tested benefits	0.17%	0.11%	0.19%	0.13%	0.37%
(e) DE unemployment benefit supplement			0.12%		0.27%

Note: Empty cells correspond to cases where a policy swap resulted in a near-zero child AROP change or in child AROP increase
Source: Joint Research Centre calculations using EUROMOD 2024

2.2. Rolling out the European Child Guarantee

2.2.1. Child Guarantee Coordinators

The ECG Recommendation contains strong provisions on governance. In particular, § 11 (a) recommends each Member State to nominate a national Child Guarantee Coordinator, equipped with adequate resources and a mandate enabling the effective coordination and monitoring of implementation. While all Member States have nominated national Coordinators, their mandates and resources do not always appear adequate. This is especially the case in Member States where regions or federated entities have hold primary competence for education, social policies and healthcare. In some Member States, coordination between the ministries responsible for social inclusion (where most Child Guarantee Coordinators are located) and the ministries responsible for education and healthcare also appears challenging.

Since 2021, the Commission has facilitated close exchanges among Child Guarantee Coordinators. Held in both in-person and online format, these exchanges have helped to clarify the goals of the ECG, and to jointly discuss the most efficient paths towards achieving them. Beyond current organisational issues, the topics have included access to healthcare, the returns from investment in children and social cohesion, support to refugee children from Ukraine, governance frameworks for ECG implementation, child participation, local aspects of ECG implementation, early childhood education and care, the provision of free school meals, outreach to vulnerable children, stakeholder involvement, inclusive education, access to adequate housing and the provision of quality alternative care. Several meetings of Child Guarantee Coordinators have been or will be organised by EU Presidencies, demonstrating continued political support for the ECG.

Governing ECG implementation in Ireland

In Ireland, a robust national governance framework addressing child poverty is exemplified by the establishment of the Child Poverty and Wellbeing Programme Office within the Department of the Taoiseach. Reflecting high-level political engagement, this centrally located office fosters a whole-of-government approach, coordinating efforts across various departments to implement comprehensive responses to child poverty and social exclusion. This strategic positioning facilitates collaboration, allowing for a multidimensional approach that accounts for the diverse needs of children across Ireland.

2.2.2. National action plans for implementation of ECG

The ECG requested Member States to prepare and submit, within nine months from its adoption ([34]) action plans that cover the period until 2030 (§ 11). The action plans must reflect national, regional and local circumstances and existing policy actions and measures specifically designed to support children in need ([35]). As per the ECG Recommendation, the action plans should specify the targeted categories of children, set quantitative and qualitative targets, describe existing or planned policy measures to implement ECG, as well as refer to other measures to address child social exclusion and to break intergenerational cycles of disadvantage (§ 6 of the ECG Recommendation specifies what should be included in a wider policy framework to enable social inclusion of children, going beyond the provision of services covered by the ECG). Finally, the action plans should include a national framework for data collection, monitoring and evaluation, which could then feed into a common EU-level monitoring framework.

Stakeholders involvement in Italy

In developing its action plan, Italy secured direct involvement of various stakeholders (ministries and government agencies, local authorities, regions, experts, representatives of civil society), and of children themselves (the Youth Advisory Board). The work on the action plan was divided among four working groups: (1) early childhood education and care, education, a healthy meal a day at school; (2) the right to health and healthy nutrition; (3) prevention of and fight against poverty and social disadvantage, the right to housing; (4) governance and system infrastructure. The Italian action plan considered also the results of the Child Guarantee Pilot, which proved to be very useful in analysing the country's policies, identifying constraints and perceived challenges. The additional help from the Instituto degli Innocenti and ISTAT allowed to outline both the many things Italy had done in favour of childhood and adolescence, and the weak points of its welfare system.

The level of ambition of the national action plans varied significantly. Overall, the most effective action plans combined well-identified target groups of children (with specific data and disadvantages faced by each group), clearly defined objectives (precise, measurable goals with defined timelines), took a comprehensive approach (planning policy measures across various policy areas such as education, healthcare, housing, and nutrition linked to funding), and listed targeted policy measures tailored to the specific needs of the vulnerable groups. Conversely, the main weaknesses of the action plans included a lack of specific (clear and measurable) objectives and timelines, insufficient detail on target groups, implementation strategies, focus on interventions for an overly narrow sub-

([34]) I.e. by 15 March 2022 as the ECG Recommendation was adopted on 14 June 2021.

([35]) https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee/national-action-plans-and-progress-reports_en.

category of children in need or presenting universal measures without proper targeting, weak or missing monitoring and evaluation frameworks and inadequate coordination mechanisms.

2.2.3. Monitoring frameworks

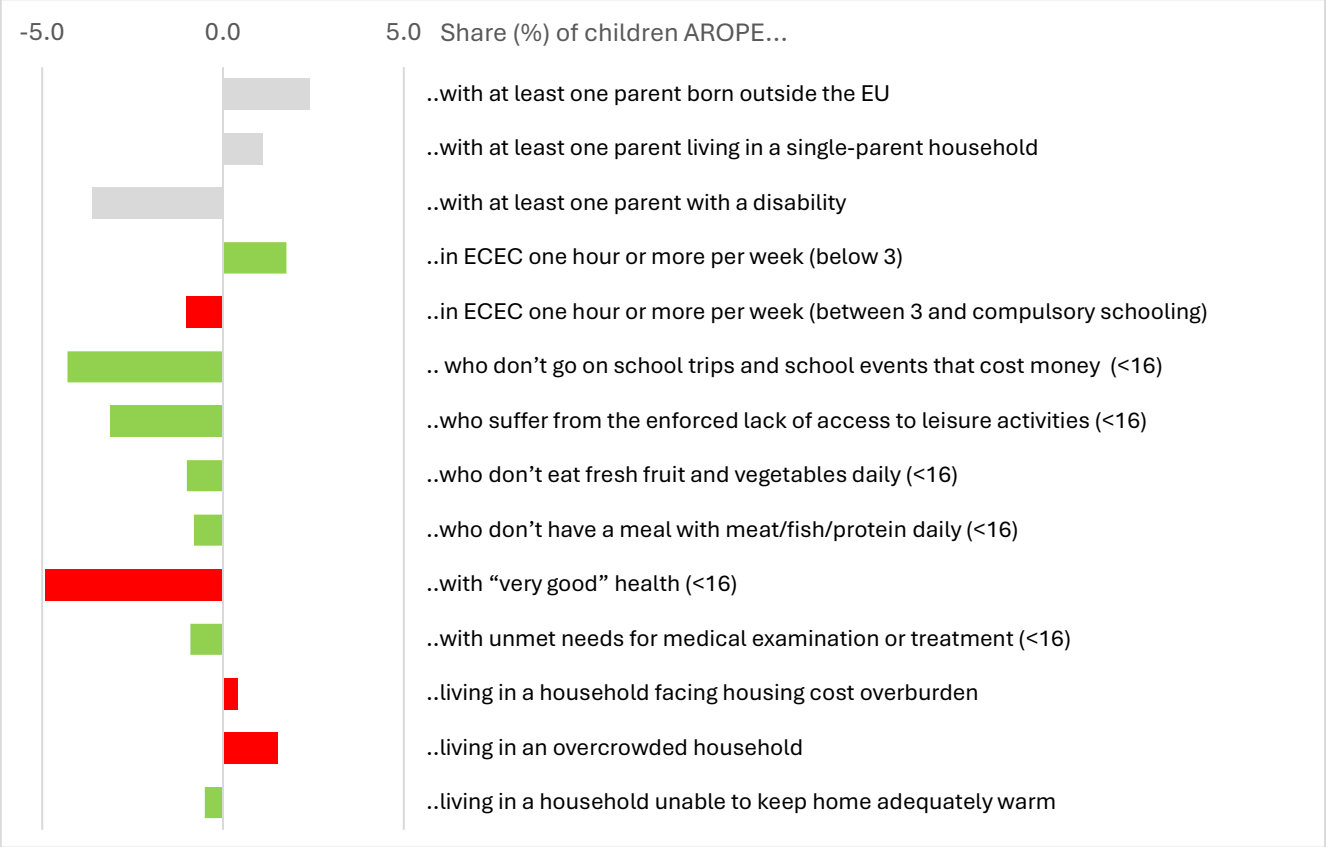
The ECG Recommendation mandates the establishment of a common monitoring framework to assess progress in the implementation of the ECG, which is managed by the Commission jointly with the Social Protection Committee (SPC). The first version of the ECG monitoring framework was developed by the Indicators' Sub-Group (ISG) of the SPC and endorsed by the SPC in November 2023 ([36]). The ECG monitoring framework features seven sections. The first section is dedicated to the monitoring of the number and the situation of children in need, identified as the target group of the Recommendation. The six other sections focus on monitoring the access of these children to the six services spelled out in § 4 of the ECG Recommendation (early childhood education and care, education including school-based activities, school meals, healthcare, healthy nutrition, and adequate housing). The framework was updated twice (in May and in December 2025) to reflect the latest data available as well as to fill in some gaps left in the previous versions. New contextual information on quality of education, the provision of educational materials, including digital tools, and health-related aspects was for instance added. Graph 5 shows changes in the selected indicators, for a full list of indicators see Annex II.

The EU-level tool relevant for tracking progress on ECG is the benchmarking framework on childcare and support to children established by SPC in 2021 ([37]). It aims to monitor two key aspects of Principle 11 of the European Pillar of Social Rights: children's right to affordable early childhood education and care of good quality and the right to be protected from poverty. It includes 14 indicators, divided in three sections, each respectively covering related outcome, performance and policy levers. Complementing the ECG monitoring framework, it provides additional information on key drivers of child poverty, ranging from parents' employment to efficiency of social transfers. The benchmarking framework has been updated three times, most recently in autumn 2025.

([36]) https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection-committee/indicators-sub-group/monitoring-and-benchmarking-frameworks_en.

([37]) https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection-committee/indicators-sub-group/monitoring-and-benchmarking-frameworks_en.

Graph 5: Change in the EU average of selected indicators from the EU Monitoring Framework, between 1st and 3rd version (percentage points, green denotes favourable developments, red – unfavourable)



Source: EU Monitoring Framework for European Child Guarantee, 1st and 3rd versions.

Member States are recommended to set up a national framework for data collection, monitoring and evaluation ([38]). Several Member States have set clear quantitative targets in their national action plans to steer the implementation of the ECG. As an illustration, Spain set intermediary and final targets for key objectives for 2025 and 2030 ([39]). To monitor achievement of these targets and overall progress in the roll-out of national action plans, all Member States have either made use of existing national monitoring frameworks or established new ones dedicated to the ECG. Belgium, France and Finland rely heavily on the EU monitoring framework, which might not allow to fully track distinct national measures given the need for more granular data. Czechia and Portugal integrated indicators from the EU-level monitoring framework with additional national and local indicators, in the Portuguese case emphasising a multi-level data collection strategy involving local authorities. Some Member States have chosen to go beyond EU indicators. For instance, Sweden follows its own approach as regards defining socio-economic disadvantages. This allows to capture country-specific nuances in child poverty and social exclusion. Bulgaria uses 2-yearly operational plans to implement their Child Guarantee Action Plan connecting specific activities with performance indicators, deadlines, amounts and sources of funding

([38]) § 11 (c)(v) of ECG Recommendation.

([39]) E.g. "reaching the EU average on social protection expenditure on children and families in 2030", "75% of ECEC enrolment rate at two years of age in 2025, 85% in 2030", "reduction in the rate of early school leaving from education and training to 11% in 2025 and 9% in 2030", "reduce by 20% the proportion of children of low-income households who cannot afford to eat fresh fruit and vegetables at least once a day in 2025 and by half in 2030".

and responsible institutions in all areas of impact. However, notable gaps persist. Vulnerable groups, such as homeless children, often lack detailed tracking regarding the size of these populations and their access to different services. Additionally, the quality of services and issues such as non-take-up are frequently overlooked. Addressing these gaps through more targeted (administrative) data collection efforts and inclusive monitoring practices would enable a richer, more effective policy evaluation landscape across Member States, guiding them towards achieving the objectives set by the ECG.

Some Member States have made use of the Technical Support Instrument (TSI) to set up and enhance their national monitoring frameworks (Greece, Romania, Estonia and Portugal). For instance, Greece utilised TSI support to establish an intricate system that integrates multiple data sources, resulting in a comprehensive evaluation mechanism focused on poverty reduction and educational attendance. This integration allows Greece to track improvements in specific areas effectively and adjust policies based on robust data insights. Similarly, Romania benefited from TSI aid by developing a centralised database dedicated to identifying child-specific indicators, which has improved their ability to conduct quality impact assessments and facilitate timely interventions. Estonia provides another illustrative example, where TSI involvement led to the adoption of advanced data analytics tools. These tools have enhanced the tracking of non-take-up rates for services and improved insights into delivery effectiveness, thereby helping Estonia refine its approach to child welfare monitoring and service implementation.

2.2.4. Biennial progress reports

All Member States have demonstrated some progress in the implementation of the ECG. The ECG Recommendation requires also qualitative reporting by the Member States. This should be done every two years, counting from the deadline for formulation of the action plans. Notwithstanding significant delays in reporting (the last report from the 2024 round was submitted to the Commission in June 2025), all Member States have demonstrated some progress in the implementation of the ECG. Across all 27 reports, the aspect that appears to be best covered is the provision and access to early childhood education and care. Many reports highlight initiatives related to increasing the accessibility, inclusivity and quality of the respective services. Several reports mention the extension or improvement of early childhood education programmes, free pre-school education years, and efforts to make ECEC accessible to disadvantaged groups. Initiatives to provide free or subsidised school meals are also reported quite often. Efforts to make education more inclusive were also frequently noted, with measures to support children with disabilities and minority groups, such as Roma children, ensuring their full participation in the educational system.

On the other hand, the aspect least covered across the progress reports in 2024 round seems to be comprehensive data collection and systematic progress monitoring. The absence of clearly defined quantitative and qualitative targets in numerous action plans (and consequently also in progress reports) is notable, restricting the ability to gauge success and guide future actions. Several reports mention the insufficiency of available data, making it difficult to assess the progress and challenges in implementing the European Child Guarantee. This highlights gaps in establishing systematic monitoring frameworks that can evaluate the effectiveness of the initiatives. Lastly, specific information regarding the financial aspects of ECG implementation, such as budget allocations for initiatives, expenditure tracking and utilisation of funds, particularly EU funding, is often lacking.

The deadline for submission of the second round of biennial progress reports elapsed on 15 March 2026. Until 17 April 2026 – which is the cut-off date for analytical sources used in this Staff Working Document – 14 reports have been submitted to the Commission (Austria, Belgium, Cyprus, Estonia, Greece, Italy, Latvia, Luxembourg, Netherlands, Poland, Romania, Slovenia, Slovakia and Sweden). Overall, they confirm high heterogeneity of the situation of children in need across the EU, and of the degree to which implementation of the European Child Guarantee is an actual priority in specific Member States. The issue of availability of data has not been satisfactorily resolved, with some reports quoting the same numbers as two years prior. While some progress reports (e.g. Estonia) are highly informative and provide clear discussion of developments that took place since the previous round, others could be more synthetic in their approach and avoid repetitions from previous reports.

2.2.5. Implementation of ECG in candidate countries and potential candidates

Child poverty remains high in EU neighbouring countries ([40]). To overcome it, candidate countries and potential candidates have actively engaged with the Commission and started working to implement the ECG already ahead of their EU accession, as part of the alignment process with EU acquis under Chapter 19 "Social policies and employment". The Commission has invited Albania, Bosnia and Herzegovina, Kosovo ([41]), Moldova, Montenegro, North Macedonia, Serbia, Türkiye and Ukraine to nominate Contact Points, who would take the lead in the implementation of the ECG in their countries. All approached governments responded positively, set up relevant structures and are working on their national action plans, while collaborating with the Commission and the national Child Guarantee Coordinators from Member States to take advantage of their experience. The Commission provides support in the roll-out of the ECG through different instruments and tools, including a partnership with UNICEF aimed at assisting the candidate countries and potential candidates in the roll-out of the ECG. As an example, in Ukraine, the EU is supporting financially the Better Care reform, aimed to improve the standards of child protection and alternative care systems and is thus directly linked to ECG objectives.

EU support for children of Ukraine

Following the full-scale invasion of Ukraine in 2022, nearly 2,500 children were evacuated from Ukrainian residential care institutions to Poland. While the rapid response of Polish authorities and NGOs ensured immediate safety, children were accommodated in large group facilities outside the Polish alternative care system and not in line with proper care standards.

Since March 2022, governments of Poland and Ukraine have worked with UNICEF to develop a standards-compliant care model. Their efforts were supported financially first by the US and then by the EU, the latter under the project "Improving Alternative Care for Children Evacuated from Ukraine to Poland", with a budget of EUR 5.5 million, out of which EUR 5 million from EU sources. The project running until summer of 2026, has provided care and protection to 563 children.

The project introduced small, family-type homes (up to 14 children), with trained caregivers from Poland and Ukraine, individual care plans, access to health and mental health services, education, rehabilitation and transition support for young adults. All children were relocated from large facilities. The model strengthened the Polish alternative care system, informed legal amendments, secured national ESF+ funding for sustainability and contributed to reform of alternative care in Ukraine through capacity building and knowledge sharing.

([40]) Some of the most recent figures (AROPE for 0-18 age group): 46.6% in Albania (2023), 38.1% in North Macedonia (2023), 37.6% in Türkiye (2025). Source: Eurostat (online data code ilc_peps01n).

([41]) Designation without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

2.3 EU funding

2.3.1. The European Social Fund+

The European Social Fund+ (ESF+) is the EU's main instrument for investing in people. It supports the implementation of the European Pillar of Social Rights principles, including principle 11 "Childcare and support to children" through actions in the areas of employment, education and skills and social inclusion. In accordance with Article 7(3) of the ESF+ Regulation, all Member States shall allocate an appropriate amount of their resources of the ESF+ strand under shared management for targeted actions and structural reforms to combat child poverty, including by implementing the European Child Guarantee ([42]). According to the same article, "*Member States that had an average rate above the Union average of children of less than 18 years old at-risk poverty or social exclusion for the period between 2017 and 2019, shall allocate at least 5% of their resources of the ESF+ strand under shared management to support targeted actions and structural reforms to tackle child poverty (…).*" Eleven Member States are concerned by this provision: Bulgaria, Cyprus, Croatia, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Romania and Spain.

For the 2021–2027 programming period, EUR 9.6 billion (including an EU amount of EUR 6.7 billion), are programmed under the Secondary Theme 6 'Addressing child poverty' (see Table 1)**.** However, some Member States (Slovenia, Netherlands and Denmark) are not using this Secondary Theme. Slovenia has allocated funds to address child poverty under other priorities. The Netherlands will programme measures to address child poverty through the specific objective dedicated to food and material support. In Denmark, there are no allocations under secondary theme 06.

Under the ESF+, Member States can address child poverty in different yet complementary ways, combining 'hard' and 'soft' investments. One approach is to address child poverty through broader measures that alleviate poverty among parents and families. This leads Member States to programme measures supporting parents and their labour market integration, for instance by promoting a better work-life balance for example through improving access to childcare services or modernising available social services (Greece, Latvia and Slovakia). Most Member States also provide families supported access to healthcare, psychological support and preventive services, including addiction treatment, to safeguard their well-being (Belgium, Bulgaria, Cyprus, Estonia, France, Germany, Greece, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia,

([42]) Reference is made to the specific objectives set out in Article 4(1), points (f) and (h) to (l) of the ESF+ Regulation. Those include: (f) promoting equal access to and completion of quality and inclusive education and training, in particular for disadvantaged groups, from early childhood education and care through general and vocational education and training, to tertiary level, as well as adult education and learning, including facilitating learning mobility for all and accessibility for persons with disabilities; (h) fostering active inclusion with a view to promoting equal opportunities, non-discrimination and active participation, and improving employability, in particular for disadvantaged groups; (i) promoting socio-economic integration of third-country nationals, including migrants; (j) promoting the socio-economic integration of marginalised communities, such as Roma people; (k) enhancing equal and timely access to quality, sustainable and affordable services, including services that promote the access to housing and person-centred care including healthcare; modernising social protection systems, including promoting access to social protection, with a particular focus on children and disadvantaged groups; improving accessibility including for persons with disabilities, effectiveness and resilience of healthcare systems and long-term care services; (l) promoting social integration of people at risk of poverty or social exclusion, including the most deprived persons and children; Regulation - 2021/1057 - EN - EUR-Lex.

Spain and Sweden). The ESF+ also provides parents with material support to ensure children attend school in good conditions, for example by helping purchase school materials or facilitating transport to schools (Austria, France, Hungary, Lithuania, Latvia, Netherlands, Romania, Slovakia and Slovenia). The ESF+ contributes to providing basic material support to children and people most in need, including meals (Belgium, Bulgaria, Croatia, Cyprus, France, Italy, Latvia, Lithuania, Latvia, Netherlands, Poland, Portugal, Romania and Slovakia), and essential items such as baby and hygiene products (Cyprus, Latvia, Lithuania and Netherlands).

Table 1: ESF+ investments under Secondary Theme 06, Addressing child poverty, 2021-2027 programming period

Member State	Total investment under ST06, including national and EU contributions, in EUR	Share of investments under ST06 over total ESF+ investments
Austria	199 154 827	20.62%
Belgium	100 316 661	3.46%
Bulgaria	165 144 004	5.28%
Croatia	249 700 000	11.01%
Cyprus	39 166 667	11.04%
Czechia	84 111 350	2.66%
Estonia	31 418 502	5.10%
Finland	63 493 418	7.00%
France	39 522 251	0.37%
Germany	737 544 440	5.59%
Greece	896 623 666	12.79%
Hungary	380 949 694	6.11%
Ireland	132 214 743	12.23%
Italy	2 298 374 914	8.15%
Latvia	59 279 659	7.11%
Lithuania	111 025 207	9.30%
Luxembourg	2 479 543	7.02%
Malta	9 151 000	4.47%
Poland	1 445 368 039	9.52%
Portugal	561 264 531	5.99%
Romania	564 831 706	6.63%
Slovakia	298 538 188	10.34%
Spain	1 091 853 155	6.72%
Sweden	11 325 299	0.70%
TOTAL	**9 572 851 462**	**6.88%**

Note: Data retrieved on 17 April 2026. The amounts are indicative, as secondary themes reflect estimates planned by the Managing Authorities rather than actual budgeted amounts.

The ESF+ plays a key role in encouraging parents to enrol their children in education, raising awareness and facilitating the development of early childhood education and care (ECEC) services (Bulgaria, Croatia, Germany, Greece, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia, Spain and Sweden). Moreover, promotion of healthy nutrition in schools is also among the investments made (France, Spain, Slovakia and Sweden). Some Member States target children from vulnerable groups, such as Roma or migrant children (Bulgaria, Croatia, Czechia, France, Greece, Hungary, Luxembourg, Poland, Portugal, Romania, Romania, Spain and Slovakia). The ESF+ is also used to alleviate the cost of ECEC as well as primary and secondary school services for families in vulnerable situations (Bulgaria, Cyprus and Lithuania). Moreover, ESF+ contributes to making education more inclusive (e.g. by supporting intercultural projects) and promotes non-formal education through extracurricular activities such as sport, arts, science and holiday camps (Austria, Bulgaria, France, Germany, Greece,

Hungary, Lithuania, Netherlands, Romania and Sweden). In addition, the ESF+ is also supporting the adaptation and modernisation of learning methods (Bulgaria, Croatia, Germany, Slovakia and Spain), particularly through the integration of digital technologies. These efforts aim to ensure that teaching approaches better fit the needs of children with disabilities or experiencing learning difficulties (Belgium, Bulgaria, Croatia, Cyprus, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Spain). ESF+ has played a key role by supporting Romania in the roll-out of school meals scheme.

Another key contribution is improving guidance and orientation for pupils, including by facilitated access to counselling centres (Austria, Germany and Lithuania). Initiatives to prevent early school leaving, such as after-school services, support more equitable education. In some Member States, these measures are complemented by retraining and upskilling of care staff and teachers (Bulgaria, Croatia, France, Germany, Greece, Ireland, Latvia, Lithuania, Poland, Romania and Slovakia). Actions to address bullying, violence and risk behaviour, both at school and beyond, have also been implemented in several Member States (Austria, Bulgaria, Estonia, France, Greece, Latvia, Lithuania, Poland, Portugal and Slovakia).

With the support of the ESF+, Member States also promote the deinstitutionalisation of children in the alternative care system, transition to independent living and support children during adoption processes or during their stay in socialisation centres (Latvia, Lithuania, Poland, Portugal, Romania, Slovakia and Spain). In the area of access to housing services, measures have been introduced to ease access and address discrimination against disadvantaged groups (Bulgaria, France, Greece, Hungary, Poland, Romania, Slovakia and Sweden). Czechia and France focus on preventive measures against the loss of accommodation.

Finally, in some Member States, some projects focus on capacity-building for local administrations, particularly social services (Czechia, Finland, Germany, Greece and Slovakia). For example, support is provided for integrated municipal social planning through the development and implementation of data-based approaches to social inclusion for populations at risk of social exclusion or poverty.

Examples of the ongoing ESF+ projects

- The 'Future for Children' project in Bulgaria supports vulnerable children through health, education and social services to reduce poverty, prevent abandonment and improve well-being. These actions include early childhood care, disability support and labour market integration.
- The 'Actions for School and Social Inclusion' (DRASE+) initiative in Cyprus aims to mitigate the negative impact of the economic crisis on education and to prevent social exclusion of vulnerable groups of pupils. It offers a range of measures aimed at preventing social exclusion, including new learning and creativity programs, access to socio-emotional support centres, new school equipment and educational materials and training programs for teaching staff.
- The project 'Ensuring early childhood education for children from families at social risk' in Lithuania aims to successfully involve children from families at risk of social exclusion or poverty in pre-school and pre-primary education by providing them with assistance in the educational process.

2.3.2. The Recovery and Resilience Facility

ESF+ funds are used in combination with national funding and/or the Recovery and Resilience Facility (RRF) to support the implementation of the European Child Guarantee, particularly in areas such as early childhood education and care, school infrastructure, accessibility and social inclusion. In Bulgaria, the RRF (together with the European Regional Development Fund) finances the development of kindergarten and school infrastructure. Latvia uses several RRF investments to improve accessibility and services, including EUR 8.9 million to improve accessibility in 63 public buildings where social and welfare services are delivered, benefiting children, including children with disabilities, by early 2026. Additional Latvian projects include "Support measures for people with disabilities to ensure the accessibility of housing environments" (EUR 4.8 million) and "Facilitating the availability of technical aids" (EUR 7.2 million), which also provide support and assistive devices for children with disabilities. In Croatia, significant RRF funding supports education infrastructure aimed at expanding access to early childhood education and enabling full-day schooling. Cyprus allocates RRF resources to reforms and investments under the recovery plan, including "Gradual extension of free compulsory pre-primary education from the age of four" (EUR 12.23 million), "Digital transformation of school units", and investments such as the establishment of multifunctional centres and childcare centres (EUR 6.1 million), child centres in municipalities and the construction of two model special education schools, which expand childcare places, strengthen early education systems and support children with special educational needs. Hungary also plans to use RRF resources in areas such as education and housing.

2.3.3. The Social Climate Fund

The Social Climate Fund (SCF) supports vulnerable households by addressing the social impacts of the green transition, and supports children by tackling energy and transport poverty, particularly for families with many children, single-parent families and children in vulnerable areas. The SCF supports measures and investments in line with the recommendations in the European Child Guarantee by increasing access to affordable, energy-efficient housing, including social housing, e.g. by renovating and constructing new, energy-efficient social housing and reducing the risk of energy poverty while securing a healthy living environment for children. The SCF also addresses the territorial dimension of social exclusion by supporting investments in affordable means of public and private transport, e.g. zero-emission school transport and the construction of bike lanes for school children in vulnerable areas, reducing transport barriers for children to participate in education and school-based activities. The SCF can also supports Member States to secure better access for vulnerable children to social and health services, particularly in rural areas.

2.3.4. The European Regional Development Fund (ERDF)

The European Regional Development Fund (ERDF) supports Member States in implementing the objectives and recommendations of the European Child Guarantee and in tackling poverty and social exclusion through investments in infrastructure, equipment and access to mainstream quality services in education, employment, housing, social services, health and childcare, while paying particular attention to addressing socioeconomic, regional and territorial disparities. Under its European Territorial Cooperation (Interreg) strand, the ERDF can also support cross-border cooperation

(including measures to address policy, legal and administrative barriers). Notably, ERDF investments can support early childhood education and care (investments in infrastructure and equipment, including in the workplaces), education and school-based activities (investments in school and out-of-school infrastructure and equipment; providing conditions for digital education, including access to internet, purchase of digital equipment and e-learning applications and platforms for schools; supporting services in order to build inclusive education – e.g. school bus, extending the capacity of the mainstream schools, student dormitories and canteens), healthcare (infrastructure and equipment with a particular focus on primary care, integration of care between all levels of care, digitalisation of health services), and adequate housing (construction and renovation of affordable and sustainable housing, including social housing and targeted energy efficiency renovations in housing from which children and their families can benefit, as well as supporting the transition from institutional to family- and community-based care for children in alternative care). The ERDF support prioritises strengthening equal access to mainstream quality and inclusive services as well as contribute to the development of community- and family-based services in line with the non-segregation and deinstitutionalisation principles.

To respond effectively to the complex needs of vulnerable children, an integrated approach to the design of investments is needed. The European Commission encourages the prioritisation of integrated measures that cover multiple areas of focus of the European Child Guarantee in a complementary manner. The ERDF and the European Social Fund Plus can be used jointly by combining investments in infrastructure development (ERDF) with service development and human capacity-building (ESF+), the so-called "soft measures", to maximise the impact of the support. For the 2021-2027 period, Member States and regions have allocated under ERDF EUR 940 million to investments in ECEC (both infrastructure and non-infrastructure support), EUR 3 billion to primary and secondary education (both infrastructure and non-infrastructure support), and EUR 7.2 billion to healthcare (including investments in infrastructure, equipment, e-health services, digitalisation measures, accessibility, effectiveness and resilience measures and mobile assets). Under ERDF, the Cohesion Fund (CF) and the Just Transition Fund (JTF), EUR 10.5 billion have been allocated to construction and renovation of housing (including energy efficiency measures, affordable and social housing), from which children as one of the target groups can benefit. These initiatives promote social inclusion, economic growth and reduce territorial disparities, while energy efficiency projects further alleviate energy poverty, therefore contributing extensively to the UN's Sustainable Development Goal 1— No Poverty ([43]).

2.3.5. Technical Support Instrument

Through the Technical Support Instrument (TSI), the Commission has helped EU Member States overcome practical challenges in implementing the European Child Guarantee. Since 2022, 14 projects, comprising two multi-country and 12 standalone initiatives, have been funded across 13 Member States. Currently, two projects are ongoing: the multi-country project "Strengthening Child Rights and Protection" in

([43]) Data on ERDF allocations extracted on 15 March 2026. Such data only reflects EU allocations and does not include national contributions. Other ERDF interventions in the fields of social inclusion, digitalisation, energy efficiency, transport, culture and sustainable tourism, and territorial development may also support children and the ECG but, given that they also cover other non-related dimensions not related to social inclusion or are not targeting children specifically, it is not possible to fully compute the extract contribution to this topic.

Czechia, Croatia, Ireland and Portugal, and the project focused on "Fostering Monitoring, Evaluation, and Child Participation in Child-Related Policies" in Romania.

The multi-country project's goal is to enhance child rights and protection systems in these countries, ensuring coordinated policy development and service delivery. It intends to facilitate data-driven decision-making, inclusion and compliance with EU standards. The project includes specific activities for each country, such as moving away from institutional care in Portugal, improving adoption policies in Ireland, building capacity for ECG implementation in Croatia and reviewing child protection laws in Czechia. It also involves shared activities that promote the exchange of expertise and best practices across all countries.

The Romanian project aims to address the country's challenges in systematically monitoring and evaluating child-related policies, with fragmented data systems and limited integration between local and national levels. Additionally, there's no framework for children's involvement in policy-making that directly impacts them. To address this, the project will provide practical tools and recommendations to improve child policies, emphasising data collection and monitoring, budget planning and child participation. In the medium term, the project aims to enhance capacity and tools for planning, implementing, monitoring and evaluating measures for children. In the long term, it is expected to improve child-related policies and enhance socio-economic indicators for children.

Technical Support Instrument (TSI) projects linked to ECG implementation

- In **Greece**, following TSI projects, authorities are targeting child obesity and promoting healthy nutrition. Centres for Interdisciplinary Assessment, Counselling and Support and the Interdisciplinary Support Committees have been established to enhance inclusive education.
- A multi-country project helped **Portugal**, **Italy** and **Spain** to devise and apply consistent, high-quality inclusive education policies, thereby diminishing regional disparities. Guided by the recommendations of this project, Spain has already announced a substantive reform of its inclusive education model. In Portugal and Italy, the project is expected to guide further reforms aimed at improving monitoring and evaluation efforts and bolstering initial and continuous professional development opportunities for teachers, among other core aspects.
- In **Ireland**, a project informed implementation and provided guidance to improve monitoring and evaluation, with a view to securing a whole-of-government, cross-sectoral and integrated policy approach. It aimed to enhance the engagement of governmental and civil society stakeholders at all levels. It also identified opportunities to engage children and young people in decision-making and promote their rights. Finally, the project fostered expertise and technical know-how among public officials through capacity-building activities.
- Through the TSI, the Commission supported authorities in **Portugal** to develop capacities for monitoring and evaluating the implementation of the national Child Guarantee Action Plan, to strengthen the capabilities of local Child Guarantee units, reinforce direct engagement with children and young people and support greater coordination across national and local policies.
- A project helped **Romania** to develop a legal framework to enforce legislation prohibiting school segregation and bolstered the education system's capacity to prevent and address school segregation, thereby enhancing educational equity. Through different exchanges, webinars and workshops, the project also helped bring together and encourage collaboration between a variety of stakeholders across Romania's education system. Ultimately, the project results will contribute to enhancing the efficiency and equity of the pre-tertiary education in Romania
- A project in **Slovakia** revised models for the social inclusion of children with disabilities, empowering substitute care systems to deliver quality services in alliance with other agencies. This project also boosted administrative capabilities for monitoring, evaluating and mainstreaming these revised approaches within existing systems.

2.3.6. Erasmus +

The Erasmus+ programme with its priority of Inclusion and Diversity is strongly connected to the needs of children in vulnerable situations, as it focuses on ensuring that those with fewer opportunities can fully participate in education and social life. Many vulnerable children face barriers such as poverty, disability, discrimination, or limited access to quality education. By encouraging inclusive practices and providing additional support where needed, Erasmus+ helps remove these obstacles and creates more equitable learning environments. This approach not only improves access to opportunities but also promotes a sense of belonging, confidence and active participation, supporting the overall well-being and social inclusion of vulnerable children.

The Digital Transformation priority strand enhances these efforts by addressing the growing importance of digital access and skills. Vulnerable children are often at greater risk of being excluded from digital learning due to limited resources or lack of support. By promoting digital literacy, innovative teaching methods and the use of technology in education, Erasmus+ helps bridge this gap and makes learning more accessible and flexible. Digital tools can open new pathways for participation, allowing children to engage in education regardless of their circumstances.

3. PROGRESS WITH ECG IMPLEMENTATION

Since the establishment of the ECG, progress in its implementation has been tracked through the EU monitoring framework (see Section 3.3.3 above), as well as through analysis of the national action plans, the biennial progress reports, expert reports produced by the European Social Policy Analysis Network (ESPAN) ([44]), results of academic research and advocacy papers by civil society. Information provided by the Child Guarantee Coordinators and bilateral exchanges served as yet another source of information.

To assess the degree of compliance with specific points of the ECG Recommendation, the Commission takes into account both quantitative and qualitative elements. The country profiles, which describe the degree to which specific Member States comply with the specific provisions of the ECG Recommendation and have been consulted with the national Child Guarantee Coordinators, are presented in Annex III. Sections below discuss the progress in implementation, reflecting the degree to which free and effective (resp. effective) access to the services covered by ECG has been put in place across the EU.

3.1 Children in need

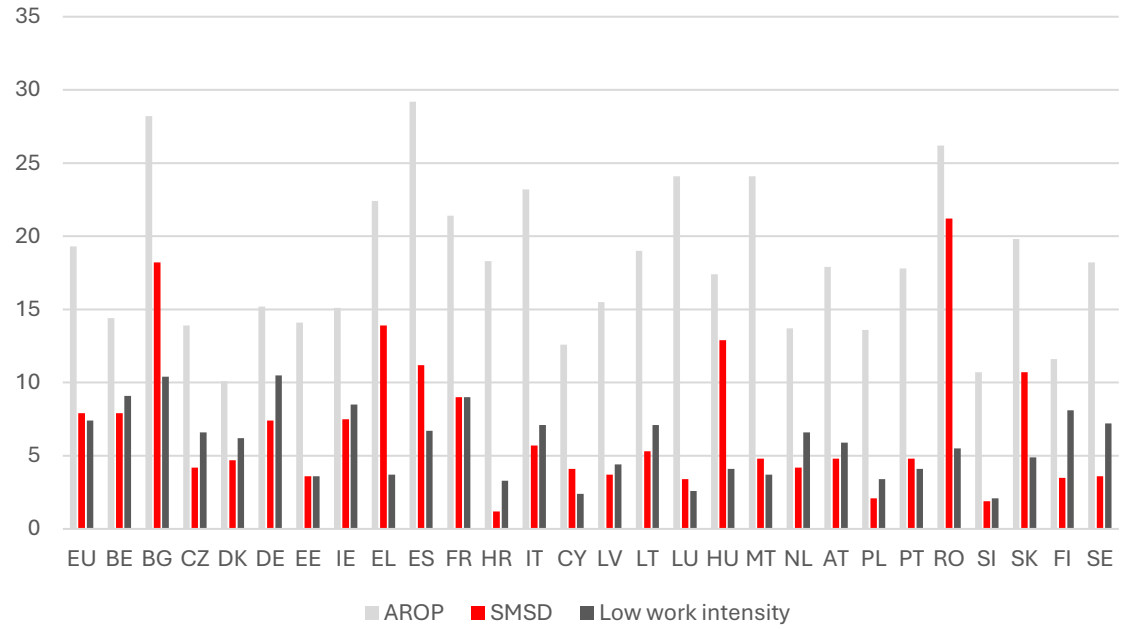
To implement the European Child Guarantee, Member States are recommended to identify children in need, and within this group to take into account specific disadvantages. This recommendation stems from the fact that the risk of poverty or social exclusion is a statistical notion ([45]), which needs to be operationalised by the Member States in their action plans, making use of the existing or new criteria of eligibility for social support. However, in only two action plans (Luxembourg and Hungary) a distinction between the estimated number of children in need and the actionable target group is made. Another country with good mapping of the target group is Estonia. Most action plans, however, simply confirm that children AROPE (who are sometimes referred to as children facing economic hardship or stemming from economically disadvantaged backgrounds) constitute the target group, with numbers based usually on Eurostat calculations rather than national administrative sources. This approach compromises possibilities of effective outreach towards children in need. A way to address this challenge, besides operationalising criteria of eligibility for support from ECG, is to establish a means of tracking individual entitlements and take-up of the services.

Another way of analysing the target group of the ECG is to break up the components of the AROPE (for their definitions, see box in Section 1). This shows that on average in the EU, approximately 19.3% of children are at risk of monetary poverty. 7.9% of children experience severe material and social deprivation and 7.4% of children live in households marked by very low work intensity. Graph 6 shows the break-up of AROPE for specific Member States.

([44]) Baptista, I., Guio, A., Marlier, E. and Perista, P. (2023). *Access for children in need to the key services covered by the European Child Guarantee: An analysis of policies in the 27 EU Member States.* European Social Policy Analysis Network (ESPAN), Luxembourg: Publications Office of the European Union, https://data.europa.eu/doi/10.2767/45993 and the accompanying country-specific reports at https://ec.europa.eu/social/main.jsp?pager.offset=0&advSearchKey=ESPAN_ECG2023&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0&iframe=true.

([45]) See box in Section 1.

Graph 6: Shares of children at risk of monetary poverty (AROP), in severe material and social deprivation (SMSD), and living in households with very low work intensity (in %) in 2024



Notes: break in Croatia AROP time series and provisional data for Lithuania.
Source: Eurostat (online data codes ilc_li02, ilc_mdsd11, ilc_lvhl11n, date of extraction – 03/12/2025).

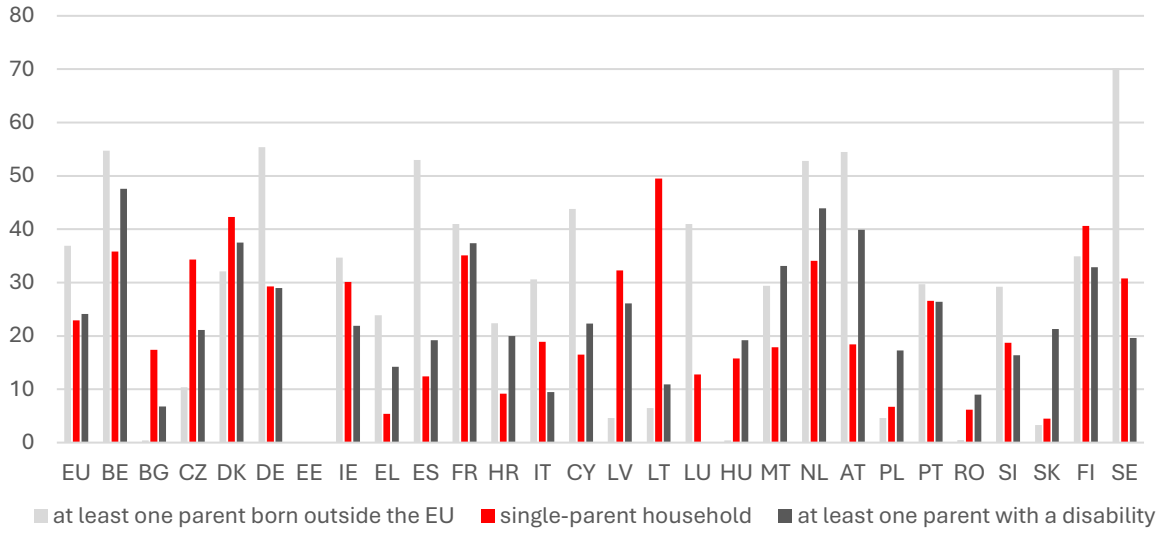
Looking at the situation across Member States, Spain emerges as the country with the highest proportion of children at risk of monetary poverty, with 29.2% of children in households with incomes below the poverty line. Turning to severe material and social deprivation, Romania stands out with 21.2% of children in severe material and social deprivation. This highlights gaps in the provision of basic goods and services, which are essential for healthy development. While Germany records low rates of AROP and deprivation among children, the situation is notably different in terms of the work intensity component. Here, 10.5% of children live in households with very low work intensity, pointing towards employment challenges and economic hurdles impacting family dynamics and children's prospects.

Describing the ECG target group in Romania

The Romanian action plan confirms that all children at risk of poverty or social exclusion constitute the target group for the child guarantee. In addition, the following specific kinds of disadvantage experienced by particular categories of children are singled out: living in rural areas (48 % of child population), experiencing disability, being Roma, being an underage mother (this is a larger group in Romania than elsewhere in the EU), living on the street, having detained parents, being a victim of violence or trafficking, being addicted to psychoactive substances, being in conflict with the law. Children from migrant families are also mentioned but this is understood predominantly as having parents who left Romania to work in another EU country (as opposed to being third-country nationals settled in Romania), and children of families who have returned to Romania after a period abroad.

Some groups are at higher risk of poverty or social exclusion. This includes notably children whose parents were born outside the EU, live in a single-parent household, or have a parent who has disability. In 2024, 36.9% of children AROPE had at least one parent born outside the EU – an increase by 2.4 pp. since 2022. In the same year, 24.1% of EU children AROPE lived in households where at least one parent had a disability, a proportion which decreased by 3.6 pp. since 2022. Last but not least, 22.9% of EU children AROPE lived in single-parent households, in overwhelming majority of cases headed by women. Research shows that single motherhood has become increasingly concentrated among women with lower level of formal education who have young children (and who possibly were single at childbirth). This implies a double disadvantage. The low-educated mothers not only possess fewer resources and face higher labour market uncertainty, but they more frequently than their higher-educated peers have younger-aged children who need more care and resources ([46]).

Graph 7: Shares (in %) of children AROPE with at least one parent born outside the EU, living in a single-parent household ([47]), and with at least one parent with a disability ([48]) in 2024



Notes: No data available for Estonia. No share of children AROPE with at least one parent with a disability available for Luxembourg. Breaks in Denmark, Italy, and Portugal time series for share of children AROPE with at least one parent with a disability. Provisional data for Lithuania.
Source: Eurostat (online data codes ilc_chg01, ilc_chg02, ilc_chg03, date of extraction – 03/12/2025).

Focusing on individual Member States reveals significant variations. Sweden reports the highest share of children AROPE with at least one parent born outside the EU (70.2%), highlighting the multiplicity of challenges faced by immigrant families in socioeconomic contexts. The prevalence of child poverty in single-parent households is most acute in Lithuania, where 49.5% of children AROPE live in such situations. Conversely, Slovakia records the lowest percentage at 4.5%. Regarding children AROPE with a parent

([46]) Berghammer, C., Matysiak, A., Lyngstad, T. H., & Rinesi, F. (2024). Is single parenthood increasingly an experience of less-educated mothers? A European comparison over five decades. Demographic Research, 51, 1059–1094. https://www.jstor.org/stable/48797811

([47]) Single-parent households are comprised of a parent (or a care giver) and one or more dependent children.

([48]) In social statistics, such as EU-SILC, disability is proxied by the Global Activity Limitation Indicator (GALI), which identifies individuals as having a disability if they report being either severely limited or limited (but not severely) in usual activities due to health problems. More information: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Activity_limitation.

experiencing disability, Belgium has the highest proportion at 47.6%. These insights allow to better understand the heterogeneity of factors influencing child poverty across Europe, underscoring the importance of targeted strategies to support children based on their unique social backgrounds.

3.2 Early Childhood Education and Care (ECEC)

Equal access to quality and inclusive ECEC is central to breaking the transmission of poverty and social exclusion and securing equal opportunities for children in a disadvantaged situation. Research throughout the EU underscores notable improvements in educational outcomes, with higher grades, fewer class repetitions and increased rates of secondary school completion entailed by ECEC participation, especially among children in need. These enhanced educational achievements translate into improved employment prospects and increased lifetime earnings, thereby reducing inequalities while boosting economic productivity ([49]). Furthermore, participation in quality ECEC programmes can be linked to better long-term health outcomes, including lower incidence of mental health issues, obesity and reduced substance abuse ([50]). As a result, such programmes demonstrate high benefit-cost ratios, e.g. 4.3 in case of ECEC in Spain ([51]). Nevertheless, while disadvantaged children would benefit most, their access is more likely to be hindered by limited availability and high costs of ECEC.

Provision of ECEC plays an important role in poverty reduction. Studies demonstrate that publicly provided childcare services for children aged 0-3 (and sometimes also for the older pre-school age) facilitate parental employment, especially among mothers, thereby increasing household income and reducing poverty risk. ([52]) Full-day, publicly subsidised childcare is emphasised as key. Analysis across 22 European countries indicates that investment in childcare is more strongly associated with lower child poverty rates than cash transfers, even when controlling for employment rates and welfare structures ([53]).

In line with § 4 (a) of the ECG Recommendation, children in need should be guaranteed effective and free access to high quality early childhood education and care (ECEC). Within the EU-level monitoring framework, the key indicator of progress in this regard is the share of children who participate in formal childcare for at least one hour per week. Reflecting the fact that in most European countries ECEC is provided in

([49]) See e.g. Dumas, C., & Lefranc, A. (2010). Early schooling and later outcomes: Evidence from preschool extension in France. *From parents to children: the intergenerational transmission of advantage*, Russel Sage Foundation.

([50]) See e.g. OECD, *Policy outcomes of early childhood education and care: Performance at age 15, impact for disadvantaged children, effect on health and well-being, and mother employability,* OECD, Paris, 21 June 2017.

([51]) See e.g. van Huizen, T., Dumhs, L., & Plantenga, J. (2019). The costs and benefits of investing in universal preschool: Evidence from a Spanish reform. *Child development*, 90(3), e386-e406.

([52]) Bäckman, O., & Ferrarini, T. 'Combating child poverty? A multilevel assessment of family policy institutions and child poverty in 21 old and new welfare states.' *Journal of Social Policy*, 39(2),2024, pp. 275-296. https://www.cambridge.org/core/journals/journal-of-social-policy/article/combating-child-poverty-a-multilevel-assessment-of-family-policy-institutions-and-child-poverty-in-21-old-and-new-welfare-states/65486458F14101F77516602DB5A17003 accessed 1 November 2024.

([53]) Nygård, M., Lindberg, M., Nyqvist, F., & Härtull, C. 'The role of cash benefit and in-kind benefit spending for child poverty in times of austerity: An analysis of 22 European countries 2006–2015'. *Social Indicators Research*, 146, 2019, pp.533-552. https://link.springer.com/article/10.1007/s11205-019-02126-8 accessed 30 October 2024.

separate types of settings according to children's ages ([54]), the information is reported separately for children under 3 years old, and for those from age 3 years to the starting age of compulsory education at primary level. It is also broken down by economic status, i.e. collected separately for children from AROPE and non-AROPE households. Both the level of participation of children AROPE and the gap with children not AROPE provide proxy information on financial and non-financial barriers to ECEC.

The ECEC participation rate of children AROPE below the age of 3 increased from 22.7% to 24.4% in the EU in 2024, reflecting modest progress towards the full coverage goal set by the ECG. Overall, an increase in the share of children participating in ECEC was recorded in 15 Member States. Children below the age of 3 not AROPE experience a markedly higher participation rate, i.e. 41.3% in 2022, rising to 42.4% in 2024 at EU level. Disparities in access therefore remain evident. The gap between the participation rates of children AROPE and those not at risk averaged 18.6 pp. in 2022, remaining broadly stable in 2024 (18 pp.). While the gap with children not AROPE also decreased in 11 Member States, children AROPE remain less likely to take part in formal childcare than their more advantaged peers in all but two Member States.

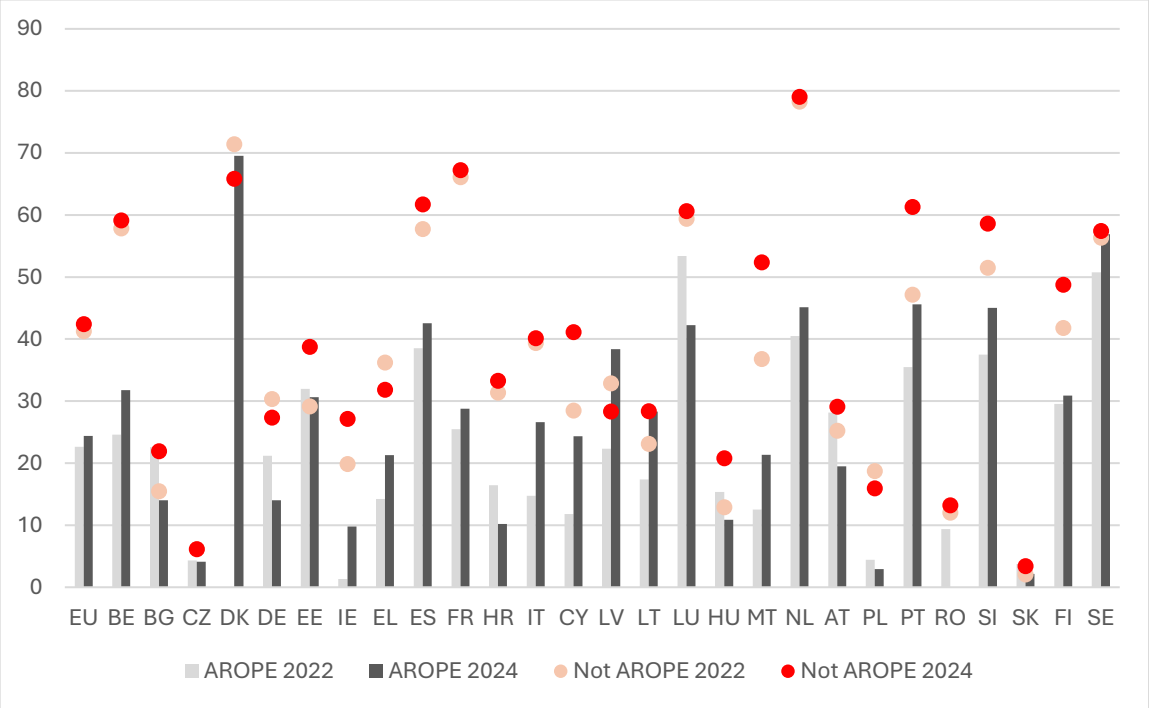
Disparities among Member States in ECEC are very significant. Denmark was the top performer with 65.8% of children below 3 AROPE in ECEC (vs 69.6% of children below 3 not AROPE) in 2024, demonstrating high access levels and minimal gaps. Similarly, Sweden showed high participation rates (56.9% AROPE, 57.4% not AROPE) with a small gap, indicating successful inclusion initiatives. France and Spain experience large gaps between the participation rates of children AROPE and those not AROPE. In France, participation rates were for instance 28.8% for children AROPE compared to 67.2% for children not AROPE, illustrating a very significant gap (around 40 percentage points). Significant improvements were noted in countries like Italy (an increase by 11.9 pp. to 26.6% in children AROPE participation) and Latvia (an increase by 16.1 pp. to 38.4%). Conversely, countries such as Bulgaria, Luxembourg and Austria showed decreases in ECEC participation of children AROPE by more than 8 pp. Out of all Member States, Slovakia records the lowest participation of children below 3 years in formal childcare (5.1% in 2024). Free childcare is guaranteed only for children aged 5 years and over (for whom participation is compulsory), while for younger ones tuition fees are charged and acknowledged as an access barrier. This points to significant gaps in implementing the recommendation to guarantee free and effective access to childcare for all children in need.

Expanding early childhood education and care in Bulgaria

In recent years, Bulgaria has prioritised expanding access and quality in early childhood education and care, introducing reforms such as free ECEC for all families for all age groups, including free meals, compulsory attendance from age 4, and a National Quality Framework with associated indicators for monitoring. These developments are in the context of the government's ambitious goals to expand the ECEC sector and achieve better integration of services for children from birth to age 7 (entry into primary school) and their families.

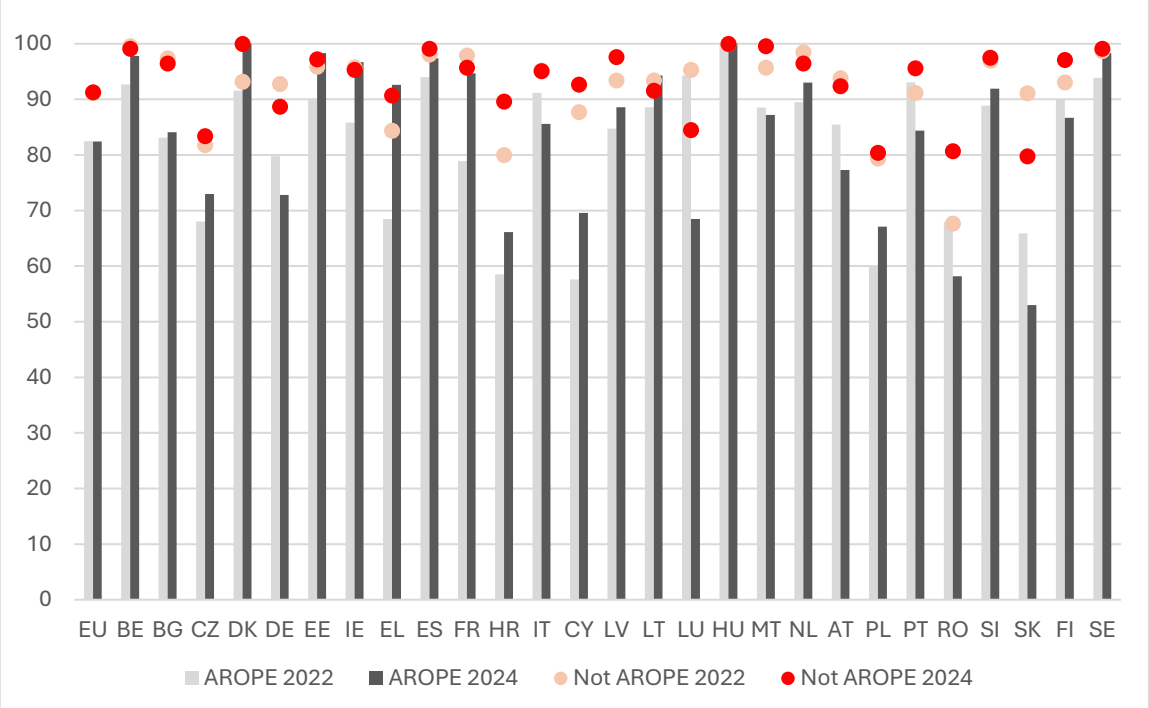
([54]) Key data on early childhood education and care in Europe 2025. Eurydice report, p. 18. https://data.europa.eu/doi/10.2797/66224

Graph 8: share of children below 3 AROPE (and not AROPE) in ECEC one hour or more per week in 2024 (average of 2024 and 2023 shares in %), and in 2022 (average of 2022 and 2021 shares)



Notes: no 2022 AROPE figures available for Denmark and no 2024 AROPE figures available for Romania. The average rate of two years (average of rates from reference year and reference year-1) is used instead of the annual rate available in ILC_CAINDFORM25B to increase the reliability of this indicator.
Source: Eurostat (online data code ilc_caindform25b, date of extraction – 03/12/2025).

Graph 9: share of children between 3 and compulsory primary schooling age AROPE (and not AROPE) in ECEC one hour or more per week (in %) in 2024, and 2022



Notes: provisional data for Lithuania, low reliability of Denmark, Cyprus, Luxembourg, Hungary and Malta figures.
Source: Eurostat (online data code ilc_caindform25b, date of extraction – 03/12/2025).

As regards children aged between three years old and the starting age of compulsory education, the average participation rate of children AROPE in the EU hovered from 82.5% in 2022 to 82.4% in 2024. For children not at risk, the participation rate was higher, with an EU average of 91.2% in 2022, and 91.3% in 2024. Although smaller than that for children below the age of three, the persistent gap of around 9 pp. suggests that older children facing poverty or social exclusion risks still encounter difficulties in accessing this service. As in the younger age group, the share of children AROPE participating in ECEC has increased in a majority of Member States (i.e. 17 of them). The gap with children not AROPE has decreased in 10 Member States. As a result, children AROPE are as likely as, or more likely than, their more advantaged peers to participate in formal childcare in six Member States.

Differences between Member States remain significant. Denmark and Hungary emerged as top performers, with both countries achieving in 2024 full (100%) participation for children aged over three years, including those AROPE. Greece recorded considerable improvement, raising participation rates for children AROPE from 68.5% in 2022 to 93.0% in 2024. By contrast, Romania and Slovakia recorded some of the lowest participation rates for children AROPE (both below 60%). Alongside Croatia and Cyprus, they also have showed some of the largest gaps with children not AROPE: in those countries, participation among children AROPE was more than 20 percentage points below that of children not AROPE. Significant changes were also observed in Luxembourg, where the ECEC participation rate decreased from 94.3% to 69.0% over the same period.

Overall, participation in ECEC varies greatly across socioeconomic and age groups. Participation among children below three years of age remains low, especially for those at risk of poverty or social exclusion. Children aged three to the start of compulsory primary schooling have higher participation rates and experience smaller gaps between children AROPE and not AROPE. These disparities often reflect the design of legal entitlements and the start of compulsory preschool, with better-performing countries usually having earlier starting ages. For example, in Denmark and Sweden, where participation in ECEC among children AROPE below 3 years old is among the highest in the EU, there is no gap between the end of well-paid parental leave and the start of legal entitlement to childcare. Despite notable progress in increasing participation among children AROPE and in reducing gaps with other children in some countries, it is essential to continue efforts to lower the remaining financial and non-financial access barriers and ensure equitable access to quality ECEC for all children in need.

The ECG Recommendation also includes extensive guidance on the provision of free and effective access to early childhood education and care for children in need. In particular, it guides the Member States to identify and address financial and non-financial barriers to participation in early childhood education and care (point (a)), provide learning support to children with learning difficulties to compensate for their linguistic, cognitive and educational gaps (point (c)), adapt facilities and educational materials of early childhood education and care establishments and provide the most appropriate response to the specific needs of children with special educational needs and of children with disabilities, using inclusive teaching and learning methods; for this purpose ensure that qualified teachers and other professionals are available, such as psychologists, speech therapists, rehabilitators, social workers or teaching assistants (point (d)), put in place measures to support inclusive education and avoid segregated classes in early childhood education and care establishments; this may also include giving priority to, or, when needed, early access for, children in need (point (e)), and provide transport to early

childhood education and care (point (i)). Like for the quantitative analysis of the participation rate, the qualitative assessment of compliance with the above recommendations was carried out separately for two age groups (respective questions and criteria for assessment are presented in Annex III).

Towards full spatial coverage by childcare

The 'Active Toddler programme' is **Poland**'s flagship childcare investment under the ESF+ and the RRF. It aims to create over 100,000 new childcare places for children younger than three by 2029, with a specific focus on communes in which there have been no childcare facilities, with the ESF+ also covering the maintenance of all places for three years. Managed by the Ministry of Family and Social Policy, the programme prioritises municipalities as providers and includes affordability safeguards for non-state actors. It supports a broader reform to streamline funding sources, establish stable long-term domestic financing and introduce binding minimum education and quality standards through amendments to the childcare law and the creation of a dedicated multiannual programme.

Out of all the Member States, Sweden is closest to fully implementing the recommendation to provide free and effective access to inclusive ECEC for all children at risk of poverty or social exclusion. For the older age group, 525 hours of pre-school per year (i.e. 15 hours per week) are free of charge and free meals are provided. The excess hours are to be paid for, within limits. The last year of pre-school is compulsory and thus free of charge. Except for some reluctance of newly arrived immigrants to enrol their children, no other non-financial barriers have been identified. Lastly, children who need special support in their development due to physical, mental or other reasons are to be given the support or care that their special needs demand. For the younger age group, children whose parents are unemployed or on parental leave with another child are to be provided a place in a preschool for at least three hours per day or 15 hours per week. The fees vary between municipalities and depend on the number of children in a family and household income and it is free for children from families with no earned income. This provides free and effective access for the most vulnerable children in need, but means that children from working poor families can face some financial barriers.

In Bulgaria, all public childcare is free for both age groups, including meals. However, quality of provided care, in particular in segregated settings can be sometimes assessed as unsatisfactory and capacity shortages persist in some urban areas. While there are several mechanisms providing financial support to families who have not been granted a place in the public sector aiming to offset associated costs and lack of capacity, lower attendance of low-income children (especially Roma) can still be observed. Children with special educational needs and/or disabilities benefit from eased access to mainstream childcare, assignment of specialised staff and reduced group size. Non-discrimination rule is explicit in admission policies, quotas are used to improve diversity and additional national funding is used for improving physical accessibility.

Slovakia and Croatia stand out as Member States with the lowest degree of compliance with ECG recommendations on free and effective access to ECEC for children in need. In Croatia, access to childcare is geographically unequal, with 24 municipalities offering it free of cost for all children, while others do not have any facilities for the younger age group. In places where childcare is not free, cost might pose a significant barrier ([55]).

([55]) According to 2025 Eurydice report, the average childcare fees in Croatia are higher than in 12 other EU member states, but measures are in place to ease access by children AROPE. See https://data.europa.eu/doi/10.2797/66224

According to the European Social Policies Analysis Network ([56]), besides geographical disparities, the non-financial barriers in access to childcare include lack of available places and long waiting lists, insufficient staff skills and cultural and personal perceptions and attitudes. According to European Commission's Working Group on Early Childhood Education and Care ([57]), Croatia faces also a shortage of early childhood education teachers. Croatia partially complies with the recommendation to support inclusive education at pre-school level, achieved mainly through employment of assistants for children with disabilities. An overview of the compliance with provisions dealing with free and effective access to early childhood education and care (ECEC), for both age groups, is presented in Table 2.

([56]) Bežovan, G. Šućur, Z., and Babić, Z (2023) *Access for children in need to the key services covered by the European Child Guarantee – Croatia.* European Social Policy Analysis Network, Brussels: European Commission, https://ec.europa.eu/social/BlobServlet?docId=27115&langId=en.

([57]) https://school-education.ec.europa.eu/en/discover/news/working-group-early-childhood-education-and-care-latest-developments.

Table 2: Implementation of provisions of ECG Recommendation dealing with free and effective access to early childhood education and care (ECEC)

	Financial barriers addressed (effectively free access for all children at risk of poverty or social exclusion), children under 3 y.o.	Non-financial barriers addressed (no unmet demand, staff shortages nor geographical barriers), children under 3 y.o.	Sufficient measures in place to support inclusive education and avoid segregated classes, children under 3 y.o.	Financial barriers addressed (effectively free access for all children at risk of poverty or social exclusion), children aged 3 y.o. to Mandatory School Age	Non-financial barriers addressed (no unmet demand, staff shortages nor geographical barriers), children aged 3 y.o. to Mandatory School Age	Sufficient measures in place to support inclusive education and avoid segregated classes, children aged 3 y.o. to Mandatory School Age
Austria	Partial	Limited	Partial	Wide	Partial	Partial
Belgium	Partial	Partial	Limited	Wide	Partial	Limited
Bulgaria	Full	Partial	Wide	Full	Partial	Wide
Croatia	Limited	Limited	n/a	Partial	Partial	Wide
Cyprus	Partial	Partial	Partial	Full	Partial	Partial
Czechia	Limited	Partial	Partial	Partial	Partial	Wide
Estonia	Full	Wide	Partial	Wide	Partial	Wide
Denmark	Wide	Wide	Wide	Wide	Wide	Wide
Finland	Full	Partial	Wide	Full	Partial	Wide
France	Limited	Partial	Partial	Wide	Partial	Wide
Germany	Partial	Partial	Partial	Partial	Partial	Partial
Greece	Partial	Partial	Partial	Partial	Partial	Partial
Hungary	Full	Limited	Wide	Full	Wide	Partial
Ireland	Partial	Partial	Partial	Partial	Partial	Wide
Italy	Partial	Partial	Partial	Wide	Wide	Partial
Latvia	Wide	Partial	Partial	Wide	Partial	Partial
Lithuania	Partial	Limited	Partial	Partial	Limited	Wide
Luxembourg	Full	Partial	Partial	Full	Partial	Partial
Malta	Partial	Limited	Limited	Wide	Wide	Wide
Netherlands	Partial	Limited	n/a	Wide	Partial	Wide
Poland	Partial	Partial	Partial	Wide	Limited	Partial
Portugal	Wide	Partial	Partial	Full	Partial	Wide
Romania	Partial	Limited	Partial	Partial	Partial	Wide
Slovakia	Limited	Limited	Limited	Partial	Partial	Limited
Slovenia	Wide	Wide	Partial	Wide	Wide	Partial
Spain	Partial	Partial	Partial	Wide	Wide	Partial
Sweden	Wide	Full	Full	Full	Full	Full

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.3 Education for successful transition to adulthood

Investing in high quality inclusive education is pivotal to address the intergenerational transmission of poverty. While compulsory public education in all EU Member States is nominally free, hidden costs such as school supplies, uniforms and examination fees can create barriers to educational enrolment and completion, particularly for low-income families. This can result in the exclusion of disadvantaged children, affecting their ability to engage fully in learning and causing potential emotional distress, including on their self-esteem. Removing these barriers by guaranteeing genuinely free and fully accessible mainstream education reduces household deprivation related to school costs, enhances children's well-being and mitigates stigmatisation and bullying, ultimately improving school involvement, achievement, and attainment ([58]).

Better education correlates with improved health outcomes, enhanced productivity and access to higher wages. The return on investment is substantial, with each additional year of education boosting a person's income on average in Europe by about 7%. Research also shows that countries with a better-skilled population recover faster from economic shocks ([59]). Programmes aimed at reducing school dropouts have demonstrated high cost-effectiveness, with benefit-to-cost ratios of up to three ([60]). These findings underscore the social and fiscal value of inclusive education and highlight its crucial role in helping disadvantaged children overcome socioeconomic disparities and contributing to broader societal resilience. The OECD PISA's data ([61]) were identified as relevant for assessing the extent to which children in need are guaranteed an effective and free access to education, in line with §7 of the ECG Recommendation. Included in the monitoring framework, the EU-level target under the European Education Area (EEA) ([62]) covering the share of 15 years old who are low-achievers in reading, maths and science ([63]) provides proxy information to grasp the overall extent to which children in need have access to quality and inclusive education and are adequately supported. In addition, the monitoring framework conveys information covering more specific aspects, such as early school leaving, which Member States are recommended to prevent and reduce under the ECG. A forthcoming Council Resolution on the second cycle (2026-2030) of the EEA will feature new and updated EU-level targets and may, in line with the interim evaluation of the EEA,

([58]) See e.g. Guio, A. C., Frazer, H., & Marlier, E. (2021). Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation: Second phase of the Feasibility Study for a Child Guarantee (FSCG2).

([59]) European Commission: Directorate-General for Education, Youth, Sport and Culture, Investing in education 2025, Publications Office of the European Union, 2025, https://data.europa.eu/doi/10.2766/3311714.

([60]) See e.g. Catterall, J. S., 'The societal benefits and costs of school dropout recovery,' *Education Research International*, Vol. 2011, No. 1, 2011, Article 957303.

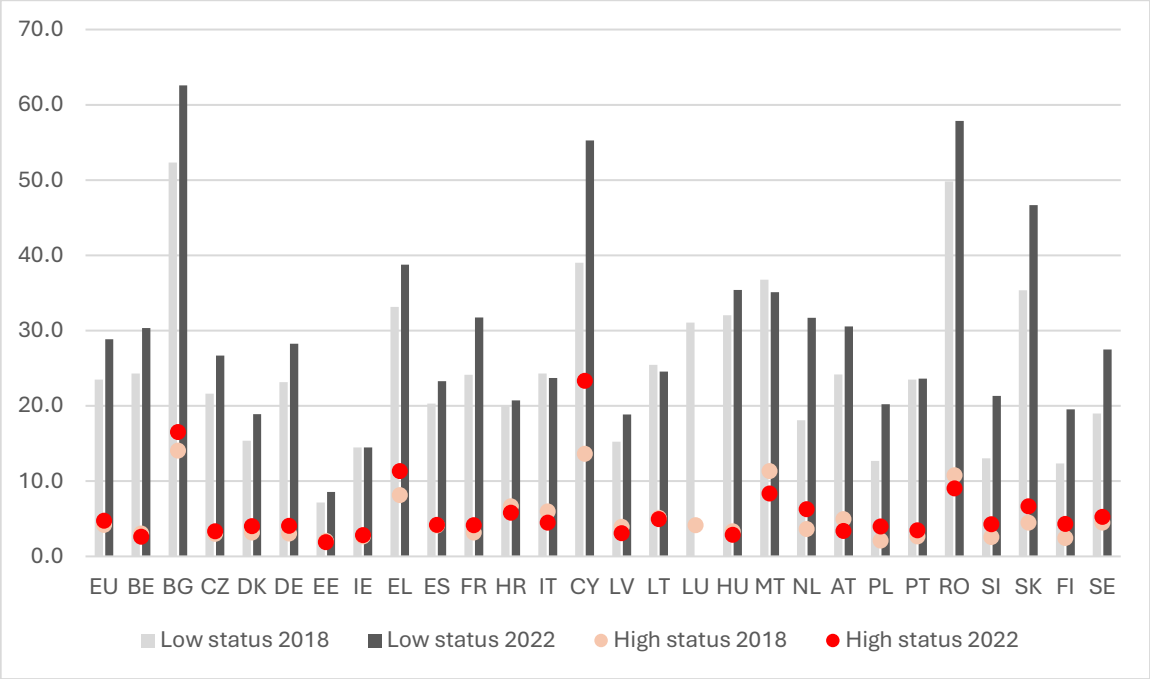
([61]) The number of participating pupils in 2022 PISA survey exceeds 4,000 for most member states. For more information about data quality (e.g. sample size, response rate) see PISA 2022 Technical Report, https://www.oecd.org/en/publications/pisa-2022-technical-report_01820d6d-en.html..

([62]) Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021-2030) 2021/C 66/01.

([63]) The socioeconomic status is assessed based on the ESCS index of pupils. This index relies on three components: parents' highest level of education, parents' highest occupational status and home ownership. The rationale for using these components is that socio-economic status relates to education, occupational status and income. As no direct income measure is available in the PISA data, home ownership has been used as a proxy. For more information, see PISA 2022 Technical Report, https://www.oecd.org/en/publications/pisa-2022-technical-report_01820d6d-en.html.

include an equity target monitoring the share of learners from disadvantaged socio-economic backgrounds achieving a good level of basic skills ([64]).

Graph 10: Shares (%) of low achievers among children with low and high socioeconomic status in 2022 and 2018



Note: No 2022 data available for Luxembourg.
Source: OECD PISA.

The disadvantage in underachievement among children from low socioeconomic status has deepened. In 2018, on average in the EU, 23.5% of children aged 15 years old from a low socioeconomic status background underachieved in reading, maths and science. In stark contrast, among EU children from a high socioeconomic status background the underachievement rate was just 4.2%, i.e. more than five times lower. By 2022 (the latest year for which data are available), the situation had worsened, with the share of underachieving children from low SES backgrounds increasing to 28.8%. Among children with high socioeconomic status, the rate rose slightly to 4.7%, resulting in a wider gap of 24.1 percentage points, or more than a sixfold disparity. This reflects a worrying trend, as the gap widened by 4.8 percentage points, signalling increased educational disparities between the two socioeconomic groups. Notably, in 20 Member States, advantaged students would already meet the 2030 EU-level target of lowering underachievement to below 15%, while in no country disadvantaged students are even close to that target ([65]).

At national level, the incidence of underachievement among children from low socioeconomic status is decreased slightly in only three Member States, while in the others it remained stable or increased. The gap with children from high socioeconomic

([64]) European Commission: Directorate-General for Education, Youth, Sport and Culture, *Interim evaluation of the 2021-2030 European Education Area strategic framework – Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions*, Publications Office of the European Union, 2025, https://data.europa.eu/doi/10.2766/2668196.

([65]) European Commission: Directorate-General for Education, Youth, Sport and Culture, *The twin challenge of equity and excellence in basic skills in the EU – An EU comparative analysis of the PISA 2022 results*, Publications Office of the European Union, 2024, https://data.europa.eu/doi/10.2766/881521.

status backgrounds narrowed in only three Member States. In 2022, the share of underachieving children with low socioeconomic status remained higher than that of their better-off peers in all Member States. Estonia reported the lowest incidence of underachievement among children with low socioeconomic status (8.6%), making it the leading performer, while Bulgaria had the highest share at 62.6%. As regards the gap between children with low and high SES, Estonia also recorded the smallest disparity, at only a 6.7 pp. difference, while Romania exhibited the widest gap, at 48.8 pp., highlighting a pronounced educational inequality. The largest increases in underachievement among children with low socioeconomic status were observed in Cyprus and the Netherlands, with rises since 2018 of 16.3 pp. and 13.6 pp. respectively. Slovakia also recorded a significant increase of 11.3 pp. Conversely, Italy, Lithuania and Malta experienced slight reductions, of 0.6, pp., 0.9 pp. and 1.7 pp. respectively.

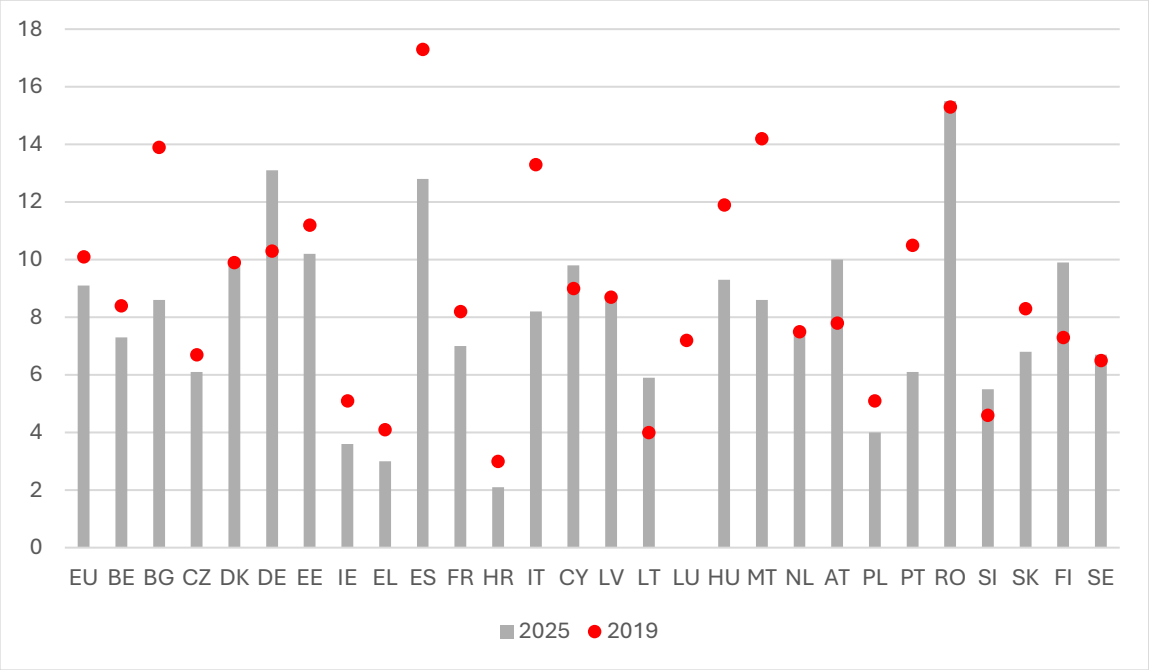
Early school leaving ([66]) is declining albeit at a very slow pace. The EU average share of early leavers from education and training stood at 9.1% in 2024, continuing a slow decreasing trend of the last decade, and approaching the 2030 EU-level target of reducing it to below 9% ([67]). Since 2019, a decrease was observed in 16 Member States, with Malta, Bulgaria and Italy improving by over 5.0 pp. However, improvement was not universal and Germany recorded the highest increase in the incidence of early leaving, with the rate rising by 2.8 pp. from 10.3% to 13.1%. Overall, in 2025, most Member States reached the EU target set in the context of the European Education Area to reduce the incidence of early to less than 9.0%. Croatia is the best performer, with only 2.1%. Romania remains at the other end of the spectrum with 15.5%. Both underachievement and early school leaving highlight the need to address financial and non-financial barriers to ensure comprehensive, quality and inclusive education for all children, key to improving their life chances and bridging significant inequalities across socioeconomic divides. Particular attention should be paid to children with disabilities: in 2024, 44.2% of people aged 18 to 24 with a severe disability were early leavers from education and training in the EU. The share of early leavers among young people with some disability was 17.1%, while it was only 8.0% for those without a disability ([68]).

([66]) Defined as a situation where individuals aged 18-24 completed at most a lower secondary education and were not in further education or training.

([67]) Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021-2030) 2021/C 66/01.

([68]) Source: Eurostat (online data code: edat_lfse_40).

Graph 11: Share of early leavers from education and training in 2019 and 2025



Notes: No data for Luxembourg 2025. Low reliability of Croatia figures. A general break in series in 2021.
Source: Eurostat (online data code sdg_04_10, date of extraction –23/04/2026)

The reinforced Youth Guarantee plays an important role in reversing consequences of early school leaving and offering young people pathways to the labour market. There is evidence suggesting that the Youth Guarantee (YG), first introduced in 2013, and reinforced in 2020, has had a major transformative effect by structuring the ways youth unemployment and inactivity are addressed. At the same time, both the number of NEETs and youth unemployment have dropped significantly in recent years. Altogether, almost 57 million young people started an offer of employment, continued education, apprenticeships and traineeships thanks to the YG schemes. The reinforced Youth Guarantee is a commitment by all Member States to provide all young people under the age of 30 with a good quality offer of employment, continued education, an apprenticeship or a traineeship within a period of four months after they become unemployed or leave education and training. The target group of the YG, which is defined as youth aged between 15 and 29 years, partially overlaps with the target group of the ECG, which covers vulnerable persons under 18 years of age.

Community action for school attendance

The Human Train project is a successful practice presented by the local authority of Guarda (**Portugal**) during the Call for Evidence. By involving adults from the community (mediators) in accompanying children on their home-school journey, the initiative focuses on drastically reducing school absenteeism, especially in the Roma community. This proximity model facilitates the creation of trust bridges that the formal system alone cannot establish and is an example of how school integration works with the community and not only for it.

Overall, the ECG recommendations concerning provision of free and effective access to education are widely followed. The guidance included in Art. 7 of the ECG Recommendation, presented in the previous section in the context of early childhood education and care, applies also to primary and secondary education. In addition, Art. 7 (b) recommends that Member States take measures to prevent and reduce early school leaving, including by providing personalised guidance and strengthening cooperation with families.

Art 7 (g) guides them to ensure provision of educational materials, including digital educational tools, and Art. 7 (h) to provide high speed connectivity, digital services and adequate equipment necessary for distance learning to ensure access to educational content online, as well as to improve digital skills. The assessment of compliance with the above recommendations was carried out based on questions and criteria presented in Annex II. The overview of compliance on the above accounts is presented in Table 3. No Member State fully implements the four provisions (prevent and reduce early school leaving, support inclusive education and avoid segregated classes, provide school materials for free and provide free transport to schools).

In Finland, the Right to Learn programme helps to prevent achievement gaps and to realise equality in education. In addition, a recent amendment of the Basic Education Act aims to provide pupils with support for their learning as early as possible and on a low threshold. This puts Finland in full compliance with recommendations on inclusive education and avoidance of segregated classes. In addition, all textbooks and most basic materials (pens, glue, scissors, etc.) needed in schools are provided for free, and if a household has a low income and is unable to buy items requested by the school (including schoolbags), social assistance may cover these costs. All IT equipment and musical equipment, as well as extramural activities that are part of the curriculum, are free. This implies full compliance with the recommendation to provide school materials free of cost for children in need.

Help to master the language

In **Austria**, the project 'Learning Assistance' accompanies and supports children who need learning support at school. The majority of the participating pupils have a migrant background. Accordingly, there is a particular focus on language support in German in all learning spaces, as in most cases German is learned as a second or foreign language and pupils grow up in a first-language non-German speaking household. The aim of the project is to promote the learning progress of children and young people in regular schooling, through extracurricular support.

In Malta, school textbooks are given or lent free of charge to all students in compulsory education. There is free Internet access in schools and dedicated Wi-Fi access, with IT software provided to all primary school pupils, and additional measures to harness specific digital skills. Transportation is provided free of charge for children, who attend kindergarten or compulsory schooling if they live more than 1 km away from the facility. Young children in pre-primary education receive supervised care during their commute.

The lowest levels of implementation of the provision of effective and free access to high-quality education for all children in need can be observed in Czechia and Slovakia. In both countries, the gaps concern above all Roma children. In Czechia, where the 2030 EU-level target to reduce early leaving from education and training has been already achieved for the general population, it is still widespread among Roma pupils. In Slovakia, incidence of ELET increased by about a half between 2021 and 2024, reaching 9.8%. While some promising local initiatives such as community mediators are in place, distrust, a lack of training for teachers and their low expectations, communication gaps and a lack supporting measures (including assistants) are considered among main obstacles to inclusion of Roma children ([69]).

([69]) ERGO network report, 2025.

Table 2: Implementation of provisions of ECG Recommendation on free and effective access to education

	Sufficient measures to prevent and reduce early school leaving	Sufficient measures to support inclusive education and avoid segregated classes	Free school materials provided for children in need	Free transport to schools provided for children in need
Austria	Partial	Partial	Wide	Wide
Belgium	Partial	Partial	Partial	Partial
Bulgaria	Wide	Partial	Wide	Wide
Croatia	Wide	Wide	Limited	Limited
Cyprus	Partial	Partial	Wide	Partial
Czechia	Wide	Partial	Limited	n/a
Estonia	Wide	Wide	Wide	Full
Denmark	Wide	Wide	Full	Partial
Finland	Partial	Wide	Full	Wide
France	Wide	Limited	Wide	Limited
Germany	Limited	Partial	Partial	Partial
Greece	Wide	Limited	Partial	Partial
Hungary	Partial	Partial	Full	Limited
Ireland	Full	Wide	Partial	Wide
Italy	Wide	Wide	Partial	Limited
Latvia	Partial	Partial	Wide	Wide
Lithuania	Partial	Wide	Wide	Partial
Luxembourg	Wide	Wide	Full	Full
Malta	Partial	Partial	Full	Full
Netherlands	Wide	Wide	Wide	Partial
Poland	Wide	Wide	Limited	Partial
Portugal	Wide	Wide	Wide	Full
Romania	Limited	Partial	Limited	Full
Slovakia	Wide	Partial	Limited	Limited
Slovenia	Wide	Wide	Wide	Partial
Spain	Partial	Wide	Partial	Wide
Sweden	Wide	Partial	Full	Wide

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.4 School-based activities

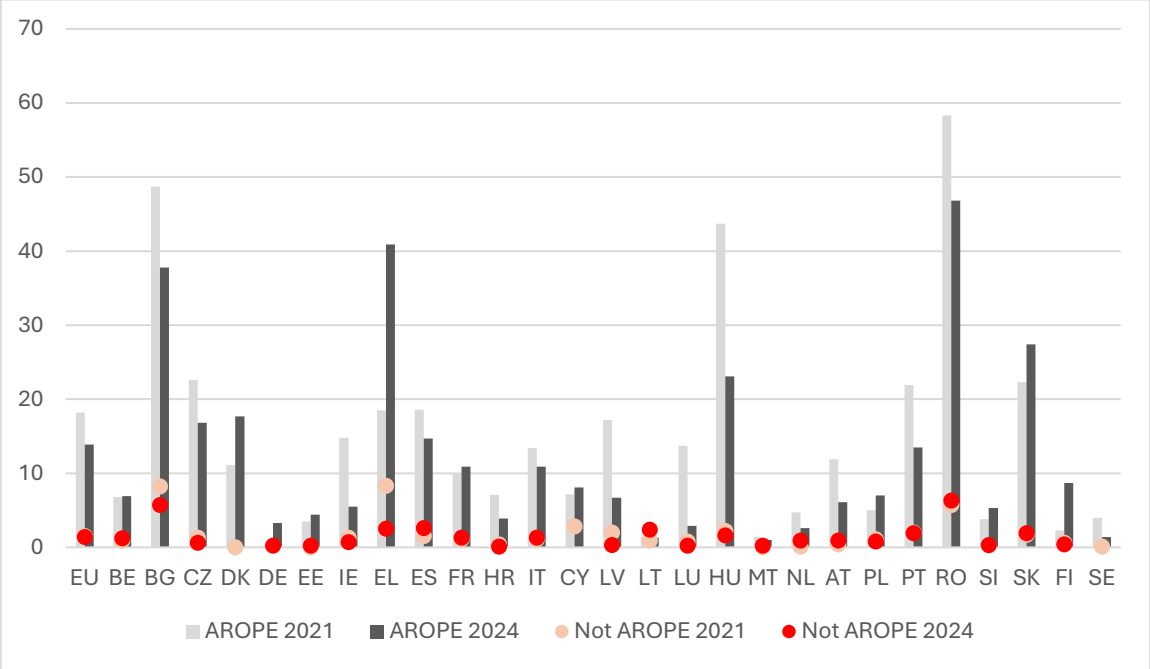
An important part of learning takes place by means of sport, leisure or cultural activities. Such activities are proven to be beneficial, especially for children from disadvantaged backgrounds. Studies indicate positive impacts on educational outcomes, such as improved academic achievement and increased engagement with school. Extracurricular activities foster cognitive development and enhance social skills, including teamwork and resilience which are essential for social integration. Health outcomes also benefit, as regular participation in sports and other physical activities reduces risks associated with obesity and promotes mental well-being ([70]). These activities can help bridge the gap for disadvantaged children, offering them equal footing with peers and thus improving future employability and social inclusion. However, many families cannot afford such activities for their children, or their participation is hindered by a lack of proper infrastructure, poor accessibility or language problems.

The ECG Recommendation looks at educational activities also beyond the school context. Points (j) and (k) in § 7 focus on guaranteed free and effective access to school-based activities for children in need. In line with point (j), Member States should ensure equal and inclusive access to school-based activities, including participation in school trips, sport, leisure and cultural activities. Point (k) stresses the importance of a framework for cooperation of educational establishments, local communities, social, health and child protection services, families and social economy actors in provision of after school care and sport, leisure and cultural activities. Simultaneously, two indicators in the monitoring framework for the European Child Guarantee help to assess the extent to which the Member States comply with the above recommendations. Collected every three years, the respective indicators monitor the shares of children below 16 who due to financial reasons are unable to participate in regular leisure activities, school trips and school events, by AROPE status.

As regards school-based activities, the share of children in need who suffer from an enforced lack decreased between 2021 and 2024. In 2021, 18.2% of children AROPE lacked access to school-based activities, compared to only 1.5% of children not AROPE, resulting in a significant gap of 17 pp. By 2024, a slight improvement was observed, with the percentage of children AROPE without access decreasing to 13.9%, while the percentage for children not AROPE hovered around 1.4%, thereby narrowing the gap to 13 pp. This modest positive change indicates ongoing efforts to enhance access to educational opportunities for disadvantaged children across the EU, even amidst challenges. Examining national levels, the data highlights varied progress among Member States. A total of 14 countries recorded a decrease in the share of children AROPE lacking access to school-based activities, while 16 Member States succeeded in reducing the gap between AROPE and non-AROPE children. Yet the share of children AROPE suffering from a lack of access generally remains higher than that of children not AROPE.

([70]) See e.g. European Commission: Directorate-General for Employment, Social Affairs and Inclusion, *Benefits of extracurricular activities for children – A focus on social inclusion and children from disadvantaged and vulnerable backgrounds*, Publications Office, 2021.

Graph 12: Share of children (<16) AROPE who suffer from the enforced lack of access to school trips and school events that cost money (in %) in 2024 and 2021



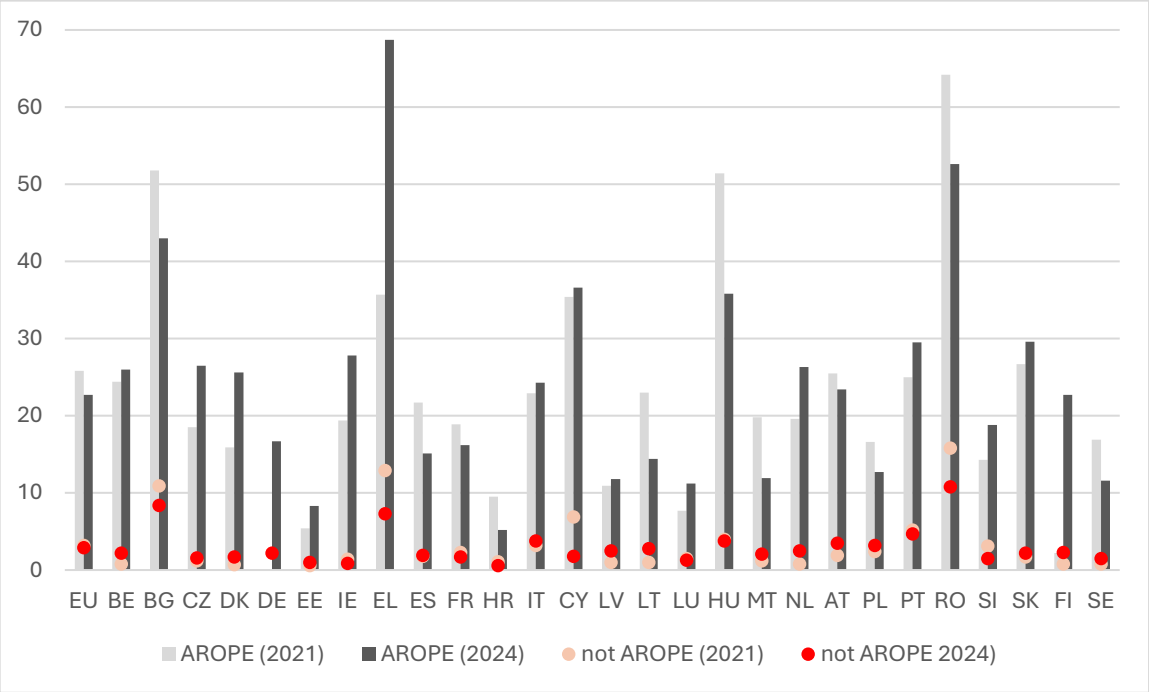
Notes: no data available for Germany in 2021, low reliability of Hungary figures in 2024, and figures not significant for children not AROPE in Denmark, Cyprus and Sweden.
Source: Eurostat (online data code ilc_chmd05, date of extraction – 03/12/2025).

Overall, Malta stands out with the lowest percentage of children AROPE lacking access to school-based activities (1%) and the smallest gap between children AROPE and not AROPE (below 1 pp.). In contrast, Romania reports the highest incidence of children AROPE lacking access (46.8%) and the largest gap (41 pp.), accentuating significant inequalities in school-based activity access between different socio-economic groups. Since 2021, notable changes have been observed in several Member States. Hungary registered a reduction in the share of children AROPE lacking access by 21 pp. Conversely, Greece experienced the largest increase of 22 pp., illustrating areas where further effort is needed to improve access to school-based activities.

As regards access to leisure activities, the EU share of children in need who suffered from enforced lack of access also decreased between 2021 and 2024. In 2021, 25.8% of children AROPE reported lacking access, compared to 3.2% of children not AROPE, establishing a significant gap of 23 pp. By 2024, there was an improvement, with the percentage of children AROPE without access decreasing to 22.7%, while the percentage for children not AROPE also reduced slightly to 2.9%, thus narrowing the gap to 20 pp. This positive change suggests ongoing efforts across the EU to reduce barriers to leisure opportunities for disadvantaged children. At the national level, data reveals that 11 countries recorded a decrease in the share of children AROPE lacking access to leisure activities, while 12 managed to reduce the gap between AROPE and non-AROPE children. Nevertheless, the share of children AROPE suffering from a lack of access remains higher than that of children not AROPE in all Member States. This has been confirmed by local authorities responding to the Call for Evidence ([71]).

([71]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390104_en.

Graph 13: Share of children (<16) AROPE who suffer from the enforced lack of access to leisure activities (in %) in 2024 and 2021



Note: no data available for Germany in 2021.Source: Eurostat (online data code ilc_chmd06, date of extraction – 03/12/2025).

Croatia stands out as a leading performer, with the lowest percentage of children AROPE lacking access to leisure activities at just 5.2%. Conversely, Greece reports the highest incidence of AROPE children devoid of leisure opportunities at a concerning 68.7%. Croatia also demonstrates the smallest gap in leisure activity access between AROPE and non-AROPE children, with a difference of only 5 pp., showcasing effective national strategies aimed at bridging the divide in recreational opportunities. In contrast, Greece, too, exhibits the largest gap at 61 pp., highlighting barriers related to economic constraints and possibly limited local infrastructure, entailing significant inequalities in leisure activity access between different socio-economic groups. Notable changes since 2021 include significant progress made by Hungary and Romania where the share of children AROPE without leisure access dropped by 16 and 12 pp. respectively, driven by initiatives focused on expanding inclusive cultural and sports programmes. On the other hand, Greece saw an increase in the share of children lacking access, rising by 33 pp.

The quantitative assessment of access to school-based and leisure activities for children in need reveals progress yet highlights persistent disparities. Between 2021 and 2024, the share of disadvantaged children unable to participate in school trips, school events and leisure activities showed a decline on average in the EU, demonstrating efforts to improve inclusivity. However, significant gaps remain, reflecting ongoing financial and non-financial barriers. Access challenges are particularly pronounced in countries like Romania and Greece, underscoring the need for targeted interventions. Further efforts to ensure equal access remains critical for bridging disparities and enhancing opportunities for all children, given the essential role of school-based and leisure activities in children's education and overall development, offering opportunities for learning and social engagement.

Supporting sport activities after classes

The *Patios abiertos* (Open Playgrounds) programme in Spain revitalises public school playgrounds. During non-school hours (afternoons, weekends, and summers), they function as public, safe, and supervised recreational spaces. Primarily aimed at providing urban areas with more green recreational spaces, the initiative increases the offer of quality educational leisure, prioritising vulnerable educational environments. The goal is to reach 300,000 children.

Progress on cooperation arrangements to provide after school care and sport, leisure and cultural activities has been less evident. Providing every child and adolescent with opportunity to engage in at least one pleasant hobby has been included in the 2023-27 government programme in Finland, based on a national model for organisation of leisure activities that has been in place since 2019. In Slovenia, a measure on safe and stimulating learning environments facilitates access to cultural institutions and artists visits to schools. In France, more than 200 communes participate in the *La Cité educative* initiative, which facilitates cooperation between various local services (culture, sport, social inclusion, healthcare), but also with the private sector.

Table 3: Implementation of provisions of ECG Recommendation on school-based activities and organised leisure for children in need

	Inclusive access to school-based activities ensured for children in need, including participation in school trips and sport, leisure and culture	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
Austria	Partial	Full
Belgium	Partial	Limited
Bulgaria	Limited	Partial
Croatia	Partial	Limited
Cyprus	Partial	Partial
Czechia	Partial	Partial
Estonia	Wide	Wide
Denmark	Wide	Wide
Finland	Full	Full
France	Wide	Wide
Germany	Partial	Partial
Greece	Partial	Partial
Hungary	Partial	Partial
Ireland	Wide	Partial
Italy	Limited	Partial
Latvia	Partial	n/a
Lithuania	Wide	Wide
Luxembourg	Partial	Wide
Malta	Wide	Wide
Netherlands	Wide	Wide
Poland	Wide	n/a
Portugal	Partial	Wide
Romania	Partial	Limited
Slovakia	Partial	Limited
Slovenia	Wide	Wide
Spain	Partial	Partial
Sweden	Full	Wide

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.5 School meals

Inclusive school meal programmes are an investment with high returns. They contribute to improved educational outcomes of children, enhancing focus and academic performance, facilitating labour market integration at a later stage in life ([72]). The provision of nutritious meals also instils beneficial eating habits that can lead to long-term health improvements, reducing present and future healthcare costs associated with non-communicable diseases. These programmes level the playing field for disadvantaged children by making healthy food choices accessible, thus narrowing socio-economic gaps in dietary intake. Moreover, school meal programmes can promote environmental sustainability by incorporating local and sustainable food sources, thus supporting agriculture. For every euro invested in school meal programmes, the return can amount to no less than seven euros considering the positive impact on children in need, reflecting substantial economic and social value, and fostering a healthier, more equitable society ([73]).

For many children in need school meals are the key source of necessary nutrients. In line with § 4 (a) and § 7 (f) of the ECG Recommendation, Member States should provide children in need with at least one healthy meal each school day. Within the EU-level monitoring framework, the key indicators of progress in this regard are the shares of children (aged under 16 years) who suffer from enforced lack of access to fresh fruits and vegetables (see Graph 14) and to a meal with meat, chicken or fish or a vegetarian equivalent at least once a day (Graph 15). In the absence of indicators allowing to more closely monitor children in need's access to school meals, both the share of children AROPE who suffer from such lack, and the gap with children not AROPE, provide proxy quantitative information on financial and non-financial barriers in access. In 2021, across the EU 8.4% of children AROPE did not have fresh fruits and vegetables once a day due to financial reasons. For children not AROPE, this figure was twenty-one times lower (0.4%). By 2024, the proportion of children AROPE who faced this hardship decreased to 7.4%, while the figure for children not AROPE rose slightly to 0.5%, narrowing the gap to 6.9 pp., i.e. fourteen times. This indicates a positive change but leaves plenty room for further improvement.

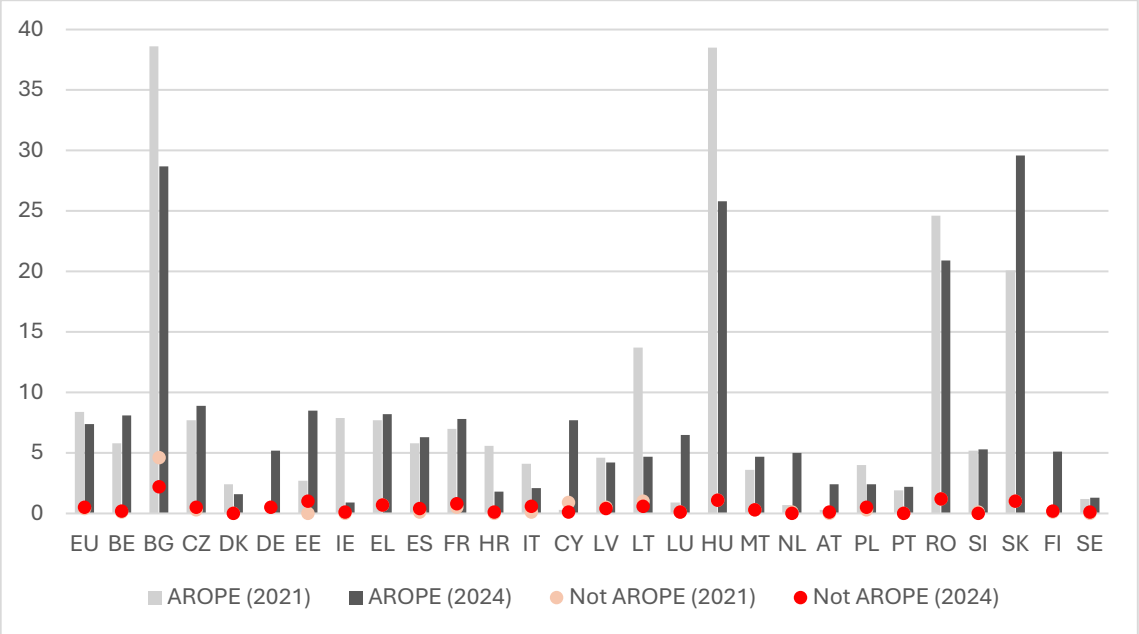
The largest improvements took place in the most disadvantaged countries. The share of children AROPE suffering from this lack remains higher than that of children not AROPE in all Member States. Ireland, Sweden and Denmark reported the lowest percentage of children not able to afford fresh fruits and vegetables each day, respectively at 0.9%, 1,3% and 1.6%, making them the best performers in 2024. Ireland and Sweden also have the smallest gap between children AROPE and not AROPE – below 1.2 pp. Conversely, Slovakia, Bulgaria and Hungary reported the highest percentages, at 29.6%, 28.7% and 25.8% respectively. These three countries recorded also three widest gaps (above 24 pp.), indicating substantial inequality in access to fresh fruits and vegetables. The most notable improvements in access among children AROPE were observed in Hungary and Bulgaria, where the percentages dropped by 12.7 and 9.9 pp. respectively in 2024 compared to 2021. In contrast, Slovakia and Cyprus experienced considerable

([72]) See e.g. School Meals Coalition's Research Consortium, *The current state, benefits, and exemplary models of school meal programmes in the European Union*, 2025 Insights from a new report on school meal programmes in the EU - Employment, Social Affairs and Inclusion.

([73]) See e.g. Lundborg, P., Rooth, D. O., & Alex-Petersen, J. (2022). Long-term effects of childhood nutrition: evidence from a school lunch reform. *The Review of Economic Studies*, *89*(2), 876-908.

increases in the percentage of children AROPE lacking access, with rises by respectively 9.5 and 7.4 pp. ([74]).

Graph 14: Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day (in %) in 2024 and 2021



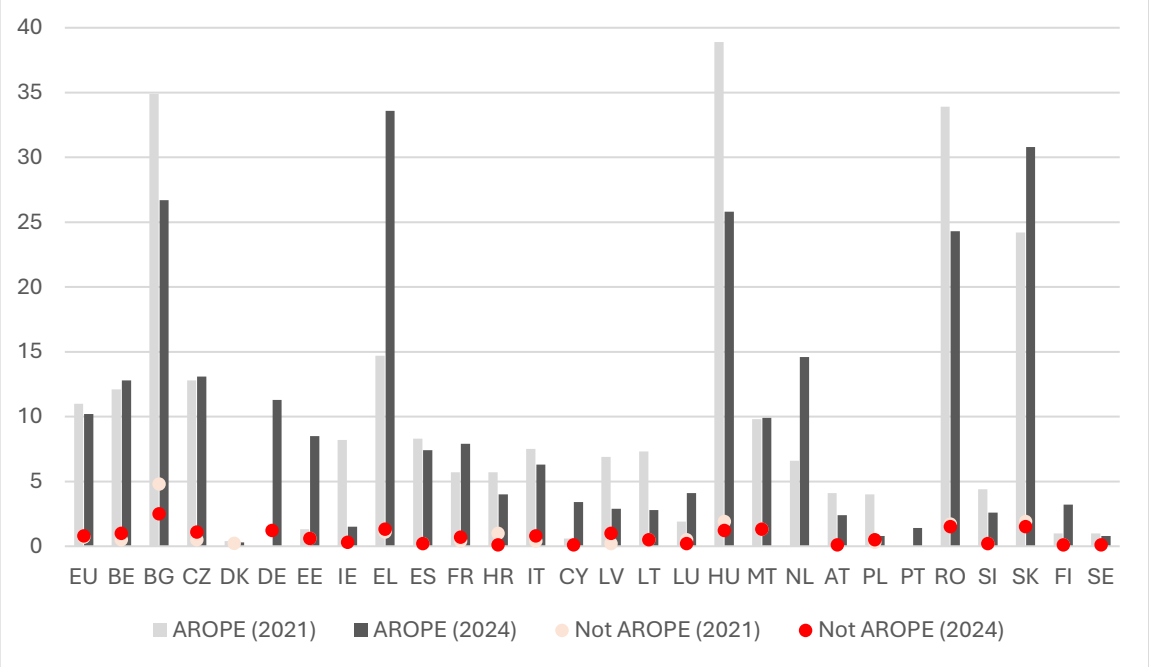
Notes: No data available for Germany in 2021. Figures not significant for children not AROPE in Denmark, Netherlands, Portugal and Slovenia in 2024 and in Denmark, Estonia, Ireland, Croatia, Austria, Portugal and Sweden in 2021.
Source: Eurostat (online data code ilc_chmd07, date of extraction – 03/12/2025).

Lack of access to proteins affects mostly children in need. In 2021, the average proportion of children AROPE in the EU who were unable to have a meal containing meat, chicken, fish, or a vegetarian equivalent at least once a day due to financial constraints was 11%. For children not AROPE, this number was almost sixteen times lower (0.7%), resulting in a gap of 10.3 percentage points between the two groups. By 2024, the proportion of children AROPE who faced this challenge fell to 10.2%, while the figure for children not AROPE rose slightly to 0.8%, reducing the gap to 9.4 percentage points (i.e. the difference in incidence is now less than thirteen times). At national level, decrease in the share of children AROPE lacking access is recorded in 12 Member States, just like the gap with children not AROPE. Yet the share of children AROPE suffering from this lack remains higher than that of children not AROPE in all Member States, as is the case for access to fresh fruits and vegetables. In terms of children AROPE's lack of access to meals with meat, chicken, fish, or vegetarian equivalents, Denmark reported the lowest percentage at 0.3%, making it the best performer, and followed by Poland and Sweden (0.8% of children AROPE lacking access). All these three countries also showed the smallest gaps between children AROPE and not AROPE (less than 1 pp.). Conversely, Greece and Slovakia reported the highest percentages, at 33.6% and 30.6% respectively,

([74]) As regards Slovakia, the government plenipotentiary for Roma communities flagged in response to the Call for Evidence that "it is necessary to explicitly emphasize the provision of at least one free hot meal as part of school programs. The current wording refers to a nutritious daily meal but does not specify its quality or form, which could lead to differing interpretations and weaken the measures impact on children's healthy nutrition." https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389087_en.

as well as the largest gaps between the two groups (around 30 pp.), indicating substantial inequality in access to protein-rich meals. The most notable improvements in access among children AROPE were observed in Hungary, Romania and Bulgaria, where percentages dropped by 13.1, 9.6 and 8.2 percentage points respectively since 2021. In contrast, Greece and Germany experienced considerable increases in the percentage of children AROPE lacking access, with rises of 18.9, and 11.3 percentage points respectively.

Graph 14: Share of children (<16) AROPE who suffer from the enforced lack of access to a meal with meat, chicken or fish at least once a day (in %) in 2024 and 2021



Notes: No data available for Germany in 2021. Figures not significant for children not AROPE in Denmark, Netherlands, Portugal, Slovenia in 2024, in Austria, Croatia, Denmark, Estonia, Ireland, Portugal and Sweden in 2021 and for children AROPE in Finland in 2021.
Source: Eurostat (online data code ilc_chmd07, date of extraction – 03/12/2025)

School meals are available mostly in the primary schools, leaving older children without structured provision. A qualitative assessment of compliance with provisions of the ECG recommendation concerning free and effective access to healthy school meals shows differences between the pre-school, primary and secondary education levels. While several Member States have universal free meal schemes in place, those do not cover all age groups. Luxembourg and Croatia have recently introduced universal free meal schemes in primary schools. In Luxembourg, this is accompanied by targeted schemes at pre-school and secondary level (low take-up rate in the latter). In Croatia, at pre-school level meals are offered for free only in places where childcare is free of charge, or to the children from families receiving the guaranteed minimum benefit or the child allowance. At secondary school level, due to budget constraints there are no targeted mechanisms to offset the costs of food for children in need.

The highest level of compliance with the recommendation to provide school meals has been recorded for Finland where meals are provided for free for all age groups. Other good performers include Sweden, which runs a universal free meal scheme in primary schools, and 238 out of 290 municipalities have it also in secondary schools. Furthermore, meals are provided free of additional costs at the pre-school level. In Ireland, the Hot School Meal programme has been available to all primary schools since September 2025. In Estonia meals in primary and secondary schools are mostly funded by national subsidies, with local governments covering remaining cost. Where parents must pay a small fee, full compensation can usually be applied for. Some schools also offer free breakfast and afternoon snacks for those in need. On the pre-school level, access to free meals varies between municipalities. In Slovenia, meals are provided at no additional cost as part of the free pre-school programmes, and in primary and secondary schools they are subsidised or covered completely for low-income pupils (with lower share of beneficiaries in secondary schools). Slovenia plans to roll out free school meals for all children by 2027. Given that ECG Recommendation is focused on children in need and does not require universal free provision of school meals, another fully compliant Member State is Malta, where Scheme 9 offers free nutritious lunches for low-income children starting from early childhood education.

Table 4: Implementation of provisions of ECG Recommendation on free and effective access to healthy meal each school day

	Healthy meal provided for free to children in need each school day (pre-school)	Healthy meal provided for free to children in need each school day (primary schools)	Healthy meal provided for free to children in need each school day (secondary schools)
Austria	Limited	Partial	Partial
Belgium	Limited	Limited	Nil
Bulgaria	Full	Limited	Nil
Croatia	Partial	Full	Nil
Cyprus	Wide	Wide	Wide
Czechia	Limited	Limited	Limited
Estonia	Wide	Full	Full
Denmark	Wide	Partial	Limited
Finland	Full	Full	Full
France	Limited	Partial	Partial
Germany	Partial	Partial	Partial
Greece	Nil	Partial	Partial
Hungary	Full	Wide	Limited
Ireland	Partial	Full	Limited
Italy	Partial	Limited	Limited
Latvia	Partial	Wide	Limited
Lithuania	Full	Wide	Wide
Luxembourg	Wide	Wide	Wide
Malta	Full	Full	Full
Netherlands	Partial	Wide	Wide
Poland	Partial	Partial	Partial
Portugal	Full	Wide	Wide
Romania	Partial	Partial	Limited
Slovakia	Wide	Wide	Wide
Slovenia	Full	Full	Wide
Spain	Limited	Partial	Partial
Sweden	Wide	Full	Wide

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.6 Healthcare

Children from disadvantaged backgrounds are likely to encounter barriers in access to healthcare services, including because of low health awareness among their parents. This limits children's participation in disease prevention and health promotion programmes, exacerbating health disparities. Poorer health and longer school absences due to sickness negatively impact educational outcomes. Early interventions, like vaccination, health check-ups and parenting support, are crucial for mitigating these risks and promoting overall development. Meanwhile, public health measures and immunisation programmes yield substantial benefits through reductions in morbidity, hospitalisations and use of prescription drugs ([75]). Significant academic benefits specifically for disadvantaged children have also been identified, illustrating the profound impact of ensuring access to comprehensive healthcare services ([76]). Overall, every euro spent on health-related programmes for children brings an estimated return of three euros ([77]). Prioritising accessibility of free healthcare for children in need is essential for fostering equitable development and enhancing long-term societal benefits. In line with § 4 (a) of the ECG Recommendation, Member States should provide children in need with effective and free access to healthcare.

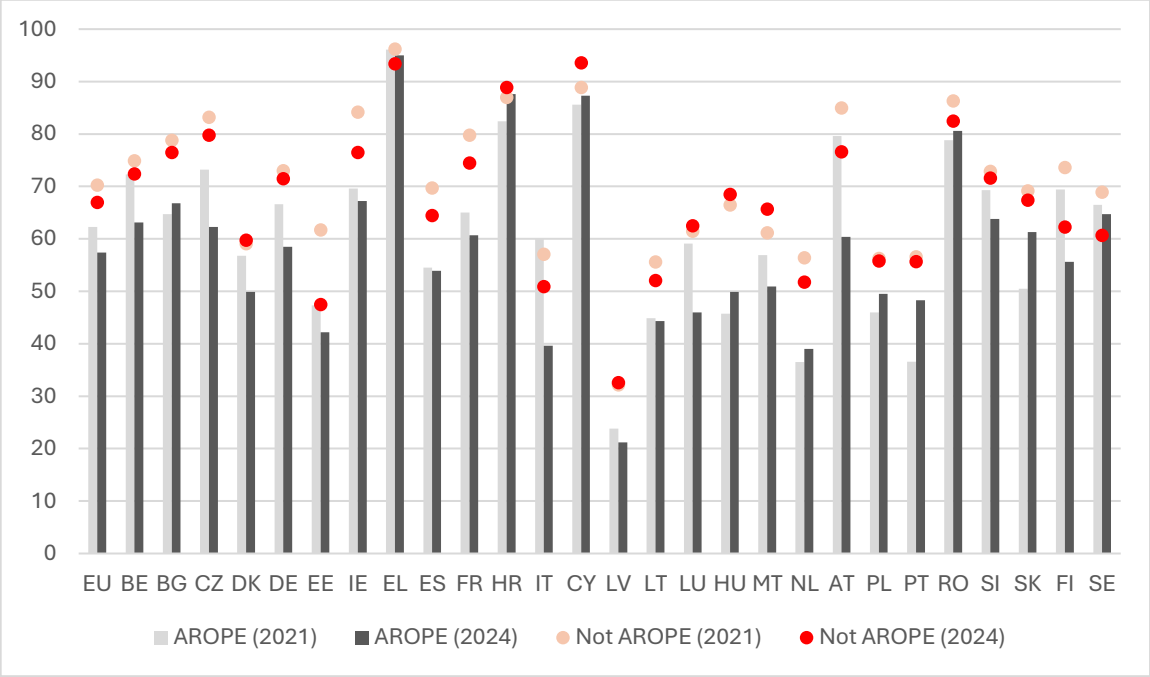
Since 2021, the share of children reporting 'very good' health decreased both among those in need and those who were not at risk of poverty or social exclusion. In the EU-level monitoring framework, the key indicators of progress regarding provision of free and effective access to healthcare are the share of children (aged under 16 years) who report a 'very good' health status and the share of children from the same age group with unmet needs for medical examination or treatment. The level of the shares and the gaps with children not AROPE provide proxy quantitative information as regards financial and non-financial barriers to healthcare. In addition, contextual indicators from the monitoring framework convey information covering more specific aspects, such as mental healthcare to which Member States are recommended to facilitate access in the ECG Recommendation. In 2021, the share of children AROPE with very good health outcomes was 62.3%. For children not AROPE, this number was 70.3%, implying a gap of 8 pp. By 2024, the proportion of children AROPE who felt to be in very good health decreased faster than that of children not AROPE, respectively reaching 57.4% and 67.0%, widening the gap by one-fifth to 9.6 pp. A decrease in the health outcomes of children AROPE was recorded in 18 out of the 27 EU Member States, with 12 Member States showing also an increased gap. Overall, in 2024 children in need were more likely to assess their state of health as 'very good' than their more affluent peers in only two Member States.

([75]) See e.g. Guo, J. J., Wade, T. J., Pan, W., & Keller, K. N. (2010). School-based health centers: Cost–benefit analysis and impact on health care disparities. *American Journal of Public Health*, *100*(9), 1617-1623; Zhou, F., Shefer, A., Wenger, J., Messonnier, M., Wang, L. Y., Lopez, A., ... & Rodewald, L. (2014). Economic evaluation of the routine childhood immunization program in the United States, 2009. *Pediatrics*, 133(4), 577-585; Thomas, G. (2018). A cost-benefit analysis of the immunisation of children against respiratory syncytial virus (RSV) using the English Hospital Episode Statistics (HES) data set. The European *Journal of Health Economics*, 19(2), 177-187.

([76]) See e.g. Carneiro, P., Cattan, S., & Ridpath, N. (2024). *The short-and medium-term impacts of Sure Start on educational outcomes* (No. R307). IFS report.

([77]) Report on the effectiveness of child benefits in the EU by Rand Europe, forthcoming.

Graph 15: Share of children (<16) AROPE with "very good" health (in %) in 2024 and 2021



Notes: low reliability of Germany figures in 2021.
Source: Eurostat (online data code ilc_hch12a, date of extraction – 03/12/2025).

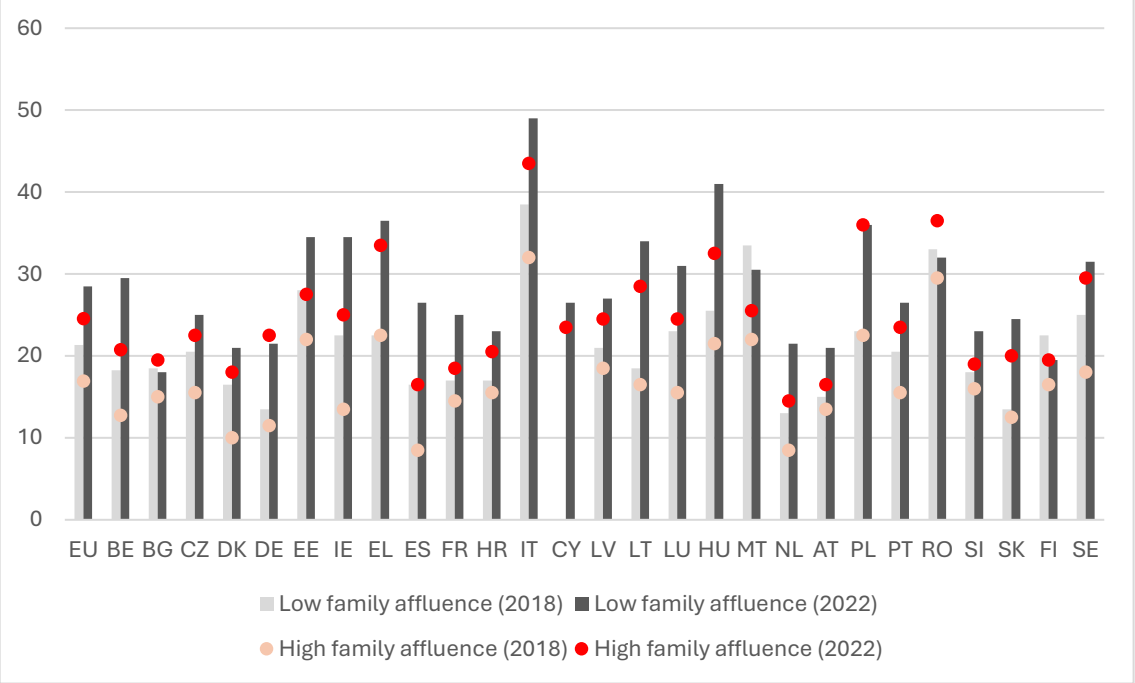
Greece emerges as the best performer with 95% of children AROPE reporting 'very good' health – a share marginally higher than among children not AROPE. Conversely, Latvia is the worst performer, with only 21.2% of children AROPE enjoying very good health in 2024, indicating significant challenges in health outcomes. When analysing the gap between children AROPE and not AROPE, Greece is also the only Member States with Sweden where the share of healthy children AROPE is larger than that of children not AROPE. Meanwhile, Hungary presents one of the most significant gaps at 19 pp., highlighting pressing inequality in health standards. Italy witnessed significant declines in health status declared by children AROPE, with a drop of 20.4 pp. between 2021 and 2024. The opposite trend was observed in Portugal where the share of children AROPE who consider their health to be very good rose in the same period by 11.7 pp.

The incidence of unmet medical needs is closely linked to children's health status. Besides increase in the share of children with very good health, Portugal also recorded a significant decrease in the rate of unmet needs for medical examination or treatment for children AROPE, dropping by 3 pp. between 2021 and 2024, and thus supporting the improvement in health status observed. Similarly, Greece and Croatia exhibit among the highest shares of children AROPE with good health status alongside the lowest incidence of unmet medical needs, respectively at 2.7 and 0%, both levels lower than the EU average of 4.9%. Unlike health status, the gap between the share of children AROPE and not AROPE with unmet medical needs is, however, much smaller and was reduced from 3 to 2 pp. in 2024. Hence, while few barriers to general medical support may persist and are still to be overcome, other factors may underpin the deterioration of children in need's health outcomes, such as gaps in access to mental health support.

While mental health has become a pressing issue for children and young people, access to dedicated services across the EU remains challenging. Already before the Covid-19 pandemic, mental healthcare was among health services in shortest supply,

resulting in long waiting lists ([78]). Those barriers were aggravated during lockdowns, which was reflected in a sharp increase in incidence of feeling low more than once a week among 13-year-old children (what is one of the agreed indicators of the EU Monitoring Framework). Among children with low family affluence, the respective share increased from 21% in 2018 to 29% in 2022. Similar change occurred among children with high family affluence, resulting with a persistent gap of 4 pp. between the two groups (see Graph 17). The insufficient availability of mental health support carries a tangible human cost: among teenagers (aged 15-19 years) across the EU, suicide is the reported cause of about one in six deaths ([79]).

Graph 167: Share of children aged 13 with low (and high) family affluence who felt low more than once a week (in %) in 2022, and 2018



Note: No 2018 data available for Cyprus.
Source: WHO HBSC.

In summary, the quantitative assessment of children in need's access to healthcare brings mixed results. Between 2021 and 2024, there was a decline in the share of children AROPE who reported very good health, and the gap between them and their more affluent peers widened. However, countries like Greece and Portugal showcase promising improvements in children's health outcomes, reflected in lower incidence of unmet medical needs. Barriers hindering access to more specific types of healthcare are a concern. This concerns for example mental healthcare, as mental health outcomes of children have deteriorated since 2018.

Universal health screening programmes and efficient vaccination programmes are key elements of preventive healthcare, which is the focus of ECG and earlier EU policy instruments. The detailed guidance to Member States concerning provision of free and effective access to quality healthcare for children in need is presented in § 8 of the

([78]) https://health.ec.europa.eu/document/download/f68337fe-578d-425b-9b79-7ff84dc6f0dc_en?filename=2019_companion_en.pdf.

([79]) Accidents, including transport accidents, account for about one third of all teenage deaths, while all kinds of diseases for less than a half. Source: Eurostat, https://doi.org/10.2908/HLTH_CD_ARO.

ECG Recommendation. The Member States are recommended to: (a) facilitate early detection and treatment of diseases and developmental problems, including those related to mental health, ensure access to periodic medical, including dental and ophthalmology, examinations and screening programmes; ensure timely curative and rehabilitative follow-up, including access to medicines, treatments and supports, and access to vaccination programmes; (b) provide targeted rehabilitation and habilitation services for children with disabilities; and (c) implement accessible health promotion and disease prevention programmes targeting children in need and their families, as well as professionals working with children. In this context, it is also relevant to recall that the 2018 Council Recommendation on strengthened cooperation against vaccine-preventable diseases called upon the Member States to strive towards eliminating measles. To this end, the vaccination coverage rate should be 95% by 2020, with two doses of the vaccine for the targeted child population. In addition, the recommendation calls for routine checks of vaccination status and regular opportunities to vaccinate across different stages of life, for example when beginning (pre-) school ([80]). Compliance with the above recommendations has been assessed on six dimensions. Annex III presents the investigated aspects, definitions of full compliance and performance by each Member State.

Integrating databases and services

In **Estonia**, the automated data exchange between health and social systems allows to support children with persistent health conditions and their families by enabling earlier identification and quicker access to services. The system, launched in December 2025 alerts local child protection workers as soon as a child´s need for ongoing support is recorded in the health information system, allowing assessment and proactive outreach. Digital solutions have proven to significantly improve the quality and timeliness of services offered.

Much remains to be done to fully guarantee free and effective access to healthcare for all children in need. While no Member State is fully compliant on all six accounts (screening for physical diseases and developmental problems, vaccinations, early detection of mental health problems, free prescription medicines, rehabilitation and habilitation services for children with disabilities, health promotion programmes targeted at vulnerable children), Luxembourg and Sweden do so on two accounts each. Since a long time, Luxembourg has recorded very high (95% to 99%) vaccination rates against Diphtheria-Tetanus-Pertussis, Haemophilus influenzae B, Hepatitis B, Measles, Pneumococcal disease, Polio and Rubella. 89% of one-year-olds are also vaccinated against Rotavirus, what is among the highest rates in the EU. Moreover, a new social paediatrics service has been implemented and a comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need, discussed in detail in the first progress report. In Sweden, comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need at post-natal, first years, and school years stages, until the age of 18 years and with a strong outreach component. The first progress report (2024) lists also several measures that had been implemented to facilitate early detection and treatment of diseases. Prescription medicines are free of charge for all children below the age of 18. For a full overview of compliance with recommendations on free and effective access to healthcare, see Table 6.

([80]) Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases.

Table 5: Implementation of provisions of ECG Recommendation on free and effective access to healthcare

	Sufficient measures to facilitate early detection and treatment of diseases and developmental problems	Ensuring that all children in need receive the set of childhood vaccines recommended by the WHO	Sufficient measures to facilitate early detection and treatment of mental health problems	Prescription medicines available at no cost for children in need	Children with disabilities provided with targeted rehabilitation and habilitation services	Adequate health promotion and disease prevention programmes targeting children in need
Austria	Full	Partial	Partial	Wide	Wide	Partial
Belgium	Partial	Full	Partial	Partial	Limited	Partial
Bulgaria	Partial	Wide	Partial	Limited	Partial	Partial
Croatia	Partial	Partial	Wide	Wide	Limited	Wide
Cyprus	Wide	Wide	Partial	Wide	Partial	Wide
Czechia	Wide	Partial	Limited	Partial	Limited	Wide
Estonia	Wide	Partial	Partial	Wide	Partial	Partial
Denmark	Wide	Full	Wide	Wide	Full	Wide
Finland	Wide	Wide	Wide	Wide	Wide	Wide
France	Partial	Wide	Partial	Wide	Wide	Partial
Germany	Wide	Wide	Partial	Wide	Partial	Partial
Greece	Partial	Partial	Partial	Wide	Partial	Partial
Hungary	Partial	Full	Limited	Partial	Partial	Limited
Ireland	Partial	Wide	Partial	Partial	Partial	Wide
Italy	Partial	Wide	Partial	Partial	Partial	Limited
Latvia	Partial	Full	Limited	Limited	Partial	Limited
Lithuania	Full	Wide	Full	Wide	Partial	Partial
Luxembourg	Wide	Full	Wide	Partial	Wide	Partial
Malta	Partial	Wide	Partial	Wide	Partial	Full
Netherlands	Wide	Partial	Wide	Full	Wide	Wide
Poland	Wide	Partial	Partial	Wide	Partial	Limited
Portugal	Wide	Wide	Partial	Limited	Partial	Partial
Romania	Limited	Limited	Partial	Limited	Partial	Wide
Slovakia	Limited	Partial	Partial	Limited	Partial	Wide
Slovenia	Wide	Wide	Wide	Full	Wide	Wide
Spain	Partial	Wide	Partial	Wide	Partial	Partial
Sweden	Full	Wide	Wide	Full	Wide	Wide

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.7 Digital inclusion and safety

While not explicitly listed as one of the services that should be guaranteed for children in need, safe digital inclusion has a key role to play in overcoming childhood disadvantages. The ECG Recommendation mentions the digital tools among educational materials, which should be made freely available for children in need. The Member States are also called upon to provide high speed connectivity, digital services and adequate equipment necessary for distance learning and to make the necessary investment to tackle all forms of digital divide. These measures are expected to result in ensured access to educational content online and improved digital skills for children in need as well as for their teachers ([81]). However, educational attainment is not the only aspect of children's well-being that is becoming highly dependent on digital factors. Equally impacted is the overall socialisation, which is increasingly taking place through social media and gaming platforms, leading to negative behaviours such as excessive and problematic social media use. Immersive technologies potentially amplify these effects ([82]). This creates various kinds of vulnerabilities, from addictions to cyberbullying, to grooming and recruitment by criminal networks ([83]). Like with most other risks, children in need are more exposed than the general population.

The spread of digital technologies contributes to the persistence of the long-standing educational inequalities. Already ten years ago, children from higher socio-economic backgrounds were using digital tools for information-seeking and educational purposes more often than their less advantaged peers ([84]). In contrast, adolescents from families with low socio-economic status were more than twice as likely as their most affluent peers to play computer games for seven hours or more on a typical day ([85]). Those differences in the use of computers were reflected by the lower level of digital skills among vulnerable children ([86]). This difference only increased during the COVID-19 pandemic when children in need were disproportionately affected by the sudden shift to distance learning. Weaker parental supervision and support when studying online, less accommodating physical conditions (lack of a quiet place to study and IT equipment for exclusive use) and less robust internet connections were all associated with lower socioeconomic status, amplifying the impact of lower digital skills.

([81]) Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, §7 (g) and §7 (h).

([82]) *How's Life for Children in the Digital Age?*, OECD Publishing, Paris, https://doi.org/10.1787/0854b900-en, p. 16.

([83]) Lamphere-Englund, G. (2025), 'Protecting Children in Online Gaming: Mitigating Risks from Organized Violence', Working Paper, UNICEF Innocenti – Global Office of Research and Foresight, Florence.

([84]) Micheli, M. (2015), "What is New in the Digital Divide? Understanding Internet Use by Teenagers from Different Social Backgrounds", Vol. 10, pp. 55-87, https://doi.org/10.1108/S2050-206020150000010003.

([85]) For the entire population, the shares of children spending at least seven hours on a typical weekday playing video games was 8% for boys and 3% for girls, with the proportion reaching 12% on weekend days. *How's Life for Children in the Digital Age?*, OECD, p. 16.

([86]) Scherer, R., & Siddiq, F. (2019). The relation between students' socioeconomic status and ICT literacy: Findings from a meta-analysis. Computers & Education, 138, 13–32. https://doi.org/10.1016/j.compedu.2019.04.011 The gap may be weaker than those in mathematics or reading literacy.

In addition, the COVID-19 lockdowns increased the importance of internet and social media in the lives of children and youth. Along with rapid development of digital technologies, including Artificial Intelligence, in recent years, this contributed to the rise of cyberbullying as a social problem. Cyberbullying is understood as a behaviour carried out through digital technologies, with the primary intention or effect of repeatedly or continuously humiliating, socially excluding, abusing, harassing or harming in particular children or young people. Repetition is a key feature, relating to the continuing effects on the victim and the risk that a one-time event may be repeatedly shared online, extending trauma and causing re-victimisation without further perpetrator involvement. Power imbalance remains central, but may derive online from unequal digital influence, skills, access to technology, or control over content, rather than physical strength or social status alone. Cyberbullying can occur anytime and anywhere, including on private devices and non-public channels, making it harder to address. It commonly takes the form of hurtful comments, spreading rumours, or sharing humiliating content. Anonymity, wide audience reach, and constant connectivity amplify harm, while digital environments foster moral disengagement, reduced empathy, and online disinhibition. Harmful content can persist indefinitely, be reshared or made viral, extending victimisation, hindering recovery, and enabling a continuum of aggression across online and offline spaces. Anonymity provides users the freedom to voice opinions without fear of judgement, potentially leading to impulsive and aggressive acts. Disembodiment allows individuals to create virtual identities that feel less vulnerable, while disinhibition reflects reduced restraint in online interactions, escalating hostile behaviours.

Adolescents from less affluent families report lower levels of mental well-being. In the 2021/2022 survey on Health Behaviour in School-aged Children (HSBC), this was shown for all EU Member States except Cyprus, Finland, Denmark and Italy. Specifically, adolescents from low-affluence families had worse outcomes in terms of overall life satisfaction, self-rated health and mental well-being. They were also less likely than more affluent adolescents to report that they could always find solutions to problems and manage to do the things they had decided to do. The findings from the 2021/2022 HBSC emphasise the need to intervene early, develop comprehensive national strategies that focus on children's and adolescents' well-being and conduct ongoing monitoring and surveillance of children's and adolescents' mental health needs and support ([87]).

According to the OECD, the impact of cyberbullying is particularly pronounced for children from lower socio-economic backgrounds who experience it at double the rate of their peers from more affluent families. Several other demographic factors (e.g. living with a disability) are also associated with higher vulnerability. Gender differences are observed, with girls facing more frequent victimisation and boys more often engaging in cyberbullying behaviours. Family structure is another factor, with reports indicating higher victimisation rates among children from single-parent families compared to those from two-parent households ([88]). The research conducted by OECD also examines other disadvantages faced by children concerning digital inequality. Concerns are raised about adolescents' intensive engagement with digital technologies, where excessive time spent

([87]) Cosma A, Abdrakhmanova S, Taut D, Schrijvers K, Catunda C, Schnohr C. (2023) A focus on adolescent mental health and wellbeing in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 1. Copenhagen: WHO Regional Office for Europe.

([88]) OECD (2025), *How's Life for Children in the Digital Age?*, OECD Publishing, Paris, https://doi.org/10.1787/0854b900-en.

on video games or social media is associated with lower life satisfaction and reduced prosocial behaviour. Adolescents from lower socio-economic backgrounds are less inclined to use digital resources for educational purposes outside school and are prone to excessive gaming. They are also less likely to modify privacy settings or disable notifications while sleeping, highlighting digital inequalities affecting online behaviours and well-being.

An estimated nine in ten children in Europe play online games ([89]). According to a recent working paper by UNICEF, most children under 12 years old, with boys and girls equally likely to play games until mid-adolescence, after which boys' participation remains higher (e.g. 94% of boys vs 80% of girls at age 16–17 years in the UK). Male teenagers find video games more socially significant and accepted, while girls appear to prefer social media for making a meaning. Despite widespread misconception, depictions of violence in video games are not connected to real-world violence. On the contrary, games have been shown to produce improvements in cognitive performance and mental health, with online multiplayer games fostering social connection, creativity and community-building. However, gaming environment is also increasingly exploited by criminal networks to propagandize, groom, recruit and organise young players, including children. In addition, bullying and harassment are increasingly common (in some US surveys, up to 75% of teenage respondents report having fallen a victim when playing online with other players) ([90]). Overall, the following three main harms have been identified: (i) creating new video games and modifications to motivate violence; (ii) gamifying offline violence and using gaming culture for propaganda; (iii) using gaming communications functionalities to groom and recruit. The national action plans for implementation of ECG would benefit from the addition of measures to prevent and address those challenges.

In the European Union, minors are protected and empowered online by one of the world's most comprehensive toolboxes for child safety. This includes the Digital Services Act ([91]) and its guidelines on the protection of minors ([92]), the Audiovisual Media Services Directive ([93]), the AI Act ([94]) and the Safer Internet Centres ([95]) under the Better Internet for Kids Strategy ([96]), which advise and assist children, parents, teachers and carers on digital questions and help the fight against online child sexual abuse. The voices of more than 6,300 children, out of whom some 24% have themselves experienced cyberbullying ([97]) have informed the EU action plan against Cyberbullying ([98]), which strengthens efforts to prevent and combat the growing trend of this abusive behaviour online. In March 2025, a special panel was established to advise the Commission President

([89]) Danko, D., (2023) 'The Health Effects of Video Games in Children and Adolescents,' Pediatrics Review, vol. 44, no. 1, pp. 23–32, https://pubmed.ncbi.nlm.nih.gov/36587018/.

([90]) Lamphere-Englund, G., *op.cit.*

([91]) https://digital-strategy.ec.europa.eu/en/policies/digital-services-act.

([92]) https://digital-strategy.ec.europa.eu/en/library/commission-publishes-guidelines-protection-minors.

([93]) https://digital-strategy.ec.europa.eu/en/policies/audiovisual-and-media-services.

([94]) https://digital-strategy.ec.europa.eu/en/policies/regulatory-framework-ai.

([95]) https://better-internet-for-kids.europa.eu/en/sic.

([96]) https://better-internet-for-kids.europa.eu/en.

([97]) https://eu-for-children.europa.eu/cyberbullying_en.

([98]) https://digital-strategy.ec.europa.eu/en/policies/cyberbullying.

on child safety online and potential age limits for social media and other online services in Europe ([99]). The panel brings together youth representatives as well as specialists from various fields, including health, neuroscience, psychology, computer science, child rights and digital literacy, from across the EU to assess the impact of social media and other digital tools on children. The Special Panel does not have permanent membership and specialists invited may vary from meeting to meeting depending on the topic discussed and their relevant expertise. Even more importantly, to help online platforms implement a user-friendly and privacy-preserving age verification method, the Commission, has developed a harmonised approach to age verification in the EU in close collaboration with Member States. As of April 2026, the age verification solution is technically ready for implementation. Once it is made available as a free-of-cost app (possible to set up on phone, tablet or computer), the users will be able to prove they are above a certain age without sharing any other personal information and without tracking of their activity. Moreover, the forthcoming European Commission Action Plan on the protection of Children against Crime will complement the existing framework by strengthening preventive approaches that address the root causes increasing children's vulnerabilities to crime, both as victims and as perpetrators, online or offline.

Making Internet safer for children in Latvia

Within the framework of the programme Digital Europe and Connecting Europe Facility, the Child Protection Center, in cooperation with the Latvian Internet Association and the Municipal Training Center, has implemented several projects aimed at ensuring the continued operation of the Latvian Safer Internet Centre. The objective of these projects is to promote public awareness of online safety and to provide accessible mechanisms for reporting online safety concerns. This includes the possibility to report violations in the online environment electronically, as well as by phone through the Children and Adolescents Trust Helpline. The projects were implemented to support and deliver services that foster a safe and trustworthy online environment for children.

3.8 Healthy nutrition

Poor nutrition impairs cognitive development, affecting children's ability to concentrate and perform academically. Health consequences include increased susceptibility to diseases and long-term conditions such as obesity and diabetes, which are more prevalent among children in disadvantaged environments ([100]). Tackling these issues through nutrition programmes is vital for fostering healthier lifestyles and improved educational outcomes. Evidence highlights the crucial role of food support programmes, improving food security both short and long-term, leading to enduring health benefits (e.g. lower incidences of obesity, high blood pressure, heart disease and diabetes) and reduced future healthcare costs. Such programmes can contribute to financial security, with early access linked to increased economic self-sufficiency in adulthood ([101]). Research underscores the importance of investing in access to healthy nutrition, aiming to break the

([99]) https://digital-strategy.ec.europa.eu/en/policies/panel-child-safety-online.

([100]) See e.g. School Meals Coalition's Research Consortium, *The current state, benefits, and exemplary models of school meal programmes in the European Union*, 2025 Insights from a new report on school meal programmes in the EU - Employment, Social Affairs and Inclusion.

([101]) See e.g. Hoynes, H., Schanzenbach, D. W., & Almond, D. (2016). Long-run impacts of childhood access to the safety net. *American Economic Review*, 106(4), 903-934; Maag, E. (2023). *Return on Investing in Children: Helping Children Thrive*. Urban Institute; Bailey, M. J., Hoynes, H., Rossin-Slater, M., & Walker, R. (2024). Is the social safety net a long-term investment? Large-scale evidence from the food stamps program. *Review of Economic Studies*, *91*(3), 1291-1330.

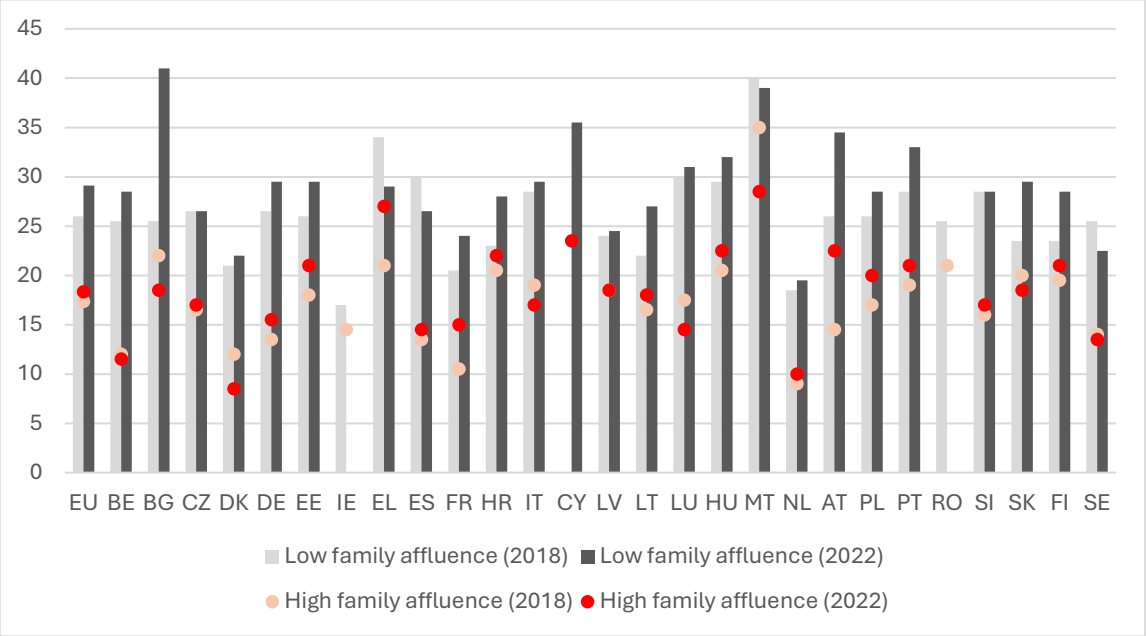
cycle of disadvantage and ensure equitable health and economic outcomes for future generations.

Complementary to the data on food deprivation of children presented in Section 4.5, two additional indicators from the EU-level monitoring framework are of relevance for this assessment, i.e. the share of children who are overweight or obese and the share of children, who reported drinking sugary soft drinks daily, both broken down by family affluence. Both indicators provide proxy information as regards key aspects of §9, such as nutritional quality of food consumed inside and outside of schools, restrictions of availability of foods high in fat, salt and sugar in educational settings and more broadly food literacy.

Concerning the rate of children overweight or obese, the share of children concerned with low family affluence has increased to 29.1% in 2022, reflecting a 3.1 pp. rise since 2018. Meanwhile, children from high family affluence backgrounds exhibit lower rates of overweight and obesity, with only 18.3% affected in 2022. This difference marks a widening gap of 10.8 pp., up from a gap of 8.7 percentage points in 2018, illustrating persistent and deepening disparities between different socioeconomic groups. Looking at individual Member States, a decrease in the share of children overweight or obese with low family affluence is recorded in only 4 countries, while such share has increased or remained stable in the others. In the same dynamic, the gap with children with high family affluence has also been reduced in a minority of Member States – eight of them.

The Netherlands emerges as one of the better-performing countries, with the lowest incidence of overweight and obesity among low family affluence children, registering at 19.5% in 2022. Conversely, Bulgaria reports the highest prevalence, with an alarming 41% of children from low affluence families overweight or obese. In addition, Bulgaria shows the largest gap, standing at 22.5 pp., highlighting significant differences in access to nutritious food and health education between different affluence levels. This results from the largest increase in overweight/obesity incidence among low affluence children, having increased by 15.5 pp. since 2018. When examining the gap between children from low and high family affluence, Greece displays the smallest disparity, with a gap of just 2 pp. This is due to a 5 pp. decrease in incidence of overweight and obesity among disadvantaged children which brings it closer to the EU average (29.1%), coupled with a 6 pp. increase among advantaged children.

Graph 17: share of children (aged 13) with low (and high) family affluence who are overweight or obese (in %) in 2022, and 2018



Notes: No 2022 data available for Ireland and Romania, and no 2018 data for Cyprus.
Source: WHO HBSC.

There is a similar yet smaller gap between children with low and high family affluence who reported consuming sugary soft drinks daily. In 2022, the share of disadvantaged children reporting daily consumption of sugary soft drinks stands at 16.8% on average in the EU, against 12.2% of more advantaged children. Given the impact of soft sugary drinks on children's weight and health, some part of the gap in overweight and obesity incidence across socioeconomic group might stem from their consumption, but not solely.

Data from these two indicators underline both progress and ongoing challenges in ensuring equitable access to healthy nutrition for children in need. Countries such as the Netherlands have demonstrated effective reductions in obesity rates and improved dietary habits among less affluent groups, suggesting that strategic health interventions are yielding results. Yet, disparities tied to socioeconomic status remain entrenched as regards both soft drinks consumption and overweight/obesity incidence. These mixed outcomes prompt a continuing need for further efforts to limit availability of foods high in fat, salt and sugar, alongside promoting food literacy skills among children in need.

The guidance for Member States concerning effective access to healthy nutrition for children in need is presented in § 9 of the ECG Recommendation. In the assessment of effectiveness of access to healthy nutrition by children in need, stress has been put on the existence of in-kind or financial support to families with children in need which would be explicitly designed to support access to healthy nutrition outside of school days. Malta and Hungary are the best performers on this account. The Maltese Ministry for Social Policy and Children's Rights (MSPC) implements the 'Food 4 You' Support Project which is co-financed by the ESF+ alongside the Scheme for Food Distribution (SFFD). Through these two initiatives, the MSPC distributes food packages containing a wide variety of items intended for household consumption. Two distributions per year are carried out through the SFFD, and three distributions through the Food 4 You Support Project. The products are carefully selected to enable households to prepare complete and balanced meals. As a result, children who are members of eligible households directly stand to benefit from these

food distributions. Hungary has put in place a scheme for provision of the midday warm main meal to schoolchildren during the summer vacation, as well as during the autumn, winter and spring breaks.

ESF+ in support of Dutch foodbanks

As part of the obligation to allocate 3% of the ESF+ budget for aid to the most deprived, the Netherlands' ESF+ programme explicitly targets children at risk of poverty. The Dutch have decided to allocate more than 3%, corresponding to EUR 15.8 million, to this specific objective. Following a call for proposals, the Dutch foodbanks have been selected to provide food and material assistance for the most deprived, including children. Food aid should be healthy and could be in the form of (school) meals. Material aid could include school supplies or other basic needs. Accompanying measures should specifically target children growing up in poor households, for instance by providing sports or cultural activities.

Only some Member States are taking action to limit advertisement and availability of unhealthy food. One of them is Slovenia, where vending machines have been banned in schools. The ECG action plan envisions the restriction of marketing of unhealthy foods (energy-dense and nutritionally poor foods and sugary drinks) to children, with a focus on limiting the digital marketing of unhealthy foods. When organizing school meals, schools are required to follow the nutritional guidelines for educational institutions. Food literacy is part of the curriculum in primary schools. In Latvia, advertisement and availability of foods high in fat, salt and sugar are limited through regulations, especially concerning children, and by banning junk food sales in schools. There are restrictions on marketing unhealthy foods to children, covering television advertising and the sale of these products in schools and nurseries. As per action plan, a long-term policy to promote healthy nutrition for children (e.g. via reduced tax for food for infants and for fresh fruit and vegetables) is implemented. Besides regulating advertisements, Cyprus runs a list of products available in school canteens approved by the Central Committee for the Control of School Canteens. Foods high in fat, salt and sugar are not included.

Table 6: Implementation of provisions of ECG Recommendation on effective access to healthy nutrition

	Access to healthy nutrition outside of school supported for children in need	Limited advertisement and availability of unhealthy food
Austria	Partial	Limited
Belgium	Partial	Partial
Bulgaria	Partial	Partial
Croatia	Partial	Limited
Cyprus	Wide	Full
Czechia	Limited	Limited
Estonia	Wide	Full
Denmark	Wide	Partial
Finland	Partial	Wide
France	Partial	Wide
Germany	Partial	Partial
Greece	Partial	Partial
Hungary	Wide	Wide
Ireland	Partial	Wide
Italy	Partial	Limited
Latvia	Partial	Full
Lithuania	Wide	Full
Luxembourg	Full	Partial
Malta	Full	Full
Netherlands	Limited	Partial
Poland	Partial	Partial
Portugal	Partial	Wide
Romania	Partial	Wide
Slovakia	Limited	Partial
Slovenia	Wide	Full
Spain	Partial	Partial
Sweden	Partial	Partial

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

Serving healthy meals in Milan

Since 2015, Milan (Italy) has implemented a comprehensive food policy that contributes together with the local school meals programme to provide healthy, sustainable meals for children. The service, managed in-house by the public company Milano Ristorazione, serves more than 600 canteens, including 182 kindergartens, providing 77,000 meals daily. 54% of ingredients are organic, and procurement follows minimum environmental criteria to reduce environmental impact. Nutrition and food education are integrated through seasonal and thematic menus, info booklets, workshops and farm visits, engaging over 70,000 children, 40,000 families and 10,000 school staff. Initiatives like “A 7 Cook as a Friend” connect children with cooks, fostering healthy habits and awareness of sustainable diets.

3.9 Adequate housing

Housing conditions can have a profound impact on child development. Inadequate housing, including overcrowding and energy poverty, severely disrupts children's ability to concentrate and perform academically, exemplified by challenges faced when trying to do homework in cramped spaces. These conditions not only hinder educational progress but also affect emotional and social development. The extreme phenomenon of child homelessness leads to adverse health and emotional outcomes, jeopardising children's future prospects, and increasing societal costs. In this context, guaranteeing access to adequate housing for children in need, including children with disabilities for whom accessibility considerations must come into play, appears as an important investment. While an overarching policy response is presented in the Commission's proposal for a Council Recommendation on fighting housing exclusion, which is published along this Staff Working Document, this section takes stock of actions taken by member States, which have contributed to improving the situation of children. Targeted policies that prevent and tackle child homelessness, particularly housing-led solutions, yield high rates of return, significantly reducing public spending on healthcare and shelters, increasing employment and tax revenues and bolstering social cohesion ([102]). Moreover, tailored support to young people transitioning out of alternative care is crucial, as they are at a heightened risk of falling into homelessness without such assistance ([103]). Investing in these measures not only stabilises children's lives but also cultivates societal resilience, making it an economically sound and socially imperative venture for fostering healthy societal development.

3.9.1 Combatting homelessness

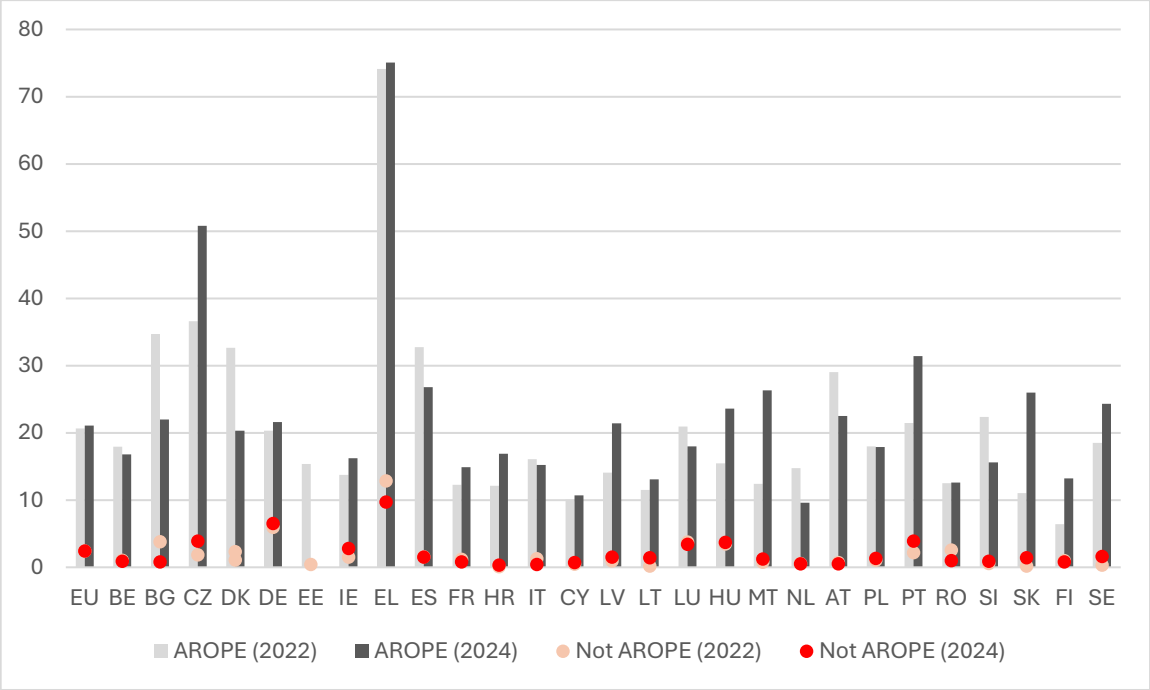
Monitoring progress on combatting homelessness is challenging in view of lack of directly relevant data. In line with § 10 (a) of the ECG Recommendation, Member States should ensure that homeless children and their families receive adequate accommodation, prompt transfer from temporary accommodation to permanent housing and are supported by relevant social and advisory services. Within the EU-level monitoring framework, one indicator is of relevance to the assessment of compliance with this recommendation, i.e. the share of children living in a household facing housing cost overburden. A household faces housing cost overburden when the total housing costs (net of housing allowances) represent more than 40% of its disposable income. When such costs represent a higher share of income, households are at higher risk of living in an inadequate dwelling (e.g. due to difficulties in paying utility bills), being evicted (e.g. due to difficulties in paying rents) and ultimately end up homeless. In other words, while there is a lack of comparable data on the number of homeless children throughout the EU, such indicator provides crucial proxy information as regards risk of homelessness. In 2021, across the EU, 20.7% of children AROPE lived in households struggling with housing cost overburden, whereas only 2.4% of children not AROPE confronted this issue. This disparity highlighted an eight-fold difference (or a gap of 18.3 pp.) between the two groups. Over the ensuing years leading up to 2024, the situation marginally worsened for children AROPE with the

([102]) See e.g. Van Leerdam, J. (2013). Analysing costs and benefits of homelessness policies in the Netherlands: Lessons for Europe. *European Journal of Homelessness _ Volume*, *7*(2).

([103]) See e.g. Frechon, I., & Marpsat, M. (2016). Placement dans l'enfance et précarité de la situation de logement. *Economie et Statistique/Economics and Statistics*, (488-489), 37-68; Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American journal of public health*, *103*(S2), S318-S323.

percentage rising to 21.1%, while the rate remained steady for children not AROPE at 2.4%. Consequently, the gap widened slightly to 18.7 pp., illustrating persistent inequality in housing affordability.

Graph 189: share of children AROPE (and not AROPE) living in a household facing housing cost overburden (in %) in 2024, and 2022



Notes: Break in time series for France, Luxembourg and Finland in 2022, No data available for Estonia in 2024, and provisional data for Lithuania in 2024.
Source: Eurostat (online data code ILC_CHG05, date of extraction – 03/12/2025).

Examining housing cost overburden at national level, a decrease in the share of children AROPE in households facing housing cost overburden is recorded in 10 Member States, while elsewhere such share has increased or remained stable. In the same dynamic, the gap with children not AROPE has also been reduced in a minority of Member States – nine of them. In all Member States, children AROPE remain more likely to live in households facing housing cost overburden than their more advantaged peers. Netherlands presented a favourable scenario with the incidence of housing cost overburden of 9.6% among children AROPE. In stark contrast, Greece reported the highest proportion at 75.1%, indicating a severe challenge in alleviating housing cost pressures for this demographic. In relation to the gap between children AROPE and not AROPE, the Netherlands also showcased the lowest difference, maintaining a gap of just 9.1 pp. Conversely, Greece and Czechia displayed one of the largest disparities, respectively at 65.4 and 46.9 pp., underscoring pronounced inequality in housing affordability between the groups. The period saw noteworthy improvements in some countries, most notably Bulgaria and Denmark, experiencing reductions in housing cost overburden for children AROPE by 12.7 and 12.3 pp. each. On the other hand, countries such as Czechia, Malta and Slovakia faced marked increases in the share of children AROPE living with housing cost overburden, with increases by respectively 14.2, 13.9 and 15.0 pp.

Overall, progress in preventing homelessness risk through improved housing affordability has been mixed. While certain countries like Bulgaria and Denmark have shown reductions in the housing cost overburden for children AROPE, other countries exhibit challenges with substantial inequalities. In the EU, the overall increase in children

AROPE facing housing cost overburden and the gap with children not AROPE underscores the need for targeted and effective policy interventions to enhance housing stability and support for vulnerable children and families and thus, reduce the risks of homelessness. § 10 (a) of the ECG Recommendation calls upon the Member States to ensure that homeless children and their families receive adequate accommodation, prompt transfer from temporary accommodation to permanent housing and provision of relevant social and advisory services. In addition, point § 10 (b) calls for policy measures to prevent risk of homelessness. To be fully compliant with the ECG guidance on combatting homelessness among children, Member States should be able to establish the number of homeless children in their territory and report it, along with the method of calculating this number, in their action plan and in the subsequent progress reports. Furthermore, the provision of temporary accommodation for homeless families with children and their transfer from temporary accommodation to permanent housing should be subject to clearly stated (and relatively short) deadlines. For full compliance on prevention of homelessness risks, specific measures (such as e.g. social and advisory services) should be in place and targeted specifically at families with children.

Homelessness prevention in Belgium

Following the housing-led approach, Housing First for Youth (HF4Y) in Belgium is a rights-based intervention for young people (aged 16-30) who are experiencing homelessness, or who are at risk of becoming homeless. One of the goals of HF4Y is to support young people through their adolescence and facilitate a healthy transition to adulthood, while having a safe and stable place to live. The programme is designed to address the specific needs of developing adolescents and young adults by providing them with rapid access to housing that's safe, affordable, appropriate and without pre-conditions, combining this with necessary and age-appropriate support that focuses on health, well-being, life skills, engagement in education and employment, as well as social inclusion.

As for qualitative assessment, out of all Member States, Finland and the Netherlands emerge as the most compliant with ECG Recommendation. In Netherlands, the ministry of Housing and Spatial Planning and the Association of Netherlands Municipalities have agreed that municipalities are primarily responsible to provide housing and support after evictions. This can either be structural housing or temporary housing. The Dutch action plan states that transition to permanent housing should take place within three months and mentions plans to modernise shelters and supported accommodation. It also describes steps taken to prevent and combat homelessness (early identification of risks, including debts). Those are not targeted at families with children, but thanks to wide social housing stock and prioritisation of access, such families are not particularly at risk.

High level of compliance with recommendations to combat and prevent homelessness of families with children has been recorded also for Finland. According to the 2024 progress report, at the end of 2023, there were 123 homeless couples and families in Finland (32 fewer than year before), with a total of 180 children (11 more) ([104]). Most homeless families with children in Finland live temporarily with acquaintances or relatives. As for prevention, all low-income households who live in rental, right-of-occupancy or part-ownership housing are eligible for general housing allowances. The eligibility depends on the structure of the household, housing costs and the total income of the household. The eligibility regulations are the same for all legal residents, including homeless people, who are eligible for housing allowances once they have an apartment to live in. The incidence

([104]) However, an increase in homelessness was recorded in Finland after submission of the 2024 progress report. See https://urn.fi/URN:ISBN:978-952-361-282-2.

of housing cost overburden is low. Finland aims to eliminate long-term homelessness by 2027. For a complete overview of compliance with ECG recommendations referring to homelessness please see Table 8.

Table 7: Implementation of provisions of ECG Recommendation on combatting homelessness

	Prompt provision of adequate temporary accommodation and transfer to permanent housing for homeless families with children	Measures in place to prevent the risk of homelessness among families with children
Austria	Wide	Wide
Belgium	Limited	Partial
Bulgaria	Limited	Limited
Croatia	Limited	Limited
Cyprus	Limited	Partial
Czechia	Wide	Limited
Estonia	Wide	Partial
Denmark	Wide	Wide
Finland	Wide	Full
France	Limited	Wide
Germany	Partial	Partial
Greece	Partial	Limited
Hungary	Limited	Partial
Ireland	Partial	Limited
Italy	Limited	Wide
Latvia	Partial	Partial
Lithuania	Wide	Partial
Luxembourg	Wide	Wide
Malta	Partial	Partial
Netherlands	Wide	Wide
Poland	Partial	Partial
Portugal	Wide	Limited
Romania	Limited	Limited
Slovakia	Partial	Limited
Slovenia	Partial	Wide
Spain	Partial	Limited
Sweden	Wide	Wide

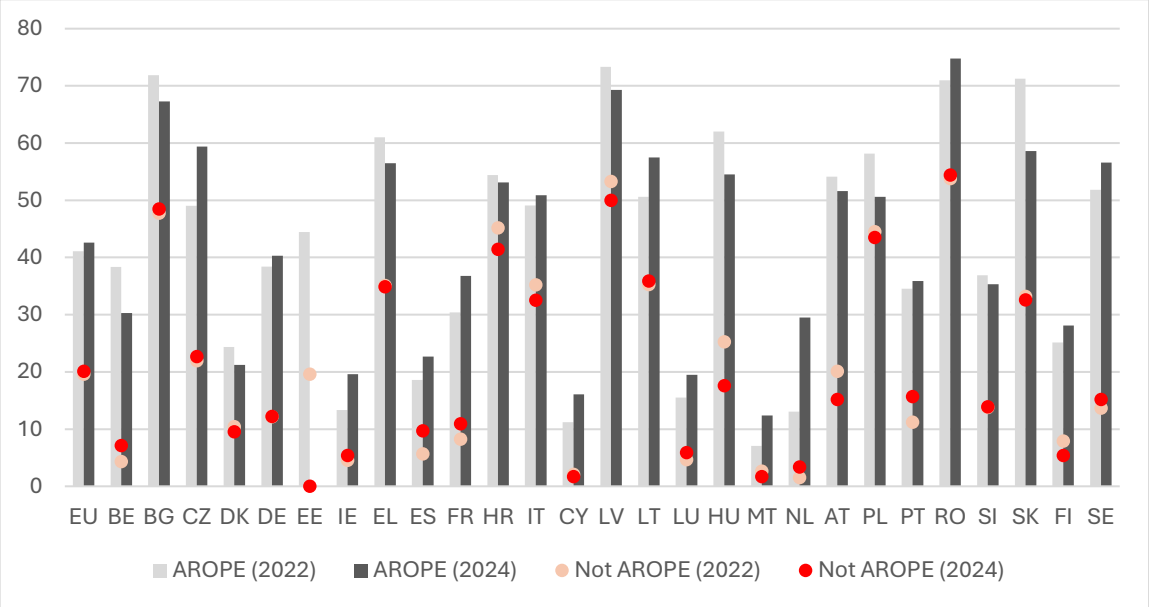
Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.9.2 Adequate accommodation

In line with § 10 (b) of the ECG Recommendation, Member States should assess their housing policies and take action to ensure that the interests of families with children in need are taken into account, including addressing energy poverty. Such assessment should also include social housing or housing assistance policies and housing benefits and further improve accessibility for children with disabilities. Moreover, § 10 (c) guides the Member States to "provide for priority and timely access to social housing or housing assistance for children in need and their families". Two indicators included in the monitoring framework are of relevance for assessing compliance with those recommendations. The one tracking the shares of children living in overcrowded households shows how many children live in households that do not have an adequate number of rooms (e.g. one room for each child of different gender between 12 and 17 years of age). The second indicator monitors the

incidence of energy poverty and covers the share of children living in a household unable to keep their home adequately warm.

Graph 20: Share (in %) of children AROPE (and not AROPE) living in an overcrowded household in 2024, and 2022

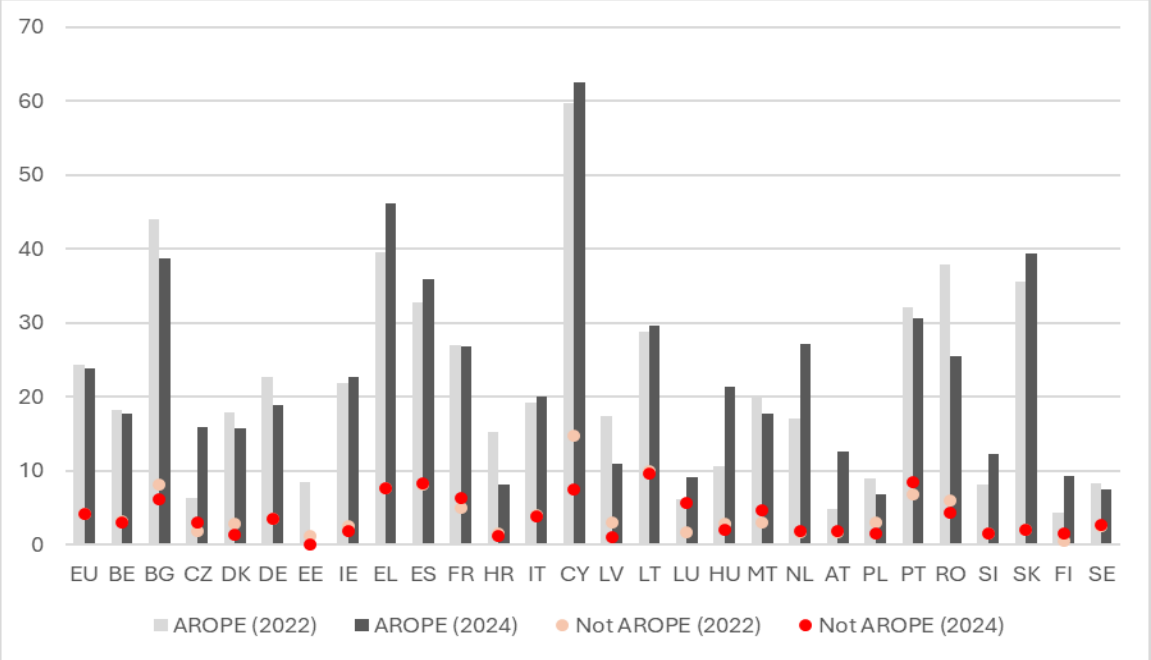


Notes: Break in time series for France, Luxembourg and Finland in 2022, No data available for Estonia in 2024. Provisional data for Lithuania in 2024.
Source: Eurostat (online data code ilc_chg05, date of extraction – 03/12/2025).

In 2021, across the EU, 41.1% of children AROPE resided in overcrowded households. This was more than double the figure for children not AROPE in similar conditions (19.6%), resulting in a gap of 21.5 pp. By 2024, the share of children AROPE in overcrowded situations increased slightly to 42.6%. In parallel, the percentage for children not AROPE also rose, albeit to a lesser extent at 20.1%, thus expanding the gap to 22.5 pp. between the two groups. This trend indicates a growing disparity in living conditions, with a widening of the gap by 1 pp. over the two-year period. Examining housing overcrowding at national level, 11 Member States recorded a decrease in the share of children AROPE in households facing housing cost overburden, while such share has increased or remained stable in the others. Nine Member States also recorded a decrease in the gap with children not AROPE. Yet, in all Member States, children AROPE remain more likely to live in an overcrowded household than their more advantaged peers.

Malta reported the lowest percentage at 12.4%, making it one of the better performers. On the contrary, Latvia and Romania recorded the highest percentages at 69.3% and 74.8% respectively, placing them as the least effective in addressing overcrowding issues in the EU. Assessing the gap between children AROPE and not AROPE, Poland showcased the smallest disparity, with a 7.1 pp. difference. Conversely, Sweden reported the largest gap (41.4 pp.), underscoring significant inequality in living conditions. The most significant reduction in overcrowding among children AROPE was noted in Slovakia, where the percentage fell by a notable 12.6 pp. since 2022. Belgium and Hungary also recorded decreases, with drops of respectively 8.0 pp. and 7.5 pp. In contrast, the Netherlands witnessed a substantial increase, with overcrowding rates among children AROPE rising by 16.4 pp. Czechia experienced a similar upward trend, with an increase of 10.4 pp.

Graph 21: Shares (in %) of children AROPE (and not AROPE) living in a household unable to keep home adequately warm in 2024, and 2022



Notes: Break in time series for France, Luxembourg and Finland in 2022. No data available for Estonia in 2024. Provisional data for Lithuania in 2024.
Source: Eurostat (online data code ilc_chg06, date of extraction – 03/12/2025).

In 2021, across the EU, 24.4% of children AROPE lived in households unable to maintain adequate warmth at home. In contrast, only 4.2% of children not AROPE faced this issue, resulting in a substantial gap of 20.2 pp. between the two groups. By 2024, the situation for children AROPE showed slight improvement; the percentage decreased to 23.9%. However, the percentage for children not AROPE remained stable at 4.2%, resulting in a gap that narrowed marginally to 19.7 pp. This change indicates an improvement, with a 0.5 pp. reduction in the gap, illustrating a slow trajectory towards more equitable living conditions. Looking at energy poverty at national level, a decrease in the share of children AROPE living in households unable to keep their home adequately warm is recorded in 11 countries, while such share has increased in most of the others. The gap with children not AROPE has also been reduced in 13 Member States. In all Member States, children AROPE remain more likely to suffer from energy poverty. In terms of children AROPE living in households with inadequate warmth, Poland reported the lowest percentage at 6.9%, making it one of the better performers. On the opposite end of the spectrum, Cyprus showed a staggering percentage of 62.6%, positioning it as the worst performer within the EU. Assessing the gap between children AROPE and not AROPE, Luxembourg showed the smallest disparity with a gap of just 3.4 pp., whereas Cyprus also experienced the largest gap, at 55.1 pp., highlighting pronounced inequity in household warmth between the socioeconomic groups.

Significant reductions in the percentage of children AROPE living in energy-poor households were most evident in Romania and Croatia, where the rates dropped by 12.4 and 7.1 pp., respectively, since 2021. Latvia also made notable progress with a decrease of 6.3 percentage points. In contrast, Hungary and Netherlands witnessed substantial increases in the percentage of children AROPE affected, with increases by 10.8 and 9.9 percentage points respectively. Based on the two indicators, the assessment of progress in guaranteeing adequate housing for children AROPE reveals mixed outcomes. While there

has been slight progress in addressing energy poverty among children AROPE, overcrowding remains a persistent issue, highlighted by a widening disparity in living conditions. While some countries show significant improvements (Slovakia on housing adequacy and Romania on housing warmth), other Member States face severe challenges, exacerbating inequities tied to socioeconomic status. There is still a need for targeted policies that ensure equitable access to adequate housing for children in need.

Going beyond quantitative indicators and looking at policy measures intended to address energy poverty, Finland and Sweden appear as the Member States with the highest level of compliance with the ECG Recommendation. In Finland, several financial measures were introduced to address the spike in electricity prices (incl. temporary reduction of VAT rate, tax breaks and a subsidy targeted at low-income households). These measures were not specifically targeted at families with children but benefited also this group. In Sweden, a supplementary housing allowance was available from 2021 to 2024. The 2024 progress report discussed the ways to improve the permanent housing allowance, so that families receiving it run a lower risk of repayment. The low share of children AROPE living in households unable to keep home adequately warm (7.5%) shows the efficiency of the above measures.

Sufficient supply of affordable public housing (incl. social housing) is key for implementing § 10 (c) of the ECG Recommendation. For the purposes of this SWD, such sufficient supply was assessed as the ability to accommodate at least half of the national population of people at risk of poverty or social exclusion. Whether, in line with ECG Recommendation, families with children in need enjoy priority of access, was determined on the basis of action plans, progress reports and information provided by the Child Guarantee Coordinators. Overall, Finland appears as the best performer, having a relatively high (15%) share of social housing within the housing stock ([105]). Allocation of vacant housing is based on social and economic need, taking into account housing needs, wealth and income of the applicant household. This effectively prioritizes low-income families with children. For a full overview of compliance with the ECG guidance concerning effective access to adequate housing see Table 9.

([105]) https://www.housingeurope.eu/wp-content/uploads/2025/10/finland_the_state_of_housing_in_the_eu_2025_digital.pdf .

Table 9: Implementation of provisions of ECG Recommendation on effective access to adequate housing

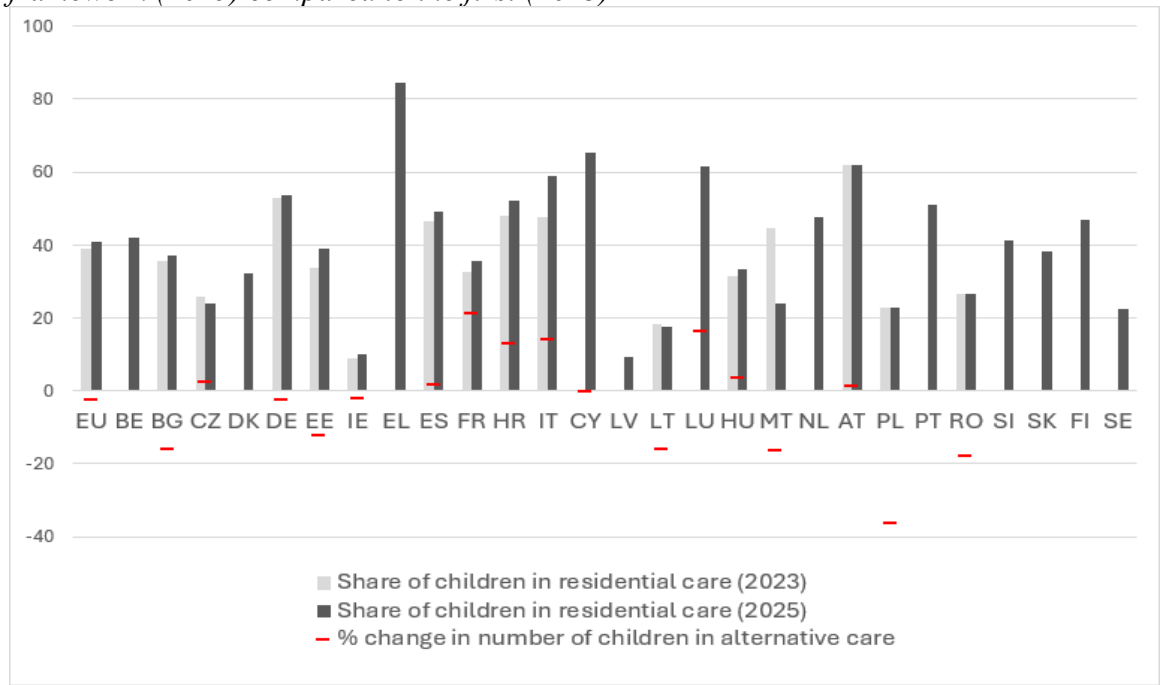
	Energy poverty of families with children addressed	Sufficient supply of public/social housing and priority of access given to families with children in need
Austria	Wide	Wide
Belgium	Wide	Partial
Bulgaria	Partial	Limited
Croatia	Partial	Limited
Cyprus	Partial	Partial
Czechia	Wide	Partial
Estonia	Wide	Partial
Denmark	Wide	Wide
Finland	Full	Full
France	Partial	Wide
Germany	Partial	Partial
Greece	Limited	Limited
Hungary	Partial	Limited
Ireland	Limited	Limited
Italy	Limited	Limited
Latvia	Wide	Limited
Lithuania	Wide	Partial
Luxembourg	Full	Partial
Malta	Wide	Partial
Netherlands	Limited	Full
Poland	Wide	Partial
Portugal	Limited	Partial
Romania	Wide	Limited
Slovakia	Limited	Limited
Slovenia	Wide	Wide
Spain	Limited	Limited
Sweden	Full	Wide

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

3.9.3. Alternative care of good quality

§ 10 (d) of the ECG Recommendation guides the Member States to ensure transition of children from institutional alternative care to quality community-based or family-based care, to take into account the best interests of the child as well as their overall situation and individual needs when placing them in alternative care, and to support independent living and social integration of young people who leave alternative care. Overall, between 2023 and 2025, the number of children in alternative care across the EU decreased by 2.3%, from around 749 to 731 thousand children. Despite this positive development, the share of children placed in residential alternative care among all children in alternative care increased by 1.8 pp., from 39.1% in 2023 to 40.9% in 2025.

Graph 22: Share of alternative care children in residential care (in %) and change (in %) of overall number of children in alternative care in the last version of the monitoring framework (2025) compared to the first (2023)



Note: No update for Belgium, Denmark, Greece, Cyprus, Latvia, Luxembourg, Netherlands, Portugal, Slovenia, Slovakia, Finland and Sweden.
Source: Data initially collected in the framework of the DataCare project and corrected/updated by the delegates to Indicators Sub-Group of the Social Protection Committee in 2023 and 2025.

Out of all Member States, Latvia reported the lowest percentage of children in residential care at 9.4% in 2025. To achieve this impressive result, Latvian support centres recruit and train foster families, implement support plans for foster and specialised carers, and provide psychological help. With the support of the EU cohesion funds, Latvia is investing in deinstitutionalisation, including for children with severe disabilities. Ireland is another Member State highly compliant with ECG guidance on deinstitutionalisation, even though the share of children in residential care among all children in alternative care increased by 1.3 pp. between 2022 and 2025, reaching 10.1%. In the same period, Malta showed a significant decrease (from 44.8% to 23.8%, i.e. by 21 pp.) on the same metrics, showcasing clear progress towards more community-centered or family-oriented care settings. In contrast, Italy exhibited the largest increase in the share of children in residential care, escalating by 11.5 pp. to 59.1%. Despite the goal set in its ECG action plan to reduce residential care to zero, Greece recorded in 2025 the highest share at 84.5%. As regards measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care, full compliance was defined as consistent application of a standardised procedure on determination of the child's best interests. Such a procedure should ensure adequate child participation and allow the views of the child to be given due weight in accordance with age and maturity.

Table 10: Implementation of provisions of ECG Recommendation on organisation of alternative care

	The best interests of the child as well as their overall situation and individual needs considered when placing them in alternative care	Measures to ensure the transition of children from institutional care to quality family-based care	Sufficient measures to support independent living and social integration of children leaving alternative care
Austria	Partial	Partial	Partial
Belgium	Partial	Limited	Limited
Bulgaria	Wide	Partial	Wide
Croatia	Partial	Limited	Limited
Cyprus	Partial	Partial	Partial
Czechia	Partial	Wide	Wide
Estonia	Wide	Partial	Wide
Denmark	Wide	Partial	Partial
Finland	Wide	Limited	Partial
France	Partial	Partial	Partial
Germany	Wide	Limited	Limited
Greece	Partial	Limited	Partial
Hungary	Partial	Partial	Partial
Ireland	Wide	Full	Partial
Italy	Wide	Limited	Partial
Latvia	Wide	Full	Wide
Lithuania	Wide	Wide	Wide
Luxembourg	Partial	Limited	Wide
Malta	Partial	Wide	Wide
Netherlands	n/a	Limited	n/a
Poland	Partial	Wide	Limited
Portugal	Wide	Partial	Partial
Romania	Partial	Wide	Wide
Slovakia	Partial	Partial	Partial
Slovenia	Wide	Partial	Partial
Spain	Partial	Limited	Partial
Sweden	Full	Wide	Full

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

Out of all Member States, Sweden stands out as the one with the highest degree of compliance in this regard. Since 2020, the provisions of the UN Convention on the Rights of the Child are part of the national legislation, imposing a clearer obligation on courts and legal practitioners to apply the rights that follow from the CRC in deliberations and assessments that are part of decision-making processes in cases and matters concerning children. In Bulgaria, the Child Protection Act prioritizes family-based care and the Social Services Act forbids residential care for children under three years, except in cases of severe disability. A similar prohibition was introduced in Romania where child protection bodies ensure individualised, judicially reviewed measures. In Denmark, supportive measures delivered in home settings are systematically preferred over placement in alternative care, and an individual assessment of child's needs and best interest and development of a personalised intervention plan are required. Placement in alternative care without child's and custodian's consent can only be undertaken if there is a risk of serious harm to the health or the development of the child. Estonia promotes family-based care

and submits failed placements to analysis with view to improve support. Children's voices are central in all decisions and monitored through regular follow-ups. While all Member States formally acknowledge the principles of deinstitutionalisation of alternative care and of the best interest of the child, in some cases it is not clear how those principles are put in practice (see question marks and assessments as 'limited compliance' in Table 10 and respective sections of country profiles in Annex III).

As regards measures to support independent living and social integration of youth leaving alternative care, full compliance with ECG Recommendation was defined as existence of a robust system of support for transition to adulthood. Such support should be available to youth leaving alternative care until they are integrated in the labour market. Sweden appears as the best performer also in this respect. Social services have a legal duty to provide continued support both during and after a placement of a young person in alternative care. After a placement ends, the social services provide structured follow-up and practical, emotional and social support. This includes help with finding housing, managing money, planning for school or work, and offering practical and emotional guidance. The system emphasises early preparation, continuity and participation from the young person and ensures that each young person has access to trustworthy adults. In widely compliant Bulgaria, monthly benefits equal to the poverty line support individuals aged 18–21 years leaving care establishments. Specialised legislation ensures individual plans for independent living, training and life-skill programs. ESF + funding is used for counselling, career guidance and psychosocial support. In addition, the Bulgarian action plan for the implementation of ECG includes measures to support young people leaving alternative care by strengthening social worker and mentor capacity and testing support for employment, social skills, housing and family planning. Meanwhile, in Germany, the development of a database to better monitor life trajectories of care leavers is the only measure that specifically targets children leaving alternative care, who otherwise need to rely on general measures to support independent living. According to the German 2024 progress report, care leavers are subject to poverty, unemployment and mental illness at an above-average rate.

Deinstitutionalising alternative care

The 'Development of services promoting and effectively supporting foster care in a family environment' is an ESF+-funded initiative in Lithuania, supporting the transition from institutional care to family-based solutions by strengthening foster care across 60 municipalities. Foster families receive tailored assistance from professionals who work together to meet the needs of each child. So far, more than 5000 children have benefited from such integrated support.

3.10 Access to justice

The EU Strategy on the Rights of the Child, of which the European Child Guarantee is a deliverable, covers child-friendly justice as one of its six thematic areas. While the Strategy is universal in scope (i.e. unlike ECG, it is not limited to children at risk of poverty or other disadvantage), children in need are disproportionately more likely to be in contact with justice system and to be not treated fairly. Therefore, it is pertinent to mention this aspect in the context of analysing compliance of Member States with the ECG Recommendation and when mapping the options for its future strengthening. A supportive legal system that protects vulnerable children, reduces revictimization and promotes a child-friendly environment where children can voice their views in decisions that affect

their lives, not only protects their rights but contributes to breaking the cycle of disadvantage. Child friendly justice is especially important for children in poor households as it can often remove the barriers that poverty creates in accessing and navigating the legal system. By offering simplified procedures, accessible information, free legal assistance, and supportive environments, these initiatives help ensure that children who lack resources, guidance, or institutional trust can still understand their rights, participate meaningfully in decisions affecting them and avoid outcomes where poverty deepens their vulnerability.

Safeguarding dignity, promoting reintegration in society and preventing reoffences are the key elements of dealing with children who are in conflict with law. Those aims are included in the Directive (EU) 2016/800 on procedural safeguards for children suspected or accused of offences ([106]). The Directive establishes minimum standards for procedural guarantees, including the right to an individual assessment of their individual circumstances, needs and vulnerabilities, the results of which must inform and guide any decision taken with regards to the child throughout the proceedings. This is of particular importance for allowing the competent authorities to understand the different factors, such as poverty, which may have motivated or driven the child to commit the crime of which they are accused, to prevent discriminatory treatment and to ensure that support and protection measures are ordered, where required. The Commission is monitoring and enforcing the complete and correct implementation of Directive 2016/800. Infringement proceedings for the incomplete transposition of the Directive are pending. Once these proceedings are closed, the non-conformity stage of the infringement procedure will be opened.

The Directive also requires children to be assisted by a lawyer when they are subject to criminal proceedings ([107]). Where mandatory legal aid is provided, the costs are usually borne, in the first instance, by the State unless a means test in accordance with the EU Legal Aid Directive ([108]) is already applied at that stage of the proceedings. However, Member States may recover the costs of legal aid where a person is found guilty, subject to an often very strict means test, which may only exclude persons who already are below or just short of the poverty line from the recovery ([109]). A good practice to ensure that children from a disadvantaged socio-economic background are not burdened by such costs can be found, for instance, in Belgium, where children always receive legal aid free of charge, without a means test ([110]).

([106]) See footnote on Directive (EU) 2016/800, above.

([107]) Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings (OJ L 132, 21.5.2016, pp. 1–20). Article 6.

([108]) Directive (EU) 2016/1919 of the European Parliament and of the Council of 26 October 2016 on legal aid for suspects and accused persons in criminal proceedings and for requested persons in European arrest warrant proceedings, OJ L 297, 4.11.2016, pp. 1–8.

([109]) See also Commission Recommendation of 27 November 2013 on the right to legal aid for suspects or accused persons in criminal proceedings, point 6, OJ C 378 of 24.12.2013, p. 11-14, according to which, when the legal aid is for a child, the child's own assets should be taken into account and not those of their parents or holder of parental responsibility.

([110]) https://www.justiceinitiative.org/uploads/41ed2da7-a5b5-4bb7-b32d-83676c83f6ba/eu-legal-aid-belgium-20150427.pdf

Another important aspect is family law. The Brussels IIb Regulation (Council Regulation (EU) 2019/1111) ([111]) supports child friendly justice by setting rules for cross border family law cases, including custody, parental responsibility and child abduction. A key feature is its emphasis on children's right to be heard, ensuring their views are considered in decisions that directly affect them. By requiring courts to adapt procedures to children's age and maturity, the Regulation helps make justice systems more responsive, protective and respectful of children as rights holders.

3.11 Outreach and awareness raising

To deliver the expected results, the benefits made available to the people in need, must also be taken up by them. Research shows that this is not always the case. In order to address the potentially similar challenge of organised but unclaimed free services under the ECG, § 11 (d) of the Recommendation guides the Member States to "*develop effective outreach measures towards children in need and their families*". Such measures should be organised "*at regional and local level and through educational establishments, trained social workers, family-support services, civil society and social economy organisations".* Their aim is to raise awareness and facilitate the take-up of the services covered by the ECG Recommendation. For purposes of the country-specific assessment, full compliance with this guidance was defined as a widely implemented, targeted and proactive approach pursued at local level – by authorities or publicly supported NGOs.

Integrated family services

In Belgium, the Houses of the Child ('Huizen van het Kind') represent a robust example of integrated family services, aiming to deliver a comprehensive, preventive support system at the local level. These local collaborative networks are structured as partnerships, providing services either co-located under one roof or as decentralised satellites across multiple sites. The model is present in Flanders and Brussels, with 227 active Houses serving 294 municipalities. They integrate services such as healthcare, early childhood education and parenting support, coordinated often by a dedicated official from the local authority. Houses of the Child exemplify effective collaboration between healthcare providers, educational institutions, and social services, promoting social cohesion and supporting families with preventive care and cross-domain support.

Only Denmark seems to be fully compliant with the ECG Recommendation as regards outreach, and this thanks to child protection measures, which predate the European Child Guarantee. The Danish municipalities are formally obliged to monitor the living conditions of all children and youth within their territories. The supervisory duties should be discharged in a manner enabling the municipality to identify as soon as possible any instances where a child might need special support. In each such instance, the municipality has a duty to ensure that a thorough assessment of the child's (and their family's) circumstances is carried out, resulting in an informed decision on whether to take measures to support the child. The supportive measures may entail family treatment, supported accommodation outside of the home and a permanent contact person for the child or the family. The support provided by the municipality is intended to ensure that all children and young persons have the same opportunities for care, learning, personal development, health, well-being, and for living an equally independent adult life as their peers. The monitoring duties of the municipalities are supported by a universal obligation to notify

([111]) See footnote in Commission Recommendation of 27 November 2013 on the right to legal aid for suspects or accused persons in criminal proceedings, above.

the authorities in case of becoming aware of a child experiencing neglect. Professionals and public workers have an expanded obligation to notify the authorities. Outreach services in social welfare are statutory also in Finland. Other Member States where relatively much attention is paid to outreach, communication and awareness-raising actions include Germany (where particular attention is paid to refugee and homeless children), Malta (where information on all government services have been consolidated at a single website, a dedicated freephone and a network of one-stop-shops), and Luxembourg (which aims to reach the most disadvantaged with information on preventive and curative healthcare). In addition, Greece and Italy organise outreach to children in remote areas through mobile health units, while Slovenia and Slovakia focus their outreach activities on Roma population. On other hand, the Estonian 2024 progress report mentions as part of the stakeholder feedback that it is important to increase social awareness, as well as community assistance and support for children and families in the target group. For an overview of compliance with the guidance on outreach, please see Table 11 at the end of the next section.

Outreach to children in remote areas

In **Greece**, reaching children in remote areas, including islands, is effectively managed through the deployment of Mobile Health Care Units. These units are designed to deliver specialised medical services that go beyond what is typically offered by local healthcare systems in remote locations. This initiative ensures timely and direct access to healthcare for children who might otherwise face significant barriers due to geographical isolation. By focusing on the specific needs of these communities, Greece highlights the importance of adaptive strategies in overcoming service delivery challenges, with these Mobile Units serving as a vital lifeline for health care, particularly in areas that are difficult to reach via traditional infrastructure.

3.12 Involvement of stakeholders

The ECG Recommendation stressed the need for an adequate involvement of stakeholders in the design, delivery and monitoring of policies and quality services for children. Their contribution is key for mapping needs, gaps and challenges, as well as for proper adaptation of the action plans to national, regional and local circumstances. The types of stakeholders who should be involved include – but are not limited to – national, regional and local authorities, social economy organisations, non-governmental organisations promoting children's rights, and children. The ECG Recommendation specifically calls for stakeholder involvement in identification of children in need (§ 11 (b)), preparation of the national action plans, their implementation, as well as in ongoing monitoring and retrospective evaluation (§ 11 (e)). Finally, stakeholders have also a role to play – as recipients of information and possible followers of good practices – in the Commission activities to strengthen awareness about ECG and to disseminate the results and good practice examples. Eight Member States appear to be so far fully compliant with the recommendation to involve various types of stakeholders (ministries and state agencies; local/regional governments; NGOs; children) throughout the preparation, implementation, monitoring and evaluation of the action plan: Bulgaria, Estonia, Greece, Italy, Lithuania, Malta, Slovakia and Sweden. The formats and modalities for stakeholder consultations vary, but they often entail creation of permanent governance and advisory groups ([112]).

([112]) In the Italian case, the National Steering Committee is chaired by the high officials of the Ministry of Labour and Social Policies and comprises representatives of Istituto degli Innocenti (est. 1445, one of the oldest organisations that defend and promote the rights of children, bringing together practice and

Another example of good practice on stakeholder involvement comes from Ireland, where civil society organisations are in a close working relationship with the Department of Children, Equality, Disability, Integration, and Youth. Ireland also hosted a meeting of Child Guarantee National Coordinators in 2023, where CSOs were invited. Ireland's National Action Plan on the EU Child Guarantee contains a commitment to pilot the development of Child Poverty Local Area Action Plans. In the 2024 budget, funding was secured for four geographic areas to develop tailored and innovative responses to child poverty. To date, the Department of Children, Disability and Equality has provided funding for over two years for the rollout of these initiatives. For a full overview of the degree of stakeholder involvement, including that of children, see Table 11.

Table 8: Implementation of provisions of ECG Recommendation on outreach measures and involvement of stakeholders

	Adequate information and outreach measures implemented to ensure that all children in need benefit	Involvement of stakeholders throughout the preparation, implementation, monitoring and evaluation of the action plan
Austria	Partial	Wide
Belgium	Limited	Partial
Bulgaria	Partial	Full
Croatia	Partial	Partial
Cyprus	Partial	Wide
Czechia	Partial	Partial
Estonia	Wide	Full
Denmark	Full	Partial
Finland	Wide	Wide
France	Partial	Wide
Germany	Wide	Wide
Greece	Wide	Full
Hungary	Partial	Partial
Ireland	Partial	Wide
Italy	Wide	Full
Latvia	Limited	Partial
Lithuania	Partial	Full
Luxembourg	Wide	Wide
Malta	Wide	Full
Netherlands	n/a	Wide
Poland	Limited	Limited
Portugal	Partial	Wide
Romania	Wide	Partial
Slovakia	Wide	Full
Slovenia	Wide	Wide
Spain	Partial	Wide
Sweden	Partial	Full

Source: European Commission, based on information from Child Guarantee Coordinators. See Annex III for methodological description.

theory), regional and local authorities, the National Association of Italian Municipalities, the National Council of Social Workers, the National Foundation for Social Workers; the National Council of Psychologists; the national federation of health technicians in medical radiology, and the national federation of technical health professionals in rehabilitation and prevention.

4. STAKEHOLDERS' VIEWS ON THE EUROPEAN CHILD GUARANTEE AND ITS POSSIBLE STRENGTHENING

This section briefly presents the views of key stakeholders during the implementation phase of the ECG, as well as their approaches to its possible strengthening.

4.1 European Parliament

The ECG was initiated by the European Parliament (2014-2019) as a three-phase preparatory action ([113]). The European Parliament has shown continuous support to the European Child Guarantee through its resolutions and establishment of a dedicated working group within its Committee on Employment and Social Affairs Committee. In its resolution of 29 April 2021 (2021/C 506/15), the European Parliament welcomed and set the Parliament's position on the proposed European Child Guarantee, urging Member States and EU institutions to ensure its effective implementation to combat child poverty and social exclusion.

The European Parliament has also repeatedly called for an increase in the funding for the European Child Guarantee by means of a dedicated budget of at least EUR 20 billion ([114]). On 21 November 2023, the European Parliament adopted a resolution 'Children first – strengthening the Child Guarantee, two years on from its adoption' (2023/2811(RSP)) to assess progress and call for stronger measures, better implementation and better monitoring of the European Child Guarantee two years after its adoption. On 19 May 2022, the European Parliament's Committee on Employment and Social Affairs established a Working Group on the implementation of the European Child Guarantee to reflect the institution's commitment to strengthen awareness raising and monitor the progress of the implementation of the Child Guarantee and its sustainability. It held over 8 meetings focusing on the state of play of the implementation of the European Child Guarantee, exchanges of views with the Commission, national coordinators (including from Ireland, Lithuania, Poland, Sweden, Belgium), and the civil society. It also held meetings on monitoring and evaluation methodologies of ECG and EU funding. The Committee had decided to reestablish its working group on Child Guarantee under the 2024-2029 term. It has so far held three meetings to discuss the state of play and strengthening of the Child Guarantee, as well as provision of integrated services for children in need and need for sustainable financing of the initiative.

([113]) Phase I 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. Phase II of the produced a detailed study exploring costs and benefits of the free provision of (i) education including school-based activities and full meals, (ii) early childhood education and care, (iii) regular health examinations and follow-up treatment to all children at risk of poverty or social exclusion, and (iv) providing services aimed at preventing and fighting child homelessness. For the Phase III of the Preparatory Action, the European Commission has partnered with the UNICEF. The aim of this phase was to test how the European Child Guarantee could work in practice and provide recommendations for its successful design and implementation. As part of this engagement, UNICEF worked with national and local governments from Bulgaria, Croatia, Germany, Greece, Italy, Lithuania, and Spain and key national and local stakeholders in these countries.

([114]) Resolutions of 7 April 2022 on the EU's protection of children and young people fleeing the war in Ukraine, of 5 October 2022 on the Situation of Roma people living in settlements in the EU, of 13 December 2022 on the Equal rights for persons with disabilities, and of 21 November 2023 on Reducing inequalities and promoting social inclusion in times of crisis for children and their families.

4.2 The Council

Over the past decade, the Council of the European Union has repeatedly highlighted the need for stronger action to tackle child poverty and promote children's well-being. Through several sets of conclusions adopted between 2010 and 2020, covering issues such as preventing child poverty, strengthening early childhood education and care and investing in the economy of well-being, the Council called on Member States to improve income support for families, ensure access to quality services and invest in early childhood development. These discussions built on the principles of the Commission Recommendation Investing in Children: Breaking the Cycle of Disadvantage and formed an important policy foundation for the adoption in 2021 of the European Child Guarantee. In 2022, the Council adopted Conclusions on the EU Strategy on the Rights of the Child, which set out the Member States' political support for implementing the EU Strategy on the Rights of the Child – of which the European Child Guarantee is a deliverable – and call for stronger action across the EU to promote and protect children's rights in all policies.

In March 2026, the Council adopted a set of *Council Conclusions on investing in children: strengthening child well-being, social inclusion and combating child poverty in the European Union.* These Council Conclusions promote a holistic, rights-based and preventive approach that puts children at the centre of policymaking. They emphasise investing early in children, especially through high-quality and accessible services such as early childhood education and care, healthcare, nutrition, housing and education, while reinforcing the implementation of the European Child Guarantee and progress towards the EU's 2030 poverty reduction targets. The Conclusions call on Member States and the European Commission to improve coordination, funding, data and child participation, ensuring that policies across all sectors effectively reduce inequalities and break the intergenerational cycle of poverty.

Several Council Presidencies have put a great emphasis on the ECG implementation, in particular through organising meetings of Child Guarantee Coordinators or related high-level events (Spain, Czechia, France, Belgium, Poland, Denmark, and upcoming meetings in Cyprus and Ireland).

4.3 Committee of the Regions

The Committee of the Regions has demonstrated a steadfast commitment to supporting the implementation of the ECG at local level, notably through three opinions specifically dedicated to this Council Recommendation, respectively adopted in 2021, 2024 and 2026 ([115]). Additional opinions also address child poverty and the ECG ([116]). Besides underscoring the vital role of local and regional authorities in reducing child poverty and the roll-out of services covered by the ECG, greater involvement, design of integrated local Child Guarantee action plans and a dedicated budget of EUR 20 billion are among the main calls featuring those three opinions. Other calls also relate to the need for cross-sectoral cooperation and an integrated approach for services delivery, as well as robust monitoring frameworks to track progress.

([115]) Opinions of 12 October 2021 on the EU strategy on the rights of the child and the European Child Guarantee, of 17-18 April 2024 on Improving the social inclusion of children by implementing the European Child Guarantee at local and regional level, of 4-5 March 2026 on Child wellbeing and child benefits.

([116]) See for instance Opinion of 13-15 October 2025 on the EU Anti-Poverty Strategy.

Implementing ECG at the local level in Portugal

Portugal exemplifies the successful involvement of local authorities in the implementation of the child guarantee. By formalising commitment memoranda with Intermunicipal Communities and protocols with Social Action Local Councils, Portugal has established numerous Child Guarantee Local Centres across the nation. They have constituted 64 centres, involving over 600 representatives from various sectors of local authorities. This centralised approach is complemented by capacity building training. The coordinated efforts between these centres and national bodies like the Social Security Institute highlight Portugal's commitment to a comprehensive, integrated approach in tackling child poverty and enhancing social protection benefits.

4.4 European Economic and Social Committee

In its 2021 opinion ([117]), the European Economic and Social Committee called for a more ambitious, rights-based and integrated approach to tackling child poverty across the EU, mainstreaming of child policies throughout different policy areas and highlighting that effective action requires a whole-of-society approach involving EU, national and local levels, as well as civil society and children themselves. The opinion also stressed the importance of targeting the most vulnerable children, improving data and monitoring, strengthening governance through coordinators and participation mechanisms. The Committee supported efforts to better implement the European Child Guarantee and combat child poverty through its statements and opinions, most recently in 2025 in its opinion on the EU Anti-Poverty Strategy, which stressed the importance of access to services, social and support services and calling for eradication of poverty – not only its reduction ([118]).

4.5 Civil society

The ECG was greeted by the civil society as a historic step towards the protection of the rights of children in the European Union ([119]). Consultation meetings with the EU Alliance for Investing in Children, which brings together civil society organisations active in the domain of child rights took place in May 2024 and April 2025. The state of play and way forward on ECG were discussed on those occasions. Representatives of civil society mentioned several shortcomings in implementation at the national level, as well as provided proposals for improvement, including the need for stronger focus on support to families and prevention (also preventing family separation), integration of services for children, securing high quality of services, need for better governance (including cooperation with regional and local authorities and a more structured cooperation with the civil society).

An Implementation Dialogue on measures to combat poverty, the Council Recommendation on Minimum Income ensuring active inclusion and the European Child Guarantee, was held by Executive Vice-President Roxana Mînzatu on 24 February 2026, providing many insights into the strong and weak points of ECG from the perspective of

([117]) SOC/682 – EESC-2021-01883-00-01-AC-TRA (EN).

([118]) SOC/829 – EESC-2025-00984-00-01-AC-TRA (EN).

([119]) EU Alliance for Investing in Children welcomes the EPSCO Council adoption of the ECG https://alliance4investinginchildren.eu/eu-alliance-for-investing-in-children-welcomes-the-epsco-council-adoption-of-the-council-recommendation-establishing-the-european-child-guarantee/.

various stakeholders. This was complemented by a structured dialogue with civil society organisations working in the EU employment and social policies domain, which provided further format for discussing the existing gaps in the European Child Guarantee implementation and ways to enhance it. 33 participants representing 31 EU-level civil society organisations raised issues such as: importance of sustainable funding for child-related policies, peer reviews and exchanges of good practices, more focus on vulnerable groups (e.g. Roma children or children in alternative care) and prevention measures.

Child poverty was also one of the aspects considered as part of the consultations supporting the preparation of the EU Anti-Poverty Strategy (APS). An open public consultation was launched from July 2025 to October 2025. The online questionnaire, available in all 24 EU languages, invited citizens and stakeholders to share their views on the root causes of poverty and on national and EU-level actions to combat and prevent it. In total, 126 responses – most of them from civil society organisations – were received. The questionnaire combined closed and open-ended questions, with most items using Likert-scale ratings to assess relevance and effectiveness, alongside opportunities for more detailed qualitative input. This approach enabled the collection of both quantitative and qualitative evidence. Among the proposed measures, support for universal access to quality services for children, including healthcare, healthy nutrition, and adequate housing, with the aim of ensuring equal developmental opportunities, received the highest mean effectiveness rating (4.75). Consistent with this finding, children living in poverty were most frequently identified as the group requiring targeted intervention, with 110 out of 126 respondents highlighting this. Moreover, the respondents could provide recommendations, through open text responses on actions to be taken to prevent and fight child poverty.

Universal access to quality early childhood education and care stood out as a frequently cited priority. Contributors consistently emphasised free or affordable access to early childhood education and care for children aged 0-3 and universal pre-primary education for ages 3-6, viewing education as fundamental to breaking intergenerational poverty cycles. Securing adequate family income support appeared as another frequent recommendation. Contributors called for universal child benefits to be supplemented for families experiencing poverty to ensure that they have resources to meet basic needs and support children's development and participation. Free or affordable nutrition and healthy school meals were repeatedly highlighted as essential. Numerous contributors advocated universal access to nutritious school meals, fresh fruit schemes and food assistance, recognising nutrition as foundational for child development and school participation. Safe and affordable housing was identified as another critical priority, with contributors emphasising that housing precarity directly undermines child development and other support measures. Housing-led approaches and prevention of family homelessness were frequently mentioned. In addition, respondents emphasised the need for targeted measures for marginalised children, particularly Roma children, children with disabilities, migrant children, homeless children and children in alternative care. Finally, strengthened and sustained ECG funding, with dedicated budgets and robust monitoring frameworks with disaggregated data, were consistently recommended to ensure effective implementation.

4.6 Children

A consultation with children on the review of progress made in the implementation of the European Child Guarantee was conducted under the EU Children's Participation Platform. It ran between October and December 2025 through an online survey, complemented by interviews and focus groups. A total of 41,736 children took part in the consultation, including 41,518 respondents to the online survey, 173 children participating in focus group interviews, and 45 children interviewed individually. Survey participants were aged 8 to 17 and came from all 27 EU Member States, some of them being EU citizens living abroad. The largest number of survey participants were from Poland (83%) ([120]), followed by Romania (5%), Bulgaria (5%), and Portugal (3%). Survey respondents were broadly spread across the age range, with the largest shares aged 13 to 15. Just over half (51%) identified as girls. Across all topics, children shared a consistent message. While many recognise that services exist and that progress has been made, access is not always experienced equally, and equal rights do not always translate into equal chances in everyday life. Children repeatedly linked inclusion and fairness to practical conditions, whether families can afford costs, whether support is available when needed, whether adults intervene when problems arise and whether children are treated with dignity and listened to.

Children considered education as central to their futures and schools were in general seen as inclusive. However, the respondents also noted that not all children are able to benefit equally from school.

Children described health as more than being free from illness. They linked it to mental wellbeing, everyday habits and access to help when needed, including seeing a family doctor, accessing specialist or mental health services, and speaking to school-based staff such as nurses or counsellors where available. While many consulted children believed that most children have some access to healthcare and health information, views were mixed, particularly regarding timely access to doctors, specialist care and mental health support. Long waiting times, travel barriers and costs for services such as dentistry and therapies were repeatedly identified as barriers. Mental health support was described as unevenly available and slow to access, including within schools. Children often said they do not always know where to go for help, especially if parents cannot act.

Children described housing as a basic foundation for safety, dignity, health and learning. A majority of surveyed children believed that most children live in stable and comfortable homes, but some children reported concerns about insecurity, poor housing conditions and unequal access, particularly for children in poverty, in alternative care, or from marginalised groups. Children described inadequate housing in concrete terms, including cold homes, damp, unsafe buildings, overcrowding and lack of privacy.

([120]) The high number of respondents from Poland can be attributed to the exemplary outreach: the survey was circulated through existing digital communication systems (e-registers), which schools use to share routine information with pupils and parents. This approach supported wide reach (while aligning with the parental control requirements) and contributed to the high volume of survey responses. This natural experiment points to the importance and potential of involving schools in outreach activities linked to the implementation of European Child Guarantee. The full report from consultation with children is available at: https://eu-for-children.europa.eu/system/files/2026-03/Poverty-Social-Inclusion-Survey-Full-Report_2026.pdf.

Affordability pressures, rent and utility costs, and risks of homelessness were highlighted, alongside concerns about young people leaving care without sufficient housing support.

Children described access to healthy food as essential, but not accessible for all children every day. Survey responses showed mixed views on whether children can access healthy food at home and at school, with particular gaps identified in relation to free school meals, food provision for older pupils, and access during school closures. Consulted children linked unequal access to household income, the higher cost of healthier food, and limited or poor-quality school provision. Quality, variety and taste were described as affecting whether children actually eat the food provided.

Children described inclusion as shaped by poverty, discrimination and whether adults take responsibility to act. Many children said that poverty limits participation in everyday activities and creates shame and exclusion, even where services exist. Children described discrimination linked to disability, ethnicity, migration, gender and other differences, and said that passive or inconsistent adult responses undermine safety and belonging. Trusted adults, mental health support and environments where children are listened to were described as central to feeling included.

4.6.1 Children's suggestions and recommendations

Children's suggestions and recommendations were consistent across countries and topics. Key thematic recommendations emerging from the consultation evidence are presented below.

- Making access affordable in practice: Children repeatedly asked for costs to be reduced so that participation in school, healthcare, housing and access to food does not depend on family income. This included covering or subsidising school activities, reducing out of pocket healthcare costs, supporting rent and utility bills and expanding free or affordable school meals.
- Improving access and timeliness of services: Children emphasised the importance of faster access to healthcare, mental health support, learning assistance and housing support, particularly for children who need extra help. Waiting times and delays were described as worsening problems and increasing inequality.
- Ensuring safety, dignity and respectful treatment: Children asked for stronger action against bullying, discrimination and unsafe conditions in schools, healthcare settings, homes and neighbourhoods. They stressed the importance of being treated with respect, having privacy protected and not being singled out when receiving support.
- Strengthening support for children facing greater barriers: Children highlighted the need for practical, consistent support for children with disabilities, children in poverty, children from minority backgrounds, migrant children and young people leaving care. They emphasised that support should work in everyday practice, not only exist on paper.
- Using schools as a key route to support and prevention: Schools were repeatedly identified as important places for learning, prevention, health support, food provision and access to trusted adults, provided that services such as counsellors, nurses and learning support are consistently available.
- Listening to children and making participation meaningful: Children asked to be listened to in decisions that affect their lives, including in schools, communities

and services. They emphasised that participation should be meaningful, inclusive, and lead to visible change, rather than consultation without follow up.

4.7 Results of the Call for Evidence

The Call for Evidence on strengthening of European Child Guarantee was open for feedback at Have Your Say portal from 12 March to 9 April 2026. Over 100 responses have been received ([121]), mostly from civil society organisations (31 operating at national or sub-national level and 30 at EU level). Local authorities were also well represented (18 submissions, mostly from Portugal where local offices for ECG implementation have been established). A few Child Guarantee Coordinators and persons or institutions involved in in ECG implementation have also contributed. Geographically, Portugal, Spain and Italy were overrepresented, with a combined total of 40 responses. There were a few responses each from Belgium, France, Germany and the Netherlands, and not a single response from 12 Member States ([122]).

Regarding the scope of the ECG Recommendation, a respondent stated that there was no need for broadening it, "but rather a further strengthening of the political focus on its concrete implementation by 2030" ([123]). At the same time, several respondents pointed to groups of children experiencing specific disadvantages (e.g. children living in single-parent households, Roma children, children in migration and children with behavioural issues), to whose needs implementers of ECG should pay particular attention. Children with disabilities were mentioned in this context several times, including a call for disaggregating this group into smaller ones, depending on the kind of disability ([124]). The need for strengthening through paying greater attention to delivery of specific services – already covered by the ECG or to be added to its scope – was also raised. Leisure, as "a fundamental children's right and a crucial factor for well-being, resilience and social inclusion" ([125]) and psychological consultations ([126]) were most often mentioned in this context.

As regards governance and funding aspects of the ECG, a suggestion to embed child poverty reduction targets within the European Semester has been made by one respondent

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([121]) 108 responses via Have Your Say portal (including two submissions by the same respondent), and two responses from local authorities in Portugal, transmitted to the Commission by email by the Portuguese Child Guarantee Coordinator. The responses submitted via Have Your Say portal can be accessed online at https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee_en.

([122]) Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Latvia, Luxembourg, Malta, Hungary, Romania, and Slovenia. From the remaining Member States, there was one or two responses per country.

([123]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390068_en.

([124]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390115_en.

([125]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389665_en.

([126]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389158_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389840_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389961_en.

([127]), while others were calling for strengthening of participatory governance (including structured engagement with youth organisations) ([128]) and better coordination between all ministries involved in delivery of services covered by the ECG ([129]). One the other hand, one of the Portuguese municipalities stressed the need for decentralised coordination mechanisms, combined with stable financing ([130]), while Eurocities called for fully recognising cities as key partners, not merely implementers, in the design, governance, implementation and monitoring of the ECG ([131]). The calls for securing adequate funding for ECG implementation by earmarking a part of EU funds under the next MFF appeared very often ([132]), including from local authorities and EU-level civil society organisations bringing together family associations ([133]).

Several submissions suggested for specific issues to be considered when implementing the ECG. Those included boosting non-formal activities after school times and during holidays ([134]) and equipping people of all ages (beginning with 3 years-olds) with skills to react in the event of sudden cardiac arrest ([135]). The issue of first aid preparedness appeared also in context of expanding provision of school meals, which according to several respondents should be coupled with staff training on anaphylaxis (cases of allergic children dying after being served a meal at school are quoted) ([136]). Another issue raised in the context of expansion of school meals has been the local sourcing of used foodstuffs, or at

([127]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33387643_en.

([128]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390064_en.

([129]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389851_en.

([130]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390099_en.

([131]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390107_en.

([132]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390064_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389650_en, , https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390045_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389158_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389585_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389775_en.

([133]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389980_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33385716_en.

([134]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389158_en.

([135]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389650_en.

([136]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390062_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389931_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389871_en.

least their procurement in line with Fair Trade principles ([137]). Finally, a significant number of respondents called for social service mentors who would support disadvantaged children from early childhood, or other measures to create an integrated, place-based approach to child wellbeing, with aim to establish a genuine dialogue between institutions, parents and children ([138]).

([137]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33388955_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33387699_en.

([138]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33387387_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33390107_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389788_en, https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17234-Strengthening-of-the-European-Child-Guarantee/F33389840_en.

5. WAY FORWARD: NEEDS AND TOOLS TO STRENGTHEN ECG

The European Child Guarantee has already inspired numerous reforms and measures for children in need across the entire EU. The access to early childhood education and care (ECEC) has become easier, more Member States have offered free school meals and children's participation in decision making has increased significantly. But, while the number of children at risk of poverty or social exclusion who constitute the target group of the European Child Guarantee has not decreased, additional challenges appeared. The Russian war of aggression affected millions of children in Ukraine, many of whom found refuge in the EU. The sudden spike in the costs of living put stress on many European families in 2022 and 2023 and has not yet fully dissipated. The ongoing technological revolution has changed the ways in which children socialize and, through AI-generated fakes, increased vulnerability to cyberbullying. In response to all that, the efforts for implementation of the ECG need to intensify at all levels, from local and regional, to national and European.

Funding quality public services for children is bringing high returns over the long term. The long-term benefits are evident both at individual and at societal levels. For example, eating lunches at school improves health, increases levels of educational attainment and increases life-time earnings ([139]). Research has also shown that for the society at large, health-related programmes for children bring threefold return, while investments in education can deliver up to seven euros back for each euro invested ([140]). Public money invested in children not only supports them on their path towards a healthier and more prosperous adulthood, but comes back revitalising our economies, fostering social cohesion and improving Europe's standing in the global competition. In addition to improving skills and competences of the next generation, such investment brings also more immediate returns through higher labour market participation of parents, especially mothers.

Given such high returns, the services covered by the European Child Guarantee would gain to be prioritised, in particular in national budgets. In the next Multiannual Financial Framework (MFF) covering years 2028 – 2034 ([141]), Member States would benefit from including relevant investments and reforms in their future National and Regional Partnership Plans (NRPPs), which are at the core of the proposal for the next MFF. As underscored in annex VI of the NRPPs regulation ([142]), the ECG is one of the four crucial social policy areas to be addressed in these plans. This creates a vital opportunity for national and regional governments responsible for combatting child poverty and ECG implementation. The Commission is also leveraging existing EU monitoring tools and the European Semester to track progress results and further pave the

([139]) Lundborg, P., Rooth, D. O., & Alex-Petersen, J. (2022). Long-term effects of childhood nutrition: evidence from a school lunch reform. *The Review of Economic Studies*, *89*(2), 876-908.

([140]) Report on the effectiveness of child benefits in the EU by Rand Europe, forthcoming.

([141]) Proposal for a Council regulation laying down the multiannual financial framework for the years 2028 to 2034, COM/2025/571 final, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52025PC0571&qid=1777139434354.

([142]) Annex VI of Proposal for a regulation of the European Parliament and of the Council establishing the European Fund for economic, social and territorial cohesion, agriculture and rural, fisheries and maritime, prosperity and security for the period 2028-2034 and amending Regulation (EU) 2023/955 and Regulation (EU, Euratom) 2024/2509: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52025PC0565.

way toward a Union in which every child has opportunities necessary for a secure and prosperous future.

The room for improvement is vast. As demonstrated by the EU Monitoring Framework for ECG, children in need continue to be significantly more likely to experience various aspects of disadvantage and deprivation ([143]). Investments aimed at addressing the above disadvantages are urgently needed. To start with, as shown in Section 3.1, there is a scope for improvement in identification of children in need. This naturally goes in hand with better outreach (discussed in Section 3.11), which could notably involve individualised support and mentorship. Such mentorship is particularly important in the context of transition to adulthood, which constitutes a key element of breaking the cycle of child poverty.

The initiative to strengthen the ECG also supports Member States to combat child poverty more efficiently, while at the same time reinforcing the guarantees on access to key services for those children who, despite efforts, remain exposed to poverty and social exclusion. At the macro level, the national targets for child poverty reduction would gain to be revised upwards to meet the EU 2030 target, especially in those Member States where they had been set at a lower level of ambition than the EU target. In the longer run the strengthening of the ECG and the EU Anti-Poverty Strategy will help eradicate severe child poverty by 2050. The Commission will put forward a pilot programme to develop a European Child Guarantee Card to facilitate access to services and coherent support for children in need, maintaining EU rigorous standards for children's safeguards and protections, and building on the European Digital Identity Wallet ([144]).

The overview of progress with the implementation of ECG clearly shows persistent gaps in access by children in need to services which are key for their development. Notably, the childcare gap – a period between end of a well-paid maternity leave and beginning of easily accessible, free or affordable childcare – forces families into difficult decisions. To address this gap, the Anti-Poverty Strategy announces the launch of the first stage social parneters consultation on the possible direction of EU action to support the activation of persons excluded from the labour market and reinforce equality between women and men with regard to labour market opportunities, including through access to childcare. Furthermore, the European Education Area strategic framework, which states that by 2030 the share of learners from disadvantaged backgrounds with a good achievement in at least one domain (reading, mathematics or science) should be at least 25% and the Education Package (with its upcoming Basic Skills Support Scheme as well as other planned actions such as the Teachers and Trainers Agenda and the European School Alliance) will help reduce the education outcome gap. In addition, Member States and local authorities would gain from establishing or expanding quality school meal programmes.

([143]) This includes nutritionally unbalanced meals (they are 12.5 times more likely than their better-off peers to lack a daily meal containing protein and 11.4 times more likely to not consume fruits and vegetables daily), skipping on school trips because of financial reasons (ten times more likely), not having access to leisure activities (almost eight times more likely), being low achievers at school (over six times more likely), being overweight or obese (29.1% of children in need vs 18.3% of children not in need), and feeling low (29.0% vs 25.0%). At the same time, children in need are less likely to declare being in very good health (57.4% vs 67.0% of children not in need) or to participate in ECEC: 24.4% vs 42.4% as regards participation by children aged under 3 years of age and 82.0% vs 91.0% in the older cohort (3 years to mandatory school age).

([144]) https://digital-strategy.ec.europa.eu/en/policies/eudi-regulation

Bridging the support offered under ECG and Youth Guarantee would substantially increase effectiveness on the ground, offering continuous support from childhood into early adulthood. Such bridge would involve setting out practical ways for Member States to use EU funding, mentoring, outreach and other support measures, and to develop integrated pathways for children and young people in need. These pathways should support their transition into education, training or employment, while reducing the risk of disengagement and falling into a NEET situation. The Child Guarantee Coordinators and Youth Guarantee coordinators are well placed to jointly define practical steps to achieve appropriate integration.

Furthermore, as announced in the EU Action Plan against Cyberbullying, more should be done to protect and empower the vulnerable children online ([145]). The related policy responses include the forthcoming EU Action Plan on the protection of children against crimes and, under the Education Package, the Digital Education Roadmap. In addition, Member States would benefit from securing adequate psychological support in schools and invest heavily in mental health care for children, which is in acutely short supply everywhere in the EU. The physical health of children in need should also be given more consideration. The Commission has taken action to address this challenge by commissioning preparation of a dedicated Policy Toolkit which will help Member States enhance access of children in need to regular check-ups and improve their health literacy. In addition, in its proposal to revise the Council Recommendation on Health-Enhancing Physical Activity planned for 2027, the Commission will aim to boost evidence-based policymaking, including in relation to access to physical activity of vulnerable groups.

In parallel with the Communication on breaking the cycle of child poverty - strengthening the European Child Guarantee, Commission is issuing a proposal for a Council recommendation on fighting housing exclusion. It should be noted that initiatives such as the European Affordable Housing Plan provide further help and ease the financial burden faced by parents in accessing services and goods of key importance for child-rearing, such as housing. The ambition to end child homelessness is a common element of those two policy initiatives. To start with, a systematic, coherent and cross-country comparable data collection is necessary, allowing to monitor the actual number of children experiencing different degrees of homelessness. The Council Recommendation on fighting housing exclusion will pave the way toward ending child homelessness, through both a preventive and supportive approach.

([145]) https://digital-strategy.ec.europa.eu/en/policies/cyberbullying.

ANNEX I: THE EU AND NATIONAL TARGETS FOR CHILD POVERTY REDUCTION

	National target (reduction of AROPE in 1000s vs 2019 figures)	AROPE population 2019 (1000s)	AROPE population 2020 (1000s)	AROPE population 2021 (1000s)	AROPE population 2022 (1000s)	AROPE population 2023 (1000s)	AROPE population 2024 (1000s)	*Mini charts of trends to latest available year*	Overall change 2019-2024 (1000s)	Gap to tgt
EU	-5,000	19,126	19,455	19,684	20,046	19,995	19,524		398	5,398
BE	-93	532	516	492	459	461	478		-54	39
BG	-197	434	432	400	411	377	394		-40	157
CZ	-50	260	264	280	270	315	325		65	115
DK	n.a.	158	152	158	156	171	182		24	n.a
DE*+	-300	2,874	3,144	3,357	3,549	3,526	3,377		233	*533*
EE	-13	50	44	45	43	49	44		-6	7
IE	-45	303	269	281	274	293	253		-50	-5
EL*	(-6.6 p.p. AROPE)	31.2	30.8	32.0	28.1	28.1	27.9		-3.3	3.3 p.p.
ES	-713	2,571	2,608	2,750	2,604	2,768	2,756		185	898
FR+	-300	3,194	3,138	2,934	3,498	3,320	3,421		227	527
HR	-40	134	126	127	119	113	125		-9	31
IT	n.a.	2,658	2,797	2,851	2,660	2,471	2,421		-237	n.a
CY	-3	37	33	33	33	29	26		-11	-8
LV	n.a.	67	72	75	73	75	65		-2	n.a.
LT	n.a.	128	115	108	110	111	117		-11	n.a.
LU	-1	28	30	36	31	34	33		5	6
HU	n.a.	469	463	444	360	415	386		-83	n.a.
MT*	(-6 p.p. AROPE)	23.7	22.3	23.2	23.1	25.2	25.9		2.2	8.2 p.p.
NL	n.a.	519	526	493	459	526	518		-1	n.a.
AT	-102	312	345	368	353	376	344		32	134
PL	-300	1,089	1,096	1,140	1,138	1,136	1,070		-19	281
PT	-161	380	378	388	339	379	351		-29	132
RO	-500	1,426	1,483	1,508	1,496	1,360	1,255		-171	329
SI	-3	45	47	43	41	43	47		2	5
SK	-21	207	183	202	252	259	237		30	51
FI	-33	147	152	138	155	144	178		31	64
SE	-5	510	453	437	441	481	458		-52	-47

Source: Eurostat (EU-SILC). Notes: * Countries that have expressed their national target in a format other than absolute population reductions. EL and MT express their national poverty and social exclusion reduction targets for children as a reduction of the AROPE rate for children. Germany has expressed its national goal for the EU 2030 poverty and social exclusion reduction target for children in the following way: The number of children at risk of poverty or social exclusion shall be reduced by 300 thousand persons, by decreasing the number of children living in (quasi-)jobless households (i.e. households with very low work intensity) by 300 thousand. The base reference year for the target is 2020 in DE. No targets set for reduction of child poverty and social exclusion in DK, IT, LV, LT and NL., while for HU its headline target also considers the situation of children by focusing on families with children as a target group. + Series for DE adjusted for major break in AROPE in 2020 (break adjusted backwards to 2019) and in for FR adjusted in 2022, 2023 and 2024 due to a major break in 2022, due to the new inclusion of overseas departments and regions. Breaks in series in CY in 2024, IE in 2020, and major breaks in HR in 2023 and 2024. For LU, several breaks in EU-SILC data series (in 2020, 2021 and 2022) so there is a need to be cautious in the interpretation of evolutions. Cells shaded in green indicate that targets have been met.

ANNEX II: THE EU MONITORING FRAMEWORK

Target group
- Children AROPE: share and number – EU SILC (UPDATED)
- Share of children AROPE, by components – EU SILC (UPDATED)
- Relative median at-risk-of-poverty gap for children – EU SILC (UPDATED)
- Share of children (<16) with limitations due to health problems – EU SILC (UPDATED)
- Social backgrounds of children AROPE – EU SILC (UPDATED)
- *Number of children in alternative care, broken down by care type; and share of children in residential care out of the number of children in alternative care* (UPDATED BY ISG DELEGATES)
- Share of adults (25-59) AROP by educational attainment level of their parents – EU SILC
- Share of adults (25-59) AROP by financial situation of their household when they were 14 – EU SILC

Free access to early childhood education and care
- Share of children AROPE attending formal ECEC, broken down by child's age (<3; 3-CSA) – EU SILC (UPDATED)
- *Age at which there is a legal entitlement to ECEC – EURYDICE*
- Net out-of-pocket cost of childcare for a low-income household as % of average wage – OECD TAXBEN (UPDATED)

Free access to education and school-based activities
- Share of low-achieving (aged 15) in reading, maths and science, by socioeconomic category – OECD PISA
- Share of children AROPE living in a household reporting great difficulties to pay for formal education – EU SILC
- Share of children (<16) AROPE who suffer from the enforced lack of access to school trips and school events that cost money/to regular leisure activities – EU SILC (UPDATED)
- EU average share of early school leavers, by sex, and by parental education attainment – EU LFS (UPDATED)
- Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile – OECD PISA
- Share of fully certified teachers by schools' socioeconomic profile – OECD PISA
- Share of principals reporting shortage of educational material by schools' socioeconomic profile – OECD PISA
- Number of computers per student by schools' socioeconomic profile – OECD PISA

Free access to at least one healthy meal per day / Access to healthy nutrition
- Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables/to a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day – EU SILC (UPDATED)
- Share of children (aged 13) who eat breakfast every school day by family affluence – WHO HBSC
- Share of children (aged 13) who are overweight or obese by family affluence – WHO HBSC
- Share of children (aged 13) who reported drinking sugary soft drinks daily by family affluence – WHO HBSC

Free access to healthcare
- Share of children (<16) AROPE with "very good" health – EU SILC (UPDATED)
- Share of children (<16) AROPE with unmet needs for medical examination or treatment – EU SILC (UPDATED)
- *Free/fully subsidised access to healthcare services for all children/low-income children* (UPDATED BY ISG DELEGATES)
- *Free/fully subsidised access to regular health monitoring for all children/low-income children, by age* (UPDATED BY ISG DELEGATES)
- Share of children (aged 13) who reported feeling low more than once a week by family affluence – WHO HBSC
- Share of children (aged 13) who have ever smoked by family affluence – WHO HBSC

Access to adequate housing
- Share of children AROPE living in a household facing housing cost overburden – EU SILC (UPDATED)
- Share of children AROPE living in a household facing severe housing deprivation – EU SILC
- Share of children AROPE living in an overcrowded household – EU SILC (UPDATED)
- Share of children AROPE living in a household unable to keep home adequately warm – EU SILC (UPDATED)

ANNEX III: COUNTRY PROFILES ON THE STATE OF PLAY WITH IMPLEMENTATION OF THE EUROPEAN CHILD GUARANTEE RECOMMENDATION

To assess the degree of compliance with specific points of ECG Recommendation, Commission has prepared a checklist, in which the key elements of guidance included in the Recommendation were transposed into 33 questions. The checklist was consulted with Child Guarantee Coordinators. Its purpose is to support Member States with identifying concrete gaps in implementation of the ECG Recommendation. While quantitative indicators – notably those based on the EU Monitoring Framework – were taken into account when formulating responses and the resulting assessment, each checklist question has been answered in descriptive qualitative manner, drawing from the national action plans for implementation of the ECG, as well as the progress reports prepared by the Member States in 2024 and 2026 ([146]). Other sources of information, such as ESPAN reports and analyses by civil society have also been considered. The cross-country coherence of assessments was ensured through uniform and transparent definition of compliance criteria (listed below), and through consulting the assessments with all national Child Guarantee Coordinators. The assessment checklist is presented below, followed by the country profiles, which describe the degree to which each Member States has implemented the ECG Recommendation. The country profiles are presented in the EU protocolar order, which is based on alphabetic order of Member States' names in their first official languages.

Identification of children in need
Is the target group (children in need) and groups of children with specific disadvantages clearly identified in the action plan, and are respective numbers given in the action plan and updated in the progress report? (§ 5) Full implementation: clearly stated number of children in need, the statistical notion of the risk of poverty or social exclusion operationalised in a way that does not limit the size of the target group, priority groups clearly listed and their size given, along with particular disadvantages they experience – all updated in the progress report.
Free and effective access to early childhood education and care (ECEC), age 0-3
Have the financial barriers to participation in ECEC (e.g. tuition fees, meals, costs of transport and educational materials) been identified and addressed? (§ 7a) Full implementation: at least clear evidence of effectively free access (incl. meals, educational materials etc., might be through targeted in-cash allowances) for all children at risk of poverty or social exclusion.
Have the non-financial barriers to participation in ECEC (incl. staff shortages) been identified and addressed? (§ 7a) Full implementation: at least clear evidence of no unmet demand, no staff shortages and no geographical access barriers.

([146]) Progress reports submitted until 17 April 2026 were taken into consideration.

Are there sufficient measures in place to support inclusive education and avoid segregated classes? (§ 7c, § 7d, § 7e) Full implementation: at least clear evidence of efforts to desegregate, and of large-scale measures to adapt facilities and educational materials, and to ensure that there is enough of qualified staff to meet the needs of children with special educational needs.
Free and effective access to ECEC, age 3-school
Have the financial barriers to participation in ECEC (e.g. tuition fees, meals, costs of transport and educational materials) been identified and addressed? (§ 7a) Full implementation: at least clear evidence of effectively free access (incl. meals, educational materials etc., might be through targeted in-cash allowances) for all children at risk of poverty or social exclusion.
Have the non-financial barriers to participation in ECEC (incl. staff shortages) been identified and addressed? (§ 7a) Full implementation: at least clear evidence of no unmet demand, no staff shortages and no geographical access barriers.
Are there sufficient measures in place to support inclusive education and avoid segregated classes? (§ 7c, § 7d, § 7e) Full implementation: at least clear evidence of efforts to desegregate, and of large-scale measures to adapt facilities and educational materials, and to ensure that there is enough of qualified staff to meet the needs of children with special educational needs.
Free and effective access to education
Are there sufficient measures to prevent and reduce early school leaving? Is personalised guidance provided? (§ 7b) Full implementation: at least among the top 5 with lowest rate in the EU, some decrease recorded in the last years, and clear evidence of large-scale measures taken.
Are there sufficient measures to support inclusive education and avoid segregated classes? (§ 7c, § 7d, § 7e) Full implementation: at least no underachievement gap between disadvantaged and advantaged pupils, clear evidence of large-scale measures to adapt facilities and educational materials and to ensure there are enough qualified staffs to meet the needs of children with special educational needs.
Are school materials (incl. digital equipment) provided free of cost for children in need? (§ 7g, § 7h) Full implementation: at least clear evidence of free provision of all materials and equipment necessary to participate in education to all children at risk of poverty or social exclusion.

Is free transport to schools provided for children in need? (§ 7i) Full implementation: at least clear evidence of free transport provision or of in-cash benefits fully covering transportation costs for all children at risk of poverty or social exclusion.
Free healthy meal each school day
Is at least one free healthy meal provided to all children in need in ECEC each school day? (§ 7f) Full implementation: action plan or progress report confirm that all children AROPE enrolled in ECEC receive a free healthy meal each school day.
Is at least one free healthy meal provided to all children in need in primary schools each school day? (§ 7f) Full implementation: action plan or progress report confirm that all children AROPE in primary schools receive a free healthy meal each school day.
Is at least one free healthy meal provided to all children in need in secondary schools each school day? (§ 7f) Full implementation: action plan or progress report confirm that all children AROPE in secondary schools receive a free healthy meal each school day.
Free and effective access to school-based activities
Is equal and inclusive access ensured for children in need to school-based activities, including participation in school trips and sport, leisure and culture? (§ 7j) Full implementation: among the top 5 performers based on the EU monitoring framework indicators and clear evidence of large-scale measures taken to secure access to school-based activities for all children at risk of poverty or social exclusion.
Is there a framework for cooperation of educational establishments, local communities, social, health and child protection services, families and social economy actors to support inclusive education, to provide after school care and opportunities to participate in sport, leisure and culture? (§ 7k) Full implementation: at least clear evidence of cooperation framework between local services throughout the given Member State (not just in some localities).

Free and effective access to healthcare
Are there sufficient measures in place to facilitate early detection and treatment of diseases and developmental problems? Full implementation: free screening programmes on general health, hearing, and vision, as well as dental check-ups available until the age of 18 years (see Table 5 in the EU Monitoring framework). Evidence that a significant number of children in need is covered by such programmes should be presented in the action plan or progress report.
Are there effective measures in place to ensure that all children in need receive the set of childhood vaccines recommended by the WHO? Full implementation: at least 94% of one-year-olds vaccinated against Diphtheria-Tetanus-Pertussis, *Haemophilus influenzae* B, Hepatitis B, Measles, Pneumococcal disease, Polio, and Rubella, and at least 75% of one-year-olds vaccinated against Rotavirus. (Based on WHO Immunization Data portal).
Are there sufficient measures in place to facilitate early detection and treatment of mental health problems? Full implementation: measures to facilitate early detection and treatment of mental diseases and developmental problems clearly described in the action plan or progress report, along with information on the number of children in need receiving assistance. Good performance on incidence of feeling low among children from low-affluence families (see Figure 15 in the EU Monitoring framework).
Do children in need receive prescription medicines for free? Full implementation: all children at risk of poverty or social exclusion receive all prescription drugs for free (see Table 4 in the EU Monitoring framework).
Are all children with disabilities provided with targeted rehabilitation and habilitation services? Full implementation: the number of child beneficiaries of rehabilitation and habilitation services should be not less than 75% of the number of children with disabilities.
Are there adequate health promotion and disease prevention programmes targeting children in need in place?
Full implementation: health promotion and disease prevention programmes targeting children in need included in the action plan, with a follow-up in the progress report, showing that they have been successfully implemented. Good performance on incidence of smoking among children from low-affluence families (see Figure 16 in the EU Monitoring framework).

Healthy nutrition
Is the access to healthy nutrition outside of school supported for children in need? (§ 9a) Full implementation: there is clear evidence – presented in the action plan or progress report – of in-kind or financial support offered to families with children in need and explicitly designed to support access to healthy nutrition outside of school days.
Is advertisement and availability of unhealthy food limited? (§ 9c) Full implementation: advertisement of foods high in fat, salt and sugar is limited and their availability is restricted in educational establishments of all levels.
Combatting homelessness
Do homeless children and their families receive adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services? (§10a) Full implementation: the number of homeless children is known and reported in the action plan or progress report, along with information on the method of calculation. The action plan or progress report clearly specify prompt deadlines for provision of temporary accommodation for homeless families with children and for their transfer from temporary accommodation to permanent housing. Social and advisory services are offered and clearly described in the action plan or in the progress report.
Are there measures in place to prevent the risk of homelessness among families with children? (§10a) Full implementation: the action plan or progress report describe homelessness prevention measures targeted at families with children and prove their effectiveness.
Effective access to adequate housing
Are there measures to address energy poverty of families with children? (§10b) Full implementation: the action plan or progress report describe measures to address energy poverty and demonstrate their effectiveness.
Is there enough social housing and do families with children in need have priority in access to it? (§10c) Full implementation: families with children in need have a priority access to social/public housing, which is in enough supply to accommodate at least half of the national population of people at risk of poverty or social exclusion.

Good alternative care standards
Are there measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care? (§10d) Full implementation: The existence of a procedure on determination of child's best interests and its consistent application is explicitly mentioned in the action plan or progress report. Such a procedure should ensure adequate child participation and allow the views of the child to be given due weight in accordance with age and maturity.
Are there measures to ensure the transition of children from institutional care to quality family-based care? §10(d) Full implementation: the share of children in residential care within the total population of children in alternative care should be below 10% (see Table 2 in the EU Monitoring framework).
Are there sufficient measures to support independent living and social integration of children leaving alternative care? (§10d) Full implementation: action plan or progress report contain evidence of a robust system of support for transition to adulthood. Such support should be available to youth leaving alternative care until they are integrated in the labour market.
Outreach and awareness raising
Have adequate information and outreach measures been implemented, ensuring that all children in need can benefit from the measures rolled out under the European Child Guarantee? (§ 11d) Full implementation: widely implemented, targeted/personalised, and proactive approach pursued at local level (by authorities or publicly supported NGOs).
Stakeholders' involvement
Have all relevant stakeholders been involved throughout the preparation, implementation, monitoring and evaluation of the action plan? (§ 11e) Full implementation: all four stakeholder types (ministries and state agencies; local/regional governments; NGOs; children) have been consulted and such consultations have been repeated between publication of the action plan and of the progress report.

Colour coding of implementation levels:

Fully implemented	Widely implemented	Partially implemented	Implemented to a limited extent	Not implemented

BELGIUM

	Identification of children in need
	National action plan provides basic data on the children AROPE at different administrative levels. There is no data on groups who face specific disadvantages. Limited information on the challenges for children AROPE is provided in the different sections of the 2024 progress report. 2026 report provides a general rate of children AROPE. It highlights initiating of work within the Inter-ministerial Conference to map and coordinate the various sources of administrative data across different levels of government. This represents a constructive step towards a more systematic monitoring of target groups. At the same time, according to the report, the availability of comparable data across federated entities is still limited, meaning that the challenge remains only partially addressed. The report also points to works on several improvements in the ECG governance framework in Belgium (incl. review of the ECG action plan).
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	The 2026 report mentions that families benefiting from the increased intervention automatically benefit from free childcare, however this measure will not be extended. At the same time ECEC pricing was reformed in 2025 to better reflect income. Elsewhere, fees are income-based with reduced rates or grants There are free meals in ECEC, but for a limited group and not in all regions. Children under 6 travel free. Share of children (<3) AROPE in formal childcare increased significantly from 2022 to 2023 (from 20,7% to 42,5%).
	Addressing the non-financial barriers
	According to the progress report lack of available places and staff shortages are main challenges. Measures in the plan address mainly the financial barriers and increasing availability of places/structures. The progress report highlights the extension of reception places in certain entities, measures to increase the attractiveness of ECEC profession and measures to improve the quality. These are positive trends, however address only partially the challenges.
	Measures to support inclusive education and avoid segregated classes
	Projects described in the action plan on access of children with disabilities mainly target primary school. The report notes efforts in Brussels, focusing on social integration and inclusion of children with disabilities in ECEC. Brief information is given for the French Community on adapting education and avoiding segregation. In Wallonia, there are accompaniment services and a mobile support scheme aimed at promoting inclusion. In 2025, the Flemish government launched a new policy framework for inclusive education until 2040, aiming to better integrate students with special learning needs into mainstream education. Limited information in the second progress report.

	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Pre-schools are free and attendance is nearly universal. Schools may charge capped fees for non-essential activities. Flanders offers a pre-school allowance and annual school bonus. Surveys show parents paid € 45 on average for materials and € 160 in total school costs per child in 2021. Transport is free for children under 6, with efforts to extend or reduce costs in all regions (Action Plan, pp. 41–42). Despite broad compliance, some costs still burden disadvantaged families (e.g. meals).
	Addressing the non-financial barriers
	According to ESPAN report staff shortages, insufficient funding are main challenges. Measures in the plan address mainly the financial barriers. Second progress reports mentions 'Kindergarten is essential' training project for kindergarten teachers focusing on social inclusion.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for the 0-3 age group.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Several schemes aim to address early school leaving, e.g.: School Suspension Device, and Youth Guarantee. The French Community's recovery plan includes a decree to fight absenteeism and early school leaving. A School Climate Observatory was established in 2023. Socio-economic status and migrant background are still strong predictors of performance. The incidence of early leaving from education and training increased from 6.2% in 2023 to 7.0% in 2024.
	Measures to support inclusive education and avoid segregated classes
	Action plan and progress reports describe limited initiatives in different regions to support children with learning difficulties. In the French Community, multidisciplinary teams were set up to help teachers make adjustments to include in schooling pupils with special needs. Flanders is taking actions for a more inclusive school system by 2040. In Wallonia, support services for persons with disabilities carry out school support actions that complement those organised by the Wallonia-Brussels Federation. A draft cooperation agreement on such interventions is being prepared. Insufficient information on adaptation of educational materials, staff shortages. 2026 report mentions several new initiatives to strengthen inclusive education, including the extension of support schemes for pupils with special needs, the development of support structures for schools and the strengthening of schemes for newcomers. These measures reflect a positive trend, however difficulties related to lack of staff, pedagogical support and coordination between services remain.
	Provision of free school materials (incl. digital equipment)
	Primary education is compulsory and free in all communities. The Flemish and the French Communities apply a "maximum bill" (ca. € 50) for school activities and offer further support. In Flanders, low-income families receive school allowances and in French Community study grants (for secondary schools). The Wallonia-Brussels Federation is rolling out a gradual extension of free school supplies to all basic education. Still there is a reduction of the budgetary means allocated to these measures by the next evaluation period. In Wallonia, children with disabilities may benefit from financial support for the acquisition of specialised equipment intended to compensate for their difficulties across their different living environments, including at school. Access to this financial support is subject to specific eligibility conditions.

	Free transport
	Transport is free for children under 6. In Wallonia, transport policies include free access to the TEC network for children under 6, free subscriptions for those aged 6–11 (with a MOBIB card), reduced fares for 12–17 year olds, and a low-cost annual pass for young adults aged 18–24; additionally, 3.4% of pupils benefit from school transport, with ongoing reforms led jointly by the Walloon Region and the Wallonia-Brussels Federation to improve services, particularly for pupils with special needs. In Flanders, while there is no general obligation regarding certain school-based support measures, the government has introduced a co-financing scheme with local authorities, with increasing budgets through 2029, although coverage depends on local implementation. In the German-speaking Community, free school transport for children under 12 remains a key measure supporting access to education €
	Free healthy meal each school day
	ECEC
	French Community: free ECEC meals exist but not universally. Since 2023-2024 school year, free meals cover all children from 2.5 to 6 years old in schools with a low socio-economic index. Since 1 Jan 2023, families with BIM status get free income-based childcare, including food. Single-parent families pay 70% of the cost. Other mechanisms may give rise to reductions (up to 100%) of the parental financial contribution, such as the social investigation for families in social or economic difficulty. Flemish Community Commission has no current action. Flanders plans new measures.
	Primary schools
	Access to free healthy school meals for children in need remains limited and uneven across regions and municipalities. In the French-speaking community, recent developments point to a reduction in budgetary allocations, leading to a decrease in both coverage and sustainability of existing schemes. As per recent progress report the evolution of the school meal financing mechanism, with the abolition of the dedicated scheme and the reduction of budgetary means in the Wallonia-Brussels Federation is generally perceived by several actors as a weakening of the scheme, which may limit effective access to free meals for the most vulnerable pupils. On the other hand, the Flemish Community launched co-financing scheme to support local school feeding initiatives, with a gradual increase in budgets until 2029, though coverage of the scheme being largely dependent on local initiatives.
	Secondary schools
	Except for local initiatives or pilot projects, there are no permanent school meal schemes for secondary schools.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	There is no mention of the costs of school-based activities in the action plan. As per recent progress report several initiatives point to a gradual shift toward improving access to educational and leisure activities for children, particularly through measures aimed at vulnerable groups and a more structured out-of-school sector. However, there is an absence of a comprehensive national overview of actual costs and scheme coverage, limiting the assessment.

	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	On-going projects in some of the regions are briefly described. In Wallonia, eight inclusion support schemes are funded known as *"childhood inclusion support services"*, which intervene with operators in the out-of-school care sector (after-school activities). These services cooperate with schools as well as with ONE, local authorities, youth organisations and other relevant actors. Support services may also be mobilised to facilitate access for children with disabilities to leisure, sports and cultural activities that are tailored to their needs. Current assessment reflects, in part, the complexity of governance arrangements in BE. Strengthening coordination between educational, social, health and child protection actors across all levels of government is key.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Free screenings exist in nurseries and schools; free GP/specialist/dental care remains limited, and disparities persist. Flanders provides systematic screening (health, development, vision, hearing – 98.3% reach). Wallonia develops prevention via youth mental health projects and family planning centres. The German-speaking Community improves coordination through the NmG network. Children at risk of poverty or social exclusion are more likely to have unmet health needs. As per recent progress report a federal study is ongoing on the impact of children's health costs on the budget of vulnerable families, which will result in recommendations for future action. Several positive developments are rolled out, including development of preventive consultations for young children, screening and vaccination programmes as well as the development of initiatives to improve the coordination of services and access to care for vulnerable families. Challenges persist, e.g. waiting times and inequalities in access for certain groups of vulnerable children.
	Childhood vaccines recommended by the WHO
	High vaccination rates.
	Measures to facilitate early detection and treatment of mental health problems
	There are efforts and reforms to improve access to mental health. Flanders develops OverKop for youth (12–25). Wallonia strengthens youth mental health support and free psychological consultations. The German-speaking Community created the NmG network and First Line Psychologists project offering free sessions. Issues persist, e.g. long waiting times. High share of children feeling low more than once a week (See EU monitoring framework).
	Free prescription medicines
	Medicines are partly or fully reimbursed. Vulnerable families benefit from increased interventions but access remains limited for some children.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The reports give limited detail. Communities offer rehabilitation, home and school support, family help, and technical aids. In Flanders, disability centres provide day/residential care and guidance, or a Personal Assistance Budget for minors, though not all children qualify. The German-speaking Community offers Frühhilfe, BTZ therapy to 14, and rehabilitation abroad for complex cases. Measures aim to improve inclusion, but long waits, regional gaps, and limited services persist.

	Health promotion and disease prevention programmes targeting children in need
	Various health promotion initiatives are described in the action plan without information on number of beneficiaries or achieved results. According to OECD, Belgium allocated just 2.3% of its health expenditure to prevention, compared to an EU27 average of 4.3%. The 2023–2027 Walloon Health Promotion and Prevention Programme states that health promotion and disease prevention policies must primarily benefit the most vulnerable groups, including children living in socio-economically precarious conditions.
	Healthy nutrition
	Access to healthy nutrition outside of school
	There are institutions such as food banks that aim to improve access to adequate nutrition and several projects, e.g. Progecole in Wallonia allowing for regular distribution of fruit, vegetables and dairy products in participating schools, especially those with more vulnerable pupils. The Flemish government has introduced a new co-financing mechanism with local authorities to support local initiatives to improve access to healthy food at school. Since 2022 € 40.98 mln (EU contribution € 37.26 mln) supported food access through the Federal Food Aid Programme under the ESF+. As per recent report, at federal level a budget cut shows a worrying decline in funding through ESF+ funds, eliminating products intended for children.
	Limited advertisement and availability of unhealthy food
	Advertisement and availability are limited in Flanders and the German-Speaking Community. In Wallonia, specifications for improving school meals are under review.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Measures include emergency and transitional housing, housing-led projects (e.g. with focus on youth in Flanders; 13 schemes in Wallonia), psychosocial support, rent subsidies, prevention strategies, winter shelters. Some projects focus on unaccompanied minors. In Wallonia, in 2024, 19,387 people are experiencing homelessness or housing exclusion, including 14,183 adults and 5,204 children. The action plan and progress report do not specify deadlines for provision of temporary accommodation nor number of homeless children. Gaps persist in capacity, monitoring, delays in moving to permanent housing, etc.
	Measures to prevent the risk of homelessness among families with children
	All three regions offer housing allowances yet with low coverage. Flanders has an action plan against homelessness, with mechanisms for early detection of situations of vulnerability, including in youth services and a “Housing First for Youth” programme. Wallonia’s homelessness strategy provides rent subsidies and interest-free loans. The poverty strategy seeks i.a. to expand the housing supply for the 24% most socio-economically disadvantaged people in Wallonia. Brussels follows housing-led approach, boosts public housing, renovates housing for long-term homeless, has rent control and funds winter shelters. The federal government is working with the Communities and Regions on a new cooperation agreement on homelessness and housing exclusion.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Federal energy funds support low-income individuals with debt mediation and payment plans. Social tariff access, lump sum allowances, and vouchers were expanded (to be clarified if the support continues). Flanders' Energy Poverty Plan targets disconnection prevention and home renovation, eligibility conditions take into account the number of dependent children. Wallonia focuses on subsidy reform and improved support for energy-poor households.
	Social housing for families with children
	Social housing covers 6% of the housing stock, with long waiting lists and allocation system failures. In Flanders, 20% are reserved for vulnerable groups but there is no general priority for families and long waiting times persist (as per progress report). Flemish Government has adopted a number of measures: a new binding target for social housing construction for local authorities or specific monitoring of waiting times for families with children, to ensure that the supply of housing better matches the needs of households on the waiting lists. Brussels applies quotas for homeless people, funds Social Estate Agents (EUR 1.5m from 2024), and uses priority points for families. Wallonia and the German-speaking Community use priority systems and targeted support.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	No information in action plan nor first progress report. The second progress report mentions 2018 legal framework strengthening the rights of young people, by ensuring individualisation and proportionality of decisions, participation of the child in proceedings concerning him or her and the maintenance of family ties where this is compatible with his or her interests. Alternative care is considered as a last resort, the priority objective being to promote the development of the child in his or her living environment. 2024 amendments further incorporate the best interests of the child and his or her right to participation in interventions carried out by the Houses of Justice As the available information in the submitted documents is still limited, the compliance is considered partial.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Limited information in the action plan or reports. Flanders: a personal assistance budget supports minors with disabilities at home or school. In Wallonia, children with disabilities, and their parents/siblings may be supported by accompaniment services as well as by mobile intervention teams. Wallonia-Brussels: efforts to maintain family ties during placements, improve early childhood care standards, enhance coordination between care services. German-speaking Community: Social services support children's social integration and transition to community living. A prevention sector reform is being prepared for 2026, aiming to reduce the number of young people in difficulty through a cross-cutting approach involving health, education, social assistance and children. There is a lack of foster families. Share of children in residential care is at 42.1%.
	Measures to support independent living and social integration of children leaving alternative care
	Recent findings indicate institutional background as a key factor for becoming homeless, in particular for young people leaving youth institutions. The action plan nor report provide sufficient information on the issue. In Wallonia, the coordinated strategy to end homelessness for the period 2025–2029 provides a structured framework for action, built around three pillars: prevention, resolution, and management. One of the measures provides for enhanced support for young people leaving care institutions.

	Outreach and awareness raising
	Action plan describes outreach and awareness-raising relevant for increasing social cohesion, e.g. the federal government and federated entities are developing programmes to access to key services by children in need and their families. Outreach work is a central principle in the various actions carried out in the Flanders, Wallonia, Wallonia-Brussels. Biennial report does not mention measures in the area. At federal level, limited staffing resources have so far slowed down the reinforcement of coordination, outreach and monitoring activities under the European Child Guarantee. However, the European Child Guarantee has been identified as a ministerial priority by the Minister responsible for the fight against poverty. Efforts are underway to strengthen coordination capacities, improve information flows.
	Stakeholders' involvement
	A number of meetings took place with the civil sector as well as thematic seminars with local points were organised. It is not clear if and which stakeholders or if children were consulted on the different documents. As per recent report, there is no structural mechanism for consulting civil society in the governance of the European Child Guarantee at national level.

BULGARIA

	Identification of children in need
	Various kinds of disadvantage (homelessness, disability or mental health issues, refugee or migrant background, belonging to ethnic minority, being in alternative care, living in a family on low income or in precarious situation) are listed as basis for being included in the target group, with numbers given for some but not all of those categories.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Since April 2022, all public ECEC in Bulgaria is free for all age groups, including costs for meals. Outside of the public system, there are several mechanisms providing financial support to families who have not been granted a place in the public facilities (e.g. due to capacity shortage). As of 2024, a new measure was put in place to make public transport free for all children aged up to 14 years.
	Addressing the non-financial barriers
	Insufficient capacity, sometimes unsatisfactory quality of ECEC, and low attendance of low-income children (especially Roma) appear as the main challenges. Several programmes aim to expand and improve access, quality, and coordination (e.g. 2022 National Quality Framework for Early Childhood Education and Care, 'Future for Children'; 'Strong Start', 2024 Annual Plan to promote ECEC development by ensuring access to social, health, educational and integrated services).
	Measures to support inclusive education and avoid segregated classes
	Children with special educational needs (SEN) and/or disabilities benefit from eased access to mainstream ECEC, assignment of specialised staff, and reduced group size. Non-discrimination rule is explicit in admission policies, quotas are used to improve diversity, and additional national funding is used for improving physical accessibility. Challenges persist, as most specialist staff trained to support children with SEN are concentrated in urban areas.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Since 2022, all public ECEC in Bulgaria is free for all age groups, including costs for meals. Outside of the public system, there are several mechanisms providing financial support to families who have not been granted a place in the public facilities (e.g. due to capacity shortage). As of 2024, a new measure was put in place to make public transport free for all children aged up to 14 years.
	Addressing the non-financial barriers
	Insufficient capacity in some urban areas, sometimes unsatisfactory quality of care in segregated settings ([147]), and lower attendance of disadvantaged children (esp. Roma) appear as the main challenges. Several programmes aim to expand and improve access, quality, and coordination. The age of the compulsory pre-school programme was lowered to four years.

147 https://www.oecd.org/content/dam/oecd/en/publications/support-materials/2025/01/reducing-inequalities-by-investing-in-early-childhood-education-and-care_a0fd3f31/Bulgaria-country-note-25Feb.pdf

	Measures to support inclusive education and avoid segregated classes
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	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Between 2019 and 2023, early school leaving dropped from 13.9% to 9.3%, below the EU average and near the 2030 target. Challenges persist in rural areas (18.8%), among Roma (only 28% finish upper secondary), and for girls. Measures include free school materials, annual universal one-off benefits for school attendance of BGN 300 (EUR 153) were extended to more grades in 2023 and several projects financed from ESF+.
	Measures to support inclusive education and avoid segregated classes
	The action plan includes measures on inclusive education, school desegregation, and anti-discrimination. In 2024, an additional BGN 8 million was provided from the state budget to finance activities to provide support for the personal development of children and students with special educational needs. A centre for ethnic minority integration was created, and the national Roma inclusion strategy (2021–2030) was adopted.
	Provision of free school materials (incl. digital equipment)
	As of school year 2024/2025, textbooks and notebooks are free in primary and secondary schools. There is also a one-off benefit for pupils (1-4 and 8th grade) to help parents to purchase some of the basic supplies and clothing. 'Digital backpack', a platform to facilitate access to lessons in a digital format for school children and allow teachers to share lessons has been created. The ESF+ will continue providing support to digital skills training for teachers and pupils in the 2021-2027 period.
	Free transport
	As of 2024, a new measure was put in place to make public transport free for all children aged up to 14 years old.
	Free healthy meal each school day
	ECEC
	Since the 1st of April 2022, free meals for all children from 10 months to the starting age of compulsory primary education (age 7) is provided, namely: free breakfast, lunch and two compulsory snacks. The eligibility condition to get this free meal is attendance at nurseries/kindergarten.
	Primary schools
	BG has no universal free full school meals, but a few municipalities have pilot projects; all children receive one free snack (fruit, vegetables, milk). A scheme for supplying these products runs from 2023/2024 to 2028/2029. Many schools lack canteens, so parents provide lunch. The national plan includes a strategy for healthy nutrition, vouchers for vulnerable families with young children, and mechanisms for free lunches for disadvantaged pupils or support during school closures. A 2025 Ordinance establishes requirements for weekly menus, limits of intake of salt, sugar and fat, and prohibits sale of unhealthy foods in schools.

	Secondary schools
	Meals or breakfasts are provided up to the 4th grade in primary school.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	School-based activities are not free (with the exception of those co-financed by ESF+). The offer of activities is low. In 2021, share of children AROPE who suffer from the enforced lack of access to school trips and school events that cost money was 49.7% vs. 16.9% in the EU. An ESF+ co-financed project "Strengthening intercultural education, through culture, science and sport" has been launched.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The progress report outlines measures such as offering academic support and activities for students with special educational needs, at risk, or with chronic illnesses. Programmes offering interest-based activities in school, visits to art galleries, and cultural institutions are also mentioned. Vulnerable children access cultural activities through the network of community centres and public libraries. Despite efforts, 52.8% of AROPE children lack regular leisure access (vs. 24.1% in the EU).
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Children are entitled to free basic medical and dental care (primary, specialist, hospital, specialised). Plans aim to improve access by reducing out-of-pocket costs, addressing staff shortages, training professionals, expanding health mediators, and developing early intervention systems, including care for refugee and migrant children. The package of preventive activities is expanded annually. Still, challenges remain, e.g. access for vulnerable groups, regional disparities, and staff shortages.
	Childhood vaccines recommended by the WHO
	High vaccination rates, except against Rotavirus.
	Measures to facilitate early detection and treatment of mental health problems
	The National Mental Health Strategy 2021–2030 funds new services nationwide, expands child/adolescent psychiatry, and includes needs assessments to guide specialist distribution and improve territorial access. Challenges persist: long waiting times, staff shortages, regional disparities. The Ministry of Health is addressing them via new Child Psychiatry clinics and a Children's and Adolescent Day Care Centres).
	Free prescription medicines
	Prescribed medicines create a substantial financial burden on low-income families. From 1 July 2025, BG National Health Insurance Fund is to fully cover antibiotics and antiviral medicines for children under 7, for certain acute infections. The efficiency and coverage of the measure remains to be seen.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Access to healthcare for children with disabilities incurs extra financial costs due to the limited public funds for outpatient treatment. Lack of specialised staff, underdeveloped support structures and long waiting lines represent a barrier. Focus has been put on developing integrated health and social services, improving qualifications of staff, opening new Centres for Complex Services for Children with Disabilities and Chronic Diseases and increasing their capacity.
	Health promotion and disease prevention programmes targeting children in need
	Multiple national programs support child and maternal health, and their preventive service packages are gradually expanded. Information and training activities are conducted annually on raising awareness on reproductive health/family planning, child care, prevention of risk behaviours, support for parents to develop skills for caring for premature babies and children with disabilities and special needs. The incidence of smoking among children from low-income families is high. In 2025, the National Assembly of the Republic of Bulgaria adopted an amendment to the Law on Tobacco and on Tobacco and Related Products, banning disposable electronic cigarettes with and without nicotine.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The action plan mentions a strategic framework for healthy nutrition, and measures financed through ESF+, such as vouchers for vulnerable families with young children (BGN 7.15 million planned to support 5,000 children in 2025), and mechanisms for free lunches for disadvantaged pupils. The share of children at risk of poverty or social exclusion who suffer from the enforced lack of access to fresh fruits, vegetables, meal with meat at least once a day is high.
	Limited advertisement and availability of unhealthy food
	Bulgaria lacks specialised national programmes for healthy nutrition outside childcare and schools. Measure 2 focuses on awareness-raising for families and training specialists. The 28 Regional Health Inspectorates monitor compliance with nutrition rules in kindergartens and schools. Ordinances set standards for children's meals and food safety. The Food Act bans advertising to children of GM foods and foods not meeting healthy-diet requirements.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Neither the action plan nor progress report specify deadlines for provision of temporary accommodation for homeless families with children and for their transfer from temporary accommodation to permanent housing. The focus of the action plan is put on affordability aspects rather than on access to housingThere has been a noted increase in homelessness among young people with very low literacy levels, as well as families with children.
	Measures to prevent the risk of homelessness among families with children
	Targeted support is available for low-income families. The action plan refers to the 2018 National Housing Strategy (not yet adopted). Specific assistance is available for persons with permanent disabilities. Progress report mentions 13 housing projects worth 25.5 million BGN. The national housing framework is being updated to ensure access to housing and support for vulnerable groups through new laws, partnerships, and measures.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The action plan nor progress report discuss energy poverty. The Government has adopted an Ordinance defining criteria and procedures for identifying energy-poor and vulnerable households based on income, energy costs, and social factors, ensuring targeted support such as financial aid, energy price compensation, efficiency programs, and heating assistance.
	Social housing for families with children
	Report mentions projects on social housing (e.g. increasing capacity, modernisation) and measures eligible for funding (e.g. provision of affordable housing for vulnerable/other disadvantaged groups). Supply of social housing is insufficient. For access, municipalities often prioritize low-income people, large families and/ families with children with disabilities. There are some administrative and legal barriers in access for people living in non-regulated dwellings.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The Child Protection Act embeds the principle of the child's best interests, forming the basis of major childcare reforms. The law prioritizes family-based care, with out-of-home placement used only as a last resort. Social Services Act forbids residential care for children under three, except in cases of severe disability. Child protection bodies ensure individualized, judicially reviewed measures. Supported by quality standards (2022 Ordinance).
	Measures to ensure the transition of children from institutional care to quality family-based care
	Legislative changes and stronger inter-institutional cooperation have helped to improve child protection. Several projects have supported deinstitutionalisation interventions. The share of children in residential care is below the EU average (37.1% for 2023). Challenges persist, e.g. availability and quality of professional foster care. These are being addressed through changes in law. There is also an annual increase of state funds allocated for the remuneration of professional foster families and for the financial support for children. Data are fragmented.
	Measures to support independent living and social integration of children leaving alternative care
	The action plan includes measures to support young people leaving alternative care by strengthening social worker and mentor capacity and testing support for employment, social skills, housing, and family planning. A monthly benefit equal to the poverty line aids individuals aged 18–21 leaving care establishments. Specialised legislation ensures individual plans for independent living, training, and life-skill programs. ESF + funding is used for counselling, career guidance, and psychosocial support.
	Outreach and awareness raising
	A series of webinars on the European Child Guarantee in Bulgaria, organized by the National Network for Children and the Ministry of Labour and Social Policy, promoted its goals across areas like health, nutrition, education, and housing. The action plan and progress report highlight awareness-raising efforts, including campaigns on child poverty and empathy. However, outreach actions for disadvantaged families need further detail.

	Stakeholders' involvement
	The action plan provides details on consultations with ministries, civil sector, local authorities, children. The progress report was developed by the Permanent Expert Working Group to support the coordination and monitoring of the ECG. The group includes representatives of the civil sector and academia. The Report was also discussed by the National Council on Social Inclusion to the Council of Ministers, composed of representatives of state institutions, municipalities, social partners, NGOs, academics. The Report was approved by the high level Inter-Institutional Working Group established by Prime Minister's Order, composed of all responsible institutions at the level of ministers and heads.

CZECHIA

	Identification of children in need
	The action plan lists various kinds of disadvantage, along with precise or estimated numbers how many children are affected by each of them. Updates are provided in the first progress report. However, there is no clear formula how to operationalise the statistical notion of the risk of poverty or social exclusion and, due to possible overlaps, the total number of children in need is not given.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	According to ESPAN, costs of childcare are high, but fees can be waved for recipients of social assistance (this does not cover all children in need). Participation rates are low, both for children AROPE and not AROPE (in 2024, respectively 6.4% and 7.4% according to EU-SILC, with higher numbers according to national data). According to the progress report, work has started on analyses reflecting the barriers to children's participation in ECEC.
	Addressing the non-financial barriers
	The capacity of public ECEC facilities is low and children under three do not have a legal entitlement to placement. According to the progress report, 7,500 places in children's groups will be created by 2030 – disproportionately little when compared with the number of children (ca. 77,000 born in 2025). Staffing shortages in children groups are being addressed through flexible qualification pathways.
	Measures to support inclusive education and avoid segregated classes
	According to Eurydice report, children from migrant backgrounds benefit from priority admission, and access and participation in mainstream ECEC is eased for children with special education needs and/or disabilities. The non-discrimination rule is explicit in admission policies. There is an explicit non-discrimination rule in admission policies, but the inclusiveness of the system is compromised by very low overall ECEC participation rate (7.3% in 2024).
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Fees charged by public ECEC facilities are low (according to the progress report, on average CZK 387, € 16, per month in 2021/2022, with big differences between regions). Private child groups are more expensive. Much fewer children AROPE participate in ECEC than those not AROPE (in 2024, 73.0% vs 83.4%). According to the progress report, work has started on analyses on the barriers to children's participation in ECEC. Compulsory free childcare as of the age of 5 years.
	Addressing the non-financial barriers
	Despite legal entitlement to childcare starting at age of 3 years, the capacity of public ECEC facilities is low. According to the progress report, 7,500 places in children's groups will be created by 2030 – disproportionately little when compared with the number of children (ca. 77,000 born in 2025).

	Measures to support inclusive education and avoid segregated classes
	As per 2025 Eurydice report, children with migrant background, those at risk of poverty or social exclusion, and those with special educational needs and/or disabilities get support of specialised staff. The last category benefit also from the reduced group size, while interpretation is available for communication with parents with migrant background. There is an explicit non-discrimination rule in admission policies and extra funding for better physical accessibility and supporting social inclusion.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The action plan set as a target for 2030 to reduce the incidence of early school leaving to 5.5%, listing ten respective measures (A.2.1.1, A.2.2.1, A.2.2.2, A.2.2.3, A.2.2.4, A.2.2.5, A.2.2.6, A.2.2.7, A.2.3.1, A.2.3.2). The progress report discusses in detail the state of play on measures A.2.1.1 and A.2.2.2, only cursorily mentioning the remaining ones. The target has been already achieved, the incidence of early leaving from education and training standing at 5.4% in 2024, sixth lowest in the EU.
	Measures to support inclusive education and avoid segregated classes
	The action plan set as target for 2030 to halve to 35 the number of schools with Roma majority. The 2025 biennial report states that no progress has been achieved in this regard, given that there were 75 such schools in 2023/2024. Moreover, Roma constitute at least 33% of pupils in 130 schools and 29.1% of children in programmes for pupils with mild mental disabilities. The report stresses the importance of psychological support and provision of out-of-school activities as relevant remedies.
	Provision of free school materials (incl. digital equipment)
	Books and school materials are not free of charge. Many schools and civil society organisations support pupils from low-income families, including through donations of used textbooks. The progress report describes several expired projects that provided in-kind support.
	Free transport
	No information, the 2024 progress report states that this domain will be discussed in the 2026 report.
	Free healthy meal each school day
	ECEC
	Lunches in kindergartens are not universally provided free of charge; however, children from low-income families may receive free meals through the “School Meals” programme, subject to eligibility based on material-need benefits and the participation of the kindergarten.
	Primary schools
	There is no systemic measure to provide free school meals for low-income children, but there have been projects targeted at children from the most vulnerable households. The eligibility thresholds for those projects and the resulting number of beneficiaries have been low. The affordability of school lunches is ensured by coverage of the staff costs and overheads from public sources.
	Secondary schools
	There is no specific information on free school meals for children in need at secondary education level. Thus, similar arrangements as in primary schools are assumed to operate.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	A system of grants supports provision of extracurricular activities by schools and civil society organisations. It is not clear from the progress report, how many children in need benefit from those.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Preparatory work has started on establishment of cooperation frameworks for educational institutions, childcare services, local communities, social and health services, child protection services, families and other actors to promote inclusive education, provision of out-of-school care and opportunities to engage in sports, leisure and cultural activities.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Screening programmes in hearing, vision and general health are available at post-natal, first years, and school years stages, until the age of 19. The dental check-ups are conducted at first years and school years stages. The action plan and progress report spell out the details of those programmes and stress the universal coverage of the public healthcare system but also point to persistent gaps and shortages (e.g. high age of paediatricians). No information on number of children screened is given.
	Childhood vaccines recommended by the WHO
	Out of all childhood vaccines recommended by WHO, only Polio has an adequate coverage rate (97%), while the remaining ones are below the averages for the Europe WHO region. The action plan does not explain those weak outcomes and discusses vaccinations only in the context of the influx of refugee children from Ukraine.
	Measures to facilitate early detection and treatment of mental health problems
	The action plan and progress report stress the persistent shortages in supply of psychiatric and psychologic care for children (esp. in some regions). Various initiatives to improve the situation are discussed in the progress report. Yet, their successful implementation would only improve the treatment standards, without addressing the early detection aspect.
	Free prescription medicines
	According to the EU ECG Monitoring framework, only a specific range of prescription medicines are free of charge for low-income children. Neither the action plan nor the progress report discuss this aspect.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The action plan points to gaps in provision of services for children with disabilities and includes Measure B.2.1.1 which aims to develop adequate medical rehabilitation care. The first biennial report states that respective achievements in implementation will be reported in the next progress report.

	Health promotion and disease prevention programmes targeting children in need
	The action plan mentions low health literacy among barriers to really equal access to healthcare and includes four measures (B.3.1.1, B.3.1.2, B.3.1.3 and B.3.1.4) that support programs and services in the area of prevention and education of families with children. The progress report provides updates on implementation of another four projects, launched prior to establishment of the ECG.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The access to healthy nutrition outside of school days is supported through FEAD projects and food banks. None of those are targeted specifically at children in need.
	Limited advertisement and availability of unhealthy food
	There is no statutory ban on advertising unhealthy foods to children. However, legislation provides general protections for children in advertising by prohibiting misleading, harmful, or exploitative practices. In addition, industry self-regulatory codes apply, and stricter standards are typically observed in children's programming on the public broadcaster.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The Housing Support Act, which entered into force on 1 January 2026, establishes a systemic approach to preventing and addressing housing distress, protecting up to 1.6 million people. Priority is given to vulnerable groups, including children, single parents, and victims of domestic violence. Municipalities may provide supported housing, while the state supplies tools and funding. The Act curbs exploitative practices and establishes Housing Contact Points, which provide guidance and assistance.
	Measures to prevent the risk of homelessness among families with children
	In 2024, the share of children AROPE living in households facing housing cost overburden was 50.6%, among the highest in the EU. Housing Promotion Act has been adopted by the Parliament and will enter into force in 2026. If successful, this will help to address the recommendations on prevention and combating of homelessness among families with children.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The income-tested Housing Allowance (part of the social support system) and the Supplement for Housing (under the Minimum Income Scheme) assist low-income families to cover their housing-related expenditures. Despite relative generosity of the Housing Allowance and wide eligibility (ca. 24% of households), only 4% of households claim it. At 16.0% in 2024, the share of children AROPE living in households unable to keep home adequately warm was well below the EU average (24.0%).
	Social housing for families with children
	There is no national legal framework that would regulate access to public/social housing. The exact number of dwellings made available by municipalities for affordable rentals is not known. According to a survey from 2019, about a third of municipalities take family composition and social distress into consideration when allocating public rentals.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	According to the progress report, preparatory work on new legislation on child protection and family support, which would follow the best interest principle and secure children's participation in the decision-making process, is ongoing.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The share of children in residential institutions among all children in alternative care is low (25.7%) and further measures are envisaged (e.g. ban on putting children under 3 y.o. in institutions, increased remuneration for foster parents etc.)
	Measures to support independent living and social integration of children leaving alternative care
	Two care allowances for young adults under 26 y.o. were introduced in 2022: (a) recurrent allowance for those who remain dependent after the age of majority (presupposing the continuation of alternative care and cooperation with the social curator of the municipal authority); (b) one-off allowance on leaving alternative care. "A methodology for the departure of young adults from residence facilities" is being developed, in direct cooperation with young adults.
	Outreach and awareness raising
	Awareness-raising is mentioned in the context of preventive healthcare measures, as well as Roma integration, child participation, support for pupils with learning difficulties, prevention of risky behaviours, promotion of flexible working arrangements, tackling discrimination and stigmatisation. The action plan does not elaborate on the outreach to specific target groups. It is not clear whether those measures effectively encourage and facilitate the take-up of services covered by the ECG.
	Stakeholders' involvement
	Stakeholder involvement is mentioned at various points in the action plan and first progress report. However, it is not clear that they were consulted in a systemic manner and that such consultations are planned also in next stages of the ECG process. Additional consultations are planned for 2026, in light of the possible adjustments to the action plan.

DENMARK

	Identification of children in need
	As explained in the action plan, there is no unique definition of vulnerability among children and young people in Denmark. The right-based approach results with a broad understanding of being in need and the use of individual assessments. For children identified as being in need of special support, the municipalities are obliged to provide it and accommodate their concrete needs.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	75% of childcare costs are covered from public resources. The childcare fees are income tested. The progress report states that in 2022, 9% of children enrolled in childcare were eligible for full free place allowance, with further 24% eligible for partial fee reduction. Those shares were lower than 2 years prior and lower than the incidence of the risk of poverty or social exclusion among children (17.1% in 2022).
	Addressing the non-financial barriers
	If parents have registered their child as in need of childcare, and municipality is unable to offer a place in their own institutions within 26 weeks, it must cover the costs of private childcare, pay the expenses of a childcare place in another municipality, or give an economic subsidy to the family to take care of their own children.
	Measures to support inclusive education and avoid segregated classes
	In all ECEC facilities, a pedagogical curriculum must be developed ensuring a learning environment in which all children – regardless of their individual abilities and backgrounds – can thrive, participate, and develop. The local authorities are obliged to perform a language assessment of all children at the age of 2 or 3 years and propose a fitting language stimulation. Measures for inclusive education of children with other kind of disadvantage than migrant background have not been specified.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Same analysis as for 0-3 age group.
	Addressing the non-financial barriers
	Same analysis as for 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Children aged above 3 years who are under care of the Danish Immigration Service are offered playgroups, which provide a structured daily life, quality educational services, and activities. Immigrant children and those born in Denmark of migrant parents have lower ECEC participation rates than native Danes yet increasing with age. Measures for inclusive education of children with other kind of disadvantage than migrant background have not been specified.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	According to the 2024 progress report the new evaluation and assessment system in primary and lower secondary schools puts focus on identifying students with difficulties. Municipalities are obliged to designate 'contact person' for every individual in grade 8 of elementary school onwards for whom support to remain in education or employment is needed. In addition to this, the head of the institution must draw up guidelines for well-being and continuation, including on reducing dropout rates and on procedures for changing courses or dropping out.
	Measures to support inclusive education and avoid segregated classes
	The action plan stresses that all pupils have a legal entitlement to an education that meets their needs, and progress report emphasises that within the *Folkeskole* system pupils with special needs or disabilities should stay in the regular classes (with adequate help) rather than being segregated to institutions with special education. Various forms of targeted support are described.
	Provision of free school materials (incl. digital equipment)
	Books, IT software and internet connections are provided free of charge by public schools. Schools often ask parents to equip their children with a portable PC or tablet, but obligation to do so falls ultimately – according to Ombuds' 2018 ruling – on municipalities. Basic materials such as a schoolbag or stationery are not covered, but also here many municipalities step in.
	Free transport
	Pupils with a long distance to the district (primary) school are entitled to free transport to and from school. The eligibility criteria do not relate to income but solely to the distance and pupils' age. No free transport is provided for secondary school students.
	Free healthy meal each school day
	ECEC
	All children in ECEC must receive a healthy lunch. Financing (as part of tuition fee, which is in 75% covered by municipality or as a separate fee paid by parents) differs between municipalities. Subsidies are in place, leading to ca. 10% of children enrolled in ECEC receiving meals for free and further ca. 26% eligible for price reduction.
	Primary schools
	In primary and lower secondary schools, provision and financing of school meals is at the discretion of the local authorities. Denmark has launched a trial for a new nation-wide school meals scheme, that will be carried out until 2028. The project aims to gather knowledge and experience regarding school meals in Denmark. The ambition is to gain insights into different ways of organising school meal programs and to better understand the impact of school meals on students' health, learning, and well-being. A total of approximately € 114 m has been reserved for the trial.
	Secondary schools
	There are no nationwide rules to ensure that each student receives a healthy meal every day at school. However, upper secondary schools may establish canteen operations, which may be subsidized under certain circumstances.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	School camps and excursions are free, with possible exception of food costs. Parents usually arrange a saving scheme and/or a collection to finance camp cost not covered by the municipality. Pupils cannot be excluded from school camps because their parents have not contributed to food cost or the savings schemes.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The municipalities provide subsidies for activities for children and young people under the age of 25 and provide premises for voluntary, civic education associations. The state subsidizes the Danish Sports Confederation, the DGI and the Danish Youth Council, which support local associational life, including for children and young people. Various cultural activities are also subsidized from state budget.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	The screening programmes in general health and dental check-ups are conducted regularly until the age of 16 years, while hearing screening is conducted at post-natal and school stage, and vision screening in early years and school years. There is no information on how many children in need benefit from those schemes. However, additional opportunities for early detection and treatment of diseases stem from healthcare visitors operation.
	Childhood vaccines recommended by the WHO
	Vaccination rates against Diphtheria-Tetanus-Pertussis, Haemophilus influenzae B, Hepatitis B, Measles, Pneumococcal disease, Polio, and Rubella are high (94% to 97%). No data available on the share of one-year-olds vaccinated against Rotavirus. The ESPAN report points out that vaccination rates are significantly lower (87% to 92%) for children aged 5 years and states that lower take-up is correlated with lower household incomes.
	Measures to facilitate early detection and treatment of mental health problems
	In the action plan, the only reference to detection of mental health problems is made in the context of newly arrived immigrant children. The first progress report stresses that treatment and investigation of mental illnesses is subject to the same rules that apply to other kinds of healthcare, resulting with effective access to free and high-quality healthcare for all children.
	Free prescription medicines
	The subsidy to cover the patient's share of the payment for medicine has been increased, available to citizens that have been in the cash benefit system for at least 12 months within the past 18 months. For children of cash benefit recipients, the entitlement to the full subsidy is from day one. In addition, related to the new social assistance reform from 2025, a new medication subsidy has been introduced for children who live with a parent receiving social security benefits, meaning their costs for eligible prescription medication are fully covered.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	There is no official definition of disability and thus Denmark does not have data on the total population of children and young people with disabilities, but only on those who receive services. Therefore, it isn't possible to determine whether 75% of all children and young people with disabilities receive rehabilitation and habilitation services. However, the municipal councils are obliged to offer the necessary assistance, and there is no indication that any children with disabilities are missing the necessary rehabilitation services.
	Health promotion and disease prevention programmes targeting children in need
	The Danish Health Act states that the municipal council shall offer all children and young people free health guidance, assistance, and functional examinations by a health visitor until the end of compulsory education. Furthermore, as part of the 2022 Health Reform, a model for differentiation in healthcare has been extended to all municipalities in the country. The purpose of the model is to reduce health inequalities and prevent negative social inheritance by targeting interventions towards families and provide extra support to families who need it.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Act on Social Services states that children and young people who are dependent on social services must be given access to the necessary practical help, including nutrition. In the event that a child comes to school or day-care without a packed lunch, the professional staff have an increased obligation to inform the municipality. Appropriate remedies (incl. financial support) are then implemented.
	Limited advertisement and availability of unhealthy food
	As part of Cancer Plan V, the Danish government will tighten the Marketing Act and ban advertising for unhealthy food and beverages aimed at children under 15 years of age.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The action plan states that the municipalities are obliged to provide people who have lost their home with temporary shelter as soon as possible (against payment). Transfer to permanent housing is subject to the general rules of access (incl. social integration measures). The social housing sector provides advice to tenants at risk of eviction on budgeting, debts etc. The number of evictions has decreased significantly since 2009.
	Measures to prevent the risk of homelessness among families with children
	In 2024, the share of children AROPE living in households facing housing cost overburden was in line with EU average (20.3% vs 21.2%). A political agreement from December 2025 aims at kick-starting the construction of affordable social housing. This involves raising the ceiling on construction costs (*maksimumbeløbet*) and the amount of grants for the construction of very affordable social housing units with reduced rent. DKK 150 million are also allocated to temporary reductions of rent in social housing units for families with low income and urgent housing need.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The share of children AROPE living in households unable to keep home adequately warm was in 2024 significantly below the EU average (15.8% vs 24.0%). Housing benefit (*boligstøtte*) is based on household income and composition, with thresholds adjusted when there are children in the household. During the 2022–23 energy-price and inflation shock, Denmark introduced tax-free one-off payments to vulnerable groups, including single parents and low-income families on social assistance.
	Social housing for families with children
	Denmark has one of the highest shares of public housing in the EU (20%, referred to as "social" in the action plan), with ca. 500,000 housing units fit for families. According to the action plan, housing organizations are obliged to serve prospective tenants according to a waiting list and, i.e. first-come first-served principle.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	As per progress report, procedure for placement of children in alternative care gives preference to supportive measures delivered home settings. Individual assessment of child's needs and best interest, and development of personalised intervention plan are required. Placement in alternative care without child's and custodian's consent can only be undertaken if there is a risk of serious harm to the health or the development of the child.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The progress report stresses 12% drop in the number of children in alternative care between 2012 and 2022, and prevalence of alternative care provided by foster families (64%) over this in residential institutions (36%).
	Measures to support independent living and social integration of children leaving alternative care
	It is possible to provide support to young people over the age of 18 in accordance with the rules of the Child's Act in the form of youth support, e.g., finding independent housing. Youth support can be provided until the young person reaches the age of 23.
	Outreach and awareness raising
	The municipalities have a general obligation to monitor the living conditions of the resident children and to offer free family counselling. All citizens have an obligation to notify the authorities if they have knowledge of a child experiencing neglect. Professionals and public workers have an expanded obligation to notify the authorities. Under 'Children First' agreement, funds were allocated for "Family houses" that offer advice to expectant parents and families with small children.
	Stakeholders' involvement
	The Danish legislative and decision-making processes ensure a high degree of stakeholder involvement. As part of the 2021 Child's Act, a permanent consultative body of nine stakeholders, including municipal representatives and civil society organisations, has been established. In the period 2024-2025 a "Task Force on violence against children and young persons" was also active. No information on consultations with children.

GERMANY

	Identification of children in need
	The ECG action plan and the implementation report identify children in need and report the size of groups of children in need experiencing specific disadvantages (e.g. estimate of number of homeless children). Per most (not all) of the services covered by the ECG, the action plan specifies categories of children who experience difficulties with accessing them.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	There is a nationwide obligation to stagger parental contributions, based among others on parental income, with regional disparities. Recipients of social assistance benefits are exempt from fees. The education and participation package (Bildungs- und Teilhabepaket) supports low-income families in financing additional costs for ECEC, such as expenses for trips or lunch. Cost remains stressed as a barrier in the progress report.
	Addressing the non-financial barriers
	Target to build 90,000 new childcare places was set in the framework of the RRF, but the extent to which disadvantaged children will benefit from them and whether this will be enough to meet the demand remain unclear. A strategy has been put forward by the federal government to address staff shortages. There is some evidence of regional disparities in terms of ECEC quality, yet there is plan to advance existing legislation at the federal level into a law with nationwide quality standards.
	Measures to support inclusive education and avoid segregated classes
	Besides availability of skilled specialists, integration assistance for children with disability, language support, and measures to improve staff/children ratios in disadvantaged areas mentioned in the progress report, there is little evidence of large-scale policies aimed to adapt facilities and educational materials for disadvantaged children. A Quality Development Act is to be introduced to among other promote targeted support where necessary.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Same analysis as for 0-3 age group.
	Addressing the non-financial barriers
	Same analysis as for 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for 0-3 age group.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The incidence of early leaving from education or training has remained broadly stable, above the EU average. Complementing large scale programmes to broadly support disadvantaged pupils, some programmes address early school leaving more directly (e.g. through mentorship). Various difficulties in implementation are reported (e.g. to identify the children in need). The *Länder* have various systems to identify and help affected students.
	Measures to support inclusive education and avoid segregated classes
	The gap in the incidence of underachievement between disadvantaged and advantaged children is close to the EU average in Germany. Some large-scale measures are implemented to further support disadvantaged pupils and pupils with special educational needs. The Startchancen programme provides schools with large share of socioeconomically disadvantaged pupils with targeted support, through e.g. individual counselling. However, only ca. 4,000 schools (10% of total) are covered.
	Provision of free school materials (incl. digital equipment)
	School textbooks are provided free of charge in some federal states. Financial support for minimum income recipients is adjusted in view of covering costs of basic school material for children; yet whether this adjustment allows to cover all school material's expenses remains unclear. Some evidence of programmes funded by the federal government to equip schools with IT devices.
	Free transport
	Financial support for minimum income recipients is adjusted in view of covering cost of transportation for children in schools. For secondary school, the actual costs of student transportation are covered. For primary school, there are different state regulations.
	Free healthy meal each school day
	ECEC
	Quality standards for catering are available and in some *Länder* they are implemented on a mandatory basis. The amount of the Education and Participation Benefits (BuT) is adjusted to account for the expenses related to school feeding programmes and the Youth Allowance provides financial support too. Yet, low take-up rate of such top-up is also reported, and the German share of children AROPE not able to afford a healthy meal daily (with protein) is above EU average.
	Primary schools
	Same as for ECEC.
	Secondary schools
	Same as for ECEC.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	German rates of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities below the EU average, yet a 15 p.p. gap with children not AROPE persists for leisure activities. Large-scale measures aimed to further guarantee inclusive access to these activities are taken (e.g. coverage of expenses for school trips under the Federal Youth Allowance), but up-take is limited.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	There is evidence of cooperation frameworks, but the scope of the projects financed so far is not clear. The progress report mentions some isolated projects as examples of good practice, but no nation-wide data was collected from among all Länder. Legal entitlement to full-day care in primary schools will come into force in 2026, including cooperation with multiprofessional partners.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	The implementation report highlights measures for early detection and treatment of diseases and developmental issues, emphasizing comprehensive statutory health insurance. There is a wide range of screenings available for free from post-natal to school years.
	Childhood vaccines recommended by the WHO
	Access to healthcare is free for insured children, covering preventive measures, and ensuring access to vaccines such as vaccines against Polio, Measles, and Hepatitis B. Large cities also offer additional free vaccinations. In terms of take-up rates, evidence suggests some scope for progress. For uninsured children needing healthcare, they may receive vaccinations through the Asylum Seekers' Benefit Act or other regulations.
	Measures to facilitate early detection and treatment of mental health problems
	Medical checkups for children and adolescents are covered 100% by statutory health insurance. Diagnostics and therapy by child, adolescent psychiatrists, and others are also fully covered. Further measures include online counselling (JugendNotmail). The Mental Health coaches programme was showing good results, but it was discontinued as of end 2025. While waiting lines for mental health support occur (some evidence of 4–5-month long waits). According to the German Scholl Barometer 2025/2026, psychological stress among children and adolescents in Germany is increasing again for the first time since the COVID-19 pandemic, and young people from low-income families are particularly affected.
	Free prescription medicines
	For children with health insurance, prescription medicines are free, aiding disadvantaged children. However, barriers persist for uninsured or asylum-seeking children.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	While health insurance covers some rehabilitation services, more targeted initiatives are also mentioned in the implementation report, ranging from the Disability Equality Act which improves infrastructures and aids for people with disabilities to specific actions taken to e.g. adjust holiday centres to the special needs of children with disabilities. There is some evidence of access barriers (e.g. waiting lines), limiting access.

	Health promotion and disease prevention programmes targeting children in need
	Health insurance funds support a wide range of health promotion and prevention measures designed to reach people in their everyday environments. In 2024, 10,871 measures (21%) were carried out in elementary schools and 14,695 (28%) in daycare centers. A further 14,131 (27%) reached secondary schools, including special needs schools. More information, e.g. on these measures' scope, will be needed to achieve higher compliance.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Besides the basic allowance for low-income households adjusted to account for food expenses, there are projects promoting food literacy to maintain a healthy diet even on low income. For example, a project is developing a nutrition and health education programme for children's and family centres in disadvantaged districts. Yet there is scope for progress (e.g. the share of children AROPE not able to afford a healthy meal daily (with protein) is above EU average).
	Limited advertisement and availability of unhealthy food
	A special Code of Conduct on Commercial Communication for Foods and Beverages for advertising (online and offline) has been developed by the German Advertising Federation to protect children. Yet there is among others a gap in overweight rates between children with low (30%) and high family affluence (16%) larger than the EU average, suggesting scope for progress.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Germany aims to end homelessness by 2030, with a 2024 action plan to tackle housing exclusion. Measures include among others social service support and public housing subsidies. Although support exist, details of transition from temporary to permanent housing remain unclear. There has been increase in the number of children experiencing housing exclusion, which suggests scope for progress.
	Measures to prevent the risk of homelessness among families with children
	Germany actively implements measures to prevent family homelessness, focusing on housing benefits, social rent schemes, social housing and purchasing support programmes which reduce eviction risks for low-income families. However, the share of children AROPE in households facing housing cost overburden is slightly above the EU average which suggests that further efforts are needed.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Energy poverty is addressed through financial support to help costs of heating and buildings refurbishment. One instrument is the housing benefit, which supports ca. 400,000 low-income households. The share of children AROPE living in households unable to keep their homes adequately warm is below the EU average. Housing cost overburden (11.1% in 2025) is above the EU average (8.2% in 2024). The social housing stock has decreased significantly in the last 20 years, from 2.5 million to 1 million units, pointing to a need for policy action.

	Social housing for families with children
	The government plans to invest up to € 5.5 million in 2028 in social housing programs of the Länder. The annual number of the subsidized units is rising since 2022. Vulnerable families with children can benefit from priority, with some local differences. There is some evidence of waiting lists and lack of supply.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	While the progress report underlines that the best interest of the child is considered, there are legal provisions to involve children in the design of their assistance type (e.g. a care plan meeting is to be organised with the children and legal guardians). More information on implementation will be necessary for higher compliance.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Out of the total number of children in alternative care, around half of them are in residential care, which is above the EU average. Some measures are taken to increase foster care (e.g. with public awareness campaign to recruit more foster care parents).
	Measures to support independent living and social integration of children leaving alternative care
	While Germany implements measures to support independent living in general, a database has been developed to better monitor life trajectories of care leavers, alongside an evaluation of care leavers support. According to the progress report, care leavers are subject to poverty, unemployment and mental illness at an above-average rate, suggesting scope for progress.
	Outreach and awareness raising
	Germany takes several awareness-raising/communication actions (e.g. development of new digital tools), alongside more active outreach targeting some groups of children in need (e.g. refugee children and homeless children). Yet, no estimate of non-take-up rates is provided, not allowing to assess whether the scope of these measures is large enough to be fully compliant.
	Stakeholders' involvement
	Various stakeholders were consulted for the design of the action plan and the drafting of the implementation report, including children and NGOs. Given their competences, higher involvement of Länder and local authorities throughout the implementation of the ECG will be key to achieve higher compliance.

ESTONIA

	Identification of children in need
	The action plan discusses various aspects of the risks of poverty and social exclusion experienced by children but does not include a workable definition of the target group. Update on figures are provided in the biennial reports. Child well-being dashboard is being developed to measure well-being of children and impact of measures (to be finalised by end of 2027).
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	ECEC is provided in unitary settings for children under three years of age and older. Fees for children from 18 months to school age vary by locality (max. 20% of the minimum wage, but in many cases lower). There are exemptions from payments for low-income children. Certain municipalities cover costs of private childcare (as of age 1.5) but when ensuring a municipal childcare place in a private childcare institution the attendance fee may not exceed that of a municipal childcare institution. Meals: low-income families can apply for an exemption at 100%, based on the same terms as for ECEC participation. Transport is free for all pupils.
	Addressing the non-financial barriers
	There are geographical disparities in access. Salary top-ups for teachers are provided in regions where shortages are most acute. Availability for children with disabilities can be problematic. Estonia is implementing an action plan (2025–2027) to enhance the value and attractiveness of education and youth work professions—supported by ESF+ funding, start-up grants for teachers and specialists, and new qualification requirements to improve professional quality and recognition. There is a legal entitlement to ECEC from an early age, typically from around 18 months.
	Measures to support inclusive education and avoid segregated classes
	According to Early Childhood Education Act (in force as of 1 Sept 2025) teaching and education in a childcare institution should be adapted to individual needs of each child. Where necessary, a child is provided with a special education teacher, a speech therapist or other support. There are no special groups in childcare. Families with children with SEN report difficulties accessing suitable placements. EE is reorganizing its education, merging SEN facilities to redirect resources toward support staff and improved learning conditions. The situation is improving, there are still struggles with resources, workforce, and regional inequality. 2025–2029 action plan was adopted to value education and youth sector professionals and increase the attractiveness of these professions.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Same analysis as for 0-3 age group.
	Addressing the non-financial barriers
	Same analysis as for 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for 0-3 age group.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The action plan lists measures to reduce dropout, including optimization of the school network, improved access to support services, and inclusion in mainstream schools. From September 2025, the learning obligation was extended to the age of 18 with the objective to support students in continuing their education after basic school and to reduce dropout rates. The incidence of early leaving from education and training reached in 2024 11.0% - above EU average (9.3%) and highest value since 2019.
	Measures to support inclusive education and avoid segregated classes
	The action plan mentions study counselling, EE language support, reorganizing support schools to improve services. From 2024, € 12.1 m will support inclusive learning environments until 2027. Data sharing helps local authorities reach families in need. To ensure a new generation of teachers and support specialists, the state, in cooperation with universities, has increased the number of admissions to teacher training and support specialist programs. Special scholarships are offered to help reach graduation and begin professional careers.
	Provision of free school materials (incl. digital equipment)
	Textbooks and other educational literature are provided free for primary students. Basic materials and school uniforms must be purchased at own expense. IT equipment is free to use in schools and libraries, with additional support through the "A computer for every schoolchild". Universal family benefits and local support schemes help cover school costs.
	Free transport
	Public transportation is free for all pupils. Transportation to some schools is also provided with special school buses, which students can ride for free.
	Free healthy meal each school day
	ECEC
	Access to free meals in ECEC depends on the municipality. Some fully cover meal costs, others partially, while in some parents pay in full. Reimbursements vary by municipality, often based on household income or number of children. Low-income families can apply for a 100% exemption from meal fees, using the same eligibility criteria applied for participation fee exemption
	Primary schools
	School meals for grades 1–12 are mostly funded by national subsidies, with local governments covering any remaining cost, so most students receive a free hot lunch daily. Some schools also offer free breakfast and afternoon snacks for those in need. Where parents must pay a small fee, full compensation can usually be applied for, ensuring low-income students have access to free school meals.
	Secondary schools
	School meals for grades 1–12 are mostly funded by national subsidies, with local governments covering any remaining cost, so most students receive a free hot lunch daily. Some schools also offer free breakfast and afternoon snacks for those in need. Where parents must pay a small fee, full compensation can usually be applied for, ensuring low-income students have access to free school meals.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	In 2022, the state allocated € 10.25 m to support hobby education for youth (ages 7–19) in culture, sports, and STEM. An extra € 1 m funded the Culture Backpack Initiative, enabling access to cultural events via schools. In 2023, support was introduced for youth at risk (ages 10–18) to reduce exclusion through sports. However, access to free school-based activities is not guaranteed, and availability in rural areas is low. New guidance was issued to clarify that activities forming part of the compulsory curriculum must be free of charge for students and the cost is to be covered by the schools (incl. theatre, museums, cultural institutions). Some schools report this as significant raising costs for schools.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Legislation establishes a framework for inclusive education and multi-sectoral cooperation. The new Preschool Education Act requires local governments to ensure access to childcare and coordinating efforts between child protection workers and support specialists. Various projects, some targeted at teachers, are mentioned in the progress report. The action plan mentions that 31% of children could not attend one or more of the desired hobby groups for financial reasons.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Children's health monitoring is free until the first year of secondary school, supported by a new guide and checklist. Home visits by GP and family nurses are free of charge for children up to 2 y old. Dental care is free for all children up to age of 19. Integrated social and healthcare services provide comprehensive and prevention-focused assistance. Still, shortages of medical staff and some schools not having signed contracts with medical services for health screening hinder service provision. There is a positive trend on decreased emigration among healthcare workers due to raising wages. Still, the share of AROPE children under 16 who have unmet needs for medical examination or treatment increased from 2.4% in 2021 to 7.5% in 2024.
	Childhood vaccines recommended by the WHO
	All children have free access to vaccinations in the national immunization schedule. Vaccination coverage has declined in the past decade, but in 2024 the trend stabilized. Vaccination rates (for polio, Haemophilus influenzae type B, Diphtheria, Tetanus, and Pertussis, Rubella and Hepatitis B) are around 83%, below the WHO recommended level of 95%. Rotavirus vaccine rates are at 75%. HPV vaccination rates have increased annually and are at 63% for 14-year old girls. Legislative steps are in progress to improve vaccination rates.
	Measures to facilitate early detection and treatment of mental health problems
	In 2024 Estonia had a limited number of. Early detection is strengthened through the Mental Health Department and the Mental Health Action Plan 2023–2026, incl. a child mental health study and cross-sector proposals. Access is expanding: more municipal funding, clinical psychologists as health professionals, psychologist-counsellors in GP centres from 2025, stepped-care pilots, school interventions and youth helpline and counselling. Youth Aware of Mental Health programme preventing suicides and supporting the mental health of children and young people is implemented in schools. New study on mental health is in preparation.

	Free prescription medicines
	90 % reimbursement is applied to all children aged 4–16. For children under 4 years of age, the listed medicines are reimbursed at 100 %. With amendments to the Health Insurance Act (entering into force from 1.02.2027), the medicines in the regulation will be available with a 90% reimbursement for all children aged 4–18 (inclusive), regardless of whether they have an officially determined severity of disability or reduced work ability.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Children with an assessed disability can receive social and medical rehabilitation, as well as individual services referred by a family doctor, school support services, or local authorities. A 2023 reform enabled automatic data exchange to support families proactively. A combined nursing and care service for children with high care needs is being developed with ESF+ funding, available even without disability status. Reforms aim to identify needs early and simplify support.
	Health promotion and disease prevention programmes targeting children in need
	Family doctors are encouraged to participate in disease prevention and control of the spread of infectious diseases, to monitor patients with chronic diseases more effectively and to provide people with a larger-scale health care service. A guide for monitoring a healthy child has been updated with a checklist for monitoring the health of the child. Health promotion and prevention services are integrated into regular services. Spending on disease prevention is close to the EU average.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The Ministry of Social Affairs provides food aid, including state-purchased food (distributed via food cards) and donated food. Recipients are identified through applications, subsistence benefits, or local governments. Donated aid is available 1–4 times per month. Donated food aid package must weigh at least 7 kg/ person and include food items from at least three different categories so that recipients are able to prepare a nutritionally adequate meal. Some local authorities also offer meals for children in need, including hot meals during school holidays.
	Limited advertisement and availability of unhealthy food
	The Advertising, Consumer Protection, and Media Service acts ban ads in early education, schools, and vocational settings. Key restrictions prohibit ads for, or targeting children with unhealthy food, alcohol, tobacco. Guidelines cover responsible marketing to children. Updated nutrition and movement recommendations aim to reduce salt, sugar, and saturated fats. The Health Development Institute runs campaigns, trainings, and publications. The pilot project *Seikluste Laegas* promotes healthy habits for 4–7-year-olds, involving parents; evaluations are ongoing.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Local authorities in Estonia must provide housing for those unable to afford it, but as funding is local, provision varies. There is no information on the timeframe for adequate housing or on social/advisory services. Homelessness is very low (0.8% in 2021), with no homeless children or families, so prevention is prioritized. Urgent shelter is provided immediately, while long-term housing decisions take up to 10 days. Local municipalities cover 89% of shelter costs, ensuring broad accessibility.

	Measures to prevent the risk of homelessness among families with children
	Housing support is offered via subsistence benefits, municipal housing, and Kredex schemes for low-income and young families. In 2023, 27.4% of children AROPE faced housing cost overburden (EU avg. 22.6%). Additional supports include home aid for large families, counselling, food aid, and personal assistance. A Ministry of Climate study proposes a four-pillar policy to improve housing affordability, quality, and reduce pressure on social housing. The Ministry of Climate and the EIB launched an advisory programme to develop a financing solution for affordable rental housing outside three major counties.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Energy costs are mitigated through subsidies and price compensations. In 2023, 12.3% of children AROPE lived in homes unable to stay warm (EU avg. 25.4%). The Energy Sector Organization Act defines "vulnerable" and "energy-poor" consumers and grants subsistence benefits covering dwelling and energy costs. Kredex offers heater upgrade grants, prioritizing applicants with the lowest taxable income.
	Social housing for families with children
	Low-income households with children are not prioritised in access to social housing. The social sector is below 2% of total housing stock. Access and quality vary by municipality. The Constitution ensures special care for large families and persons with disabilities. By end-2024, there were 8,490 dwellings in housing services, with € 18.2 m spent on housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The Child Protection and Social Welfare acts ensure quality, focus on children and state responsibility for alternative care. Policy reforms promote family-based care, reduce institutionalization, and strengthen foster support. As of 2026 a flexible support system was created for families providing alternative care, where both the child and other members of the family receive services according to their needs. Failed placements are analysed to improve support. Children's voices are central in all decisions and monitored through regular follow-ups.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Family based care is prioritized with € 1.2 m In 2024, and € 1.5 m in 2025 aiming to reduce the share of children in residential care to 30%. According to the EU monitoring framework, the respective share increased since 2023 from 33.7% to 39.2%. Foster care plans are individualized, coordinated, and ensure ongoing specialist support and child participation. The foster families providing emergency and special care are regulated and must use certain support services. Awareness campaigns and media projects raised visibility, a survey will refine outreach.
	Measures to support independent living and social integration of children leaving alternative care
	Local governments must provide housing, reimburse housing costs, and offer needs-based support, with costs reimbursed by the state. Quality and access vary by municipality. Support may continue up to age 25 if conditions (e.g. education, health) are met. Young people leaving care receive aftercare services for education and independent living, including a support specialist, housing, at least € 240/month financial aid, and additional individualized assistance based on assessed needs.

	Outreach and awareness raising
	Section 5 of the action plan focuses on communication and awareness raising, though is formulated in rather general terms. Awareness raising is also mentioned as part of some of the measures. Progress report mentions as part of stakeholder feedback that it is important to increase social awareness, as well as community assistance and support for children and families in the target group.
	Stakeholders' involvement
	Ministries, local governments, children's and families' advocacy organizations, children and young people were involved in definition of target groups, barriers and possible policy responses. A wide range of stakeholders were also consulted on the progress report. A working group met December 2025 to discuss establishment of a national cross-ministerial youth council.with the aim of involving young people in policy making. In 2026 an initiative was launched to involve young people in alternative care to help shape the services and raise awareness about the system.

IRELAND

	Identification of children in need
	The action plan discusses the socio-demographic correlates of child poverty or social exclusion and notes that non-Irish nationality, living outside Dublin, and being a girl increase the risk of poverty or social exclusion. While policy measures target specific groups, action plan does not specify which children are covered by the ECG measures. The progress report offers more detailed data and insights on disadvantages faced by particular groups.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	A fee freeze, fee capping and National Childcare Scheme (NCS) subsidies have reduced out-of-pocket costs for families by 38% since 2023. The NCS offers higher subsidies to families on low-income through an income-assessment process - from Sept. 2026 income thresholds will be enhanced. Yet, costs can still be a barrier to childcare. Bia Blasta' the pre-school Nutrition Programme provides daily free meals for pre-school in services in circumstances of identified concentrated disadvantage. The 2026 budget extends the means-tested Back to School Clothing and Footwear Allowance (EUR 160) to children aged 2 and 3.
	Addressing the non-financial barriers
	A 2021 OECD report found the National Childcare Scheme complex. Low pay makes it hard to recruit and retain ECEC staff. To address this challenge, increases to minimum rates of pay for ECEC educators have been agreed with unions. A new Employment Regulation Order for Early Years Educators and School-Age Practitioners, effective from October 13, 2025, introduced increased minimum pay rates and improved conditions for staff across the sector. This new order replaces and builds upon the previous 2024 order. The action plan outlines measures to support children AROPE and reduce early disadvantage. Yet, availability of services remains a challenge, demonstrated by the long waiting lists for childcare places (over 40,000 children).
	Measures to support inclusive education and avoid segregated classes
	Equal Start provides flexible funding for additional staff, family liaison, and targeted supports for services operating in circumstances of disadvantage, as well as for disadvantaged and minority groups to support participation and full inclusion in mainstream ECEC. The Access and Inclusion Model (AIM) ensures that children with disabilities and additional needs can fully participate in preschool and is planned to be extended to the 0–3 age group. Yet, there is *no legal entitlement* to an early-years place. Disadvantaged children have lower participation rates.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Pre-schooling, capped at 3 hours/day, is free for all children who have turned 2 years and 8 months. Parents may be charged for extra activities and longer hours. Equal Start programme helps disadvantaged families to fully participate in ECEC, while funding services to support the meaningful participation of children experiencing disadvantage. NCS offers universal and income-based subsidies for extra hours of care, from Sept 2026 these income thresholds will be enhanced, allowing families of more than 47,000 children to receive a higher subsidy. Under Budget 2026, the means-tested Back to School Clothing and Footwear Allowance rate of EUR160 is being extended to children of ECEC age (aged 3).

	Addressing the non-financial barriers
	Equal Start (launched 2024) delivers universal and targeted supports to address non-financial barriers. These include funding for additional staffing, family liaison supports to encourage participation among disadvantaged cohorts, and dedicated Traveller and Roma inclusion programmes. Significant progress has been made on the delivery of targeted initiatives; full implementation is planned by end 2028.The Nurturing Skills plan enhances recruitment, retention, and training of early years educators. Pay improvements, e.g. through Core Funding, which supports workforce stability and quality.
	Measures to support inclusive education and avoid segregated classes
	The action plan notes that Early Learning and Care policy emphasises inclusion for all children, including those from minority groups. The AIM supports children with disabilities to attend mainstream preschool settings with their peers (from the age of 2 years and 8 months). According to 2025 Eurydice report, children with special educational needs or disabilities benefit from assignment of specialised staff and reduced group sizes. The primary focus of AIM is to improve child-staff ratios in mainstream preschool sessions, which may include financial supports for additional staff, and to provide in depth mentoring and training for early years educators. Additional funding for improving physical accessibility is available, as well as funding for specialised equipment. Work is underway on a joint national transitions policy outlining requirements for ECEC and schools to ensure a supported entry through all early education and beyond.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The DEIS programme is Ireland's main policy to address educational disadvantage, offering extra teaching and resources to targeted schools. The School Completion Programme and the Home School Community Liaison Scheme are key supports of DEIS, and provide a robust continuum of support and interventions, working alongside the statutory Educational Welfare Service, under Tusla Education Support Service, TESS, to tackle educational disadvantage and early school leaving. In addition, initiatives such as, Youthreach, Vocational Training Opportunities Scheme, Back to Education Initiative support early school leavers. Ireland's early school leaving rate is 4.0%, well below the EU average of 9.5%.
	Measures to support inclusive education and avoid segregated classes
	More than € 3 bn will be spent on SEN in 2026. Migrant and Traveller children attend mainstream schools and receive support based on need. There has been an increase in the number of special schools and classes arising from increases in rates of children diagnosed as autistic. IE's system promotes inclusive education requiring schools to undertake an annual review of pupil placement in special classes to identify those that can be moved to mainstream education. IE works with FI and with the European Agency for Special Needs and Inclusive Education to develop a Roadmap for Inclusion. Challenges remain, i.a high concentration of Traveller students in schools designated as disadvantaged, teacher training.
	Provision of free school materials (incl. digital equipment)
	Free books and classroom resources are provided for all students in primary special and post-primary schools in the Free Education Scheme for the 2025/26 school year. The Assistive Technology Scheme supplements funding for digital technology and equipment in schools. There are several subsidies, grants and one-off schemes for low-income families that are aimed at easing costs for low-income children. Still a number of costs relating to school uniforms, school materials and contributions can constitute a burden for the low-income parents. Schools receive an ICT Grant, which may be used for ICT, including devices for learners (shared or loaned).

	Free transport
	The School Transport Scheme provides transport for 180,000 children and young people for the 2025/2026 school year. It is heavily subsidised and for the current school year, ticket fees remain low. Those with a valid medical card and children availing of SEN transport did not pay a ticket fee for 2025/2026. Eligible children with additional needs are provided with free transport to schools. In areas without dedicated school transport, grants cover cost for eligible pupils. While widely compliant, costs can still affect children in need.
	Free healthy meal each school day
	ECEC
	All ECEC services must provide snacks and meals based on attendance length, funded via parental fees and the National Childcare Scheme. Full-day children receive 2 meals and 2 snacks; shorter 3-hour ECCE children usually bring food from home. Nutrition standards apply to all services. From September 2025, the Equal Start programme has been funding a shared learning-based nutritious meal for 3-hour ECCE children in services where there is concentrated disadvantage, reaching 10,000 children to date through the Bia Blasta (tasty food) programme.
	Primary schools
	As of September 2025, Hot School Meals Programme was extended to all primary schools.
	Secondary schools
	Secondary schools are currently not eligible for Hot School Meals programme. Delivering Equality of Opportunity in Schools (DEIS) designed secondary schools are eligible for funding in respect of certain meal clubs under the School Meals Programme. There is a commitment in the Programme for Government to expand the Hot School Meals scheme to all secondary schools during the lifetime of the current government.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Active School Flag promotes a whole-school approach to physical activity and health. Since 2025, a Post-Primary ASF runs in selected schools. Creative Youth (CY) in-school initiatives prioritise DEIS and under-represented schools. A new 2025 data tool tracks participation to identify gaps and areas of greatest need. Depending on school, parents are asked for additional money to cover costs of school trips or activities, which can pose a financial burden in case of families which do not want their children to miss out. 2024 data show a low rate of children AROPE unable to participate in school trips and school events due to financial reasons (5.5%).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	There is insufficient information on this in the action plan or report. Local Creative Youth Partnerships ensure that children and young people have opportunities to express themselves creatively in out-of-school, community settings. They are networks which enable information sharing and collaboration with the local host ETB, local authorities, the non-formal education sector, family support services and youth services. They work locally to reach children and young people who are at a disadvantage from accessing creative opportunities.

	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	All children receive a vision screen while in national school. Since the means-test threshold for free medical care hasn't been updated since 2005, many families who don't meet the outdated criteria struggle with healthcare costs. All children under 8 years old qualify for free General Practitioner (GP) care, regardless of family income. In 2023 eligibility also extended to those earning up to the median household income for free GP care. Hospital in-patient charges have been abolished.
	Childhood vaccines recommended by the WHO
	All vaccines administered as part of the National Immunisation Programme are free of charge. Vaccination rates are currently below the target rate of 95%. Increasing uptake in the childhood vaccination programme is a priority and specific actions are underway to address this falling uptake.
	Measures to facilitate early detection and treatment of mental health problems
	Children with mental healthcare needs continue to face challenges in accessing counselling and quality support. Work has started on addressing mental health service waiting lists. To address this, the government will provide record funding of nearly € 1.6 bn for mental health in 2026. EU Monitoring Framework indicates high share of children with low family affluence who felt low more than once a week.
	Free prescription medicines
	Approved prescribed medicines are either free or subsidised for all residents of Ireland, including children. For households with a medical card, approved prescribed medicines, including those prescribed for children in these households are free, subject to payment of a small prescription charge. EU Monitoring framework indicated 'limited' for this category.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The action plan and progress report provide little information on this aspect of ECG. Improved access to services for children with disabilities and developmental delays is taking place with the ongoing roll out of Progressing Disability Services for Children and Young People.
	Health promotion and disease prevention programmes targeting children in need
	Healthy Ireland is a governmental health promotion initiative. Its Framework 2019-2025 and Strategic Action Plan include policies, action plans, strategies, programmes and interventions on the promotion of physical activity, addressing obesity, tobacco and alcohol, and sexual health. Many of these policies contain specific recommendations for children and young people. In Feb 2026, the Irish Department of Health launched a public consultation to help develop the next Healthy Ireland framework beyond 2025. There is no information/analysis on the number of beneficiaries and/or adequacy of the measures proposed.
	Healthy nutrition
	Access to healthy nutrition outside of school
	There are no government food subsidies or vouchers for low-income families. Efforts focus on supporting parents through public health campaigns and nutrition programmes. In June 2024 an Action Plan aiming to address Food Poverty in Ireland was presented. In 2025, a Holiday Hunger pilot supported up to 40,000 children at the cost of € 1.3 m. Under Sláintecare Healthy Communities, Healthy Food Made Easy Programme is delivered to reduce food poverty.

	Limited advertisement and availability of unhealthy food
	High-sugar, salt, and fat food, and junk food advertising restrictions for children are being developed; healthy eating is promoted through school subjects. A Department of Health dietitian funded by the Department of Social Protection was appointed for the School Meals Programme in September 2025. She is finalising an interim review of the nutritional guidelines for the programme and the compliance of the main suppliers with the current guidelines.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The Irish Government aims to ensure access to affordable, secure, high-quality housing. Over € 9 bn in capital funding will be available for housing in 2026. The new housing plan *Delivering Homes, Building Communities* focuses on delivering 300,000 new homes and supporting home ownership. Increased social housing investment will boost allocations, a key route out of homelessness. Budget 2026 provides € 513.5m for homeless services, € 50 m for emergency accommodation, and € 100 m for property acquisition to tackle long-term homelessness. Due to housing supply shortages, there is insufficient temporary and permanent housing for homeless persons.
	Measures to prevent the risk of homelessness among families with children
	The new housing plan sets out a number of measures to address family homelessness. This includes the development of a Child and Family Homelessness Action; dedicated capital funding of € 100 m to support local authorities to acquire properties to tackle long-term homelessness; and the development of a whole-of-Government Homelessness Prevention Framework. Since 2021, child and family homelessness has doubled, especially among single parents, Travellers, and people with disabilities. The Department of Housing, Local Government and Heritage works closely with local authorities to prioritise preventions to and exits from emergency accommodation.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Measures on energy poverty are not discussed in detail in the action plan nor progress report. In 2024, the share of children AROPE living in households unable to keep home adequately warm was 22.7%, slightly below EU average of 24%.
	Social housing for families with children
	In 2024, social housing waiting list grew by about 1,000 households to ca 60,000. Priority for families differs by local authority, and many face long waits. Around 92,000 children (6.6%) lack social housing. The action plan refers to building new social, cost-rental and affordable homes and updated research.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	There is no information on this in the action plan nor progress report. The best interests of the child in alternative care are ensured under Article 42A of the Constitution and the Child Care Act 1991, which requires courts to consider each child's individual needs, and their best interests as paramount. Guardians ad Litem (GALs) represent children's voices in court; reforms under the 2022 Act will establish a new national GAL service. The Child and Family Agency has a statutory to prioritise children's welfare and regard their best interests as paramount, including when placing them in care. Care placements must meet national Regulations and Standards, which explicitly require the placement to consider the nature of the child's individual needs.
	Measures to ensure the transition of children from institutional care to quality family-based care
	2025 indicates a low share of children in residential care out of the children in alternative care (8.8 %),. The progress report describes a research project 'Care Experiences: Journeys through the Irish care system', which will inform the development and improvement of future policies and services in the area. The National Policy Framework on Alternative Care is planned for mid-2026. Challenges persist such as staff and capacity constraints.
	Measures to support independent living and social integration of children leaving alternative care
	There is no information in the action plan nor progress report. The Child Care Act of 1991 and Tusla policies provide statutory aftercare supports for young people leaving care. Preparation begins at 16, including budgeting, savings, and life-skills training. At 18, eligible care leavers receive tailored aftercare services, financial and educational supports (aftercare allowance, grants, SUSI, HEAR), and access to aftercare workers and drop-in services. Tusla may fund education until age 23. The Capital Assistance Scheme for Care Leavers provides long-term social housing for those at high risk of homelessness. Housing Authorities are directed to use all support options to support accommodation of young people leaving care.
	Outreach and awareness raising
	Action plan outlines stakeholder engagement and social campaigns to raise awareness of ECG services, though update is missing on this in the progress report. The report notes a national mapping of Tusla parenting support services to improve access for parents and practitioners. Different outreach initiatives are part of the described measures. Outreach can be considered inconsistent and, in many areas, insufficient to meet the high demand.
	Stakeholders' involvement
	Government consultations helped define priorities for new policy framework for children and youth. An online consultation and input from children, including through the UN CRC process, informed the ECG action plan. Stakeholder submissions shaped the plan, and the progress report highlights their role in monitoring and evaluation. It is unclear how the local level has been consulted and how the progress report has been put for consultation.

GREECE

	Identification of children in need
	The ECG action plan reports the size of groups of children in need who experience specific disadvantages (e.g. Roma children). The ECG action plan identifies disadvantages hindering groups of children in need's access to the services covered by the ECG (e.g. remoteness, stigmatisation). However, updates of the size of some groups of children in need and their access to these services are missing in the progress report.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Tuition fees are calibrated to family size and income, with some fee exemptions the scope of which varies across municipalities. The 2026 progress report mentions provision of some free food for children in ECEC, while acknowledging shortage in provision of free transportation and educational materials.
	Addressing the non-financial barriers
	Target to build 20,000 new pre-school care places, but whether this will be enough to meet the unmet demand remains unclear. Challenges related to ECEC staff shortages reported, yet some professional development programs planned. Planned efforts to improve transportation networks and set up decentralised centres. More substantial results (from the planned measures) needed for wider compliance.
	Measures to support inclusive education and avoid segregated classes
	In line with the National Strategy for the Rights of Persons with Disabilities, an Early Intervention program (until 2030) for children aged 0 to 6 years, who have disabilities has been included in the Greek RRP (funding of ca. € 35 m). Services are to be provided by trained multidisciplinary teams within child's environment. The program plans to offer service vouchers to at least 2,500 children. Beyond this, there is little evidence of policies for disadvantaged children.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Legal entitlement for all children from age 4, implying free attendance in public units. Meals are partially covered but no clear evidence of free transportation and educational materials for children in need mentioned.
	Addressing the non-financial barriers
	Same analysis as for the 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Besides some planned projects to design more inclusive ECEC curricula and vouchers distribution to promote children with disabilities' participation, there is little evidence of large-scale policies aimed to adapt facilities and educational materials for disadvantaged children and to ensure they are accompanied by qualified teachers and staffs. Apparent shortage of qualified staff. No language support for those speaking another language.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The incidence of early leaving from education or training has decreased in the past years and, at 3.0% in 2025, is well below the EU average of 9.3%. Among measures implemented are the establishment of Educational Priority Zones and Reception Classes, the placement of Social Workers in primary and secondary school units, and the establishment of Reception Structures for the Education of Refugee Children.
	Measures to support inclusive education and avoid segregated classes
	Some measures taken (e.g. Support to Primary and Secondary Education Schools by psychologists and social workers targeting c.a. 13,000 schools, efforts to combat school violence and bullying through a dedicated website, to promote school participation of Roma children and children with disabilities). But the gap in the incidence of underachievement between disadvantaged and advantaged children is above the EU average in Greece.
	Provision of free school materials (incl. digital equipment)
	School textbooks are provided free of charge. More than 600,000 vouchers distributed to help low-income children access digital devices. However, there is no clear evidence of large-scale policies ensuring children in need's free access to other school materials, besides specific support for pupils with disabilities.
	Free transport
	Free transport for children living far from their school (1.2 km from primary school and 2.5 km from secondary school according to the progress report) – or alternatively a monthly allowance is distributed, yet some lack of public transportation reported in mountainous, hardly accessible or island areas.
	Free healthy meal each school day
	ECEC
	No evidence of free provision of free healthy meal each school day in ECEC
	Primary schools
	In the 2025/2026 school year, 1,918 schools selected on the basis of socioeconomic criteria took part in the Greek school meal scheme and 231,062 meals were delivered each school day for free. Assuming each child receives one meal per day, this last figure indicates that not all children AROPE are covered by this scheme.
	Secondary schools
	Same analysis as for primary schools.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The Greek rates of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities are above the EU averages. Yet several measures are reported to improve their access (e.g. free theatre tickets, support to access museums, leisure camps, subsidy for books, including specific support for children with disabilities).

	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Creative Activity Centres are being established for cooperation between cultural institutions, schools, municipalities, and social actors, provision of after-school care, and specific assistance for children with disabilities. The centres offer activities to children aged 5 to 12 years old beyond school hours with pedagogical practices to support their physical, mental, and social development. More information on number of children AROPE benefiting.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Most post-natal screenings are available for free, and GPs may prescribe preventive tests administered free of charge. In addition, efforts to set up frameworks for examination of children at specific school ages are made, including teams of doctors visiting schools. Third country nationals also have to undergo a health screening. Yet there is no clear quantitative evidence that free screenings are widely available until the age of 18 years.
	Childhood vaccines recommended by the WHO
	Children in Greece have free access to vaccines included in the National Vaccination Program (e.g. polio, rubella, measles, mumps, varicella (chickenpox), meningococcal and pneumococcal infections, hepatitis A and B, HPV infections, influenza, coronavirus, and respiratory syncytial virus). While there is outreach to groups experiencing specific disadvantages such as Roma children, evidence suggests scope for progress in take-up rates.
	Measures to facilitate early detection and treatment of mental health problems
	Greece is developing community mental health centres in Athens and Thessaloniki, mobile units and tele-psychiatry to reach remote areas across the country, focusing on children, and availability of psychologists and social workers in schools. In addition, early intervention is conducted by psychosis units. Yet, Greece has among the highest share of children with low family affluence feeling low more than once a week.
	Free prescription medicines
	In Greece, disadvantaged groups, including low-income children, unaccompanied minors and children with disabilities over 67%, receive free prescription drugs. This is implemented, but there is some evidence of limitations due for instance to delays in reimbursements.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	National Organisation for the Provision of Health Services and Greece's "Reform of the early childhood intervention framework" support children with disabilities, including via early intervention services tailored to individual needs, focusing on inclusive support. This involves multidisciplinary teams. However, there are territorial disparities in access to habilitation centres. Other barriers (e.g. physician shortages) also hinder service delivery.
	Health promotion and disease prevention programmes targeting children in need
	Various health promotion programmes are implemented, e.g. "Spyros Doxiadis" targeting pupils from high-poverty areas with educational and awareness-raising activities. The National Vaccination Program and newborn screening promote disease prevention. A 'Dentist pass' for children aged 6-12 also supports preventive care. Yet, more information would be needed on the number of beneficiaries with low income to ascertain higher compliance.

	Healthy nutrition
	Access to healthy nutrition outside of school
	Several actions are undertaken to promote access of healthy nutrition outside of school, e.g. through a network of social grocery stores, a national program against childhood obesity, reducing risk factors and socioeconomic inequalities and a preventive approach to cancer through healthy food. Measures also aim to promote breastfeeding. Yet there is evidence of challenges faced by low-income households with children hindering their access.
	Limited advertisement and availability of unhealthy food
	Selling food high in fat, salt and sugar is restricted in school canteens. Besides the program against childhood obesity, there are projects which promote food literacy (e.g. Skills Labs). Yet the share of children with low family affluence obese is as high as EU average, suggesting scope for progress.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	In Greece, addressing homeless children's access to adequate accommodation involves several (small-scale) initiatives. The "Housing and Work for the Homeless" program for instance provides homeless families with housing support and supportive services but requires expansion for broader impact. Specific support to Roma children and unaccompanied minors is also rolled out.
	Measures to prevent the risk of homelessness among families with children
	Measures to prevent homelessness among families with children include housing benefits and rent subsidies to alleviate financial burdens. These focus on ensuring stable housing and preventing eviction by supporting families at risk. However, the share of children AROPE living in household facing housing cost overburden is among the largest in the EU, which suggests scope for progress.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Greece addresses energy poverty with measures like social tariff, electricity discounts, and programmes to improve housing energy efficiency. However, the share of children AROPE living in a household unable to keep their home adequately warm is among the highest in the EU, which suggests scope for progress.
	Social housing for families with children
	While social housing is underdeveloped in Greece, there are plans to increase the (social) housing stock through programmes like "Renovate-Rent" and the “Social Compensation” scheme. Families with children in need are prioritized with some local differences.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Greece aims to reduce to zero the number of children in institutional care by 2030, focusing on community-based alternatives. Support for biological families, transition to community services, and foster care development. Some evidence of care tailored to children needs, e.g. with individual family action plans, including mechanisms to ensure child's voice is heard, and specific focus on unaccompanied minors. Yet not all children seem to be covered by such plans.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The action plan supports deinstitutionalization through e.g. training of social workers, transformation of institutions, and creation of professional foster care system. Efforts focus on alternative living arrangements, and integration support. However, despite some improvement, the share of children in residential care out of the total number of children in alternative care is, according to the EU monitoring framework, 84.5% i.e. the highest in the EU and way below the zero target set for 2030.
	Measures to support independent living and social integration of children leaving alternative care
	Greece supports children leaving alternative care through individual action plans and initiatives such as the Semi-Independent Living programme which involves counselling, and housing habitation programmes focused on young people. Yet there is a lack of evidence to assess whether these measures are sufficient to support independent living and social integration of children leaving alternative care (e.g. more information on integration in the labour market could be presented).
	Outreach and awareness raising
	The action plan features several communication actions (e.g. setting up of telephone helplines and digital applications), alongside more active outreach (e.g. health mobile units). The progress reports feature updates as regards their implementation. Yet, no estimate of non-take-up rates is provided, not allowing to assess whether the scope of these measures is large enough to be fully compliant.
	Stakeholders' involvement
	Ministries, state agencies, local authorities, NGOs and children for were consulted in the process of preparation of the action plan and the progress reports.

SPAIN

	Identification of children in need
	The action plan identifies children in need and reports the size of groups of children in need experiencing specific disadvantages (however, the number of Roma children is just estimated as Spain does not collect respective data). The updates on the size of most groups of children in need and their access to key services are not included in the progress report.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	In few regions (e.g. Madrid), tuition fees have been lifted. At the national level, a dedicated programme (2026–2028) aims to improve enrolment rates in early childhood education (ages 0–3) through financial support for families. Yet there is no mention of free provision of meals and transportation. Coupled with gap in ECEC participation rate between children at risk of poverty or social exclusion and their better-off peers, this suggests scope for progress.
	Addressing the non-financial barriers
	Target to construct 65,000 new childcare places (including 45,000 places by June 2026) with a focus on disadvantaged territories and supported with EU-funding. Whether this will be enough to meet unmet demand, particularly in urban centres, remains unclear. ECEC staff shortages to be addressed through some professional development and training programs. Hurdles in ECEC access due to geographic disparities reported (with long waiting lists and inadequate opening hours).
	Measures to support inclusive education and avoid segregated classes
	Besides commitments to inclusivity in ECEC (and school segregation prevention) and evidence of language support provided to those who speak a different language at home, no clear evidence of other large-scale policies aiming to adapt facilities and educational materials for children with disadvantaged background and specific needs and ensure they are accompanied by qualified teachers and staffs.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Spanish legislation establishes the free provision of the second cycle of Early Childhood Education, guaranteeing that every child over the age of 3 has a legal right to a place. Only Basque region provides children in need with at least one healthy free meal each school day. Lack of information on transport suggests that financial barrier may hinder access. Some regions take actions to reduce cost of educational materials. Almost 100% participation rate suggests wide compliance.
	Addressing the non-financial barriers
	Situation similar as for children below 3 years of age. However, almost 100% participation rate suggests wider compliance.
	Measures to support inclusive education and avoid segregated classes
	Besides broad commitments to inclusivity in ECEC and evidence of language support provided to those who speak a different language at home, no clear evidence of other large-scale policies already implemented to adapt facilities and educational materials for children with disadvantaged background and specific needs and ensure they are accompanied by qualified teachers and staffs. Yet, a “Strategic Plan for Inclusive Education” is being developed.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Despite some decrease recorded, the incidence of early leaving from education and training remains in Spain above the EU average. Measures are taken to address the issue (e.g. PROA+, targeting 3,600 schools and colleges to provide educational support). A new regulatory framework incorporated measures to prevent and reduce early school leaving. (e.g. competency-based approach of the curricula, flexibilization of educational pathways, and personalized support).
	Measures to support inclusive education and avoid segregated classes
	The gap in rate of underachievement among disadvantaged and advantaged children is in Spain below EU average. Some measures to promote inclusivity in education and address school segregation (e.g. 1,139 psycho-educational service units providing vulnerable pupils with tailored support, programmes to foster Roma children's school attendance, support programmes to children with disability).
	Provision of free school materials (incl. digital equipment)
	Some large-scale policies supporting access to school materials reported (e.g. to guarantee access to textbooks, and bridge digital divide through provision of computers). E.g. with the Programme for Digitalisation of the Educational Ecosystem, more than 165,000 classrooms have been equipped and 350,000 devices delivered to educational centres for loan to students in vulnerable situations. Yet regional disparities reported.
	Free transport
	Nation-wide obligation to provide free school transport for students who attend school in a municipality other than that of their residence. Yet provision of school transport varies across regions. Each school year in Ceuta and Melilla, there is a call to fund free school transport services for students with an official assessment of special educational needs who are enrolled in public Early Childhood Education, Primary Education, or Secondary Education centres.
	Free healthy meal each school day
	ECEC
	At State level, the RD 315/2025 of "Law on food safety and nutrition" promotes healthy and sustainable eating in schools. It does not regulate the cost of meals for which there is disparity between regions. In the cities of Ceuta and Melilla, the Ministry of Education publishes each school year, a call aimed at funding school meal services (free of charge for the ones most in need). Among other groups, this call includes students of Early Childhood Education (ages 3–6).
	Primary schools
	At State level, a regulation promotes healthy and sustainable eating in schools. Many Autonomous Communities (e.g. Catalonia, Valencian community, Extremadura) focus their efforts on ensuring that all pupils, regardless of their socioeconomic situation, have effective access to a healthy meal per school day (yet whether this involves free access remains unclear). The Basque Country guarantees free access for children in need to at least one healthy meal each school day.
	Secondary schools
	Same as for primary schools.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The share of children AROPE who lack access to regular leisure activities is in Spain below the EU average but the rate for school-based activities above the EU average. Several measures are reported to improve their access (e.g. vouchers to access sports and cultural activities for free distributed to 90,614 children).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Some local initiatives indicating collaborative efforts (e.g. in Catalonia with care services outside school hours), but no clear evidence of structured cooperation between these services.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	A wide range of screenings is provided free of charge up to the age of 14, including dental routine check-ups, and national neonatal screening programmes. Primary care plays a central role, offering paediatric check-ups that monitor growth, psychomotor development, hearing, vision and vaccination status. Non-financial barriers (e.g. waiting lines) are noted, suggesting challenges in timely access. The share of children AROPE with very good health remains below EU average.
	Childhood vaccines recommended by the WHO
	The Spanish National Health System provides free vaccinations for all children. This is part of the universal healthcare coverage. While vaccination coverage is relatively high, there is still some scope for progress.
	Measures to facilitate early detection and treatment of mental health problems
	Measures are implemented, including free provision of mental health support. There is some evidence of non-financial barriers such as waiting lists. Children with low family affluence are more likely to feel low more than once a week than their better-off peers. Such gap is among the largest in the EU, suggesting scope for progress. The Mental Health Action Plan 2025–2027 includes a specific focus on children, with an increase in psychologist and psychiatrist staff.
	Free prescription medicines
	Children covered by the Spanish National Health System receive medicines free of charge. Yet the extent to which all children in need are registered in such System remains to be clarified to achieve higher level of compliance.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Measures include targeted rehabilitation services for children with disabilities through integrated care models, like Andalusia's service combining health and education sectors. Aragon has launched mobile Early Care and Disability Prevention services. Implementation varies regionally, with barriers (e.g. long waiting lists). A nation-wide Early Care Roadmap was approved in Spain.

	Health promotion and disease prevention programmes targeting children in need
	Spain implements programs at the regional level like Catalonia's FITjove, promoting physical exercise among adolescents. Aragon's Health Promotion Programme educates teachers on healthy environments. Initiatives like the "Kids in Motion" program in Murcia served 50 children aged 9-11, teaching healthy lifestyle habits. Despite a country-wide Health promotion and prevention strategy, there is evidence of regional disparities, leaving scope for progress.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Low-income families with dependent children are entitled to wallet cards which are topped up (e.g. at least € 130 per month for families with two children) and must be used to purchase food. More information on the number of children in need benefitting from this scheme would be necessary to achieve higher compliance.
	Limited advertisement and availability of unhealthy food
	Royal Decree of "Law on Food safety and Nutrition" prohibits the sale of foods and beverages with a high content of saturated fatty acids, salt, sugars, and caffeine in educational settings. A Plan for the Reduction of Childhood Obesity sets the goal of reducing childhood overweight and the social gap, while 46.7% children in disadvantaged neighbourhoods are overweight compared to 29.3% of those in high-income neighbourhoods – such gap suggesting scope for progress.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Spain implements policies to address broader housing-related issues among children, and it also rolls out a national Strategy to combat homelessness, aiming to prevent and eradicate street homelessness through housing-based solution. More information related to the updated number of homeless children and transitions to permanent housing will be needed to achieve higher level of compliance.
	Measures to prevent the risk of homelessness among families with children
	The National Strategy to combat homelessness includes housing assistance, social support and eviction prevention measures. Rent allowances are rolled out by some autonomous communities to support families in covering part of rental costs and prevent eviction. There is also a focus on increasing public housing stock. Yet the Spanish share of children AROPE living in households facing housing cost overburden is among the largest in the EU which suggests scope for progress.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Spain addresses energy poverty with e.g. an allowance for basic utilities. Additional measures include e.g. a funding programme to finance building energy renovations. While these efforts aim to tackle energy poverty, the share of children AROPE living in household unable to keep their home adequately warm is among the highest in the EU.

	Social housing for families with children
	While social housing is undeveloped in Spain, which results in long waiting lines, there are plans to invest in constructing energy-efficient social housing, with some prioritisation of vulnerable families with children, and local variations.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Emphasis is put on transition to family-based care to prioritize children's best interests. There is an implementation of the National strategy for a new model of care in the community (2024-2030), which sets a roadmap to move towards a more individual-centred model, including through ensuring children's voices are listened (coupled with preparation and training of foster families). Yet progress in the implementation remains unclear.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Spain implements deinstitutionalization by promoting family-based care with targets to eliminate residential care for children under 10 years of age by 2030. Measures include public campaigns and foster family support. Extremadura's 2024 foster care grants exemplify active implementation. Yet, nearly half of children in alternative care are still in residential care.
	Measures to support independent living and social integration of children leaving alternative care
	Spain supports independent living and social integration with initiatives like the "Experimental Continu-Action Programme" in the Region of Murcia, aiding youth post-guardianship to prevent homelessness, and the Valencian Community – Emancipation Network which implements transition-to-adulthood programmes. These measures, actively implemented, aim to integrate young individuals and ease their transition from alternative care. Yet their scale remains unclear.
	Outreach and awareness raising
	The action plan (and the progress report) features several communication/awareness-raising actions (e.g. development of new digital tools, training of social workers to meet specific needs of vulnerable children). Yet more active outreach to children in need is lacking.
	Stakeholders' involvement
	Various stakeholders were consulted for the design of the action plan, including children and local authorities.

FRANCE

	Identification of children in need
	The ECG action plan identifies children in need and reports the size of most groups of children experiencing specific disadvantages. The implementation report also features some updates of these figures. Yet some groups are not covered. For most (but not all) services, the action plan specifies categories of children who experience difficulties with accessing them.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	ECEC fees are calculated based on household income. Not all low-income households can access ECEC freely. In addition, transportation is free for children below 4 but there is no free provision of meals. The participation gap between children AROPE and children not AROPE further suggests barriers hindering access of the former group.
	Addressing the non-financial barriers
	Target to establish additional 200,000 places by 2030 to meet the demand, with no clear targeting of children in need. No update on progress in implementing training and hiring initiatives while there is evidence of some staff shortages. Some outreach measures (e.g. *relais petite enfance*) to improve take-up.
	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs or disabilities, as well as those at risk of poverty or social exclusion benefit from eased access to ECEC. Non-discrimination rule is explicit in admission policies and quotas are used to improve diversity.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Education is compulsory (and thus free) from the age of 3 years old. There is some provision of breakfasts yet the free provision of transportation and educational materials for children remains unclear. the participation rate is almost 100%.
	Addressing the non-financial barriers
	High participation rate (almost 100%) suggests low or non-existent unmet demand, but there is evidence of staff shortages. Lack of update on progress in implementing training and hiring initiatives. Some outreach measures (e.g. *relais petite enfance*) improve take-up.
	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs or disabilities are assigned specialised staff. Interpretation services are available for communication with parents from migrant background. ECEC facilities that have high proportions of children at risk of poverty or social exclusion receive additional funding and can reduce group sizes.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The incidence of early leaving from education or training has remained broadly stable and below EU average (7.7% vs 9.3% in 2024). Additional measures are taken to better address it (e.g. establishment of a new administrative entity to prevent early school leaving through enhanced coordination between services).
	Measures to support inclusive education and avoid segregated classes
	Measures taken (e.g. tailored support programs such as Devoirs faits, efforts to integrate children with disabilities into ordinary schools with specific staff accompanying them, with 430,000 pupils with disabilities supported). However, the gap in rate of underachievement among disadvantaged and advantaged children is above EU average, suggesting scope for progress to make education more inclusive. Important regional differences do exist and difficulties in effectively accessing education persist in outermost regions, especially in Mayotte and French Guiana where the infrastructure is insufficient.
	Provision of free school materials (incl. digital equipment)
	Cash benefit provided to low-income households to help cover school materials' costs. Free access to textbook until high-school and some regional initiatives to loan textbooks to high school pupils for free (e.g. Ile-de-France). Digital equipment provided for free for in-class activities and some regional initiatives to fund provision of digital educational equipment of high-school pupils outside of class.
	Free transport
	No mention of free transportation for pupils in primary school. *Fonds social collégien* and *fonds social lycéen* support pupils facing specific expenses including transport, but the extent to which it covers all transport fees of children in need in Collège and Lycée remains unclear.
	Free healthy meal each school day
	ECEC
	According to the progress report, 242,045 pupils (from *Maternelle* onward) received breakfast in 2022-2023, with a quarter of them living in outermost regions. The number of recipients remains much lower than the overall number of children AROPE, suggesting scope for progress.
	Primary schools
	According to the progress report, 242,045 pupils received breakfast in 2022-2023, with a quarter of them living in outermost regions. In addition, children living in disadvantaged small towns can benefit from social pricing, offering lunch for a maximum price of € 1. 53,500 pupils were reported in the action plan to be covered by such measure annually. The number of recipients remains much lower than the overall number of children AROPE, suggesting scope for progress.
	Secondary schools
	Same as for primary schools.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The rates of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities are below the EU average. Several measures reported to further improve their access (e.g. free access to cultural and recreational activities for children through vouchers distribution)
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Educational cities label created setting up a framework promoting cooperation between various local services, but still limited number of towns recognised under this label (around 200). Some additional measures indicating cooperation efforts (e.g. Wednesday plan to improve children's access to leisure and cultural activities through cooperation at local level).
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	While there is a wide range of screening available for free until the age of 16 years, there is some evidence of shortages in medical staff posing a barrier, potentially impacting regular health check-ups for pupils.
	Childhood vaccines recommended by the WHO
	The universal health insurance system covers 100% of vaccination costs for mandatory vaccines. There is evidence of relatively high vaccination coverage, with still some scope for progress (e.g. as regards Rotavirus).
	Measures to facilitate early detection and treatment of mental health problems
	France facilitates mental health care through a program offering free access to 10 psychological sessions for children. This measure is implemented to ensure early detection and treatment. Children with low family affluence are more likely to feel low more than once a week than their better off peers, suggesting scope for progress. Their share has also increased in the past years.
	Free prescription medicines
	Prescription medicines are free for disadvantaged children thanks to the universal health insurance system and the Solidarity health insurance. These implemented measures aim to reduce financial barriers. Yet the extent to which all children in need are registered in such schemes remains to be clarified to achieve higher level of compliance.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	A framework to support the 1000 first days of children includes specific assistance to families with young children with disabilities. In addition, children or adolescents with disabilities may be eligible for support or accommodation in a medical-social establishment or service. There are not less than 430,000 children with disabilities in schools, receiving support from 132,000 accompanying persons.

	Health promotion and disease prevention programmes targeting children in need
	Several disease prevention programmes are reported, including the "M'T' dents" program which promotes dental health. Though these measures are implemented, more information on how they target children in need and their follow-up is needed to achieve higher compliance.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Actions are undertaken, such as the Malin programme (supporting access to healthy food of low-income households with baby through vouchers and discounts) and a programme which provides vulnerable families living in hotels with access to kitchens, and food literacy workshops. There were 11,300 beneficiaries in 2022, and France aims to increase this number to 20,000. More information on ways other children in need are supported would be necessary to achieve higher compliance.
	Limited advertisement and availability of unhealthy food
	Automatic vending machines of food and drinks are banned from schools, and canteen supply must meet specific quality standards, including 20% of organic products. The use of nutri-score is also promoted. Yet, there is a gap in obesity incidence among children with low family affluence (24%) compared to children with high family affluence (15%), suggesting scope for improvement.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	France's efforts in ensuring homeless children receive adequate accommodation include averaging 203,000 emergency accommodations, with 26,000 children hosted in hotels in Ile-de-France. However, an estimated 2,000 children still sleep rough based on a study conducted by UNICEF, which suggests scope for progress. Big regional differences do exist and difficulties particularly persist in outermost regions, especially in Mayotte and French Guiana where children are not in family structures and the infrastructure and services are insufficient.
	Measures to prevent the risk of homelessness among families with children
	France provides housing benefits, including Personalized Housing Assistance (APL). There are also subsidies for unpaid rent and deposits. A plan to build new social housing units aims to further assist disadvantaged families. The French share of children AROPE living in household facing housing cost overburden is among the smallest in the EU.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	To address energy poverty, France implemented measures like the 'Bouclier tarifaire (tariff shield),' offering financial support and energy vouchers during the energy crisis to help low-income households manage rising energy costs. While such 'Bouclier' is temporary, there are additional support measures (e.g. MaprimeRénov or Chèque Energie). Incidence of energy poverty among children AROPE is above the EU average, which suggests scope for progress.

	Social housing for families with children
	Access to social housing depends on income, with certain priority given to families in need. While the share of social housing is relatively high (15.9 % in 2025), France plans to build 250,000 new social housing units, with 90,000 to be allocated to disadvantaged families. Such objective was set in the action plan yet update on progress toward its achievement is not included in the progress report. As regards children without families, regional differences are large, and difficulties particularly persist in outermost regions, especially in Mayotte and French Guiana.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	France promotes deinstitutionalization through resources for family-based care. A law from 2022 ensures the child's best interests are taken into account during placement decisions. Yet the extent to which such measure includes child participation remains unclear.
	Measures to ensure the transition of children from institutional care to quality family-based care
	France's plan for deinstitutionalization includes the prohibition of using hotels for minors, reflecting ongoing efforts to provide family-based care. Resources are allocated for training carers and supporting foster care. The share of children in residential care is lower than the EU average. Some quality issues are reported, entailing child abuses, and suggesting scope for progress.
	Measures to support independent living and social integration of children leaving alternative care
	Efforts to support independent living for care leavers include transitional disposal until they are 21 to ensure young people do not leave alternative care without any opportunities. There is insufficient evidence to assess such measures as sufficient to support independent living and social integration of children leaving alternative care (e.g. more information on integration in the labour market could be presented).
	Outreach and awareness raising
	According to the action plan, regular consultations are organised with representatives of local and regional authorities, as well as of non-governmental organisations and with children themselves, notably in the preparation of the action plan. The action plan identifies the need to involve children in the implementation of the plan and its evaluation. Yet there is a lack of follow-up in the implementation report.
	Stakeholders' involvement
	The implementation report features active outreach targeting some groups of children in need (e.g. setting up of support units called '*relais petite enfance*' to accompany parents through application process for childcare). A call to address non-take up of childcare by disadvantaged households was also launched in 2021. Yet, no estimates of non-take up rates is provided, not allowing to assess whether the scope of these measures is large enough to be fully compliant.

CROATIA

	Identification of children in need
	The action plan enumerates the targeted categories of children, numbers of which have been subsequently reported by the Child Guarantee Coordinator. The overall approach seems rather restrictive: the guaranteed minimum benefit, which is used to operationalise the statistical notion of the risk of poverty or social exclusion is available to ca. 14 thousand children, while according to Eurostat data the number of children in need (i.e. AROPE) in Croatia is ca. 120 thousand.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	It is up to municipality to decide which groups of children are entitled to free ECEC. While 24 municipalities offer free ECEC for all children, other do it only for disadvantaged children and some other have no creches whatsoever. Where ECEC services are not free, the cost might represent a significant barrier (ESPAN, 2023). According to 2025 Eurydice report, the average childcare fees in Croatia are higher than in 12 other EU Member States, but measures are in place to ease access by children AROPE. The share of children AROPE aged under 3 years who participate in ECEC decreased between 2022 and 2024.
	Addressing the non-financial barriers
	According to the ESPAN report, the barriers include lack of available places and waiting lists, geographical disparities, insufficient staff skills, and cultural and personal perceptions and attitudes. According to European Commission's Working Group on Early Childhood Education and Care, in 2023 Croatia faced a shortage of ca. 5,850 early childhood education teachers.
	Measures to support inclusive education and avoid segregated classes
	No information.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Local and regional self-government units, as founders of kindergartens, set programme prices and eligibility criteria, including categories of children entitled to free ECEC. Affordability is additionally supported through state budget funding for the fiscal sustainability of kindergartens, allocated in line with the development level of local units. These funds are used as an additional financing source to reduce parental fees and improve access and have enabled many municipalities and cities to introduce free kindergarten services.
	Addressing the non-financial barriers
	Same barriers and shortages as for the younger age group. The National Recovery and Resilience Plan includes support to 379 kindergarten projects, expanding capacity by ca. 22,500 places. In addition, enrolment quotas at teacher training faculties have been increased and employment of primary education teachers in kindergartens has been authorised in case no pre-school educator applies.

	Measures to support inclusive education and avoid segregated classes
	Children with developmental disabilities have priority in kindergarten enrolment in accordance with the Preschool Education Act. In practice, most children are included in regular ECEC programmes, with additional support provided where needed. In 2024/2025, children with disabilities were enrolled both in regular and specialised groups, with inclusive approaches ensuring interaction between children in specialised and regular settings. Work is ongoing to further strengthen support frameworks.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Early school leaving is the EU record low 2.1% (data with low reliability), compared to the EU average of 9.1% (2025 data). Preventing dropping out of school and entering the NEET group, with an emphasis on vulnerable groups and pupils with developmental disabilities, is one of the priorities set out in the 2030 ECEC National Development Strategy.
	Measures to support inclusive education and avoid segregated classes
	The action plan envisages to promote inclusive educational practices. The measures focus on enhancing the competencies of educators and providing support to vulnerable groups through professional development, inclusive education training, and targeted assistance for pupils and parents.
	Provision of free school materials (incl. digital equipment)
	Compulsory textbooks have been free for all primary school pupils since 2018. Tablets for students receiving the guaranteed minimum benefit in secondary schools are funded from the state budget, whole funds for tablets for primary school students are from ESF. According to the ESPAN report, some of the costs for basic school materials and extramural activities may be subsidies for low-income students from local government budgets, but there is a lack of comprehensive data.
	Free transport
	Some regional and local governments co-finance transport for children from low-income families. There is no comprehensive data.
	Free healthy meal each school day
	ECEC
	Meals are offered for free only in those localities where ECEC is provided free of charge, or to the children from families receiving the guaranteed minimum benefit or the child allowance.
	Primary schools
	Free meals are provided to all pupils in primary schools, with the take-up rate of over 95%. A revision of the Standards for Nutrition of Primary School Students is being prepared, which prescribes recommended types of food and meals, optimal energy and nutrient intake, as well as the type of meals and the distribution of recommended energy intake per meal for the purpose of proper nutrition of students while they are in primary school.

	Secondary schools
	The free meals scheme does not cover secondary schools. Due to budget constraints, there are also no targeted mechanisms to offset the costs of food for children in need. Students from socioeconomically disadvantaged backgrounds are supported through other public policies and social welfare measures.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Extracurricular activities are currently not free and the financial cost can represent a barrier for low-income households. The action plan envisages to increase participation of AROPE children (esp. Roma children and children from Ukraine) in extracurricular activities and to provide funds for extended stay and extracurricular activities (e.g. school trips, schools in nature) for AROPE pupils.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The action plan provides for creation of a framework for vertical and horizontal cooperation in the provision of integrated social services in the family and community. Not implemented yet.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems
	Comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need. At school enrolment and during school comprehensive (general health, hearing, vision, dental) free screening programmes are conducted by school doctors. Long waiting lines and remoteness of medical services is some parts of the country continue to limit effectiveness of access.
	Childhood vaccines recommended by the WHO
	The vaccination rates are relatively high: over 92% against Polio and between 89% and 92% for the remaining childhood vaccines. However, a deterioration in vaccination rates against Measles and Rubella has been recorded in recent years. Rotavirus immunisations are available free of charge for certain risk groups.
	Measures to facilitate early detection and treatment of mental health problems
	Measures 4.2.1 and 4.2.2 address early detection and treatment of mental health problems in children and young people through strengthened policy coordination and expanded service capacity. The Special Mental Health Strengthening Program operates in seven health centres, providing counselling and psychosocial support to children, families and communities, with over 44,000 interventions in 2025. Mental health screening has been integrated into systematic school health examinations, enabling early identification and referral of at-risk pupils.
	Free prescription medicines
	Prescription medicines are free of charge for all children, but action plan points that non-prescription medicines can pose a significant financial barrier to access.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Rehabilitation and habilitation services are mentioned both in the action plan and in the first progress report, but there is no indication that they target individual needs of children with disabilities. There is also no information on the number of children with disabilities who would benefit from such services.
	Health promotion and disease prevention programmes targeting children in need
	Croatia has adopted the National Strategy on Addiction Policies until 2030 and the corresponding action plan, with emphasis on children and young people. Preparation of the Strategic Plan for Early Childhood Intervention and of the Action Plan for Early Intervention is well advanced. The ECG action plan includes i.a. Measure 4.1.1 (the Special Early Intervention Support Program in Childhood is underway with the aim of establishing an early intervention system and ensuring timely and accessible services) and Measure 4.1.3 (continuous training on reproductive health to prevent teenage pregnancy and child marriage, targeted at Roma, on which there is no follow-up).
	Healthy nutrition
	Access to healthy nutrition outside of school
	Outside the educational system, there are no nutrition assistance programmes for children in need. Some municipalities and charities operate social grocery stores. The action plan envisions the distribution of food packages to children in need enrolled in primary education. Confirmation that such schemes became operational is needed.
	Limited advertisement and availability of unhealthy food
	Food and beverage advertising aimed at children is regulated only in electronic media under the Law on Electronic Media. In 2021, a working group was established with mandate to propose restrictions of food and drink advertising aimed at children; Commission has received no follow-up on its proceedings.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Access to adequate housing for children at risk is addressed through existing housing and social policies. Implementation focused on preventive and structural measures, including the adoption of the National Housing Policy Plan until 2030 and housing support measures benefiting more than 10,000 households. Specific programmes target Roma families and young people leaving alternative care.
	Measures to prevent the risk of homelessness among families with children
	In 2024, the share of children AROPE living in households facing housing cost overburden was 16.9%, i.e. below the EU average of 21.1%. No information on specific measures in the action plan nor in the progress report.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	In 2024, the share of children AROPE living in households unable to keep home adequately warm was 8.1%, i.e. well below the EU average of 24.0%. The action plan includes measure 5.1.3 (targeted energy poverty mitigation programmes for families with children AROPE) but there is no follow-up on its implementation in the progress report.
	Social housing for families with children
	The progress report mentions that each year ca. 400-500 families exercise their right to social housing, what is little when compared to the size of the population. There is no indication that families with children enjoy priority access to public housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The progress report refers to the UN Guidelines for alternative care for children but the only specific factor that is mentioned in the context of placements in Croatia is spatial proximity to the child's place of residence.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Most (52%) of children in alternative care in Croatia live in residential institutions. The action plan includes measures to improve quality of foster care (6.2.1-6.2.4), but those are not followed up in the progress report. According to the progress report, the number of foster parents decreased by ca. 17% between 2021 and 2023.
	Measures to support independent living and social integration of children leaving alternative care
	According to the progress report, less than 1% of the entitled care leavers use organized housing with occasional support service (measure 5.2.1 of the action plan). There is no information on the progress with measure 5.2.2 (housing allowance for youth leaving care), implementation of measure 6.3.1 (social mentoring for care leavers) is at an early stage.
	Outreach and awareness raising
	The progress report focuses on integrated early intervention services. Community-based early intervention teams are responsible for the early assessment and follow-up of children at risk of developmental delays or disabilities. There is no information on effectiveness of those measures. The preparation of the Draft Strategic Plan for Early Childhood Intervention and the Action Plan for Early Intervention for a three-year period is in the final phase, the adoption of which is expected by the end of 2026.
	Stakeholders' involvement
	The action plan includes a long list of institutions consulted in the preparatory phase, including various ministries and state agencies, civil society, academia, and UNICEF. The local and regional governments seem to be not represented, and there is no evidence of children's participation. It also seems that the consultations have not been repeated in the implementation phase, at least until the finalisation of the first progress report. Croatia intends to strengthen stakeholder involvement during implementation and monitoring.

ITALY

	Identification of children in need
	Even though action plan focuses on absolute poverty (rather than the wider concept of the risk of poverty or social exclusion), the approach towards identification of the target group is inclusive and comprehensive. The situation of various disadvantaged groups is discussed in the action plan and their numbers are given. Update is provided in the first progress report. The second progress report gives update based on 2024 data, points to adopted children and Ukrainian minors as categories in need of special support, and stresses that pre-adolescents and adolescents (11-18 years) are an age group with increased fragility.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Earliest childcare is subject to fees, which are partially offset by tax deductions (on avg. 5% of the cost) and allowances (*bonus nido*, which in 2023 reached ca. 480,000 children, covering from 32% to 78% of actual costs – highest share for lowest ISEE bracket). The action plan set to reduce the costs to zero – for households below the absolute poverty line (ISEE of € 9,500) by 2024, and for households below ISEE of € 26,000 by 2030. ESF+ funds in regional programmes contribute to reducing costs for families
	Addressing the non-financial barriers
	The supply of childcare varies across regions in Italy, being lower in the South, Sicily and Sardinia. The National Recovery and Resilience Plan (NRRP) aims to address the gaps. As highlighted in the 2024 progress report, in the NRRP revision of December 2023 set to create 150,480 new spots in full-time ECEC places for children under 3 years of age (reducing the initial target of creating around 264,000 new posts).
	Measures to support inclusive education and avoid segregated classes
	Italy stresses that its entire regulatory framework is based on generalised school inclusion. However, physical accessibility is only partial, and risks of de facto segregation persist.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Enrolment in early childhood education and care for the age group 3-5 is free of charge. However, families still need to pay for meals, transport and optional services. Some regions and local authorities have introduced measures to exempt or reduce fees for families in need, but coverage remains uneven across the country, leaving some of the economic barriers that can limit effective and inclusive access to early childhood education services still unresolved.
	Addressing the non-financial barriers
	The lower participation in pre-school among low-income children is mostly correlated with the ethnic background. The action plan set to provide full-time childcare to all children aged 3 years to mandatory school age. The progress report points to high ECEC participation rate of children from low-income households (84%) but does not provide any update on the respective measure.

	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs and/or disabilities benefit from assignment of specialised staff, reduced group sizes, and additional funding for improving physical accessibility. No special measures are reported for children with migrant background or those at risk of poverty or social exclusion. Italy has a structured regulatory and organisational framework for inclusive education, which provides for the inclusion of all pupils, including the most vulnerable groups, in mainstream classes.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Between 2021 and 2024, the incidence of early leaving from education and training decreased in Italy from 12.7% (3rd worst performer) to 9.8% (close to the EU average). The action plan set to prevent school dropouts through targeted interventions in 245 schools ("Agenda Sud" with budget of € 577 m in 2024-2025), address youth delinquency ("Caivano decree"), and to ease transition between education cycles. Projects such as "DesTEENazione" and other local plans involve psycho-socio-pedagogical teams, offering a stable space for listening and support, including for preventive purposes. The second progress report mentions also "Agenda Nord" with € 468 m budgeted for 2024-2025.
	Measures to support inclusive education and avoid segregated classes
	Students with disabilities attend mainstream classes. As per 2024 progress report, in the 2021-2022 school year, only one in three schools was accessible to students with motor disabilities. More schools (76%) had computer stations adapted to the needs of students with disabilities. The 2024 progress report discusses measures taken, at a cost of € 40 m, to support educational inclusion Roma, Sinti and Caminanti children. There is no information on the incidence of school segregation. The second progress report discusses measures taken to increase the number of skilled teaching assistants for pupils with disabilities
	Provision of free school materials (incl. digital equipment)
	In primary schools, textbooks are provided free of charge, but other materials need to be paid for. Some regions and municipalities provide grants or subsidies for the purchase of books, notebooks, backpacks, etc., but eligibility is limited to the low-income households (ISEE <EUR 15,493.71), while funds are often limited and allocated on a ranking basis. Ca. 30% of low-income students benefit from financial support to partially cover the costs of schoolbooks.
	Free transport
	The only measure in this respect is a scholarship to cover school-related costs, available to primary school pupils from low-income households (ISEE < € 15,493.71). This means test excludes most low-income students and the amount of the scholarship might not be adequate to defer all costs.
	Free healthy meal each school day
	ECEC
	Some municipalities offer exemptions or cost reductions for meals for some groups of children. In 22% of municipalities, meals are free for low-income households, and around half of municipalities (mostly outside Southern regions) offer some cost reduction for them. The eligibility thresholds vary significantly. The average annual expenditure on school meals in 2021 was € 727 per child in pre-school facilities.
	Primary schools
	As explained by the Child Guarantee Coordinator, the offer and take-up of meals at school are dependent on the half- or full-day schedule. Overall, 46% of school buildings are equipped with canteens, ranging from 20% in Sicily to 88% in Valle d'Aosta. The cost of school meals and eligibility for full or partial refund depends on the choices made by individual municipalities.

	Secondary schools
	The availability of canteens and school meals in secondary schools is even lower than in primary schools. This service depends mainly on local policies, which are entrusted to municipal administrations, which establish criteria and methods of access based on local regulations, internal regulations and budget availability.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The action plan does not discuss measures to increase participation of children in need in school-based activities. As a rule, extramural activities (e.g. school trips) are not free of charge. The 2024 progress report presented a plan for expanding sports infrastructure in schools (445 projects worth € 349 m).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	According to the first progress report, funding for the *'DesTEENazione - Desideri in azione*' project amounts to € 200 m from the ESF+ and € 25 m from the ERDF. The second progress report describes the 'Summer Plan' which in the summer of 2024 alone, involved 699,077 students. It is not clear, how many of them were children in need.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Child well-being visits (*Bilanci di salute*) are scheduled at specific ages, from birth to 14 years, during which the family paediatrician assesses the child's physical and psycho-emotional growth. This is less than in most other EU Member States that organise also specialised hearing, vision and dental screenings until the age of 18 years. The action plan includes a "First Thousand Days" project with € 120 m funding for 2021-27.
	Childhood vaccines recommended by the WHO
	Five out of eight childhood vaccines have high (94% or over) coverage rates, but a drop of 1 to 2 pp. was observed between 2023 and 2024 in Polio, DTP, Pneumococcal, Hepatitis B, and Rotavirus coverage rates. A new National Vaccine Plan has been recently adopted. As stressed in 2026 progress report, making some vaccinations mandatory for enrolment in nurseries and kindergartens has contributed to increased coverage and reducing disparities between regions.
	Measures to facilitate early detection and treatment of mental health problems
	The incidence of feeling low among children with low family affluence aged 13 years is high. The new National Plan of Actions on Mental Health 2025-2030 was adopted in late 2025, with six main areas of intervention, including "mental health in childhood and adolescence; transition from childcare and adolescence to adult care, access and continuity of care."
	Free prescription medicines
	The conditions for receiving prescription medicines for free depend on a set of specific criteria (income, chronic diseases, age, social situation, etc.) and vary between regions. ESPAN report mentions only Lombardy and Apulia as regions where all children at risk of poverty or social exclusion are covered.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The number of children provided with targeted rehabilitation and habilitation services is unknown. The action plan mentions training and information on the right to affectivity and sexuality of minors and young people with disabilities, but this is not followed up in the progress reports. The 2024 progress report mentions enhancement of fair and inclusive health services (financed from ESF+) to benefit disadvantaged groups including children but not focused on children with disabilities. The 2026 progress report mentions financial allocations made in the school year 2024/2025 to schools which host pupils with disabilities.
	Health promotion and disease prevention programmes targeting children in need
	Some health promotion programmes, notably on healthy nutrition and prevention of obesity, are in place in schools, but they are of general nature and not targeted at children in need.
	Healthy nutrition
	Access to healthy nutrition outside of school
	FEAD, through a network of local NGOs or financial transfers, reaches about half of the children in absolute poverty and about a quarter of those in relative poverty. Families with minors constitute one of the priority target groups. In 2022, the Banco Alimentare collected over 110,000 tons of food and assisted around 1,750,000 people through a network of 7,612 territorial partner organizations, with the support of 2,080 volunteers and employees.
	Limited advertisement and availability of unhealthy food
	The advertising of food products is regulated by the Code of Advertising Self-Regulation (Art. 11) and the Consumer Code (Arts. 2, 23), which prohibit misleading messages or those that could harm health, particularly the health of children. However, there is no national law explicitly limiting the advertising of foods high in sugar, fat, or salt.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The national information system now allows for the detection of personnel and actions made available in the field of extreme poverty, including in favour of children. Italy has long been committed to tackling homelessness through projects financed by national and EU resources, following the housing-led approach. No further information.
	Measures to prevent the risk of homelessness among families with children
	Since 2015 Italy has been following the housing-led approach (ca. € 1 bn under ESF+ for tackling homelessness and € 177.5 m for personalised projects in the NRRP). The temporary housing assistance (group of flats for individuals or families in temporary hardship), lasting for ca. 2 years, is accompanied by a personalised projects to strengthen autonomy. In 2024, the share of children AROPE living in households facing housing cost overburden was 15.2%, well below the EU average of 21.1%.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	There are no measures on addressing energy poverty of families with children described in the action plan nor progress report. According to ESPAN report, distribution of housing allowance is subject to availability of funding (high in the pandemic years, zero in 2023). Other public spending on housing is targeted at promotion of home ownership. In 2024, the share of children AROPE living in households unable to keep home adequately warm was 20.0% vs. the EU average of 24.0%.
	Social housing for families with children
	According to the action plan, publicly owned (incl. social) housing constitutes only 4% of the Italian housing stock and is managed at local level with no national guidance on priority access (allegedly, some communes prioritize families with children). The action plan refers to Component 2.2 of the NRRP on investment in urban regeneration and social housing interventions (€ 9 bn). Further steps to expand social housing reported by the Child Guarantee Coordinator. The 2026 progress report refers to 'Integra' public notice for proposals aimed at the social inclusion of people at risk of serious social marginalisation. It not clear, to what extent this measure targets children in need.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	In the Italian civil law, minors must be listened to in proceedings which concern them. The 6th National Action and Intervention Plan for the Protection of the Rights and Development of Children and Young People covers years 2025-2027. The 2026 progress report states that the decision to remove a child from the family is taken on the basis of a careful and comprehensive analysis of their well-being and the gravity of family problems. Measures are in place to strengthen parenting support, prevent removal, promote reunification and appropriate family alternatives.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The share of children in residential care within the total population of children in alternative care was 61.8% in 2025, having significantly increased since 2017. The action plan stresses unequal coverage by family foster care. The guidelines for residential care services for minors require an individualised plan and discharge planning, with stable links between the community, local services and the family (natural or foster) to ensure continuity of care. The 2026 progress report mentions investments in recruitment of psychologists, pedagogues, and socio-pedagogical educators.
	Measures to support independent living and social integration of children leaving alternative care
	The National Plan for Social Interventions and Services 2021-2023, prepared by the Ministry of Labor and Social Policies, identifies the need to guarantee support for the independence of care leavers through housing. For example, by promoting social housing or co-housing experiences that give care leavers the opportunity to experience semi-autonomy and consolidate their path to growth. No information on budget or number of beneficiaries.

	Outreach and awareness raising
	The action plan identifies three kinds of outreach measures, including those targeted at children and their families. The 2024 progress report presents the implemented measures, e.g. individualised outreach in mobile clinics. In the 2026 progress report stress is put on the national ECG website as the main channel of awareness raising. Overall, it seems that outreach measures targeted at most vulnerable children could be strengthened.
	Stakeholders' involvement
	Already in the pilot phase an inter-ministerial steering committee was established, contributing to the "Deep Dive" analysis, which helped the formulation of the action plan. Various stakeholder consultation formats remain in place, including the Youth Advisory Board.

CYPRUS

	Identification of children in need
	The national action plan identifies target groups, however without further characterising them (data, specific kinds of disadvantaged experienced by categories of children in Cyprus). There is limited information on the main obstacles identified, linking the main challenges with specific categories of children in need (e.g. children with a migrant background). There is no specific data on target groups or their evolution over the years . The second progress report mentions Guarantee Minimum Income and National Disability Strategy and Action Plan 2024–2028 as tools to identify disadvantaged children.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Free childcare is available for GMI recipients, and additional support is provided through the EU co-funded Tuition and Nutrition Subsidy Scheme, which covers up to 80% of costs (including meals) based on family circumstances. These measures have significantly increased participation in ECEC, especially for children under 3, surpassing national targets. Gaps in access between disadvantaged (AROPE) and non-disadvantaged children have been reduced. Transport is free for children under 6.
	Addressing the non-financial barriers
	Barriers to participation have been identified by an EU-funded project “Support for the Expansion and Strategic Development of the Pre-Primary Education and Care in Cyprus” and addressed in respective strategy documents (incl National Strategy and Action Plan on Early Childhood Education and Care adopted in December 2025). At least nine childcare centres and/or multi-purpose childcare centres are to be created by June 2026 (for children from 0 to 3y 8 months). Still, public ECEC for <3y is scarce with only 2.6% of nurseries public. Efforts continue to provide childcare through schemes involving local authorities and civil society. An important, but decreasing, gap exists between children non-AROPE and AROPE in formal care.
	Measures to support inclusive education and avoid segregated classes
	2025 Eurydice report shows that children with special educational needs or disabilities benefit from assignment of specialised staff and reduced group sizes. Non-discrimination rule is explicit in admission policies. Cyprus adopted a revised National Disability Strategy 2018-2028 and a National Disability Action Plan 2024-2028) as well as the First Cyprus National Strategy and Action Plan for Autism 2024–2028. Despite these efforts, a more inclusive, targeted approach is necessary to effectively support persons with disabilities from education through to employment.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Within the framework of the national Recovery and Resilience Plan, reforms are being implemented to expand access to early childhood education and reduce financial barriers. From the 2024–2025 school year, free compulsory education is being extended to younger children, with the starting age set to gradually decrease to 4 by 2031. Since September 2025, children aged 3 to 4.5 attending public kindergartens are exempt from tuition fees, while targeted subsidy schemes further support affordability: a universal scheme covers 100% of tuition fees for four-year-olds during core hours (07:45–13:05), regardless of income, and additional support covers up to 80% of tuition and nutrition costs based on family circumstances. For the 2025–2026 school year, funding has increased to € 23 m, benefiting over 10,000 children. Complementary measures include free public transport for children under 6 and reduced fares for older children.

	Addressing the non-financial barriers
	Under the Recovery and Resilience Plan, free compulsory pre-primary education is being extended from age 4 addressing age and access barriers. Investments are expanding public kindergarten capacity, benefiting younger children too. However, public facilities still cannot accommodate the increased needs forcing many families to use the private ones. A new National ECEC Strategy aims to address staff shortages and boost participation in accessible, affordable, high-quality services
	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs or disabilities benefit from assignment of specialised staff and reduced group sizes. Non-discrimination rule is explicit in admission policies. Annual circulars guiding implementation of inclusive practices and reinforcing schools' obligation to apply differentiation are issued. Cyprus adopted a revised National Disability Strategy 2018-2028 and a National Disability Action Plan 2024-2028. Actions are also identified in the National Strategy and Action Plan for Autism 2024-2028. A more inclusive, targeted approach is necessary to effectively support students with disabilities.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The School and Social Integration Actions+ Programme (2023–2024) targets early school leaving via prevention, intervention, and remedial teaching in 189 schools. The TSI supported a programme to tackle learning difficulties and early school leaving. Five education programmes support students with immigrant backgrounds, including unaccompanied minors. The incidence of early leaving from education and training is growing and above EU average (11.3% for CY vs 9.3% for EU in 2024).
	Measures to support inclusive education and avoid segregated classes
	Learning and support programmes for unaccompanied minors, third country nationals and pupils with migrant background are offered but language assistance might be insufficient. Special education infrastructure and accessibility measures are supported. Public schools are required to provide special educational support and apply differentiated teaching practices. he Cyprus Pedagogical Institute further supports schools through training, workshops and conferences on topics such as anti-racism, inclusion and human rights, as well as ongoing in-service and follow-up seminars. Still, 2024 OECD TALIS report points to some shortcomings. No formalised disability-related support is provided in secondary education for students with disabilities and/or SEN in general classroom or special units.
	Provision of free school materials (incl. digital equipment)
	Compulsory school materials, which include textbooks, school supplies, notebooks are free in primary education. In secondary, all pupils are provided free of charge textbooks, including those for foreign languages. Optional all-day primary schools are subsidized with an amount intended to cover their operational costs, including a provision for educational resources. No fees are charged to pupils for educational materials and books. € 300 is provided to students aged 14 to 15 from low-income families to allow to buy a laptop. Additionally, pupils who are eight years old and come from low-income families may receive € 100 to acquire a tablet.

	Free transport
	Transport for low-income children traveling long distances is subsidised. Transport is free for pre-primary/public school pupils using school buses. However, bus shortages exist, especially for primary students, and many migrant/low-income children walk. Pupils with special educational needs attending special units or special schools are entitled to free school transport to and from school when placement is decided outside their educational district. A pilot programme has been created covering 29 schools across Cyprus, where school buses, regardless of distance, transport children from their home to the school (door to door).
	Free healthy meal each school day
	ECEC
	Tuition Subsidy and Feeding Scheme for Children up to four years of age provides families with a monthly subsidy of up to 80% of kindergarten tuition and meals, from € 50–350 per child depending on income and family size. In 2022 it supported 6,976 children, while 2021 data show much higher number of at risk of poverty in this group age. In July 2023, expanded income criteria increased the number of eligible children by 40%. A separate "Free Breakfast Programme'' offers daily healthy breakfasts to eligible public-kindergarten pupils aged 4½–6.
	Primary schools
	The "Free Breakfast Programme" provides a daily healthy breakfast to students selected based on financial and social criteria. Low-income children in optional All-day schools also receive a free, nutritionist-designed lunch, covered by the ministry, the European Social Fund, and other sponsors. These schemes support children aged 5–17 in primary and secondary education.
	Secondary schools
	The "Free Breakfast Programme" provides a daily healthy breakfast to students selected based on financial and social criteria. Low-income children in optional All-day schools also receive a free, nutritionist-designed lunch, covered by the ministry, the European Social Fund, and other sponsors. These schemes support children aged 5–17 in primary and secondary education.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Students pay for mandatory extracurricular activities, e.g. excursions and cultural events (one per trimester). However, EU-funded programmes subsidise these activities, and low-income primary students are often exempt. Grants for afternoon activities are available for vulnerable children. Low-income students get priority in public summer schools and free access to sports via the 'Sports for All' programme. Cyprus has introduced targeted subsidies for families with children at risk of insufficient income in form of a monthly grant of up to € 800 per family, including up to EUR82.50 per child for participation in afternoon out of school activities.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The State Institutes of Further Education offers low-income children access to skill development, especially for those unable to afford private tutoring. In many secondary schools, Student Welfare Committees and Solidarity Groups donate funds raised to support disadvantaged students. Parents' associations also help identify and support low-income students.

	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Free screening programmes to all children/low-income children including preventive dental care are available. ESPAN report mentions that while healthcare for low-income children is not completely free (co-payments), their financial protection is ensured through the use of reduced annual cap. There are certain categories of patients fully exempt from the co-payments. ECG monitoring framework indicates limited provision of healthcare for children in need for infant nurses, specialist care, dental. In December 2025, Cyprus adopted a new legal framework for prenatal and neonatal screening programmes, broadening the scope of free testing including in the programme additional hereditary metabolic diseases.
	Childhood vaccines recommended by the WHO
	High rates of vaccination of the main vaccines. Children who are not registered with the GHS have access to the State Health Services Organisation and the National Vaccination Centres and the Maternal and Child Welfare Clinics which are available in all districts. Rotavirus is not part of the National Vaccination Scheme but is available at this point from private paediatricians.
	Measures to facilitate early detection and treatment of mental health problems
	Children are entitled to 6–24 free psychologist visits per year depending on diagnosis. Action plan specifies, i.a. expanding network of psychologists/psychiatrists, a Centre for neuro-developmental disorders, and support for municipalities with staff and capacity building for the early detection and prevention. Through a TSI, CY works to improve youth mental health via prevention, outreach, and community services, feeding into the National Mental Health Strategy. The Ministry of Health is advancing plans to establish Youth and Adolescent Health Promotion Centres to ensure equal access to quality preventive services. These centres are intended to serve as key hubs for prevention and early intervention, offering a holistic, child-centred approach to physical, mental and social health, guided by principles of accessibility, non-discrimination and the best interests of the child. Their design is expected to be completed by the end of 2026, with a pilot phase planned to begin in 2027.
	Free prescription medicines
	The national system covers prescription medicines. These medicines are included in the "List of Pharmaceutical Products". Beneficiaries pay a co-payment of € 1 per pharmaceutical product and a contribution equal to the difference between the price of a pharmaceutical product chosen by the system, which is not covered by it (generic vs brand name). There is an annual cap of € 75 for those under 21.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Children with disabilities receive cash benefits and other support. According to ESPAN report, the healthcare coverage is often considered inadequate. The availability of rehabilitation centres is limited. A registry for neurological patients helped expand physiotherapy access. An expansion of rehabilitation services is planned in the National Disability Strategy & Action Plan for 2024-2028. Children who are not beneficiaries of the GHS, such as children of applicants for international protection, receive free rehabilitation services in public hospitals.

	Health promotion and disease prevention programmes targeting children in need
	Action plan mentions the School Health Services, which work to prevent diseases and promote the health and well-being of pupils. For children not registered to the GHS, the Maternity and Child Protection Centres offer free preventive services to infants/children to promote health and prevent disease through monitoring of infants and children of pre-school age by conducting preventive tests. There is a Strategy on the Rights of Children in Health: 2017-2025. Mother and Child Protection Centres in Cyprus provide integrated public health services for all children, including vulnerable groups not covered by the GHS, ensuring access to vaccinations, developmental monitoring and parental guidance on care, nutrition and wellbeing. The School Health Service plays a key preventive role through regular health screenings, medical assessments, vaccination monitoring and referrals, as well as support for children with chronic conditions and management of communicable diseases. It also delivers health education programmes on topics such as hygiene, nutrition, mental health, and sexual health, promoting the overall wellbeing and healthy development of children and adolescents. Several other preventive programmes are mentioned in the second report.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The action plan sets to support access to healthy meals also outside school days, including through in-kind or financial support. Vouchers for children in need to buy basic goods (Easter, Christmas) are voluntary and managed by schools. During COVID-19 closures, a one-off allowance covered breakfasts for children. Social Grocery Stores and municipal or charity initiatives provide general food aid to low-income families, but it is not clear if they ensure access to healthy meals for children outside school hours, and if any financial support exists for this purpose.
	Limited advertisement and availability of unhealthy food
	There are limits on advertising and restrictions on the availability of foods high in fat, salt and sugar in ECEC and schools. Any advertising in state schools is prohibited. There is a list of products available in school canteens approved by the Central Committee for the Control of School Canteens. Foods high in fat, salt and sugar are not included in the price lists of items.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Social Welfare Services play a key role in offering immediate support, including financial aid and temporary accommodation. However, the absence of a coordinated national framework limits the effectiveness of these interventions. More information is needed on deadlines for provision of temporary accommodation for homeless families with children and for their transfer from temporary accommodation to permanent housing.
	Measures to prevent the risk of homelessness among families with children
	Two housing allowances are available for financially vulnerable households under the GMI scheme, plus a rent subsidy scheme and "Rent Against Instalment Plan" which aims to protect the primary residence from the sale or liquidation. The Housing Policy framework aims to increase supply of housing and allocating government funds through revised housing plans with simplified procedures. Measures are complemented by targeted allocation mechanisms that prioritise vulnerable households, including families with children. Additional housing allowance is available to minors receiving GMI. Lack of reliable/comprehensive data (as per report).

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The action plan lists measures for vulnerable electricity customers. Financial assistance is available to recipients of key social benefits, GMI, Single-Parent Family Allowance, and Child Allowance for families with three or more children—by granting them a special 20% discounted electricity tariff. Emergency social aid to GMI-receiving households is offered to cover essential needs, including the purchase of energy-efficient electrical appliances, furniture, and other necessary household equipment. A reduced 9% VAT rate for electricity for household consumers was prolonged until 31 March 2027. Since share of children AROPE living in a household unable to keep home adequately warm is much higher in Cyprus vs EU average (62.6% vs 24%) efforts need to be continued.
	Social housing for families with children
	The new comprehensive housing policy focuses on measures which give priority to families with children through targeted housing schemes. Limited affordable housing exists through initiatives aimed at low-income households and refugees (e.g. repair of refugee settlements and self-housing settlements). It is not clear if the existing scheme is sufficient.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	New laws on adoption law are to be adopted. The bill asks among others to ensure the best interests of the child in accordance with the Convention on the Rights of the Child, hearing the child's opinion in accordance with his or her age and degree of maturity. Placing a child in alternative care is made upon a Court Order according to their individualized and specialized needs. A care plan is created for each child and based on their best interest. Still, challenges persist as existing frameworks often remain outdated and fragmented with sometimes ilimited prioritisation of children's rights.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The action plan and progress report mention new rules on alternative care to improve the effectiveness of the child protection and care services and to regulate the semi-independent living program for transition to adulthood. Details on the roll out and content of the rules are missing. Still, share of children in residential care out of children in alternative care vs. children in alternative care is high (65.5%). Progress on de-institutionalisation and foster care is limited, especially for children with disabilities (e.g. insufficient training, lack of adequately supported foster families).
	Measures to support independent living and social integration of children leaving alternative care
	To improve alternative care and transition to adulthood, Cyprus implements: (1) a Semi-Independent Living Programme (16–21) offering subsidised housing, psychosocial support and life-skills training; (2) a government-funded multidisciplinary team providing holistic assessments and individual plans for children in residential care; and (3) a Financial Support Scheme for care leavers for studies or starting a small business, promoting social and labour market integration. Still challenges persist, such as coordination and resource due to fragmented policies and limited funding. There is no further analysis of the efficiency of the system in the report.

	Outreach and awareness raising
	The action plan enumerates various outreach and awareness raising channels, including creation of publications in printed and electronic form, organisation of events, presence in the media and use of social media. Progress report informs about Welfare Benefit Management Service of the Deputy Ministry of Social Welfare working with the private sector to provide additional support measures (e.g. food or scholarships). More information on targeted proactive approach targeting children in need at local level would be welcome.
	Stakeholders' involvement
	The implementation and monitoring of the National Action Plan is carried out by the Technical Committee established by the competent Ministries/Services, under the coordination of the Deputy Ministry of Social Welfare and consultations with children and civil society. The ECG progress report was publicly consulted on the electronic platform of the Republic of Cyprus «e-Consultation». Still children's participation in decision-making and consultation with civil society and NGOs leaves space for improvement (e.g. informing CSO to which extent their feedback is used in policy making).

LATVIA

	Identification of children in need
	The action plan outlines support for all children and specific groups in Latvia, such as children with disabilities, deprived of parental care, or victims of violence. It provides data on vulnerable groups but not their specific disadvantages. The first biennial report identifies target groups and compares current figures with those in the action plan, yet it remains unclear whether the ECG measures have positively influenced these numbers. The second report provides updates figures on 3 target groups without analysis on existing challenges and effectiveness of provided measures.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	ECEC is provided in unitary settings and universally available free of charge for all children aged 18 months till school age (6-7 years). Fees may be collected for children's meals during the day and/or extra activities. ECEC is subsidised for all children of the same age cohort who attend private ECEC. Children below 7 travel for free.
	Addressing the non-financial barriers
	Childcare is in short supply in 14 local governments out of 42. The government lends money to municipalities for construction of new facilities and investments into existing ones. EU funding finances projects providing pre-primary education. Local government financial support for participation in ECEC has increased. Some municipalities also support financially families of children using babysitter services. According to OECD, Latvia faces teacher shortages at all levels of education. Efforts to address the issue include increase of the minimum salary for pre-school teachers, introduction of new teacher induction programmes, and mentoring.
	Measures to support inclusive education and avoid segregated classes
	Children with SEN or disabilities benefit from assignment of specialised staff and reduced group sizes. Children with migrant background are admitted regardless of residence status. Some groups of children (e.g. orphans) have priority on the waiting list. Non-discrimination rule is explicit in admission policies. To address shortage of teachers, the minimum monthly salary rate for educators was increased as of 2025. An additional € 30 m has been allocated in 2025 for teacher remuneration. From Sept 2025, a new funding model is implemented to ensure a more stable and competitive salary. Several improvements are mentioned in the second progress report, e.g. new system for identification of risks and special needs.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	For ages between 3-5 see the information above for 0-3 age group. From the age of 5-6, all children must be enrolled in a public pre-school education institution.
	Addressing the non-financial barriers
	For ages between 3-5 see the information above for 0-3 age group. From the age of 5-6, all children must be enrolled in a public pre-school education institution.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for age group 0-3.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The national action plan mentions ESF+ project until Dec 2023 on reducing early school leaving. A new project "School in the Community" is implemented (January 2025-August 2029) with the aim to develop a school–community (municipal education ecosystem) model, strengthen inter-institutional cooperation, and promote the involvement of pupils' parents in the educational process. The project seeks to ensure coordinated support to reduce the risks of social exclusion and early school leaving. The share of early leavers from education and training in 2024 was below the EU average (7.9% in Latvia vs 9.3%).
	Measures to support inclusive education and avoid segregated classes
	The action plan mentions a 2023 project on competency-based curriculum approach to update learning material and curricula. Individual needs assessment is offered. In 2021, 67% of local schools offered inclusive education. Starting in 2023, € 14.7 m go to promote learning performance of students and creating a learning environment that contributes to their well-being. The first report mentions general measures (no information on funding or coverage) to enhance the special education system. Second report informs about possible reviews of law to improve inclusive education (e.g. increasing availability of teachers and teacher training), projects in special educational institutions, Erasmus+ activities and Partnerships for Cooperation.
	Provision of free school materials (incl. digital equipment)
	Some of the compulsory basic school material is provided by schools for all children. It is also possible to receive basic school material packages delivered to children aged 5-16 by the ESF+ programme for Addressing Material Deprivation (co-financed by the state). Municipalities also provide school aid for families. Therefore, most but not all items of basic material can be considered as being free for low-income children.
	Free transport
	Pupils can benefit from various transport concessions depending on the education level, type of household, place of residence, route, and disability status. For example, pupils (grades 1–12) attending municipal schools, or whose declared residence is in Rīga, can get a "Pupil's e-card" that gives 100% discount. Orphans and children with disabilities and their accompanying persons are provided free of charge with both regional and national public transport. Thanks to RRF, some municipalities have introduced services to bring pupils to school, where access to public transport is limited.
	Free healthy meal each school day
	ECEC
	Pre-school meal fees in Latvia vary by municipality. Most parents pay full costs, while some municipalities cover part or all expenses. In 2017, 13 municipalities offered free meals to all children; 55 provided free meals to children from needy and low-income families; 37 offered full support for needy and partial for low-income families; and 13 gave partial support to both groups.

	Primary schools
	One hot meal per day is paid for by state and local municipalities for all pupils in grades 1 to 4 in all schools, including private. The municipalities may determine the range of other groups of pupils whose school meals are covered. From grade 5 onwards, the situation varies from one municipality to another. The overall co-financing remains low and it is not clear if it has been recently indexed with inflation. 2025 action plan to improve the school meal system in Latvia. In 2026, additional funding was allocated from the State budget for the 'School Milk and Fruit Scheme' for the supply and distribution of fruit and vegetables.
	Secondary schools
	Some municipalities provide financial support to provide pupils with meals, particularly pupils from disadvantages families. Schools are also able to use remaining state budgetary resources to sponsor meals beyond the 4th grade.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	It is not clear from the action plan nor 2024 progress report if equal and inclusive access is ensured for children in need to school-based activities, more information on this is welcome. According to the ESPAN report, there are some school-based activities financed by the parents and parents of low-income children may find it difficult to cover such costs. Report mentions expansion of art and cultural events programme 'Latvian School Bag' to at least 5000 socially disadvantaged children and young people. Second report mentions, i.a. ESF+project aiming at promoting civic participation through cultural events and other initiatives.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	There is no single framework document that uniformly regulates cooperation among educational establishments, local communities, social, health and child protection services, families and social economy actors. However, this cooperation is ensured through councils, inter ministerial working groups and coordination mechanisms established at ministerial level. These bodies facilitate regular information exchange, joint decision making and coordinated support for inclusive education, after school care and children's participation in sports, leisure and cultural activities.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Newborn screening programmes are implemented. The State covers children's consultations, preventive check-ups, lab/diagnostic tests, dental, rehab, and surgical services. Some municipalities grant eyeglasses or financial aid for dental, dentures, and health services to children from low-income households. Most municipalities provide social benefit for poor households to cover expenses connected to health expenses that have not been covered already by the state. An interdisciplinary and holistic system for prevention and early intervention for children is being developed.
	Childhood vaccines recommended by the WHO
	Latvia has an effective vaccination system, as evidenced by the data on vaccination coverage among one year-old children. Vaccination coverage against diphtheria, tetanus, pertussis hepatitis B, poliomyelitis, Haemophilus influenzae B, measles and rubella exceed 95%, while vaccination rates against pneumococcal infection and rotavirus are somewhat lower - respectively 92,1% and 85% in 2024.

	Measures to facilitate early detection and treatment of mental health problems
	Action plan mentions early developmental assessments for all children between 18 months and three years to help identify developmental disorders and possible special needs. 'Integrated health promotion and disease prevention measures' project focused i.a. on mental health. Report informs about new social rehabilitation programmes for children with behavioural disorders, improvements in cooperation between state and municipal institutions to address violence in school, projects on children's emotional resilience. A network of Child Support Specialists is being introduced. Issues persist: shortage of professionals, societal stigma towards mental health, fragmented system in need of more coordination.
	Free prescription medicines
	There is a possibility for partial or full state reimbursement of medicines, which is limited. A recent reform aims to reduce the medicine price by 15-20% by i.a. capping top-up price in pharmacies and by broadening the list of reimbursable drugs.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Action plan mentions measures to prevent or reduce the risk of disability. Local governments offer multidisciplinary social rehabilitation and training (e.g. for children with reduced mobility). Report mentions an increase in a care benefit and an additional supplement of € 160 for a child with disability, improving the system for determining disabilities in children, project on support system for children with serious illnesses and their family. ESF+ allocates € 68 million to deinstitutionalisation, developing community-based and family-oriented care services for children with a disability. Issues persist: uneven geographic access, limited scope of state funded services, long waiting times, etc.
	Health promotion and disease prevention programmes targeting children in need
	Latvia scores low in health outcomes and has a high share of children with low family affluence who smoked. The share of spending directed at prevention is at 2.8% of total spending on health in 2022 (vs EU 5.5% EU average). it is not clear whether the disease prevention measures that were implemented between 2016 and 2023 are continued.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Latvia does not offer fully state-funded healthy-nutrition support for low-income children outside school meals. Assistance for children in precarious situations comes partly from FEAD and ESF+, which provide food, child food packages, hygiene items and school supplies. Benefits remain low, as do minimum-income thresholds. ESF+ support is available to needy and low-income households and those in crisis, with income limits updated annually.
	Limited advertisement and availability of unhealthy food
	Advertisement and availability of foods high in fat, salt, and sugar are limited through regulations, especially concerning children, and by banning junk food sales in schools. There are restrictions on marketing unhealthy foods to children, covering television advertising and the sale of these products in schools and nurseries. As per action plan, a long-term policy to promote healthy nutrition for children e.g. via reduced tax for food for infants and for fresh fruit and vegetables is implemented. There is also 'Action Plan for Reducing the Increase in Overweight and Obesity in 2025. 2029' with measures on promotion of children's healthy eating habits and several other initiatives described in the report.

	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Rules on housing assistance prioritise families and households with dependent minors or children with disabilities, offering temporary accommodation or help with housing costs. However, data on efficiency, timelines for temporary/permanent housing, or advisory services is lacking. Severe housing deprivation affects 30.8% of children AROPE in LV compared to 15.9% across the EU (2020).
	Measures to prevent the risk of homelessness among families with children
	Measures include housing assistance, benefits, limited social housing, electricity bill aid, and partial debt coverage for home loans, one off grants for families with disabled children or big families. As of Oct 2025, households, including families with children, who plan to purchase housing in the regions, can apply for a mortgage loan not only in commercial banks, but also in ALTUM state-owned development finance institution. There is no national homelessness strategy nor comprehensive data in the area. A housing benefit covers rent and utilities, under certain conditions. The 2026 budget includes improvements in material support for families with children.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Rules on the electricity market provide that protected users, that is poor or disadvantaged households, large families or families with children with disabilities, and persons of disability group I - are entitled to a protected user trading service (automatically reduced electricity bill). 2024 Share of children AROPE living in a household unable to keep home adequately warm is below EU average (10.9% vs 26.4%). New (increased) coefficients for the calculation of housing benefit have been temporarily determined.
	Social housing for families with children
	The share of social housing (2%) is among the lowest in OECD (7% housing stock on average). The eligibility rules for housing support leave out many households whose incomes are too low to afford market renting or taking out a mortgage. Priority access is limited to orphans and children left without parental care and families with a child with disability. New affordable municipal housing for low-income households is built with RRF and the EIB support, but this does not target by default the most vulnerable households, but rather the “missing middle” income groups. € 70 m is planned under cohesion policy funds for the renovation and construction of new social housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The action plan states that child’s rights and best interests take priority. If out-of-family care is ordered, siblings should not be separated, and child’s view is considered when choosing care type. Orphans and children without parental care must be placed in a family setting (foster or guardian), with institutional care only as a last resort. However, it is unclear if the law is applied consistently.

	Measures to ensure the transition of children from institutional care to quality family-based care
	The share of children in residential care out of the children in alternative care is 9.4% (40,9% EU average). Support centres recruit and train foster families, implement support plans for foster and specialised carers, and provide psychological help. With the support of the EU cohesion funds, Latvia is investing in deinstitutionalisation, incl. for children with severe disabilities. New support services for specialized foster families will be introduced in 2026. Challenges persist, recruiting foster families, more focus on prevention, etc.
	Measures to support independent living and social integration of children leaving alternative care
	When the guardianship or foster care of a child in a foster family or childcare institution comes to an end, the municipality, in accordance with the rules, the child who has been left without parental care with housing and other assistance, even once the child has turned 18. A person maintains the right to unused social guarantees until they turn 24. Criteria and adequacy of financial support are not described.
	Outreach and awareness raising
	Outreach measures are not described in the action plan nor report. Latvia uses a multi-layered approach involving local social services and NGOs. In 2023-2025the 'Latvian Family Barometer' surveys were conducted to monitor the implementation of the Action Plan, directly involving families and civil society. Furthermore, children's participation is ensured through specific consultative mechanisms within the 'Latvian Children's Welfare Network' to reflect the views of the target group in policy evaluation.
	Stakeholders' involvement
	The action plan seems to have been consulted with the ministries, civil society. It is not clear if any consultations with the local level or children were carried out. There is no information on consultations on the biennial report.

LITHUANIA

	Identification of children in need
	The ECG action plan identifies children in need and reports the size of groups of children in need experiencing specific disadvantages (e.g. number of children in alternative care). It addresses the disadvantages hindering groups of children in need to access the services covered by the ECG (e.g. transport barriers). Yet, the barriers faced by some specific groups (e.g. children with a migrant background) are less addressed.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	While the ECEC participation rate of children in the age group 0-3 years is growing, regional differences remain. In 2025, additional € 3.3 million was allocated to municipalities to cover education, meals and transport for vulnerable children. In 2025, Lithuania introduced the Childcare Compensation Benefit, which amounts to € 364 per month and is granted for each pre-school-aged child who does not attend an early childhood education and care (ECEC) institution and is instead cared for, for remuneration, by a qualified individual childcare provider (nanny) working under an individual activity certificate or an employment contract.
	Addressing the non-financial barriers
	According to the ESPAN report (2023), the lack of available places and waiting lists, the geographical disparities, as well as the cultural and personal perceptions and attitudes form barriers.
	Measures to support inclusive education and avoid segregated classes
	According to the 2025 Eurydice report, children with special educational needs or disabilities benefit from eased access, assignment of specialized staff, and reduced group sizes. Eased access is offered also to children from migrant backgrounds, and those at risk of poverty or social exclusion. However, the availability of support measures is quite fragmented.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	EU funds will be used to cover the educational costs (including non-formal education of children, educational materials and other means, meals and transport costs) of children who are educated according to pre-school or pre-primary education programs (including compulsory pre-school education) and grow up in families experiencing social risk, thus ensuring the maximum early inclusion of children in the education system. Childcare Compensation Benefit applies (see above).
	Addressing the non-financial barriers
	A 2021 study by UNICEF shows that lack of transportation is the second most significant barrier to accessing ECEC in Lithuania, just after the cost.
	Measures to support inclusive education and avoid segregated classes
	The ‘Education Development Program’ for 2021-2030 sets as target for 2030 that 97% of children with special educational needs and 75% of children with disabilities will attend general rather than specialized educational institutions. Preferences for vulnerable children under 3 years of age described above - based on the 2025 Eurydice report - apply also for children aged 3 years to mandatory school age.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	Early school leaving was at 8.4 %, having spiked from 4.8% in 2022, but is still slightly below the EU average of 9.3% (Eurostat, 2024).
	Measures to support inclusive education and avoid segregated classes
	EU funds will be used to cover the educational costs (including non-formal education of children, educational materials and other means, meals, educational support services, free access to other forms of non-formal education for children, including by compensating the education fees set by municipalities, and transport costs) of children who are educated according to pre-school or pre-primary education programs (including compulsory pre-school education) and grow up in families experiencing social risk, thus ensuring maximum early inclusion of the children in the education system.
	Provision of free school materials (incl. digital equipment)
	Textbooks are provided free for all children, but other materials have to be purchased by parents. IT equipment, sports equipment or musical instruments are not requested by the school. According to the ESPAN report, around 42% of low-income households in Lithuania find it very or moderately difficult to cover the costs of education. Still, the share of children AROPE living in household reporting great difficulties to pay for formal education is lower than the EU average.
	Free transport
	Transport costs (yellow school buses) to/ from school are free for all children who live in villages and small towns more than 3 kilometres away from school. The same provision applies to children subject to compulsory pre-school education or attending pre-primary education programmes who live more than 3 kilometres away from the nearest educational institution providing pre-school and/or pre-primary education. Public transport subsidies apply to all other children.
	Free healthy meal each school day
	ECEC
	Children in ECEC (before the pre-school stage) who are from families experiencing social risk and participate in pre-school or pre-primary education programmes under the Child Guarantee or are subject to compulsory pre-school education are provided with free full-day meals from birth until entry into primary education. Children from such families attending pre-primary education programmes under the Child Guarantee also receive free full-day meals until the start of primary education, while children attending pre-primary education programmes who are not from families experiencing social risk are provided with free lunches.
	Primary schools
	Lunch is free to all children in 1 and 2 grades. Pupils from low-income families who study according to primary curricula 3 and 4 grades have the right to free lunch, if the monthly income per family member is less than 1,5 State Supported Income. Taking into account the living conditions of families, pupils may be provided free meals also in other cases specified by the Law.

	Secondary schools
	Children in need in secondary schools (except for pupils who attend both general education and VET programs) each school day are provided at least one free healthy meal if the monthly income per family member is less than 1,5 State Supported Income. Taking into account the living conditions of families, pupils may be provided free meals also in other cases specified by the Law.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The state allocates a voucher of € 15-20 for one non-formal education activity per pupil. The amount of the voucher is determined by a municipality, so the amount may differ in different municipalities. Two vouchers are allocated per pupil with special educational needs. The LT share of children AROPE who lack access to school-based activities is among the lowest in the EU. The Children Day Care Centers provide a day social care service aimed at developing, maintaining and restoring the social and daily living skills of children, as well as supporting their family members. These services are provided in 58 municipalities across Lithuania. The duration of service provision is determined based on the individual needs of the child but may not be less than 16 hours per month, ensuring a minimum level of regular support.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The schools and municipalities cooperate with non-governmental organisations, open youth centres to strengthen educational work with families raising children from birth to compulsory education and carry out joint activities to reduce the social exclusion of Roma children (through various activities, trainings, sporting events involving children of different nationalities, including Roma).
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	General neonatal screening covers 12 rare diseases. Preventive health check-ups for pregnant women and children are free of charge. Health care for pregnant women, mothers and newborns is free of charge. The health screening programmes cover the entire period until 18th birthday.
	Childhood vaccines recommended by the WHO
	Children receive free vaccinations against 14 diseases. Vaccination is easily accessible through primary healthcare institutions. Family doctors actively monitor children's vaccination schedules but there are some gaps in coverage rates.
	Measures to facilitate early detection and treatment of mental health problems
	Since July 2025 outpatient mental health care services for children are delivered by a multidisciplinary team composed of a child and adolescent psychiatrist, a clinical psychologist, a mental health nurse, and/or an art therapist and/or a social worker and/or a case manager. Referral is not required when applying to mental health centres, and all children and adolescents are entitled to access these mental health centres directly, in the same manner as when accessing services provided by family doctors or paediatricians. All such services are provided free of charge.

	Free prescription medicines
	Some prescribed medicines are free of charge for all children. These medicines are used for treatment of such diseases as tuberculosis, diabetes, epilepsy, asthma, blood coagulation disorders, etc. and indicates which drugs are reimbursed for their treatment. However, there is another list - called List B of subsidised medicines, which contains several types of medicines other than List A that are reimbursed for low-income children. No information on the number of AROPE children.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	During preventive check-ups, the psychomotor development of children under 4 years of age is checked, and if developmental delay is detected, they are referred for consultation with a social paediatrician and, if necessary, early rehabilitation is prescribed. Free early rehabilitation services were provided by 56 personal healthcare institutions in 2024, and by 63 in 2025. In 2024, the number of children receiving early rehabilitation services increased by +27.6 percent compared to 2023. However, the number of free early rehabilitation services remains limited.
	Health promotion and disease prevention programmes targeting children in need
	The 'National Progress Plan' for 2021-2030, includes actions on increasing health literacy, availability of sports activities and improving mental health services. Annual social information campaigns on the most relevant topics for children and young people, on the use of psychoactive substances, methodological publications and training for professionals are organised. The incidence of smoking among children with low family affluence aged 13 years is high. Public health specialists work in schools and provide public health promotion services in accordance with an established list.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Publicly funded measures supporting access to healthy meals are usually aimed at all children, or are intended for certain groups of children, such as children from large families, children with disabilities, children living in rural areas. One of the measures aimed at large families and those raising children with disabilities is the "Family Card" (Lith.: Šeimos kortelė), which guarantees discounts on meals, other goods and services provided by partner organisations.
	Limited advertisement and availability of unhealthy food
	To restrict advertising and limit the availability of foods high in fat, salt, and sugar in preschool and other educational institutions, the Meal Procedure Description includes a list of prohibited foods, which includes items high in fat, salt, and sugars. Additionally, it specifies the allowable amounts of salt and sugar in food products and dishes provided to children.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Legislation requires that child rights protection services and/or the police be informed of any child found without a place of residence, and that such a child be accommodated in a safe environment. No information on the deadlines for provision of emergency and permanent accommodation.

	Measures to prevent the risk of homelessness among families with children
	According to the action plan, in order to avoid the risk of homelessness, if the rental contract for social housing is to be terminated in certain cases provided for by the Law on Support for Housing Acquisition or Rental, before the eviction of a person or family who does now own any other housing unit, the municipal administration plans and organises the provision of social services by helping the person or family to find other accommodation or by providing assistance to rent a housing unit and obtain reimbursement of part of the housing rental costs if this person or family is unable to find accommodation independently. Single-parent families receive higher housing benefits.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	According to the action plan, affordable housing, energy poverty reduction, and accessible housing for people with disabilities (including children with disabilities) are among the key objectives of the National Progress Plan for 2021-2030. According to ESPAN report, low-income households with children and individuals are entitled to means-tested housing allowances/reimbursements for heating, hot water and drinking water, social housing and partial rent compensations.
	Social housing for families with children
	According to the 2024 progress report, the rental housing market in many municipalities is not sufficient for large families. In the 2021-2027, EU structural funds invest in development of social housing stock for families with three or more children and persons with disabilities, aiming to shorten the waiting period for these groups to 3 years. The regional development plans allocate € 128 m for the expansion of the social housing from EU, national and municipal budgets. By 2029, the new social housing should accommodate 3,850 persons. In some municipalities, single-parent families enjoy preferential access to public housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Lithuania has explicit legal provisions and processes to ensure that the best interests of the child, their overall situation, and individual needs are taken into account when placing them in alternative care. These protections are grounded in both the Law on the Protection of the Rights of the Child, Civil Code of the Republic of Lithuania and in Regulations for the Organisation of Child Foster Care. Lithuania has established several legal measures to ensure that the child's best interests are central to decisions about alternative care; the foster parents' selection considers the child's individual needs and context; the foster parents are evaluated against defined criteria; the placement preferences prioritise family and family-like environments.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The share of children in residential care among children in alternative care is among the lowest in the EU. The last large-scale institutional care facility of the old type was closed in Lithuania in December 2024. As a result, no such institutions are currently operating in the country. Lithuania has strengthened both the financial and non-financial support measures for foster parents and adoptive parents to increase the availability of family-based foster care placements. In order to support foster families, professional foster families and adoptive families, Foster Care Centers (66 in total) have been established across Lithuania, with at least one Foster Care Center operating in each municipality.

	Measures to support independent living and social integration of children leaving alternative care
	Based on the Progress Report, there is a supporting service for young people leaving institutions, facing social risks or living in families facing social risks, which must help adapt to the social environment and develop the capacity to deal with emerging social and other challenges. An independent living plan must be drawn up and reviewed together with the young person, taking into account their individual needs and their level of autonomy. Yet, this service is not available in some municipalities. Both financial and non-financial support are available to children leaving care (care leavers).
	Outreach and awareness raising
	The action plan and the progress report feature several communication/awareness-raising actions (e.g. dissemination of informational leaflets). Yet, a more active outreach to children in need is lacking.
	Stakeholders' involvement
	Various stakeholders were consulted for the design of the action plan and its implementation (through a Council), including children's representatives and NGOs.

LUXEMBOURG

	Identification of children in need
	The action plan operationalises the notion of the risk of poverty or social exclusion by linking it to the main risk factors (single-parent or large family, unemployment, and migration background) and adds to the target group of ECG several specific kinds of disadvantage. The first progress report provides update on the size and composition of the target group and discusses the key risk factors. In March 2025, the early detection system for special needs was revised with a focus on equity and inclusion.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	There is no legal entitlement to publicly funded childcare for children under 3, but approved settings offer 20 free hours weekly (46 weeks/year) for all children aged 1 to 4 years. The childcare voucher (CSA) further reduces costs based on income, family size, and child age, by adding free hours: 34/week for minimum-income families, and 13, 8, or 3/week for households earning up to 3.5 times the minimum wage. As of 2026, billing is simplified, targeted relief to households earning less than 3.5 times the social minimum wage is extended, and parental assistants are included in the free 20-hour scheme.
	Addressing the non-financial barriers
	The number of available places in childcare is higher than that of the Childcare Service Voucher (CSA) beneficiaries. However, lack of places in some local areas, staff shortages, linguistic obstacles, and administrative complexity continue to pose barriers to accessibility by vulnerable groups. Access to public childcare for children in need is not guaranteed. A study of the beneficiaries of the childcare vouchers by income level will be launched and will provide some elements of reply to this question. The 2026 reform of CSA simplifies administration. Linguistic accessibility is being improved by requiring all CSA offices to provide information in Luxembourgish, French, German, and English.
	Measures to support inclusive education and avoid segregated classes
	According to the 2025 Eurydice report, specialised staff is assigned for children with special educational needs or disabilities. Additional funding to improve physical accessibility and special allowance for children with special educational needs or disabilities may be requested. A home intervention service is available for children under 6 years who have or are at risk or are at risk of developmental delays.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Compulsory education starts at the age of 4, provided the child has reached the age of 4 before 1 September of the school year. Between the age of 3 and the age of compulsory schooling, a child may either attend public preschool (*éducation précoce*), which is available from the age of 3, and/or be cared for in a childcare setting. Preschool is free to all. Children who attend a childcare education on a part-time basis and care service benefit from the childcare voucher programme (10 free hours per week).

	Addressing the non-financial barriers
	The total number of available places in childcare is higher than that of the beneficiaries of the childcare vouchers. In childcare settings, lack of places in some local areas, linguistic obstacles, and administrative complexity may pose barriers to accessibility by vulnerable groups. Access to public childcare for children in need is not guaranteed. Research shows that poorer children are less often enrolled in optional preschool education from the age of 3, than children from more fortunate backgrounds.
	Measures to support inclusive education and avoid segregated classes
	According to the 2025 Eurydice report, specialised staff is assigned for children with special educational needs or disabilities. Additional funding to improve physical accessibility is also available. No figures are available for the inclusion of children in the non-compulsory preschool education. In March 2025, a comprehensive early detection system focused on fairness and inclusion was introduced.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
.	The National Youth Service ensures preventive actions in schools and contacts school leavers to assess their needs and reconnect them with education, training, or apprenticeships. The guidance units in high schools offer tailored orientation classes and vocational discovery placements for disengaged youth. For students aged 12+ with significant psychosocial or academic difficulties, Centres for Socio-Professional Integration provide alternative schooling focused on socio-emotional support and reintegration. A School Mediation Service (SMS) supports parents and students in the event of problems with the school. The extension of compulsory schooling until 18 years (entry 2026/2027) should allow pupils at risk of early school leaving to increase their chances of success. After excluding re-enrollment, the percentage of dropouts is 6.3% of the school population, lower than the EU average.
	Measures to support inclusive education and avoid segregated classes
	Measures to foster equality of opportunities include promotion of inclusive education and the development of the quality of the support system for students with special education needs, a large-scale inclusion program for students with special needs, modern and differentiated language learning, and a significant range of support courses. In March 2025, the early detection system for special needs was revised with a focus on equity and inclusion. Slightly less than half of students with special educational needs receive mobile specialised interventions within their own school, and just over half receive specialised schooling in separated classes situated in Centres of Expertise in Specialised Psycho-pedagogy. A One Stop Shop for Online School Inclusion was set up in 2025 to inform, advise and raise awareness among parents, pupils and professionals about the care of pupils with special educational needs.
	Provision of free school materials (incl. digital equipment)
	Compulsory schoolbooks are free of charge in primary and secondary education and in vocational training. Digital equipment is provided in the form of individual tablets for a rental fee of € 50 per year (this can be reduced by € 30 for low-income families). There are no school uniforms, sport clothing is not provided nor subsidised. In secondary education, low-income households with children can apply to receive a low-income household subsidy, which is intended to cover part of the costs related to schooling and to provide access to free school meals. The annual subsidy of € 731 to € 1097 per pupil is given, depending on household composition and its net income.

	Free transport
	All public transport is free in Luxembourg. In addition, school transport is available in all communes for primary school pupils, and school buses are organised from all communes to the local secondary schools. Specialised transport and socio-educational support is also available for pupils with a fragile state of health or pupils with special educational needs.
	Free healthy meal each school day
	ECEC
	Meals are free for children of beneficiaries of REVIS or recognised as in precarious situation by the social office. The price for all other children varies according to the income of parents.
	Primary schools
	All children who attend fundamental/ primary education or its equivalent are entitled to free meals on every school day and regardless of their household's income (5 main meals per week). To access free meals, primary school children need to be enrolled in an education and care centre (SEA). Not all children in primary school and in need have a place in such a centre.
	Secondary schools
	Free meals are offered to all secondary students in precarious situations. This includes students who qualify for the “low-income household subsidy”, students receiving the “school retention subsidy”, students benefiting from international protection who are unable to return to their residence for lunch, students living in a SLEMO structure and Ukrainian students benefiting from temporary protection. However, as stated in the first progress report, the take-up is low: only 37% of entitled students.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	A large part of the extracurricular music education courses in the municipal sector is free , and low-income students can ask for full reimbursement for what needs to be paid for. Some municipalities provide, upon request, subsidies for school trips to children from low-income families, while some parents’ associations also have social funds for this purpose. The homework supervision for 6–12-year-olds in after-school care is also free. Schools and municipalities provide logistical support to help children in need to participate in activities. Free sports, discounted cultural access, holiday camps charged in function of age, and extracurriculars further support equity in education and leisure. While 12% of children AROPE are deprived from regular leisure activities (vs 3.5% of all children below 16 years old), access to school trips is much wider (only 3% of children AROPE cannot afford).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	There is no defined framework for the cooperation of the different stakeholder, however in reality cooperation exist between the afterschool care centres, the National Children’s Office (ONE) and other organisations as needed. Opportunities to participate in extra-curricular sports exist for all at no cost. The Psychosocial and School Support Centre promotes student well-being, mental health, non-formal education, and participation in schools.

	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	According to the EU monitoring framework, comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need, discussed in detail in the first progress report. In addition, a new social paediatrics service has been implemented. The participation rates in the recommended health check-ups and screenings are above 90% in children under two years of age for whom there is a financial incentive. However, they fall after the second birthday. According to the Health Observatory, there is no formalised care pathway after positive screening.
	Childhood vaccines recommended by the WHO
	Since long, Luxembourg has recorded very high (95% to 99%) vaccination rates against Diphtheria-Tetanus-Pertussis, Haemophilus influenzae B, Hepatitis B, Measles, Pneumococcal disease, Polio, and Rubella. 89% of one-year-olds are also vaccinated against Rotavirus, what is among the highest rates in the EU.
	Measures to facilitate early detection and treatment of mental health problems
	Children from low-affluence families are more likely to be in poor mental health (report feeling low more than once a week) than the general population. There are several services in place to facilitate detection and treatment of mental health problems, both in the school environment, and as part of the healthcare system. A national portal for mental health centralises information on helplines, treatment centres and available support. Some of these services and types of outpatient care may have limited availability and extended waiting times.
	Free prescription medicines
	The cost of children's medication is largely covered by the National Health Fund, which reimburses the eligible portion directly to the pharmacy, without parents having to pay upfront. The portion not covered by the CNS must be paid by the parents.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	There are eight specialised psycho-pedagogical centres, which promote inclusive education and provide support and assistance to children with disabilities. The numbers of interventions and beneficiaries are well monitored, but it is not clear whether all children with disabilities receive assistance. There are also a number of centres for children who deserve physical rehabilitation. Services for persons with disabilities are provided also by non-profit organisations accredited by the Ministry of Family Affairs, Solidarity, Living together and Reception of refugees. The National Action Plan for the implementation of the Convention on the Rights of Persons with Disabilities 2019-2024 (NAP-CRPD) provides for specific measures to strengthen access to education, care and appropriate support services. The next NAP-CRPD is under preparation.
	Health promotion and disease prevention programmes targeting children in need
	The action plan mentions “Let’s talk health” (“*Parlons santé*”) project, targeted at applicants and beneficiaries of international protection status, including minors. There is no information on the number of children in need who have participated. Likewise, there is no information on the number of beneficiaries of the social paediatrics scheme. Several health and social services provide preventive care, social support, and protection for vulnerable children and families through consultations, home visits, and specialised interventions for abuse or psychological difficulties.

	Healthy nutrition
	Access to healthy nutrition outside of school
	During school holidays, children from households earning less than less than 2 times the social minimum wage, who are enrolled in an education and care centre, are eligible for a free meal per day. The social grocery stores project provides support to families in financial distress through food aid and basic material goods. Access to these services is facilitated by social offices and various associations involved in social work. The *Allocation de la vie chère* (Cost-of-living benefit) is available to low-income h**o**useholds. A combined allowance will be introduced in 2026 and is expected to cover the cost of the child for modest households. Dietary consultations for a defined list of pathologies, intolerances or allergies is reimbursed at 100% for those under 18 years of age.
	Limited advertisement and availability of unhealthy food
	With the food4future project in school restaurants, healthier options, as well as vegetarian options, are provided. The national action plan “Gesond iessen, Méi beweegen” provides additional incentives for healthy eating. In March 2025, as part of the MENJE's Screen-Life Balance campaign, the National Youth Service launched the "GoodFoodLoop" initiative, aiming to raise awareness among young people about a healthy and balanced lifestyle, and physical activity.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	According to the 2024 homeless count, there are no homeless (ETHOS categories 1-3) children in Luxembourg. However, the ETHOS typology27 of homelessness includes many other categories for which there are elements indicating the presence of children. The action plan describes open housing structures which welcome youth aged 16 to 27 y.o., responding to their specific needs (sibling groups, unaccompanied minors, and young children with complex needs). There are also accommodation structures that provide various forms of housing to vulnerable households. In 2024, 2,282 minors were among the 5,642 people receiving support. Such housing is transitory and depending on the organisation can last up to 3 years. The availability of emergency housing is limited, particularly in heavily populated municipalities.
	Measures to prevent the risk of homelessness among families with children
	The progress report lists rent subsidies, cost of living allowance, energy bonuses, and affordable public housing as measures to guarantee effective access to adequate housing for families with children in need. According to the 2024 progress report, waiting times are on average just under 3 years. Data from the Housing Fund waiting list shows that, in March 2023, there were just over 5,500 applicant households (approximately 15,000 individuals).
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The progress report points to low incidence of energy poverty affecting children in Luxembourg. In addition to the cost-of-living allowance, an energy bonus (EUR 151.41 to € 303.08 per month depending on the household size) is available, the means-test for which is above the Eurostat risk-of-poverty threshold. In 2025, the energy bonus was increased to between € 600 and € 1,200 per month depending on the household size. The non-take-up rate is estimated at 45% but the report stresses that children are more likely to benefit from those measures than the general population.

	Social housing for families with children
	According to the 2021 census, 10% of the population lives in reduced-rent housing. In 2025, around one third of children living in a household renting on the private market benefited from the rent subsidy and around one fifth of children living in a homeowning household with a loan benefited from the interest subsidy. In 2023, there were around 3.300 household with children on the waiting list for affordable public housing with the biggest public agency (FL), with waiting times (according to the progress report) of ca. 3 years. Priority is given to the most vulnerable; an amendment proposed in April 2025 would grant single-parent families an official priority in allocation. There is currently no data on the overall state of the housing stock and therefore the proportion of social housing available to families in need. According to the 2026 Report, from mid-2026, the National Housing Register is set to centralise demand for and stock of affordable housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The law of 16/12/2008 describes possible assistance measures for families to be provided in the best interest of the child, including psychological, social or educational support within the family. Bill No. 7994, submitted in May 2025, emphasizes fewer placements and more preventive and individualized protection. It strengthens parental involvement and prioritizes support for the family of origin to prevent placement whenever possible. The bill plans to diversify educational, psychological, and social support, and to ensure greater participation of children and young adults themselves in decisions that affect them. The National Children's Office (ONE) oversees child placements, enhances provider training, sets quality standards, manages state funding, and ensures care aligns with the child's best interests, offering ambulatory, day-care, and residential support to prevent family separation.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The action plan acknowledges the need of deinstitutionalisation of alternative care but stresses that it is a challenge. On 1 October 2025, 940 children were in institutional care and 583 children in foster families. Since 2023, a pilot project offers temporary, multi-phase support (stationary, semi-stationary, ambulatory) to families in crisis, aiming to prevent placements or facilitate reintegration. Two facilities are being prepared for launch.
	Measures to support independent living and social integration of children leaving alternative care
	As of 1 October 2024, there were 482 young adults in supervised accommodation under the Open Environment Housing Service (SLEMO), which is a voluntary assistance measure. A year later there were 551 young adults benefiting from this measure. Those numbers are relatively high when compared to the number of children in alternative care. Depending on the shelters, the measure is available for young adults aged between 17-27. Young adults in SLEMO are provided with psychological, social or educational support according to an Individual Plan, which is validated by the ONE and is the subject of reports every 6 months.

	Outreach and awareness raising
	In several instances, the action plan refers to outreach and awareness-raising activities (communication campaigns, workshops, volunteering), which are linked to various measures listed in the plan (e.g. information on preventive and curative healthcare targeted at the most disadvantaged). Measures to make the general public aware of the services covered by the ECG are also in place. A publicity campaign (videos and posters) was launched by the Ministry of Family, Solidarity, Living Together and Reception (MIFA) in October 2025 to raise awareness about the social benefits available to low-income families (*allocations vie chère, prime énergie, REVIS*), with a view to improving the low uptake of social benefits by families in need. Luxembourg has strengthened its support offer for parents at national level through the Eltereforum Service, launched in 2023.
	Stakeholders' involvement
	For preparation of the action plan, a steering committee was established, including all relevant ministries. There is no information on consultations with local authorities and civil society organisations. Children have been consulted thanks to a TSI project conducted by UNICEF, before submission of the first progress report. The National Action Plan for Combating and Preventing Poverty (December 2025) was developed through extensive consultations with civil society, human rights institutions, and advisory bodies, including an online consultation. It incorporated input from people with lived experience of poverty through a partnership with ATD Fourth World Luxembourg and received scientific support from LISER to ensure evidence-based guidelines.

HUNGARY

	Identification of children in need
	The action plan confirms that all children at risk of poverty or social exclusion belong to the target group of ECG intervention. However, being entitled to a regular child protection allowance appears as the key precondition for free access to the services covered by ECG. In 2024, the respective income limit increased by approximately 36% (from 165% to 225% of the social reference base, and from 180% to 245% in the case of single-parent families or families raising children with disabilities), what contributed to closing the coverage gap.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	According to the action plan, children who receive regular child protection benefits, live in large families, have a long-term illness or disability, are in temporary care, temporary foster care or children's homes, in foster care or children in protective care and those, whose legal guardian has no income – are exempt from nursery fees. In 2021-2024, 70% of enrolled children attended for free.
	Addressing the non-financial barriers
	The ECEC participation is low according to EU SILC data (16.5% in 2024 and only 14.4% among the children AROPE) and has not increased much in the last decade (respectively 15.4% and 12.1% in 2015). Hungary supports access to nursery care for children in need not only through exemptions from the payment of fees, but also by implementing numerous legally regulated measures that facilitate admission to nurseries. Nonetheless, the share of child population under 3 years of age for whom no day care was available in their place of residence was 12.5% in 2025.
	Measures to support inclusive education and avoid segregated classes
	Nursery care for children with special educational needs and those eligible for early development support is available in all types of nurseries until 31 August of the year in which they reach the age of 6 years. According to 2025 Eurydice report, there is an explicit non-discrimination rule in admission policies in terms of nursery care. 177 Sure Start Children's Houses support inclusive education of Roma children. In order to further strengthen territorial coverage, a call for proposal was launched at the end of 2025 with the involvement of EU funds, aiming at establishing and developing of additional 45–50 Sure Start Children's Houses on a territorial basis.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Attendance at kindergarten is compulsory and free of charge for all children from the age of 3 years. For majority of the enrolled children, meals are free of charge as well. There is no indication of hidden costs. The local government of the child's place of residence shall reimburse the costs of travel to the kindergarten providing compulsory education and, if necessary, shall provide an accompanying person for the child if the kindergarten is located outside the municipality.

	Addressing the non-financial barriers
	Compulsory participation in childcare implies effective access by all children in need. While excess supply is observed at national level, in some municipalities the capacity of kindergartens might be insufficient. Between 2010 and 2025, nearly 2,000 kindergartens, comprising ca. 42% of childcare places, have been modernized and the number of kindergarten places increased by 17,641. In the 2025/2026 school year, children are accommodated in 4,774 facilities, i.e. 173 more than a year earlier.
	Measures to support inclusive education and avoid segregated classes
	The action plan stresses the existence of *legal safeguards to ensure the right to free and accessible education for all.* If there are several parallel groups in a kindergarten, the difference between the ratio of socially disadvantaged children to the total number of children in the group and the same ratio in the parallel group may not exceed 25 pps. 78% of children aged 3 years receive inclusive education. The work of teachers is supported by a special methodological guide.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	An early warning and pedagogical support system to prevent early school leaving has been in place since 2016. The system identifies pupils at risk of dropping and provides tailored support to them, as well as to schools with many dropouts and low performance. The share of early leavers from education and training was 10.4% in 2024, i.e. above the EU average, with significant share of girls. A dedicated programme addressing early school leaving among Roma girls will be launched in 2026
	Measures to support inclusive education and avoid segregated classes
	To mitigate the risk of segregation, the boundaries of educational catchment areas are reviewed and revised if necessary. 73% of pupils with special educational needs receive inclusive education (including in VET institutions), and 82% of public education establishments accommodate children and pupils with special educational needs. The number of special education teachers in public education is constantly increasing.
	Provision of free school materials (incl. digital equipment)
	The action plan and progress report stress free distribution of digital notebooks to disadvantaged pupils. Other reports mention coverage gaps, as some children in need are not informed that they can benefit from the scheme. However, Hungary assures that the commitment to provide at least 90% of disadvantaged pupils with personal ICT devices was fulfilled. All pupils in grades 1-16 are entitled to free textbooks. Since 2019, the beneficiaries of the child protection benefit have been receiving a free school supplies package – a measure financed at 90% by the ESF+.
	Free transport
	All children enrolled in public education are eligible for student tickets/monthly passes with 50% discount. The school operator shall arrange for transportation to the school providing compulsory education.

	Free healthy meal each school day
	ECEC
	Most children enrolled in daycare and pre-school establishments receive free meals. The maximum threshold of family income under which its children are entitled to free meals is well above the EU-SILC at-risk-of-poverty threshold.
	Primary schools
	According to the action plan, 33.4% of primary and secondary school pupils benefit from free meals. This share is above the AROPE rate among children. However, the progress report states that eligibility for free meals is linked to that for regular child protection benefit, which is means-tested. The income limits under which children are eligible for the benefit were significantly increased in 2024.
	Secondary schools
	According to School Meals Coalition ("Assessing the current state, benefits, and exemplary models of school meal programmes in the European Union: a report following 19th meeting of child guarantee coordinators on school meals") in secondary schools, free meals for low-income pupils are available until the age of 14 years. According to the 2024 progress report, in secondary schools receiving a child protection benefit entitles to a 50% discount rather than fully free meal.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	According to the action plan, participation in school-based education is free for multiply disadvantaged pupils and for those with special educational needs. Initiatives in the field of culture and sport aim to ensure that extracurricular activities reach as many children as possible. No details on participation by children in need provided.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The action plan stresses that discounts for travel on public transport are available for children in need visiting museums. School trips by rail are free of charge on school days.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	According to the EU monitoring framework, comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need at post-natal, first years, and school years stages. The action plan and the first progress report provide details, how those and other preventive measures are organised. The ESPAN report points to shortage of paediatricians and the resulting long waiting times, which are a greater problem for low-income families. The government has taken various actions to address this challenge.
	Childhood vaccines recommended by the WHO
	Since long, Hungary has had very high (99%) vaccination rates against Diphtheria-Tetanus-Pertussis, Haemophilus influenzae B, Hepatitis B, Measles, Pneumococcal disease, Polio, and Rubella as well as Tuberculosis, Varicella and Mumps as these fall under mandatory, age-related vaccination. No data available on the share of one-year-olds vaccinated against Rotavirus, as this vaccination is not mandatory.

	Measures to facilitate early detection and treatment of mental health problems
	The action plan stresses the role of school health services in prevention of mental health problems. The quoted 2011 data indicate epidemic-level prevalence of mental illness among children aged 4 to 17 years. There is a mention of 'Health Promotion Offices − Mental Health Centres' but the information on the number of children who have used various health promotion programmes is not collected. The incidence of feeling low among children with low family affluence aged 13 years is high.
	Free prescription medicines
	Certain medicines are free of charge, while others are subject to a higher or lower rate of subsidy. Different types of diseases and medicines prescribed by specialists fall into different subsidy categories.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Several programmes, using diverse (re)habilitation techniques and processes are in place. There is no information on the share of children with disabilities who benefit from them.
	Health promotion and disease prevention programmes targeting children in need
	In response to § 8 (c) of ECG recommendation, the action plan describes 'Health Promotion Office − Mental Health Centres' and mandatory comprehensive school health promotion. There is (neither in the action plan nor in the first progress report) information on the number of beneficiaries of the first measure, while the latter measure is not targeted at children in need. The incidence of smoking among children with low family affluence aged 13 years is high.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The first progress report describes the scheme for provision of the midday warm main during the summer break, and during the autumn, winter and spring breaks.
	Limited advertisement and availability of unhealthy food
	The 2024 progress report includes information on the ways of restricting availability of foods high in fat, salt, and sugar in educational establishments: sales of food subject to the public health tax are prohibited in educational establishments and at events organised for pupils. The efficiency of those legal instruments is not assessed.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	As an update to the action plan, the Child Guarantee Coordinator has shared information on family shelters (ca. 4,000 places available), temporary children's homes (370 places in 26 institutions) and on HUF 250 m made available in 2023 to expand the capacity of temporary homes for families (10 flats). The numbers seem small in relation to the size of population. There is no information on the deadlines for placement and transfer, nor on the social and advisory services.

	Measures to prevent the risk of homelessness among families with children
	In 2024, the share of children AROPE living in households facing housing cost overburden was 16.7%, below the EU average of 21.1%. There are various programmes providing affordable accommodation o families in need but their coverage seems small in comparison to the size of population.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Decrees 494/2017 and 290/2022 provide for discounted gas prices for large families (3 or more children). Separate rules of consumer protection apply to electricity and water markets. Consumers with special social needs (as well as consumers with disabilities) can request protected consumer status from the service provider, on the basis of which they can request installment payment, deferred payment or prepaid metering device from the service provider. However, subsidies seem to be optimised for lower-middle class families, not the poorest ones. In 2024, the share of children AROPE living in households unable to keep home adequately warm was 22.6%, close to the EU average of 24.0%.
	Social housing for families with children
	The action plan and progress report do not include information on volume and rules of access to social housing. The Child Guarantee Coordinator has provided information on several projects for urban renewal and improvement of conditions in disadvantaged settlements. According to the Coordinator, by June 2026, 670 families will have access to renovated social apartments in “catching-up municipalities”. Another 10 families have been accommodated thanks to a grant to expand the capacity of temporary accommodation. This is little in relation to the size of population.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The action plan puts emphasis on preventive actions and, in placement in alternative care cannot be avoided, calls for permanent adoptions over revokable foster care. The progress report points to growing number of adoptions, while there is no information on the individual needs assessment and child’s participation in decision-making. In order to resolve the placement difficulties of infants left in hospitals, an amendment that entered into force on 1 July 2024 no longer requires the consent of a parent who leaves their child in a healthcare institution immediately after the child's birth and does not report for the child within six weeks. Addressing the situation of these infants remains a priority and further measures are being developed.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Most (66.8%) of children in alternative care are in formal family-based settings. The progress report describes measures implemented to improve foster care provision, such as capital investments, financial support, hire of additional childminders for children with special needs. As stressed by Child Guarantee Coordinator, the financial incentives for foster parents (twofold increase of the basic fee) seem to bring results. As of 2026, the foster parent fee increased by 100% to 118%.
	Measures to support independent living and social integration of children leaving alternative care
	Several measures – projects ‘Care for the Future’, ‘Take a Step!’, and home creation grant – are mentioned as addressing the situation of young people leaving alternative care. It is not clear whether the coverage by those measures is sufficient.

	Outreach and awareness raising
	As explained by the Child Guarantee Coordinator, the outreach measures rely on the existing institutions and organisations, such as Sure Start Children's Houses, or out-of-school educational institutions (tanoda). The numbers of children reached through those channels are duly reported, but concern mostly access to healthcare, with less attention given to other services covered by ECG.
	Stakeholders' involvement
	In the ECG preparatory phase, consultation meetings were held with "Make Things Better for Children!" committee and a Working Party on Children's Rights, while other bodies were consulted through written procedure. The consultation with "Make Things Better for Children! committee, the Working Party on Children's Rights, the Interministerial Committee on Social Opportunities and Roma Affairs, with the monitoring committees of relevant EU projects as well as with a series of other organisations is continuous.

MALTA

	Identification of children in need
	Malta's National Action Plan for the Child Guarantee 2022-2030 defines 'children in need' as persons under 18 years of age who are at risk of poverty or social exclusion, including those in households at risk of poverty, experiencing severe material and social deprivation, or living in households with very low work intensity. However, further identification of vulnerable children is missing.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Childcare services are free but not universal. Based on the progress report, in 2023, there was a significant increase, with 51.0% of children under 3 years attending formal childcare. However, this rate has since then decreased to 44,1% in 2024. Children (0–3) living in households with less than € 10,000 of yearly income are also eligible for the free childcare service, even if both parents are unemployed. Yet, only 18.4 % of children AROPE benefit as compared to the EU average of 25% (ESTAT, 2023).
	Addressing the non-financial barriers
	The availability of childcare services outside normal working hours is limited. Some administrative policies and waiting lists may act as barriers for children who are not eligible for the free childcare scheme. When the parents' separation procedures are not completed, or in shared-custody situations involving an uncooperative partner, child's access to free childcare may be compromised.
	Measures to support inclusive education and avoid segregated classes
	The ESPAN report (2023) highlights the general inadequacy to provide specialised care for children with severe impairments. There is no information regarding qualified teachers and other professionals. The education system is engaged in efforts to be inclusive and aims to provide all learners with accessible education through a conducive learning environment where processes are re-designed to respond to the learners' needs and social realities.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	All children between the ages of 3 to 17 have access to free education. There is no information on the degree to which collateral costs (meals, materials, transport) are covered.
	Addressing the non-financial barriers
	According to the action plan, discrimination and social exclusion can be considered as non-financial barriers to participation in early childhood education and care. It also mentions that new childcare centres will also start operating in new localities. The ECEC rules, described earlier, also apply to the pre-school field.
	Measures to support inclusive education and avoid segregated classes
	According to the progress report, specialised programmes (such as individualised education plans, therapy sessions and adaptive technology use) and trained staff are in place to provide individualised support, fostering equal opportunities for academic success and personal development.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The 'Way Forward 2020-2030' programme recognizes the need to support not only those students who are currently at risk of leaving school early, but also those who have already dropped out, as well as their families and communities. Malta is at 9.6% as compared to the EU average of 9.3% (Eurostat, 2024). While significant progress has been achieved in reducing early school leaving, continued emphasis on targeted and integrated initiatives such as the FCSL Programme remains essential. The sustained development of such measures is necessary to address persistent inequalities, support learners with complex needs, and ensure that a greater number of young people are supported not only to remain in education, but to successfully complete their learning pathways.
	Measures to support inclusive education and avoid segregated classes
	The National Strategy on the Rights of Disabled Persons aims to enhance accessibility to a wide range of educational resources, including books and learning materials, in accessible formats. It also includes provisions for training individuals with disabilities on the use of digital technology, thereby empowering them to fully participate in educational activities. Malta has adopted the 'Education in Schools: Route to Quality Inclusion' and 'A National Inclusive Education Framework', which underscore the right of all students to access an inclusive education in environments that are both equitable and accessible. However, Malta's system (including the latest national strategy) is still based on "special" school and classrooms and support teachers are not enough, as well as measures to make learning in the "standard" classroom the norm.
	Provision of free school materials (incl. digital equipment)
	The action plan indicates that every child receives free reading books, adapted according to their age. Otherwise, free school textbooks are lent to all students in compulsory education. There is free Internet access in schools and dedicated Wifi access; provision of MS Office 365 and MS Teams to all primary school students; various initiatives in Artificial Intelligence (AI), such as a Data Warehouse; as well as continuous awareness and courses to teachers and children to harness specific digital skills.
	Free transport
	According to the progress report, the government provides transportation services free of charge for students attending Kindergarten or compulsory schooling (Primary to Secondary School) if they live more than 1km away from their school. Besides, young children in pre-primary education receive supervised care during their commute, ensuring their safety and well-being during the transportation.

	Free healthy meal each school day
	ECEC
	The ESPAN report (2023) states that under scheme 9, eligible low-income children – whether in ECEC, or primary or secondary level education - may benefit from a nutritious lunch. Moreover, as indicated in the National Action Plan, children attending State Pre-Primary School whose parents are employed or studying, are given the opportunity of having a free healthy breakfast through the Breakfast Club service.
	Primary schools
	The ESPAN report (2023) states that under scheme 9, eligible low-income children – whether in ECEC, or primary or secondary level education - may benefit from a nutritious lunch. Moreover, as indicated in the National Action Plan, all children attending State Primary School whose parents are employed or studying, are given the opportunity of having a free healthy breakfast through the Breakfast Club service.
	Secondary schools
	The ESPAN report (2023) reminds (p.5) that under scheme 9, eligible low-income children – whether at ECEC, or primary or secondary level education - may benefit from a nutritious lunch.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	These activities, integrated into the daily curriculum, go beyond academic subjects to encompass spiritual, religious, and ethical experiences. By offering a diverse range of activities, schools aim to enrich students' educational prospects and unlock their full potential. Yet, 20% of children suffered from the enforced lack of access to leisure activities (in %) in 2021 (Eurostat).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The action plan mentions the 'National Inclusive Education Framework' designed over ten central themes and inviting schools to implement, review and commit towards inclusive policies and practices. This framework promotes the roles of the school leaders and educators in creating a nurturing and inclusive environment that supports learning for all, according to each child's diverse needs at school and in cooperation with the parents/primary caregivers and other members of the community. Yet, there is a huge fragmentation of educational policies and frameworks.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Free screening programmes are conducted at post-natal (only general health), first years (only general health), and school years stages (covering general health, hearing, vision screening), and (except for the post-natal stage) dental check-ups. The age limit is set at 11. There is no information in the Progress Report on how many children benefit from those screenings.
	Childhood vaccines recommended by the WHO
	The action plan states that scheduled free vaccinations are provided to Maltese and EU nationals, infants, children, and adolescents up to 16 years. However, the vaccination rate for rubella is below the requested level.

	Measures to facilitate early detection and treatment of mental health problems
	The 'National Strategy for Mental Health 2020-2030' underscores the importance of early detection, prevention, and promotion of mental well-being. The measures target all AROPE Maltese and EU children aged 0-17 and all children in alternative care. Overall, children from low-affluence families are more likely to be in poor mental health (report feeling low more than once a week) than the general population.
	Free prescription medicines
	The action plan refers to the Social Security Act (Schedule V) outlining medicines which are provided free-of-charge to all patients suffering from specified chronic conditions. Alternatively, a Schedule II document (known as 'Pink Card') allows children in alternative care, fostered children, and full-time students to access medicines from a restricted list for free. This covers all Maltese and EU children AROPE and those who need medicines and treatments for chronic conditions.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The 'National Strategy on the Rights of Disabled Persons' and the 'National Autism Strategy 2021-2030' aim to raise awareness, promote accessibility, and foster inclusion to enhance the well-being of children with disabilities, with a particular emphasis on early detection and intervention. All AROPE children with disability and their families and all children with disability in alternative care are targeted. However, Malta performs significantly worse than the EU average in preventing early leaving from education and training among young people with disabilities, with 36.6% of 18–24-year-olds with activity limitations leaving education early, compared to 24.6% at EU level.
	Health promotion and disease prevention programmes targeting children in need
	According to the progress report, attention is given to disadvantaged populations, including families at risk of poverty or social exclusion. By providing targeted support and resources, health promotion initiatives strive to address the unique needs and challenges faced by these individuals, ensuring equitable access to essential health services and information. All AROPE children aged 0-17 and their families, as well as all children of mothers with psychosocial issues are targeted.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The Ministry for Social Policy and Children's Rights (MSPC), with financial support from ESF+, distributes food packages containing a wide variety of items intended for household consumption, five times per year. The products are carefully selected to enable households to prepare complete and balanced meals. As a result, children who are members of eligible households directly stand to benefit from these food distributions.
	Limited advertisement and availability of unhealthy food
	According to the National Action Plan, the "Whole School Approach to a Healthy Lifestyle: Healthy Eating and Physical Activity Policy" aims to limit the availability of products high in salt, sugar and fats and to ensure that clear and consistent messages about food, drink and physical activity are delivered across the school day. Schools are required to prohibit any promotions of fats, sugars and salts in relation to procurement of food for schools.

	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The Housing Authority is providing a number of schemes to assist families in receiving adequate accommodation, such as: First Rent and Deposit Scheme, which scheme provides immediate support for people, including families experiencing homelessness, whose primary barrier to accessing the private rental sector is the lack of upfront funds for the first rent and deposit. Social Housing supports individuals and families who cannot afford to purchase or lease a dwelling in the private sector. Through this service, eligible applicants may request to be allocated a government dwelling, ensuring that low-income individuals and families have access to safe and affordable housing. Yet, challenges persist in addressing the growing affordability crisis.
	Measures to prevent the risk of homelessness among families with children
	According to the progress report, there is financial assistance to assist in rent payments targeting low-income families with children for them not to pay more than 25% of their income in rent. The benefit varies according to the annual income of the applicants, the household composition and the rent being paid by them. These schemes and incentives aim to improve housing affordability in Malta, thereby reducing the risk of homelessness, including among households with children. Yet, challenges persist in addressing the growing affordability crisis.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	According to the action plan, households in low-income brackets are assisted through several measures to address energy poverty. These include the two types of Energy Benefit, the Eco-reduction scheme and financial schemes aimed at reducing energy and water consumption in low-income households through the replacement of old and inefficient appliances (p.47).
	Social housing for families with children
	As indicated in the ESPAN report (2023), the income threshold for eligibility to social housing is below the AROP threshold. Social housing is generally rented out unfurnished, which can constitute a financial barrier (p.27). The rent in social housing is subsidised up to 80% of value of the rent. In 2020 there were 2,105 applicants who had been waiting for at least two years.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Children are placed in alternative care as regulated by Chapter 602 of the Laws of Malta. After the Courts of Malta confirm the Care Order and. thus the placement, a Review Board reviews the case every six months. In the meantime, a care plan is created for each and every child.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The majority of children requiring alternative care in Malta are placed in foster care families or in community/residential homes. These homes offer a community and/or a family setting for children to live together. The FSWS supports foster care through dedicated services and expertise. Additionally, in relation to foster care, the Government of Malta continues to encourage more people to become foster carers, through dedicated awareness-raising and information campaigns. The Government of Malta is also in the process of launching a first-ever national policy on aftercare for children in alternative care.

	Measures to support independent living and social integration of children leaving alternative care
	The 2023 amendment to the Minor Protection (Alternative Care) Act (Chapter 602, Laws of Malta) allows for individuals to remain in their alternative care placement until the age of 21 years. Children approaching the age of leaving alternative care are supported by various services. Young adults leaving alternative care receive double the entitlement under the Housing Benefit Scheme, to further assist them in leading an independent life. Additionally, under the Housing Benefit Scheme, single people who previously lived in alternative care can enjoy the full subsidy in their household until the age of 28.
	Outreach and awareness raising
	There has been in recent years an increased focus on community-based and outreach initiatives in key strategies and action plans that target health, education, housing and social protection. Malta has consolidated all government services through Servizz.gov which offers an online website, a dedicated freephone and a network of one stop shops to facilitate accessibility, provide information and facilitates application procedures for the public.
	Stakeholders' involvement
	Based on the National Action Plan, stakeholder engagement was ensured through consultation with the relevant ministries, consultation event with all stakeholders related to childhood during the third quarter of 2021 as part of the pre-consultation process of Malta's Social Vision 2035, and a focus group with children to obtain direct detailed input and feedback from them.

NETHERLANDS

	Identification of children in need
	Living in a low-income family is the sole criterion for being considered a part of the ECG target group. The threshold, established according to the national statistical method, is below the one used by Eurostat for ascertaining monetary poverty. This approach focuses support at the most vulnerable but means that some children at risk of poverty or social exclusion do not qualify to benefit from ECG. The number of children in need is given in the action plan, but not in the progress report.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Childcare is not free of charge, but parents can receive a reimbursement of up to 96% of costs, capped by an hourly rate and a monthly limit of 230 hours. The 2026 report notes that while childcare participation rose between 2022 and 2024, average provider rates during 2022–2025 exceeded the maximum allowable hourly price. For families ineligible for standard childcare support but facing medical challenges, municipalities receive funding under the Social Medical Indication (SMI) scheme. The annual funding for this scheme is € 5.4 m until 2028 and € 10 m beginning in 2029.
	Addressing the non-financial barriers
	Staff shortages, affecting 59% of creches, were reported by ESPAN in 2023 and confirmed by Eurydice in 2025. In 2025, there were 56 vacancies for 1000 jobs (CBS) and a forecasted shortage of 6.900 workers in childcare (ABF Research). Older (2016) research quoted by ESPAN shows that ECEC was unpopular among lower-income households due to perceived low quality, inadequate opening hours, and more access to informal care by relatives and friends who in lower-income groups are less likely to participate in the labour market.
	Measures to support inclusive education and avoid segregated classes
	No information.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	For children aged between 3 and 4 years, same rules as for the 0-3 age group apply. From the age of 4, children transfer to primary school, which is free of (mandatory) charge.
	Addressing the non-financial barriers
	The ESPAN report highlights long waiting lists for childcare organised before and after school for children older than 4 years, partly due to the lack of staff. Despite workforce growth (from 98,100 in 2019 to 131,600 in 2025) demand remains unmet (2025 Eurydice report). To improve early childhood support, the SPUK Promising District programme (2023–2028) allocates € 152 m to disadvantaged areas, funding parenting support, pre-school expansion, and better transitions to primary school through staffing and training.
	Measures to support inclusive education and avoid segregated classes
	According to the 2025 Eurydice report, children with special educational needs or disabilities are put in groups of reduced size and receive support from specialised staff. Children with migrant background are admitted regardless of their residence status, and interpretation is available for communication with parents. Speech therapists and family engagement coordinators are available.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	// Local authorities, health services, job centres, and youth care agencies collaborate to tackle school dropout, with schools and municipalities required to submit a regional prevention plan every four years. Since 2023, the *educational care experiment* has allowed schools to flexibly adjust rules to better support at-risk pupils. By late 2025, it had helped 3,000 students stay in education, informing future policy. From January 2026, the *From School to Sustainable Work* law requires schools to improve career guidance putting unqualified youth on structured pathways back into education or work, municipalities to provide tailored support, and makes regional cooperation mandatory.
	Measures to support inclusive education and avoid segregated classes
	Every school must have a charter that details what special needs it is equipped to address and belong to a regional consortium collectively covering all support categories with targeted funding. Additional resources go to schools with high numbers of pupils with learning difficulties, asylum-seeking backgrounds, or Roma/Sinti heritage. In December 2023, the education minister launched the Digital School Action Programme to ensure children with health-related absences can continue learning remotely.
	Provision of free school materials (incl. digital equipment)
	Books and teaching materials for children until 12 years old are provided free of charge by schools. Schools can ask parents to purchase a laptop or ask voluntary contributions to provide digital teaching material, but an alternative solution must be provided if parents do not pay the contributions. The state-sponsored cooperative SIVON helps schools to obtain the necessary equipment and infrastructure for effective digital education in the classroom, as well as online and remote learning when necessary.
	Free transport
	Transport is provided or refunded for children with a structural handicap or no available school within a 6 km radius (the distance condition applies only to primary school pupils). Parents are asked for a fixed contribution if their joint income exceeds a threshold (EUR 28,176 /yr in the school year 2022-2023).
	Free healthy meal each school day
	ECEC
	All children who attend daycare (0-4 years old) receive one meal a day (plus snacks), the price of which is included in the tuition. The tuition is subsided up to 96% of a fixed hourly rate, depending on family income Municipalities could supplement this allowance. Most children who attend pre-school (*Peuterspeelzaal*) (2 to 4 years old) do so for are only half a day, so no meals are provided. As part of the 2025 prevention strategy, the *Healthy Childcare* programme has trained 1,900 coaches to foster better nutrition and wellness habits in early years settings.

	Primary schools
	A free school meals programme is available for schools where at least 30% of students come from a low-income family. In addition, all schools for special primary education are eligible. Participating schools can organize a meal for their students at school (73%) or offer a grocery card to parents/guardians (27%). Over 220,000 pupils benefit, but there are children in need who do not receive school meals because their schools do not meet the criteria to apply for the programme. Through EU schemes, around 2,300 primary schools (400,000 pupils) receive three weekly fruit/vegetable portions for 20 weeks, while 600 schools (75,000 pupils) get twice-weekly milk, paired with nutrition education. Under the 2025 prevention strategy, 44% of Dutch schools adopt the *Healthy School* approach, and 69% of secondary and vocational schools (1,247 sites) now run healthier canteens via the Nutrition Centre's programme.
	Secondary schools
	The free school meals programme is the same for primary and secondary schools.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Schools are required to allow all children to take part in all activities they organise, including tutoring and school trips, regardless of whether parents have paid their contribution. However, the ESPAN report highlights that about 40% of parents are not aware of this obligation, so contributions still pose a financial barrier. Schools serving disadvantaged pupils receive extra funding to address learning gaps. The *School and Environment* programme (2022–2028) supports after-school activities—sports, music, and literacy—for 179,000 pupils at 1,200 schools, improving well-being and skills. Schools can also fund a *bridge officer* (a family liaison) to handle non-educational issues. Currently a temporary subsidy, this will become permanent for vulnerable schools from 2029.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	According to the action plan, central government and municipalities will jointly invest in enrichment activities at school, such as extra tutoring and activities organised jointly with libraries, sports clubs and cultural organisations.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	General health, vision and hearing screenings are conducted at post-natal and early years stages, general health also in school years. There is no information, on how many children in need who benefit from those screenings. As stressed in the first progress report, the basic set of statutory tasks of Child Health Services (JGZ) includes monitoring healthy development, reaching ca. 95% of children under 4 years and 90% above 4 years. There is a nation-wide 'first thousand days' programme, Solid Start.
	Childhood vaccines recommended by the WHO
	In 2024, the vaccination rates against Polio, Diphtheria-Tetanus-Pertussis, Hepatitis B, Haemophilus influenzae B, Measles, Rubella, and Pneumococcal disease ranged from 88% to 91%, i.e. were relatively low in EU comparison and below the levels recorded in 2021 (93% to 95%). Recent expansions include rotavirus vaccination (January 2024) and RSV protection (from September 2025 for babies born after 1 April 2025).

	Measures to facilitate early detection and treatment of mental health problems
	The action plan highlights the Youth Act, which tasks local authorities with supporting children's mental health through decentralised care. A national screening at age 14 assesses social-emotional and psychosocial development, while youth care services address psychological issues and disabilities. From January 2026, the Youth Availability Improvement Act strengthens provisions by requiring municipalities to collaborate regionally on specialist support, guarantee sufficient capacity, and meet operational standards. However, children from families with low affluence are much more likely to feel low.
	Free prescription medicines
	All children receive prescription medicines for free, there is no indication of hidden costs.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	In 2018-2021, Volwaardig leven programme promoted adjusting care to individual needs. In 2022 the stress was shifted to increasing resilience of care organisations. As stressed in the first progress report, municipalities have primary responsibility for offering targeted rehabilitation and support services for children with a disability. The number of children with disabilities benefiting from those services is not given.
	Health promotion and disease prevention programmes targeting children in need
	The Solid Start programme focuses on care and support for families in vulnerable situations in the period prior to, during and after pregnancy. In November 2025, the Ministry of Health, Welfare and Sport sent the structural approach Solid Start with action agenda 2026-2030 to the House of Representatives. Local authorities are obliged to offer pregnant women and/or their families in vulnerable situations a prenatal home visit from child health services (JGZ).
	Healthy nutrition
	Access to healthy nutrition outside of school
	According to the ESPAN report, Dutch food policy has focused more on providing information and regulating food products and marketing to children than proving direct access to healthy meals. There are privately funded food banks, which receive some financial support from the government. Since 2025 the Dutch foodbank '*Voedselbanken*' receives money through the ESF+.
	Limited advertisement and availability of unhealthy food
	Despite an advertisement code, children are still exposed to advertisements of unhealthy foods through different channels (TV, online, packaging). The Ministry of Health is working on a legislative amendment to restrict marketing tactics that promote unhealthy foods to young audiences. Adjustment of existing tax on all non-alcoholic drinks into a sugar related tax is under consideration.

	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Community and women's shelters are available for those who lose accommodation, including families with children. However, if the parents are considered as sufficiently self-reliant, they generally do not get access to the community shelters funded by the Social Support Act. The Ministry of Housing and Spatial Planning and the Association of Netherlands Municipalities have agreed that municipalities are primarily responsible to provide housing and support after evictions. Families with children have priority in the allocation of housing. According to the Dutch Lawyers Committee for Human Rights, homeless shelters in the Netherlands are not child friendly (response to the Call for Evidence).
	Measures to prevent the risk of homelessness among families with children
	The action plan describes actions taken to prevent and combat homelessness (early identification of risks, including debts). Those are not targeted at families with children, but thanks to wide social housing stock and prioritisation of access, such families are not particularly at risk. Only 9.6% of children AROPE faced housing cost burdens in 2024 (vs 21.1% EU average), though 4,062 homeless children (including 19 in public spaces) were recorded in 2023–2025. The June 2025 amendment to the Strengthening the Management of Public Housing bill now prioritises families with children. To tackle rising youth homelessness, authorities are accelerating support and policy reforms for 16- to 27-year-olds.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	No information in action plan nor progress report. In 2024, 27.1% of Dutch children AROPE lived in households unable to keep home adequately warm – this was an improvement since 2023 (31.1%), but above the EU average of 24.0%.
	Social housing for families with children
	According to "State of Housing in Europe" report, the supply of public/social housing is high (2,300,050 units). This compares favourably with the number of children AROPE (ca. 518,000 in 2024). The action plan flags government's intention to accelerate the construction of new units to 100,000 per year, setting as goal for 2030 to provide access to pleasant and affordable home for everyone. Families with children have a priority access to accommodation.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	No information.
	Measures to ensure the transition of children from institutional care to quality family-based care
	In 2025, the share of children in residential care within the total population of children in alternative care was 47.8%, i.e. above the EU average of 40.9%. No references to deinstitutionalisation in action plan nor progress report.
	Measures to support independent living and social integration of children leaving alternative care
	No information.
	Outreach and awareness raising
	No information.
	Stakeholders' involvement
	The Child Guarantee Coordinator consulted people with lived experience of poverty and stakeholder organizations on the targeted groups and what to consider in application and practice.

AUSTRIA

	Identification of children in need
	The action plan stresses that poverty is prevalent among children in single-parent households, in households with three or more children, and in households affected by unemployment. While the incidence of the risk of poverty or social exclusion allows to estimate the size of the target group, there is no clarity how this statistical notion would be transposed into operational identification of ECG beneficiaries.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Provision of ECEC falls within competence of federal provinces, with some granting free-of-charge full-time ECEC (e.g. Vienna), while others require co-payments (e.g. Salzburg up to € 400/month). Where fees are collected, they can be reduced in case of hardship. The progress report does not provide information on the take-up of childcare by children at risk of poverty or social exclusion, nor on intensity of participation (i.e. part- or full-time).
	Addressing the non-financial barriers
	The ECG action plan mentions a general shortage of human resources linked to insufficiently attractive working conditions. According to the 2026 progress report, Austria has strengthened early childhood educator training through several initiatives. Priority access is given to parents who work or are in training or education, and to children with a sibling in a public facility. In some cases, priority may be given to families facing a crisis situation.
	Measures to support inclusive education and avoid segregated classes
	While in some federal provinces only inclusive ECEC groups exist, elsewhere there are still integrative groups or groups for children with disabilities only. Technical aids for children with sensory, physical or communication disabilities are provided. The ECG national action plan sets a target of 80% of pupils with special educational needs in inclusive settings by 2030. Parents can choose whether their children are educated in mainstream or special groups.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	The costs of services vary considerably between the federal provinces, with free access offered sometimes on half-days basis for certain age brackets, while in Vienna full-time ECEC is free of charge for all children. Nationwide, free access is provided only for children in the last pre-school year, on half-day basis. According to the 2026 report, the 2025–2029 Government Programme aims to expand early childhood education through a new federal-Länder agreement (Art. 15a B-VG), effective from 2027/28. Key reforms include a second compulsory kindergarten year and extended hours (from 20 to 30 weekly) for children needing language support, with federal funding secured.
	Addressing the non-financial barriers
	The action plan mentions a general shortage of human resources, linked to insufficiently attractive working conditions. The estimated staff shortages by 2030 amount to ca 13,700 persons if current quality is to be maintained and ca. 20,200 if it is to be improved. The early childhood educator training was strengthened in 2023 by adding a language support module. A new bachelor degree in elementary education launched in 2025/26, with 100 annual funded places from 2026/27. A broader reform is being negotiated with regions to improve competences and quality.

	Measures to support inclusive education and avoid segregated classes
	While some federal provinces have fully integrated ECEC, elsewhere the integrative groups or groups exclusively for children with disabilities persist. Technical aids are provided. In the last two years before school, linguistic support for children is strengthened. Academic programs aimed at preparing inclusive education teachers are being expanded. The action plan aims to have 80% of pupils with SEN in inclusive settings by 2030.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The action plan set as objective for 2030 to put Austria among ten EU member states with lowest incidence of early leaving from education or training (ELET). By 2024, there has been no progress in this regard, ELET rate (8.1%) and Austria's ranking (15th) staying at 2020 levels. A nation-wide youth coaching program provides guidance, support and case management to young people at risk of dropping out. However, minor asylum seekers are excluded from compulsory VET training, which increases their risk of early school leaving.
	Measures to support inclusive education and avoid segregated classes
	The action plan's 2030 education targets aim for 40% of pupils in all-day schools and 80% of children with special needs in inclusive settings, supported by aids for disabilities. New inclusive curricula (2025/26) align special and mainstream education, with mandatory Austrian Sign Language (ÖGS) for deaf students and disadvantage compensation guidelines ensuring accessibility. According to the 2026 progress report, multiple measures have also been introduced: intensified German-language programmes, orientation classes for immigrant children, Roma mediators, refugee support, and vocational programmes.
	Provision of free school materials (incl. digital equipment)
	Books are free of charge with a per capita relief of € 113 per pupil in the 2024/25 school year. In the first year of secondary school all pupils get a digital device, and low-income children may be exempted from related co-payments. Each year, ca. 50,000 children from households receiving social assistance *(Sozialhilfe)* are eligible for support from the ESF+ project *Schulstartklar!* in the winter semester (€ 150 in digital vouchers for school-related items, take-up rate ca. 95%), and the nationally financed *Schulstartplus!* in the summer semester (€ 150 in digital vouchers for food, clothing and hygiene items, take-up rate ca. 90%). A school start benefit of € 121.40 is paid without for each child aged 6 to 15, without application.
	Free transport
	Public transport between home and school is universally available for € 19.60 per year (€ 29.60 as of 2026/27 school year). Pupils receiving family allowances are entitled to free journeys and travel allowances for transport between their place of residence and the school/training place. For pupils with disabilities, the minimum distance of two kilometres does not apply.
	Free healthy meal each school day
	ECEC
	Different regulations apply in different federal provinces, but, in most cases, meals are not provided for free to low-income children. Since 2026, € 20 m per year are spent to provide healthy snacks in kindergartens. In the case of full-time care, the monthly fee for meals in ECEC usually ranges from € 60 to € 120. Discounts or graduated rates can be offered by individual service providers.

	Primary schools
	In school year 2024/25, almost a third (32.4%) of Austrian pupils attended a full-day school, thus benefiting from the compulsory school meal. In addition, about one in four pupils benefited from school afternoon care and would therefore also have been potential purchasers of a healthy school meal. Around 58 % of all schools (primary and secondary) offered full day service and thus a healthy school meal.
	Secondary schools
	All-day schools operate also at the secondary education level. Consequently, the figure of 32.4%, representing the share of Austrian pupils attending a full-day school and thus benefiting from the compulsory school meal covers also secondary schools.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Schools strive to offer as many activities as possible free of charge and specific financial subsidies are available for low-income children. The 'Effectively Grow' programme scales up proven projects to combat child poverty, funding leisure activities and social skill-building (e.g., sports) for disadvantaged children.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Free access to cultural sites for under-19s and *Sportpasses* for low-income children, ensuring participation in leisure and sports. Schools nationwide can access subsidised trips to Vienna, while the 2022–2030 National Disability Action Plan strengthens inclusive education through federal-provincial collaboration. To support holistic child development, prevention chains in three regions connect health, education, leisure, sports, and social services from pregnancy to early adulthood, identifying and filling service gaps.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
.	The Parent-Child-Passport programme offers free health screenings from pregnancy through age 5 yrs, detecting health risks and monitoring development. Five prenatal and five early-childhood exams are tied to childcare allowance eligibility, achieving near-100% participation. By October 2026, a user-friendly app/web portal will let parents view exam data, counselling results, and set reminders. A multilingual website will explain screenings and support services.
	Childhood vaccines recommended by the WHO
	Free vaccinations against COVID-19; Diphtheria, Tetanus, Pertussis, Poliomyelitis, *Haemophilus influenzae* B, Hepatitis B; Pneumococcal disease; Influenza; HPV; Measles, Mumps, Rubella; Meningococcal disease ACWY (partly); RSV; and Rotavirus are available for all children and youth. However, the vaccination rate for the combination vaccine against Diphtheria, Tetanus, Pertussis, Poliomyelitis, *Haemophilus influenzae* B, Hepatitis B (3 doses) is at 71 % for 1-year-old children and the vaccination rate for the combination vaccine against measles, mumps and rubella (2 doses) is at 77 % for 2-year-old children. No information on coverage by vaccines against Pneumococcal disease and Rotavirus.

	Measures to facilitate early detection and treatment of mental health problems
	‘Healthy from the Crisis’ programme offers free mental health support to young people up to 21, helping over 45,000 since 2023, with funding extended to 2027. Free quotas for psychotherapy are available, but according to Eurochild, waiting times are excessive and access to psychotherapy and paediatric psychiatry is insufficient. From 2026, social prescribing will enable doctors to refer patients to community support for issues like loneliness or stress, and launch initiatives to strengthen social skills and media literacy, with EU support extending these efforts through 2028.
	Free prescription medicines
	Prescribed medicines are free for all children, but a prescription fee of € 6.85 must be paid. Low-income families and those who receive social benefits are exempt from this co-payment, but the eligibility threshold is below the AROP threshold for Austria, meaning that not all children in need qualify. On the other hand, the yearly total of prescription fees cannot exceed 2% of income.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	“Inclusion of Children and Young People with Disabilities” appears as a special topic both in the action plan and the progress report, with many measures discussed. Inpatient rehabilitation for children and adolescents is part of the currently valid Austrian rehabilitation plan, which specifies the capacities and structural quality of inpatient rehabilitation centres for children and adolescents.
	Health promotion and disease prevention programmes targeting children in need
	The action plan commits to increase the share of children in very good (externally reported) health among those affected by poverty or social exclusion from 77.2% in 2021 to 80% in 2024 and 82% in 2027. However, in the 2026 the respective share is just 58%. General health promotion measures are put forward in the context of school meals and healthy nutrition. The incidence of smoking among children with low family affluence aged 13 years is high.
	Healthy nutrition
	Access to healthy nutrition outside of school
	Access to nutrition outside school contexts is secured mainly by food banks and social grocery stores. Food provided by them is not necessarily healthy. From July 2026, VAT on staples (milk, bread, fruit) will halve to 4.9%, saving households € 100/year—most helping low-income families. Projects like the Red Cross’s "Junior Tafel" and Tafel Österreich distribute rescued food to struggling families, with special focus on children facing poverty and exclusion. Nutrition education is an integral part of the curricula in elementary schools, secondary schools, all-day schools and general secondary schools.
	Limited advertisement and availability of unhealthy food
	There are no comprehensive rules on advertising and food labelling. In order to reduce marketing to children for foods with a high level of energy, fat, sugar and salt, the ‘Austrian nutrient profile for managing life in media advertising to children in audiovisual media’ was adopted in 2021.

	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The action plan stresses that accommodation of children in temporary forms of housing should be avoided, and quick placement in long-term secure housing promoted. While no precise deadlines for placement and transfers are given, since 2024, Austria has been implementing the Housing First Principle. Empirical evidence shows that homeless women and children can be reached particularly well through the housing-led approach.
	Measures to prevent the risk of homelessness among families with children
	The WOHNSCHIRM programme (housing support) consists of three strands with a total budget of € 200 m until 2026: WOHNSCHIRM Miete, Energie, and Housing First. The action plan and progress report also refer to the WOHNSCHIRM Miete strand with the aim to prevent evictions. Underage children live in 44% of around 16,600 supported households. In 2024, the share of children AROPE living in households facing housing cost overburden was 22.5%, slightly above the EU average of 21.1%.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	WOHNSCHIRM Energie supports households at risk of energy poverty that are facing disconnection of household energy services or where a disconnection has already taken place. Currently, around 150 households per month receive support through WOHNSCHIRM Energie. 41% of all supported persons are children. In addition, the social tariff gives eligible households a capped and socially supported electricity price. This benefits almost 300,000 households in Austria, many of which also have children.
	Social housing for families with children
	In Housing Europe's terminology, 24% of Austrian housing stock is considered social (i.e. limited-profit rentals and municipal housing). While there is no information about priority access for families with children, children make up 27% of tenants in this sector. In line with the action plan, the number of children and youth in households with housing cost overburden and severe housing is to be reduced by 50 % by 2030.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The basis for any educational assistance, including full education *(Volle Erziehung)* in a social education facility or with foster parents, is a risk assessment, which serves to evaluate the risk to the child's welfare, and assistance planning, in which a structured social work process is used to select assistance (care facility, additional support for the child and/or family) and set goals for a possible return to the family. Children, young people, and families have a right to participate in these processes. Assessments and decisions should be made in accordance with the dual control principle. According to civil society organisations, child welfare perspective in asylum procedures is insufficiently implemented

	Measures to ensure the transition of children from institutional care to quality family-based care
	Full upbringing (*Volle Erziehung*) in a social education facility or with foster parents should only be used as a last resort, which is why children and young people often only come into care when they have complex behavioural problems that overwhelm foster parents and make them unwilling to take them in, despite training and support. There is also a shortage of foster parents, leading to placement of younger children in residential care. The share of children in residential care within the total population of children in alternative care (*Volle Erziehung)* is 61.7%, third highest in the EU. However, in most cases children are offered support in their natural families (*Unterstützung der Erziehung*, 45,313 cases vs 13,050 in *Vollen Erziehung*).
	Measures to support independent living and social integration of children leaving alternative care
	Provision of alternative care for children lies within the competence of the federal states. Generally, support beyond the age of majority is available, based on individual agreements with young adults.
	Outreach and awareness raising
	Awareness-raising is mentioned several times in the action plan, focusing on children rights, inclusion of people with disabilities and of pupils with special educational needs, as well as on promotion of healthy lifestyles.
	Stakeholders' involvement
	Consultations with various stakeholders are mentioned in the action plan, albeit with administration better represented than civil society. To protect and promote children's rights, the Children's Rights Board (Kinderrechte-Board) has been established in Austria within the Federal Chancellery/Family and Youth Section. This is an interdisciplinary exchange and advisory body, organized by the Federal Chancellery's Children's Rights Department, in which a number of institutions and organizations dealing with children's rights are represented. At one of its regular meetings, the Children's Rights Board addressed the issue of economic and social inclusion and, in particular, the ECG.

POLAND

	Identification of children in need
	The ECG action plan identifies children in need and reports the size of groups of children in need experiencing specific disadvantages (e.g. estimate of number of homeless children). The ECG action plan addresses disadvantages hindering mainly children with disabilities and Ukrainian children's access to the services covered by the ECG. Yet other groups of children in need are less addressed. The first biennial progress report suffers from the same shortcoming
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	The fees can be calibrated to family income, with some exemptions the scope of which varies across municipalities (e.g. free access to public crèches in Warsaw). In addition, further support is provided through the 'Active Parent' programme. As a result, the average nursery fee in Poland amounts to € 20. No mention of free meals for children in ECEC, nor of free provision of transportation and educational materials.
	Addressing the non-financial barriers
	Target to establish 102,000 subsidised care places (with the Active Toddler 2022-2029 programme), with a specific focus on areas with less childcare facilities, addressing geographic challenges. The Active Day Caregiver programme further supports creation of childcare spots in 'childcare deserts'. Wider compliance will depend on the implementation of the project. Challenges related to ECEC staff training not reported/addressed.
	Measures to support inclusive education and avoid segregated classes
	While the education system demonstrates commitments to inclusivity—such as WOKRO's rehabilitation support for over 20,000 pre-school children with special needs—gaps remain. Shortages of special education assistants persist, and there is little evidence of large-scale policies to adapt facilities for children with disabilities. Early support is available for disabled children aged 0–3, from identification until school entry, delivered in public and private settings following a specialist assessment to confirm eligibility. However, broader systemic adaptations appear limited.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Compulsory ECEC for children over 6. For those below (from 3 to 6), legal entitlement to free access for first hours (more than 20). Meal at School and at Home programme provides support to access meals yet with coverage smaller than the population of children AROPE. Some support to access free transportation is granted in specific cases.
	Addressing the non-financial barriers
	While provisions for children with disabilities—including inclusive education and specialist support centres—have been prioritised, unmet demand persists, and training gaps in early childhood staff remain unaddressed. The Ministry of National Education is reducing non-financial barriers by mandating more specialist staff (psychologists, SEN teachers), increasing posts from 46,600 (2023) to 57,300 (2026), and extending mental health support to private schools. Free teacher training, now in its third year, further strengthens inclusivity by upskilling educators to meet diverse needs.

	Measures to support inclusive education and avoid segregated classes
	Poland has made progress in inclusivity, with policies like WOKRO supporting over 20,000 pre-school children through rehabilitation and qualified special education teachers, though shortages of assistants persist. However, participation gaps remain, as children at risk of poverty (AROPE) lag 10 percentage points behind their peers. In healthcare, all under-18s receive fully funded treatment via the National Health Fund, while mental health reforms focus on a three-tiered, community-based system—expanding day centres, mobile teams and family therapy—to reduce hospitalisations and deinstitutionalise care.
	Free and effective access to education
	Measures to prevent and reduce, incl. personalised guidance
	The incidence of early leaving from education and training in Poland has remained broadly stable and well below EU average, but no specific measures are reported within the ECG context.
	Measures to support inclusive education and avoid segregated classes
	The gap in rate of underachievement among disadvantaged and advantaged children is in Poland below the EU average. There are some measures to promote inclusivity in education (e.g. specialised support to children with varied educational needs, bilingual education for the deaf pupils, financial support granted to more than 7,000 children from Ukraine).
	Provision of free school materials (incl. digital equipment)
	EU-funded initiatives have developed digital educational materials, though distribution challenges for digital tools remain unresolved. To alleviate costs, funding ensures free textbooks, workbooks and materials for primary and arts school pupils, with local authorities responsible for provision under central government direction. However, broader policies for other school supplies—such as stationery or devices—appear limited.
	Free transport
	Primary education: municipalities required to provide free transport if distance exceeds 3 or 4 km. Municipalities are also required to provide free transport for students with disabilities to the nearest school. But there is a lack of similar measure covering secondary education and other groups.
	Free healthy meal each school day
	ECEC
	Nurseries can offer meals, but their price depends on the fees fixed either by the entities themselves (if private) or by communes (if public). Some support to pre-school children through the Meal at School and at Home programme. Yet there is scope for broader coverage so all children in need in ECEC can freely access meals.
	Primary schools
	According to the report on the implementation of the "Meal at School and at Home" program, in 2024, 209,022 students (less than half of the number of children AROPE) were provided with assistance, in 2023 234,174, in 2022 - 236,013 students, and in 2021 - 255,770 students. Some broad quality standards to ensure use of health-promoting food are set.

	Secondary schools
	Same as for primary schools.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The share of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities is in Poland below the EU average. Some measures are mentioned to further improve access of specific groups, e.g. children with disabilities (e.g. by increasing availability of infrastructure) and Roma children (e.g. support to after school activities).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	No information.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Poland implements measures, such as coordinated care for early diagnosis and treatment of severe dysfunctions in children. There is a wide range of screenings available for free until the age of 18 years. Yet there is lack of evidence as regards take-up rates. It also remains unclear whether these measures will suffice to lower the high unmet medical needs among children AROPE.
	Childhood vaccines recommended by the WHO
	Poland's implemented measures ensure children receive mandatory vaccinations. These aim to reduce unvaccinated rates – yet evidence suggests scope for progress in vaccination coverage.
	Measures to facilitate early detection and treatment of mental health problems
	Poland has introduced a new child mental health model, establishing 461 community psychological centres to provide free early detection and treatment. However, accessibility challenges remain unclear, and concerns persist—Poland has one of the highest rates of children from low-affluence families reporting frequent low mood. The Ministry of Health signed an agreement on 29 May 2024 with the Dajemy Dzieciom Siłę Foundation to create a dedicated support centre for young people in mental health crises.
	Free prescription medicines
	Children have access to free prescription medications as determined by the list of reimbursed pharmaceuticals set by the Ministry of Health, including essential drugs used in the treatment of childhood illnesses. Yet there is some evidence of limited coverage of the policy (e.g. with some medicines used to address childhood diseases co-funded up to 50 and 70%).
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Poland provides rehabilitation and education for children aged 3–24/25 with disabilities via Ministry of Education centres, aligning with WHO's social-rehabilitation goals, though progress tracking is weak. Healthcare is universally accessible, with no diagnostic barriers, but better cross-ministerial coordination is needed. Programmes like "For Life" offer early support, rehabilitation, and family aid, yet unmet demand and overall effectiveness remain unclear.

	Health promotion and disease prevention programmes targeting children in need
	Initiatives include early detection and coordinated care for diseases. Yet the implementation report stresses the need for strengthening health promotion and preventive healthcare in kindergartens and schools, without providing detailed information on how this need will be met.
	Healthy nutrition
	Access to healthy nutrition outside of school
	There is some evidence that Ukrainian children can benefit from the Food Aid Operational Programme if they meet a specific income criterion, like other children. In addition, access to healthy nutrition outside of school is also supported by the "Meal at School and at Home" programme. Higher coverage of children in need would be needed to achieve higher compliance.
	Limited advertisement and availability of unhealthy food
	The 2026 Ministry of Health regulation imposes strict nutritional standards for schools, limiting salt, sugar and fat in foods sold on premises and setting advertising restrictions for products targeting under-12s—banning promotions of items not on an approved list. While it mandates healthier meals and permitted food lists, greater clarity on compliant products is needed to ensure full adherence.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	In February 2024, children accounted for 5% of the total number of people experiencing homelessness. A majority of them are estimated to be in centres such as homes for mothers with minor children and crisis intervention centres. Social rent agencies (SANs) have been established to manage and rent housing, providing temporary solutions for those in need.
	Measures to prevent the risk of homelessness among families with children
	Poland's measures to prevent family homelessness include support to enhance social and municipal housing, through e.g. the introduction of social rents, as well as in-cash benefits. Yet the Polish share of children AROPE in household facing housing cost overburden is below EU average. More information on solutions to prevent evictions would be welcome.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Poland addresses energy poverty through the TERMO program, which supports the thermal modernization of buildings to improve energy efficiency; yet the extent to which families with children in poverty benefit from such programme remains unclear. The Polish share of children AROPE living in household unable to keep their home adequately warm is the lowest in the EU.
	Social housing for families with children
	Poland plans to increase social housing, with 340 projects and 6375 units funded in 2024.Amendments aimed at improving social housing access are implemented. Social Rental Agencies are intended to help by sub-letting flats to families in need, but not yet widely established, highlighting a need for continued development. Priority is often given to families with children, yet there is unmet demand, with long waiting time.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Poland implemented an ICT system to improve children's placements in alternative care, ensuring the centralized collection of information to assess needs and support placement decisions. This aligns with prioritizing family-based care and assessing individual needs. However, explicit measures for incorporating children's voices during placement processes are not detailed.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Poland's measures to promote deinstitutionalization include reducing the number of children in institutional care. Financial resources, including from the European Social Fund Plus, aim to increase family-based placements, supported by national and regional programs. The focus is on training foster carers and enhancing family care standards. As reported in the third version of the EU monitoring framework, the share of children in institutional residential care is among the lowest in the EU.
	Measures to support independent living and social integration of children leaving alternative care
	Some evidence of pilot programmes supported by ESF+ to improve the transition process for young people leaving alternative care. An amendment to the Foster Care Act (UD354) is meant to increase funding, introduce personalised planning from age 16, and upskill staff. An EU-backed (EFSD) project will further professionalise transitions via carer training and progress-tracking tools. However, long-term success—such as labour market integration—requires clearer impact data on these measures.
	Outreach and awareness raising
	Advertising campaigns were launched for the new programmes, and information materials were posted on the websites of government bodies and partner organisations, as well as at local level.
	Stakeholders' involvement
	The Ministry of Family, Labour and Social Policy led the implementation of the child guarantee, coordinating with other ministries and public bodies, including Statistics Poland, which compiles administrative data from welfare, education and local authorities to monitor children's well-being

PORTUGAL

	Identification of children in need
	The ECG action plan identifies children in need and reports the size of groups of children in need experiencing specific disadvantages (e.g. number of children in alternative care). The ECG action plan identifies disadvantages hindering access to the services covered by the ECG (e.g. territorial disparities). Yet updates of the size of some of the groups of children in need and their access to these services are missing in the progress report (e.g. Roma children).
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	Free of charge ECEC for all children under three years old. Some evidence of provision of free meals for children in ECEC, as well as educational materials. Provision of subsidised transportation can vary from one local authority to another.
	Addressing the non-financial barriers
	Reported increase with over 28,000 new ECEC places but whether this is enough to meet the demand remains unclear. Some policies to address staff shortages, yet further evidence is needed to assess their adequacy. Some regional disparities reported.
	Measures to support inclusive education and avoid segregated classes
	Children with special educational needs or disabilities and children at risk of poverty or social exclusion benefit from eased access to childcare
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Free of charge pre-school for all children for up to 25 hours per week. Free public transport passes for children attending pre-school. Some evidence of provision of free meals for children, as well as educational materials.
	Addressing the non-financial barriers
	Plan to open more than 12,000 new places, but whether this is enough to meet the demand remains unclear. Some policies to address staff shortages, yet further evidence is needed to assess their adequacy. Some regional disparities reported.
	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs or disabilities benefit from eased access to childcare, assignment of specialised staff, and reduced group sizes. Eased access and participation are offered also to children at risk of poverty or social exclusion, with additional funding for settings that have high proportions of children at risk. Non-discrimination rule is explicit in admission policies.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The incidence of early leaving from education and training has remained well below the EU average, and measures are taken to more fully address it (e.g. large-scale support programs such as the Priority Intervention Educational Territories which provides targeted support to combat school failure in more than 165 school groups).
	Measures to support inclusive education and avoid segregated classes
	The gap in rate of underachievement among disadvantaged and advantaged children is below EU average. Some measures to promote inclusivity in education (e.g. inclusive education multidisciplinary support team and Escolhas programme supporting inclusion of disadvantaged children such as Roma children and children with migrant background).
	Provision of free school materials (incl. digital equipment)
	School textbooks are provided free of charge in public schools. Through the School Social Assistance (ASE), large scale financial support provided to over 400,000 children (i.e. more than number of children AROPE) to cover costs of school materials, including supplies. Yet due to its annual amount (e.g. between € 16 and € 8), it does not seem ASE could cover all costs. Some evidence of policies supporting children's access to digital educational tools (e.g. the Digital School Program).
	Free transport
	Free public transport access for children and young students leaving far from their school, and for low-income children supported by the ASE.
	Free healthy meal each school day
	ECEC
	Free ECEC includes access to meal. The same eligibility conditions for access to the service apply to access to free meals. In 2023, 91,150 children were in ECEC and accessed free school meals, through the School Social Assistance (available to low-income pupils).
	Primary schools
	A large share of children AROPE can access healthy school meals for free or at a discounted price. As an illustration, in 2021/2022, 143,889 children before secondary schools benefited from free school meals, and 119,570 from meals co-financed at 50%, through the School Social Assistance (available to low-income pupils). Yet more progress remains to be achieved as regards the provision of free school meals to achieve higher compliance.
	Secondary schools
	Same as for primary schools.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The rates of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities at the same level or slightly above EU average. Yet several measures are reported to improve their access (e.g. Escolhas programme fostering inclusion through arts and sports, targets set related to sport and culture access, ASE allowing to cover study-visit-related expenses).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Some large-scale programmes fostering cooperation between various local services reported (e.g. school sport programmes, organising school sport activities with external institutions such as local clubs, and national arts plan, fostering collaboration with both public and private entities).
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Portugal set objectives for healthcare access, such as ensuring free screenings for visual, hearing, and oral health. There are free generalist and specialised screenings in the first and school years, with large coverage. Portugal carries out a free early-detection neonatal screening that identifies genetic and metabolic diseases, enabling early treatment. Yet, the share of children AROPE reporting very good health remains lower than that of children not AROPE, suggesting room for further progress.
	Childhood vaccines recommended by the WHO
	Portugal undertakes to provide vaccines to all children, with planned investments to enhance Primary Health Care services. In line with the National Vaccination Program, universal vaccinations are generally accessible, as reflected by relatively high rate of coverage, yet with data gap as regards Rotavirus vaccine.
	Measures to facilitate early detection and treatment of mental health problems
	In line with its National Mental Health Plan 2023-2030, Portugal implements measures such as community mental health teams with specialists like psychologists and establishing local child mental health facilities. Remaining implementation barriers include insufficient professionals and uneven regional distribution. Children with low family affluence are more likely to feel low than their better-off peers, suggesting scope for progress. Their share has also increased in the past years.
	Free prescription medicines
	Prescription medicines are reimbursed by the State with rates ranging from 37% to 95% and can reach 100% in specific situations such as chronic diseases. Low-income families can also benefit from other exemptions or support – the scale of which seems however limited. There is some evidence that prescribed medicines remain a financial burden for families.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The action plan includes measures to enhance (re)habilitation services, such as increasing accessibility interventions, offering specific educational support. These measures are implemented under the Strategy for the Inclusion of Persons with Disabilities 2021-2025 which is to be followed up by an updated Strategy. There is some evidence of persisting financial and non-financial barriers, such as limited availability of specialized services.
	Health promotion and disease prevention programmes targeting children in need
	Implemented programs include free health screenings for visual, hearing, and oral health under the National Child and Youth Health Programme, targeting all children. Some school health programs like the PNSE prioritize vulnerable children's access. 83.9% of children up to 18 years old are with a primary health care team assigned, suggesting some scope for progress. Additional information as regards number of beneficiaries of the PNSE among children in need is lacking.
	Healthy nutrition
	Access to healthy nutrition outside of school
	The Operational Programme to Support the Most Deprived provided 32,274 children with food baskets, supposed to meet 50% of the beneficiaries' daily nutritional needs, in 2023. More information as regards ways other children AROPE are supported would be necessary to achieve higher compliance.
	Limited advertisement and availability of unhealthy food
	Programmes to promote healthy eating habits among vulnerable children are rolled out (e.g. national strategy under the EU School Scheme), and availability and publicity of unhealthy foods is restricted. Products such as soft drinks, cookies and snacks were no longer available in 85% of public schools surveyed in 2025 Nevertheless, child overweight figures slightly increased between 2019 (29.6%) and 2022 (31.9%), suggesting the need for further efforts.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Portugal implements measures to ensure homeless children receive adequate accommodation, e.g. with a programme (Porta de Entrada) to address the situation of households deprived of their home through e.g. long-term rental of suitable housing and access to social services. Yet 3036 children or young people were identified as homeless in 2024, suggesting scope for progress.
	Measures to prevent the risk of homelessness among families with children
	Portugal implements measures such as housing support programme. The Tenant and Landlord Counter aims to protect against evictions, with mechanisms for families. While planned initiatives include building social housing, it represents 2% of all dwellings – a very low level by EU standards. Portugal's share of children AROPE in household facing housing cost overburden is among the largest in the EU, suggesting scope for progress in addressing homelessness risks among families.

	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Portugal addresses energy poverty through e.g. reduced VAT rate on electricity to ease costs, other tax reductions on certain energy products, and possibility to transition to a regulated gas market. In addition, Portugal's share of children in poverty in household not able to keep their home adequately warm is among the largest in the EU.
	Social housing for families with children
	Portugal's social housing measures include investment programs to boost housing for vulnerable families, including children (e.g. through 1 Direito" Program – Support Program for Access to Housing). In terms of priority, while municipalities are the ones establishing allocation criteria, vulnerable families with children are often prioritised. Yet evidence is lacking to assess whether the new public housing units will be enough to meet the demand.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Portugal gives priorities to support to biological family and natural environment. It also set up an assembly and a national advisory council for foster children and young people, gathering 200 foster children. However, besides relevant legal provisions (e.g. Law for the Protection of Children and Young People in Danger), more evidence of implemented measures to ensure the child's voice is heard will be needed to achieve higher compliance.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Portugal is transitioning children to family-based care. Measures include supporting host families and restructuring residential homes toward lower scale homes. Yet, despite a recent decrease, the share of children in residential care in Portugal is still larger than the EU average.
	Measures to support independent living and social integration of children leaving alternative care
	Portugal supports independent living for children leaving alternative care through initiatives like autonomous apartments and autonomy support teams. Yet there is a lack of evidence to assess such measures as sufficient to support independent living and social integration of children leaving alternative care (e.g. more information on integration in the labour market could be presented).
	Outreach and awareness raising
	The action plan (and the report) features several communication/awareness-raising actions (e.g. development of new digital tools, use of social media, training of social workers to meet specific needs of vulnerable children). Besides an ongoing project to foster take-up of support in collaboration with local authorities (which already reached 40,000 children), more active outreach to children in need is not clearly mentioned in the action plan and the report.
	Stakeholders' involvement
	Various stakeholders were consulted for the design of the action plan and the drafting of the implementation report, including children, NGOs and local authorities.

ROMANIA

	Identification of children in need
	While all children at risk of poverty or social exclusion constitute the target group of child guarantee intervention, there is no indication how this notion is operationalised to identify individual beneficiaries of the ECG. The priority intervention groups are identified, with description of specific disadvantages which they experience.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	By law, childcare is free for all children from 3 months old, but collateral costs are not covered. Considerable public investment (ca. € 299 m, mostly based on EU funds) aims to increase the number of places in nurseries, and employers are encouraged to subsidize childcare for their employees but those measures are not targeted at children in need. The overall ECEC participation rate is low.
	Addressing the non-financial barriers
	According to the 2024 progress report, 2184 preschool teachers completed the training programme during the 2022-2023 school year. A call for projects on development of complementary early education services, worth € 130 m, was launched as part of milestone 458 of the NRRP, initially meant to benefit up to 20,000 children from disadvantaged groups, subsequently reduced to 4,500. Only 98 projects were declared as eligible for funding under this call (total value below 25% of available funds).
	Measures to support inclusive education and avoid segregated classes
	According to 2025 Eurydice report, children with special educational needs or disabilities, and children with migrant background benefit from priority admission. The size of the groups is reduced. Additional funding to improve physical accessibility and address social exclusion is available. However, the overall ECEC participation rate is low.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Kindergarten attendance is free of charge for all children. However, parents need to cover costs of transport, meals, educational materials, extramural activities etc. Educational stimulus and social educational voucher have been designed to offset those for low-income families but are not effective due to unreliable eligibility tests and delays in payouts (up to 11 months).
	Addressing the non-financial barriers
	Formal childcare is in short supply, especially in rural areas. In 2022, the Ministry of Education announced plans to develop 850 day-care services (e.g. toy libraries or community gardens), but there is no update on those plans in the 2026 progress report. The percentage of non-AROPE children aged 3 to 6 who participate for more than 25 hours in ECEC is 39.6%, 22 pp higher than among children AROPE, while children AROPE are more likely (52.4%, i.e. 10 pp difference) to participate for up to 24 hours per week.

	Measures to support inclusive education and avoid segregated classes
	The 2024 progress report points to the Early Education Reform Project (2009-2023), which aimed to improve access to inclusive education for children from vulnerable groups and resulted in construction of 358 kindergartens and some teacher training. According to the 2025 Eurydice report, children with special educational needs or disabilities, and children with migrant background benefit from priority admission and the size of the groups is reduced. Extra funding is available.
	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The EWME tool aims for early identification and monitoring of students at risk of dropping out from school. EWME relies on the real-time data collection and enables school staff and decision-makers at county and central levels to mitigate the risks identified at the student, class, and school levels. Despite those efforts, the rural areas in Romania continue to suffer the EU-highest incidence of early school leaving (26.3% in 2024). The incidence of early leaving from education and training (15.5% in 2025) is well above the EU average (9.1%).
	Measures to support inclusive education and avoid segregated classes
	According to the action plan, *access to quality education is unequal (depending on socio-economic status) and situation of Roma children, children in rural areas and with disabilities remains a concern.* According to the 2024 FRA Roma survey, 43% of Roma children in Romania attend a school where all or most people are Roma, compared to 28% in 2016), which points to an increase in segregation.
	Provision of free school materials (incl. digital equipment)
	According to the 2026 progress report, during the 2024–2025 school year, a total of 272,935 students received free school supplies. In the 2025–2026 school year, almost 20 m lei were allocated for the purchase of school supply packages. Some local authorities provide free textbooks and practice books to be used in class.
	Free transport
	Transportation benefits are available for students in accredited/authorized pre-university education, including those who travel to another locality for schooling. Students benefit from free access to local, metropolitan, county, and inter-county public transport, as well as rail transport, throughout the entire school year.
	Free healthy meal each school day
	ECEC
	Meals in kindergartens are supposed to be free but many establishments pressure parents to contribute. The authorities are working to address this through enhanced monitoring and control mechanisms. Measures to reduce or abolish costs for low-income families have been legislated and their implementation has started.
	Primary schools
	The number of educational institutions included in the “Healthy Meal” program increased from 1,223 in 2024 to 1,462 in 2025, while the number of students benefiting from a hot meal reached 514,700 in 2025. This is equal to ca. 44% of the number of children in need and an increase by about 56,000 students compared with 2024. Depending on infrastructure, this includes hot meals and alternative food packages. There are concerns about the quality of those meals.

	Secondary schools
	It is not clear, how many of the educational establishments participating in "Healthy Meal" programme operate at secondary level.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	According to the 2026 progress report, there are over 300 extracurricular education units, including children's palaces, children's clubs, and school sports clubs. Access for children to these units is in principle universal and free of charge. In cases where demand exceeds capacity or in units offering performance-based activities, pre-selections may be organized; these pre-selections are based on skills in the relevant field and are not linked to the socio-economic status of the children.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	A framework protocol between the Ministry of Labour, Ministry of Education and Ministry of Health establishes the basis for integrated social, educational and community services. With cohesion policy funds support (approx. € 677 m EU contribution), during 2025-2029, 2000 such integrated community services will be established in Romania and could contribute indirectly to ensuring access to after school services and activities .
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	As explained in action plan, the principle of universal free healthcare for children is not followed in practice. According to the EU monitoring framework, comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need at post-natal, first years, and school years stages. However, the 2026 progress report indicates that at most 92% of newborns benefitted from such screenings in 2025. The children in need are the most likely to be left out.
	Childhood vaccines recommended by the WHO
	The childhood vaccination rates in 2024 hovered around 78-79%, which was among the lowest in the EU and significantly below the 2015 levels of 86% to 95%. According to 2026 progress report, mechanisms for catch-up vaccination for unvaccinated or incompletely vaccinated children, including those in vulnerable situations, are being strengthened.
	Measures to facilitate early detection and treatment of mental health problems
	According to 2026 progress report, action is being taken to improve children's access to specialized mental health services. Stress is put on combatting drug use and providing access to psychological testing for evaluating cognitive, emotional, and behavioural development.
	Free prescription medicines
	As explained in ESPAN report, some medicines are available for free while others require a co-payment varying from 10% to 80%. There is no means test that would eliminate the costs for low-income families.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Both the action plan and the first progress report stress the inadequacy of the disability screening system and insufficiency of rehabilitation and habilitation services. By the end of 2025, 12,931 children with disabilities were benefiting from such services in specialized centres, marking a significant improvement since 2021, but still insufficient compared to the total registered number of children with disabilities, which is 89,081.
	Health promotion and disease prevention programmes targeting children in need
	The action plan includes Specific Objective 3.1, i.e. to increase access to high-quality healthcare, with a focus on preventive services and vulnerable children. The first progress report provides information on implementation of the respective measures. Among others, 765,847 comprehensive health assessment reports were registered in 2023.
	Healthy nutrition
	Access to healthy nutrition outside of school
	While there are programs and measures dedicated to supporting access to healthy food for children from vulnerable backgrounds, these are not enough to cover all children in need. Children with special educational needs benefit from support that includes food or other materials necessary for their development, conditional on school attendance.
	Limited advertisement and availability of unhealthy food
	The Ethical Code for Advertising Directed at Children establishes strict limitations on the advertising of food products targeted at children. These voluntary regulations are observed by most companies. According to Law No. 123/2008, foods not recommended for preschoolers and students, including those high in fat, salt, and sugar, are strictly prohibited in schools and kindergartens. Additional constraints operate at local level in many schools/municipalities.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The 2026 progress report links the issue of combatting homelessness with informal settlements. While relevant, no information is given on the number of children living in such settlements, or how they could be helped.
	Measures to prevent the risk of homelessness among families with children
	In 2024, the share of children AROPE living in households facing housing cost overburden was 12.6%, well below the EU average of 21.1%. The 2026 progress report mentions the National Housing Strategy for 2022–2050, which includes specific objectives regarding inclusive and affordable housing, with a focus on vulnerable households – notably planned expansion of the public rental housing stock, to be managed by local authorities.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	ESPAN report describes means-tested (ca. 16% of AROPE households) seasonal heating aid (10% to 100% of heating costs for 5 months per year), and year-round energy supplement (70 lei). Families with children are not specifically targeted. The progress reports refer to RRF funding for energy efficiency improvements in residential buildings. In 2024, the share of children AROPE living in households unable to keep home adequately warm was 25.5%, close to the EU average of 24.0%.

	Social housing for families with children
	Social housing is scarce and generally in bad technical shape. The National Housing Strategy for the period 2027–2050 establishes the construction of at least 60,000 public housing units, of which at least 40,000 units designated as social housing. Meanwhile, the demand is estimated at 190,000 social housing units and 1,200,000 affordable housing units.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The law establishes a legal and institutional framework aimed at preventing the separation of the child from the family and ensuring the necessary support to maintain the child in the family environment whenever possible. When the public social assistance service identifies a situation of vulnerability that could lead to the separation of the child from the family, an assessment of the situation is carried out, and based on this, a service plan is developed for a minimum period of 12 months, during which parents are actively supported in raising and caring for the child. No information on child's participation.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Over 73% of children in alternative care are placed in formal family-based care, what results from rapid improvements (see progress report p. 27 for details) and puts Romania among best EU performers. However, there are concerns about the quality of this care.
	Measures to support independent living and social integration of children leaving alternative care
	Law no. 191/2022 introduced the possibility for young people to choose between continuing the special protection measure or receiving a monthly allowance, on the condition that they have a job or enrol in an educational program. In 2024, 5,834 young people requested the allowance and the total amount spent by the state was 233,429,034 lei. This corresponds to ca. € 7,850 per beneficiary.
	Outreach and awareness raising
	The action plan mentions national campaigns to promote children's rights, raising awareness of stakeholders through adding a dedicated section to the website of the authority responsible for the protection and promotion of children's rights, and postings on social media. The 2026 progress report stresses that outreach interventions were primarily directed toward communities identified as having a high level of socio-economic vulnerability, including rural and marginalized communities.
	Stakeholders' involvement
	The process leading to the formulation of the action plan – including mapping of children in need – is described in the action plan in considerable detail. The 2024 progress report mentions consultations with various stakeholders (including children), but it is not clear whether permanent consultative bodies exist and are meaningfully involved in the ECG process. However, civil society periodically complains that their involvement in evaluation and monitoring mechanisms is not sufficient.

SLOVENIA

	Identification of children in need
	The target groups are specified. The progress reports analyse the evolution of the general population of children AROPE, however do not systematically provide information on the numbers in each of the target group. The action plan identifies specific kinds of disadvantage experienced by a particular category of children.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	ECEC is provided in unitary settings for children under three years of age and older. The progress reports confirm that the most vulnerable families pay no nursery fees, while lower-income groups receive 90% or 80% fee grants. However, the income ceiling for free preschool is below the AROP threshold, suggesting some children in need may lack free access. From the second child on, ECEC is free. Meals are free if ECEC is free. Public transport is free for children under 6.
	Addressing the non-financial barriers
	Some low-income families, e.g. Roma, choose higher child allowance over free ECEC. To address this, targeted measures were introduced, e.g. Roma assistants in kindergartens enhanced cooperation with families and local communities, more flexible forms of ECEC programmes (short fully funded programmes important for inclusion of children otherwise not included in ECEC) and abolishment of 20 % increase in child benefit for children who do not attend ECEC (based on data showing that the higher child benefit has impact on decreased enrollments). AROPE children get admission priority. Staff shortages may persist regionally. Despite high ECEC participation, Roma children's lower attendance remains a challenge.
	Measures to support inclusive education and avoid segregated classes
	The Slovenian preschool education system is based on the inclusion of children in regular classes With ESF+ support, pre-school education is promoted among Roma. In addition to Roma assistants and shorter programs, Slovenia also uses the possibility of organizing sections for Roma children in kindergartens, where higher labor and material costs arise and where smaller groups, with more intensive language support and more structured socialization are necessary. According to 2025 Eurydice report, children with special educational needs or disabilities, as well as children AROPE, benefit from eased access to childcare, assignment of specialised staff, and reduced group sizes. Additional funding for settings that have high proportions of children at risk is also available. Challenges remain: retention of staff, adaptation of facilities, etc.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Same analysis as for 0-3 age group.
	Addressing the non-financial barriers
	Same analysis as for 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for 0-3 age group.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The early school leaving rate stood in 2024 at 5.0%, below the EU average (9.3%). The ECG action plan includes targeted measures, especially for Roma pupils: additional staff, and reduced class size. Currently, 48 Roma assistants are employed. Schools provide counsellors, who act in case of dropout risk and connect with parents and local NGOs, youth centres and other public institutions if necessary. There is also a wide provision of upskilling and reskilling programmes for those who drop out of education. 2025 law amendment emphasizes the duty of schools to take timely, gradual and cooperative action with the family and local environment when risks of irregular attendance or unsuccessful integration are detected, with preventive and supportive action.
	Measures to support inclusive education and avoid segregated classes
	Children with special needs are integrated into mainstream schools through tailored plans, adaptive tools, individual assistance and specialist staff. However, only ca. 26% of secondary schools are adapted for children with reduced mobility. Since February 2024, law amendments allow immigrant students to gradually enter the compulsory primary school curriculum, starting with Slovenian language lessons and progressively joining other subjects based on teacher assessment. Schools can flexibly plan activities under a revised extended curriculum, with emphasis on integration. Recent legislation also allows communication and learning in the language of the deafblind. Targeted measures support Roma pupils. ESF+ project offers help to young people with special needs to their transition to higher level of education and/or labour market.
	Provision of free school materials (incl. digital equipment)
	Textbooks are free for all primary students; workbooks are free only for low-income families. Most secondary schools have textbook funds, though not mandatory. The state co-funds textbooks for national minorities and pupils with special needs. Basic materials and sportswear are not free. ICT investment (~EUR 50.5M by 2027) and digital training are planned. Measures are widely compliant, though AROPE families still face cost barriers.
	Free transport
	In Slovenia, children with special needs receive free transport via organised, public, or parent-provided means. Free transport is also granted to all pupils living over 4 km from school, all first-graders, those facing safety risks, and children with special needs (per guidance decision). Secondary students get aid if school is 2+ km away. Pupils with severe mobility issues receive free adapted transport. New legislation allows children with life-threatening medical conditions to have an accompanying adult on transportation, who assists them as a lay assistant.
	Free healthy meal each school day
	ECEC
	Meals are free when ECEC is free (full day programme, half day programme for the second or the third child in the family or for the children coming from the most vulnerable families), the meals are free as well. The meals are breakfast, morning snack, lunch and afternoon snack. Full compliance depends on the level of coverage of vulnerable families.

	Primary schools
	On school days every primary and secondary school must provide snacks for children who sign up for them. As an additional offer schools can also organise breakfasts, lunches and afternoon snacks. All children need to sign up for them. Meals are subsidised for the lowest income groups (from 100 to 50% depending on family's income). SI plans to roll out free school meals for all children by 2027.
	Secondary schools
	On school days every primary and secondary school must provide snacks for children who sign up for them. As an additional offer schools can also organise breakfasts, lunches and afternoon snacks. Low-income children need to sign up for them. Meals are subsidised for the lowest income groups (from 100 to 50%). Numbers of students who receive meal subsidies is smaller than in primary school.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The primary education programme, updated in 2024, consists of a free compulsory and extended programme, the latter offering voluntary activities such as health and well-being, cultural and civic education, and learning-to-learn, delivered before or after lessons depending on school organization. Schools also provide additional options like extended stay, morning care, extra lessons, interest activities, sports clubs, and leisure programmes, though implementation varies as the reform is phased in until 2028. Most extracurricular activities are free when delivered within the curriculum, while above-standard offerings may require payment; however, excursions and other costs are co-financed by the Ministry, with financial support or exemptions available for low-income families. Additional free educational, cultural, sports, and leisure activities, as well as holiday camps, are also offered through schools and regional centres to promote inclusion and student development.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	The "safe and stimulating learning environment" measure ensures access to cultural institutions and visits by artists to schools. It also supports programmes to build social and emotional skills (e.g. outdoor camps, summer school). A project to boost Roma children's communication skills will run in schools and Roma centres, focusing on Dolenjska. The ECG action plan envisions the establishment of a support system in the local environment to promote the social inclusion of children and adolescents. Multigenerational centres, family centres and multi-purpose Roma centres provide out of school activities for children in need all over the country.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Children are covered by compulsory health insurance, either through the family or individually. They receive free preventive exams, vaccinations, treatment and rehabilitation, with added support for chronic or serious conditions. At the primary healthcare level, SI has appointed school doctors who ensure that all children are included in preventive healthcare programmes and, if necessary, in cooperation with the school and social care, also invite the children's parents to check-ups (e.g., in case of non-attendance). The "Together for Health" ensures comprehensive check-ups in childhood, including vulnerable groups. Expanded developmental clinics (2024) improve early detection and intervention. The action plan provides measures to strengthens monitoring and inclusion of vulnerable children. Unmet medical needs for 2024 are at 2,4% for children AROPE.

	Childhood vaccines recommended by the WHO
	Vaccination rates are between 95-90%, except against pneumococcal vaccine and rotavirus for which the vaccines are not free. In 2024 a general vaccination programme was adopted with the addition of varicella vaccination. Children are vaccinated with the MMRV combination vaccine (measles, mumps, rubella, and varicella). Vaccination against chickenpox was added to the 2025 Annual Vaccination Programme. The vaccination against Human papillomavirus (HPV) is free for girls and boys (from 6th grade and until 26 years).
	Measures to facilitate early detection and treatment of mental health problems
	Mental healthcare is accessible and covered by compulsory insurance. A network of child and adolescent mental health centres is being established (22 of 25 operational), offering early screening, parental counselling and different interventions. Additional programmes support vulnerable groups. A network of counsellors in mental distress is funded in 2023-2025. The Youth Mental Health Programme "This is Me", which has been operating since 2001 within the NIJZ, offers telephone and online counselling for children and adolescents. A pilot project on early recognition of mental health problems among adolescents is underway. Between 2024-2026 programmes are implemented under RRP to strengthen and upgrade the professional competences of health, pedagogical and social workers in the field of anxiety recognition and management (Cool kids programme). Other programmes with focus on vulnerable groups are available. Challenges persist, including unequal access fragmented care, shortage of clinical psychologists, psychiatrists.
	Free prescription medicines
	Prescription medicines for children are generally free of charge through the public healthcare system.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Children with special needs receive appropriate treatment and development support in the context of development clinics up to age 19. Early mental-health screening is integrated into paediatric care. The Health Insurance Institute co-finances rehabilitation and physiotherapy. In schools, children with special needs receive tailored support. Children may attend regular or specialised programmes. Challenges persist, e.g. related to uneven regional access.
	Health promotion and disease prevention programmes targeting children in need
	“Health Today for Tomorrow – the Now Programme” provides preventive care for children, students, and those with developmental disabilities, with plans to monitor inclusion of vulnerable groups. Alcohol Programme 2025–2026 targets youth prevention. Media campaigns address tobacco, alcohol, screens, energy drinks, sun safety and HPV. Updated 2024/25 nutrition guidelines apply to all schools. At primary healthcare level, the appointed school doctors ensure that all children are included in preventive healthcare programmes and, if necessary, in cooperation with the school and social care.
	Healthy nutrition
	Access to healthy nutrition outside of school
	ESF+ Programme for Addressing Material Deprivation in Slovenia for the period 2021-2027 provides in-kind support in the form of food packages to low-income children. Food package contains milk, oil, flour, jam, rice, pasta, canned beans, and canned tomato. 35,727 children benefit from it. There is no in-cash support provided in the ESF+ Programme but Slovenia has well developed system of social assistance in cash and child allowance.

	Limited advertisement and availability of unhealthy food
	The advertising and availability of unhealthy food in preschool/ school institutions is restricted, and vending machines banned in schools. The ECG action plan envisions the restriction of marketing of unhealthy foods (energy-dense and nutritionally poor foods and sugary drinks) to children, with a focus on limiting the digital marketing of unhealthy foods. In organizing school meals, schools are required to follow the nutritional guidelines for educational institutions. Food literacy is part of the curriculum in primary schools.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Several schemes, e.g. rent subsidies, are in place. The new Pathways to Homelessness strategy, which is ready but not yet adopted, envisages the introduction of a housing-lde approach. Social assistance programmes provide shelters, day centres, counselling, and outreach. Maternity homes support mothers and women in distress with housing and psychosocial aid. Child homelessness is addressed through preventive social policies and early-intervention mechanisms (financial social assistance, child benefits, emergency aid, and targeted support for vulnerable groups help stabilize families facing economic hardship or eviction). Structural shortcomings persist, eg. shortage of public rental and social housing.
	Measures to prevent the risk of homelessness among families with children
	There are preventive and early intervention mechanisms, such as cash social assistance, child benefits, emergency assistance and targeted support to vulnerable groups. Additional housing units for vulnerable groups: more public rental housing, activating vacant private housing, regulating rents, ensuring legal certainty, renovating stock, and reforming rent subsidies. Funding: € 151 m in 2023, 2024 and 2025 (altogether) for the National Housing Fund € 60 m in grants for building, buying, and renovating public rentals at social rents from the RRP and 53 m from Cohesion policy up to € 100 m per year between 2025 and 2034 for public rental housing based on the Act on the Financing and Promotion of the Construction of Public Rental Housing, adopted in 2025.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	EUR 60 m under RRP to address the shortfall in public rental housing through a combination of reform and investment also to address energy poverty. Under the 2021-2027 Cohesion Policy Programme, Slovenia allocated € 23.5 m to measures addressing energy poverty, including energy efficiency renovations targeting vulnerable households. In the second half of 2022, Slovenia regulated fuel and energy prices and introduced a one-off energy allowance to protect the most vulnerable. Electricity providers must not disconnect vulnerable customers. Share of children AROPE living in a household unable to keep home adequately warm is lower than EU average (12.3% vs.24.4%).
	Social housing for families with children
	Social housing is in short supply. This is being addressed by a number of measures in the action plan, e.g. 5,000 additional public rental housing units will be provided by 2026 (progress report updates: 566 new public rental housing in 2024 and 113 in 2025). Additionally, under the 2021-2027 Cohesion Policy Programme, € 41.9 m reallocated to affordable and sustainable housing. Families with children have priority in access to public rental housing, and housing legislation also contains provisions that allow for exceptional allocation of public rental housing to protect the interests of children. Persons with disabilities and families with a disabled member also have priority.

	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The court decides on a child's foster placement and appoints a foster parent. The social work centre signs a fostering contract defining rights and obligations, monitors care, cooperates with the foster family, child, and family of origin, and prepares an individual foster care plan for each child. Child view's are ensured
	Measures to ensure the transition of children from institutional care to quality family-based care
	Share of children in residential care out of children in alternative care is at EU average (41.4% vs 40.9% in the EU). The action plan envisions promotion and development of family-based and alternative care for children with special needs and support services for providers, support for children upon leaving foster care and beyond. In May 2025, an amendment to the Foster Care Act was adopted with the aim of eliminating the difficulties in placing children in foster families and rewarding foster parents more appropriately. Work on upgrading and improving foster care arrangements is ongoing. In December 2025, an amendment to the Social Care Act was adopted, introducing a new social care service, "community support," which provides the legislative basis for the implementation of community support.
	Measures to support independent living and social integration of children leaving alternative care
	There is no information on this is the action plan, only in 2nd progress report. Support for children transitioning from institutional or alternative care in Slovenia is tailored across different systems. In foster care, continued placement after age 18 is possible—up to age 26—if it serves the young person's best interests, particularly for education, disability, or lack of housing, with social services preparing all parties for independence. In residential centres, young people may voluntarily remain in supported housing or move to semi-independent living with professional guidance, receiving help with education, employment, housing, and life skills, often until age 26, with informal support sometimes continuing longer. For children with disabilities or serious illnesses, a 2025 reform introduced "community support" services to help families care for children at home, ease caregiver burden, and support reintegration from institutions through personalized assistance. Additionally, young people leaving care are prioritized in access to non-profit housing, especially those under 35.
	Outreach and awareness raising
	Slovenia has a dense network of services and programmes. The national action plan and progress reports refer to some awareness raising activities or field work as part of some of the mentioned measures (e.g. multifunctional Roma centers, Roma assistants). Though, outreach may be often considered passive rather than proactive (through administrative procedures or families need to reach out themselves for support).
	Stakeholders' involvement
	A consultative group with representatives of non-governmental organisations and other networks was set to make proposals on the actions of the intersectoral working group. Children were consulted on the action plan. An inter-ministerial working group for programme guidance and monitoring of the implementation of the national action plan was established. The interministerial working group prepared the second report on the implementation of the ECG. Network for children, of 41 NGOs in the field of child rights is also part of this group. Children will participate in monitoring the implementation of the ECG. By 2029, 25 regional consultations are planned.

SLOVAKIA

	Identification of children in need
	The ECG action plan documents the size of disadvantaged groups (e.g. those in alternative care) while also highlighting barriers like financial obstacles to early childhood education and care. However, the first progress report lacks updated figures on most of these groups and their access to services. According to the 2026 progress report, the upcoming update of the action plan will focus on gathering current data on the number of children in need, and on assessing their access to services, with emphasis on filling gaps for underrepresented groups.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	A very low participation rate (lowest in the EU) suggests existence of access barriers.
	Addressing the non-financial barriers
	With € 20 million support from ERDF, 1,000 new childcare places are to be created, but it remains unclear whether this target will be delivered and whether this will be enough to meet the unmet demand. Limited evidence of targeted policies to monitor and address staff shortages, geographic disparities. The EU-lowest ECEC participation rate suggests existence of access barriers, on top of cultural preferences.
	Measures to support inclusive education and avoid segregated classes
	Besides commitments to inclusivity in education and projects to develop inclusive education training, there is limited evidence of implementation of large-scale policies aiming to adapt facilities and educational materials for children with disadvantaged background and specific needs in ECEC.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Compulsory ECEC from 5 years old onward, implying free access. Tuition fees acknowledged as a barrier for younger children, yet compulsory ECEC from the age of 4 will be introduced (starting from 2027/2028), with subsequent extension to children from the age of 3. No free provision of transportation and educational materials mentioned. Free school meal scheme includes subsidies for low-income children who attend kindergarten, and for all children in the last year of pre-school.
	Addressing the non-financial barriers
	Target to construct 1,000 new childcare places. Limited evidence of targeted policies to monitor and address staff shortages, geographic disparities. The lowest ECEC participation rate suggests existence of access barriers.
	Measures to support inclusive education and avoid segregated classes
	Besides commitments to inclusivity in education and projects to develop inclusive education training – while some shortages of special education assistants are reported – limited evidence of implementation of large-scale policies aiming to adapt facilities and educational materials for children with disadvantaged background and specific needs in ECEC.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The early school leaving rate has remained broadly stable and below the EU rate, and measures are taken to more fully address it (e.g. second-chance education programs, 2024 Early school leaving project to set up an early warning system from 2028 onward).
	Measures to support inclusive education and avoid segregated classes
	Some measures taken (e.g. teachers training, language support measures targeting Roma children). The gap in rate of underachievement among disadvantaged and advantaged children is above EU average. The October 2025 education reform aims to prevent segregation and improve access by introducing equitable school districts. In special education, focus is shifted to family-based care and modern diagnostic centres for better child protection and cross-sector collaboration.
	Provision of free school materials (incl. digital equipment)
	Beside free provision of books in primary and secondary schools, no clear evidence of large-scale measures supporting access of children in need to other school materials.
	Free transport
	Limited transport support children in (pre) school under specific provisions via Act 322/2025 on the financing of schools, with few regional initiatives.
	Free healthy meal each school day
	ECEC
	The implementation report includes information on the delivery of a food subsidy (assessed by Slovakia as adequate to cover cost of meals) for children in kindergartens, primary school and in first years of secondary school. A reform in 2023 increased the number of children receiving such subsidy, to more than 520,000 after (higher than the number of children AROPE). To achieve higher compliance, more information will be needed as regards the targeting of children in need.
	Primary schools
	The subsidy mentioned in the ECEC section also covers primary school pupils.
	Secondary schools
	The subsidy mentioned in the ECEC section also covers secondary school pupils.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	The rates of children AROPE lacking access to regular leisure and school-based (e.g. school trips) activities are above the EU average. Several measures reported to improve their access (e.g. financial support through state's subsidy granted to around 87 civil society organisations to promote access to leisure activities).

	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Limited evidence of cooperation between various local services, besides some subsidy measures to support leisure activities, including support to NGOs.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Slovakia emphasizes universal prevention, targeting all young children for early intervention. While there are general screenings available for free from post-natal to school years, there is a lack of evidence as regards more specialised screenings (e.g. hearing, vision and dental check-ups) as well as take-up rates.
	Childhood vaccines recommended by the WHO
	The Slovak Republic's vaccination program covers children with compulsory vaccines, achieving relatively high coverage. Yet some disparities persist (e.g. among Roma communities). There is also a data gap as regards Rotavirus vaccine. Projects are funded to promote access of children (including from marginalised Roma communities) to preventive examinations and vaccinations.
	Measures to facilitate early detection and treatment of mental health problems
	Developmental monitoring by paediatricians and family counselling exist but their scope seems limited. Children with low family affluence are more likely to feel low than their better-off peers, suggesting scope for progress. The October 2025 education reform aims to strengthen mental health support with early intervention and better school-counselling coordination. A research is currently underway to map the state of mental health of children, with the first partial data to be available in 2026.
	Free prescription medicines
	In Slovakia, prescription medicines are free for children up to age 6, and lower co-payments apply to older children. However, there is a lack of specific measures to improve access to medications.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	Slovakia aims to provide comprehensive services for children with disabilities, including access to speech therapists and therapeutic educators. Cash allowances under Act no. 447/2008 support severe disabilities, but barriers persist, like insufficient services and waiting lists.
	Health promotion and disease prevention programmes targeting children in need
	Slovakia's health promotion includes a national action plan for prevention of obesity and programme targeting Roma communities, with the aim of increasing participation in preventive examinations and compulsory vaccination, improving orientation in the healthcare system, and removing communication and confidentiality barriers through health support assistants. There is scope for progress on specific prevention, e.g. in terms of smoking prevention.

	Healthy nutrition
	Access to healthy nutrition outside of school
	While food packages and basic material aid were distributed twice in 2025 under an ESF+-funded national project to support deprived children, the broader issue of ensuring access to healthy nutrition outside school days remains unresolved and requires greater focus. The low adequacy of social transfers contributes to difficulties in accessing healthy food.
	Limited advertisement and availability of unhealthy food
	The progress report presents the National Action Plan for the Prevention of Obesity for 2015 – 2025 which includes among others measures to ensure healthy food choices are available to children (e.g. in school environments), and limit children's exposure to advertising of unhealthy food/drink. Some information on the scope/impact of these measures (e.g. how many children reached out) would be needed to achieve higher compliance.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Slovakia's measures to ensure homeless children receive adequate accommodation include crisis intervention (social) services with emergency housing facilities, and affordable housing targeting homeless families (new call is currently being prepared from ERDF in the amount of approx. € 24 million). Yet evidence suggests that these measures are rather small scale. According to civil society, the European Homelessness Count in Košice (2024) identified 996 children (43% of the city's homeless population) experiencing homelessness or housing exclusion, including those in shelters, temporary accommodation, informal settlements, or other inadequate housing conditions.
	Measures to prevent the risk of homelessness among families with children
	A housing allowance is available to households receiving minimum income protection. This measure helps prevent homelessness among families with children by alleviating housing costs. The share of children AROPE in households facing housing cost overburden is above the EU average.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	Slovakia addresses energy poverty with contributions for insulating family houses and installing renewable energy equipment, with investments from EU Cohesion Policy Funds (with projects such as "Green for households" or "Green Solidarity" in the total amount of € 136 m) and under the Recovery and Resilience Plan. The government approved a new energy assistance law for low-income households, with broad targeting (most of the population qualifies). These initiatives are implemented to mitigate energy costs, but more efforts will be needed, including actions targeting marginalized Roma communities, as Slovakia's share of children AROPE in household unable to keep their home adequately warm is among the largest in the EU.

	Social housing for families with children
	Slovakia is working to provide social housing through various programmes (including significant allocation from EU Cohesion Policy Funds in the total amount of approx. € 100 million) targeting vulnerable groups, including families with children. The overall extent to which they are given priority however remains unclear. In addition, there is some evidence of long waiting time for social housing, indicating a shortage. Recently, a € 14.2 m call for housing-led projects was launched, funding 44 initiatives across Slovakia to provide affordable rental housing for vulnerable groups, including families with children, homeless individuals and young people transitioning from institutional care
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Slovakia addresses children's best interests in alternative care by supporting deinstitutionalisation with projects to shift from institutional care, and training programmes for carers. In addition, there is some evidence of actions taken to promote exchanges between children, families and social services. More detailed evidence of explicit measures to ensure the child's best interests are considered during placement decisions is needed to reach higher level of compliance. Recently, a national project expanded social and legal child protection by creating hundreds of new specialist roles at employment offices and family centres.
	Measures to ensure the transition of children from institutional care to quality family-based care
	Slovakia promotes deinstitutionalization by actively implementing projects enhancing family-based care. The 2026 progress report highlights ongoing efforts to reduce institutional care by expanding foster networks and community-based alternatives, while promoting participatory social work through family conferences. Smaller, community-integrated facilities are replacing large institutions, and updated legislation continues to prioritise foster care for children with disabilities. To address low uptake for children with severe disabilities, new measures—such as financial support for accessible housing and respite breaks for foster carers—have been introduced. The scope of the measures is to be clarified. The share of children in residential care in Slovakia is slightly lower than the EU average.
	Measures to support independent living and social integration of children leaving alternative care
	There is some evidence that Slovakia supports independent living for children leaving alternative care by following the process of children's independence after leaving the care system and provides them with counselling support. Yet, more information will be needed to assess such measures as sufficient to support independent living and social integration of children leaving alternative care (e.g. more information on integration in the labour market could be presented).
	Outreach and awareness raising
	The action plan (and the report) features several awareness-raising actions and the biennial implementation report some more active outreach, e.g. to promote access of specific groups of children in need (e.g. Roma children) to early childhood education and care and healthcare. Yet no estimate of non-take-up rates is provided, not allowing to assess whether the scope of these measures is large enough to be fully compliant.
	Stakeholders' involvement
	Various stakeholders were consulted for the design of the action plan (through the Committee on Children and Youth), including children (through participation, with their responses directly included in the strategic document) and NGOs.

FINLAND

	Identification of children in need
	The action plan focuses on a) families in a weak socio-economic position; b) children, young people, and families who need support in everyday life; c) groups of children and young people vulnerable to discrimination or other harm (a detailed list includes eleven sub-categories). Taken together, the above categories sufficiently cover the target group of the ECG recommendation (children in need, i.e., children at risk of poverty or social exclusion). There are no numbers provided (N.B. In the next progress report, statistics on target groups and the number of children will be presented).
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	ECEC is provided in unitary settings for children under three years of age and older. It is universally free of charge for four hours. Additional hours are to be paid for, but fees depend on parents' income and are fully waved for those with least resources. In consequence, about half of all early childhood education clients do not pay any fee.
	Addressing the non-financial barriers
	Finland lacks 6,000 early childhood education teachers, according to the European Commission report on staff shortages in the Early Childhood Education sector (28 November 2023). The current government's plan is to train 1,400 teachers in ECEC per year. There has been extra funding for universities. The issue will be to retain the teachers in the jobs. The ESPAN report mentions that the generous home care allowance also causes socio-economic bias in the enrolment rates.
	Measures to support inclusive education and avoid segregated classes
	The 2022 reform of the Act on ECEC concerning support for the children aimed to ensure equality for all children in Finland. Among other things, children have the right to any assistance and support necessary to participate in early childhood education, and a personal early childhood education plan for every child. Support for learning reform that came into effect in 2025 covers also pre-primary education. Research shows that the reform of the Act has strengthened the children's and parents' rights in ECEC.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	Same analysis as for 0-3 age group.
	Addressing the non-financial barriers
	Same analysis as for 0-3 age group.
	Measures to support inclusive education and avoid segregated classes
	Same analysis as for 0-3 age group.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The Quality and Accessibility Programme for High Schools improved the quality of secondary education and ensured its accessibility across Finland. A quality strategy for education and training up to 2030 was developed. The expansion of compulsory education (2021) is a measure aiming to reduce early school leaving. The action plan and progress report do not mention individual guidance nor gender aspect. During the current government term, the key objectives of the Government Programme have been to strengthen student learning support and special education.
	Measures to support inclusive education and avoid segregated classes
	The Right to Learn programme helped to prevent achievement gaps and to realise equality in education. The Act amending the basic Education Act (1090/2024) entered into force on 1.8.2025, the starting point of which is to ensure that pupils have the concrete support measures they need. The aim is to provide pupils with support for their learning as early as possible and on a low threshold. In 2024, the Ministry of Education and Culture opened a government grant application for measures promoting educational equality and non-discrimination in ECEC, pre-primary education and basic education.
	Provision of free school materials (incl. digital equipment)
	Most basic materials (pens, glue, scissors, etc.) needed in schools and all books are provided for free. Sports clothing and other personal sport equipment (such as running shoes, swimming suits etc.) are not covered. However, if a household has a low income and is unable to buy items requested by the school (including schoolbags), social assistance may cover these costs. All IT equipment and musical equipment, as well as extramural activities that are part of the curriculum, are free.
	Free transport
	While transport to school is free in primary education, special conditions apply in secondary schools. There are cash benefits to compensate the costs for school travel, which apply to all students.
	Free healthy meal each school day
	ECEC
	All children receive one healthy meal for free each school day. All meals are free of charge, but most families pay client fees, which depend on the size and income of the family and the number of hours that a child participates in early childhood education and care. The fees are waved for families with lowest incomes.
	Primary schools
	Primary school meals are free of charge for all children. The challenge is that the school recommendations on meals are not always implemented, and the quality of school meals is not systematically monitored. A school meal development programme aims to address the challenges described, and to increase the supply of healthy snacks.

	Secondary schools
	Secondary school meals are free of charge for all children. The challenge is that the school recommendations on meals are not always implemented, and the quality of school meals is not systematically monitored. A school meal development programme aims to address the challenges described, and to increase the supply of healthy snacks.
	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	Extramural activities that are part of the curriculum, are free. For low-income children, social assistance may cover costs of participation in voluntary school trips that are not included in the curriculum. The 2023-2027 government program envisions for every child and adolescent an opportunity to engage in at least one pleasant hobby.
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Comprehensive schools in Finland have provided pupils with opportunities for free extracurricular activities for several years. Since 2019, activities have been organized through the Finnish model for leisure activities. The goal of the model is to ensure that every pupil has access to an enjoyable and free leisure activity as part of their school day.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Free screening programmes are conducted at post-natal, first years, and school years stages, covering general health, hearing, vision, and (except for the post-natal stage) dental check-ups. The age limit is set at birth to first year of secondary education (age 16). There is no information in the action plan nor progress report on how many children in need benefit from those screenings. In addition, the LENE test is used for neurological development screening for children aged 3–6. Monitoring a child's growth and development is based on statutory, regular, and structured health examinations (in addition to LENE, also comprehensively covering other age groups) conducted both in child health clinic services and in school health services.
	Childhood vaccines recommended by the WHO
	All children and young people are entitled to vaccinations against 13 different diseases, as well as related complications and long-term adverse effects. Both girls and boys are also offered the HPV vaccine, which protects against several types of cancer. Child health clinics, as well as school and student health services, are universal services that provide vaccinations in accordance with the national immunisation programme. Vaccination coverage is monitored annually through THL's national reporting system, which ensures the implementation of the programme and enables the identification of possible regional variations.
	Measures to facilitate early detection and treatment of mental health problems
	Mental health care for children is part of primary health care and provided within the wellbeing services counties. The Therapy Guarantee for children and young people aims to ensure timely access for individuals under the age of 23 to short-term psychotherapy or other effective psychosocial treatments at the basic service level. The challenge in the implementation of the Therapy Guarantee is the existing delays in mental health services for children and young people, as well as regional differences in service availability. The numbers of beneficiaries are not provided.

	Free prescription medicines
	Medicines for minors are not completely free of charge in Finland. A minor pays the normal copayments according to the reimbursement categories: a) basic reimbursement: the customer pays 60%; b) lower special reimbursement: the customer pays 35%; c) higher special reimbursement: the customer pays € 4.50 per medicine per purchase. The annual deductible also applies to minors. The initial and annual deductibles for the Social Insurance Institution's (Kela) medicine reimbursements are linked to the national pension index. The index for 2026 increased by 0.5% compared to the previous year.
	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The new Disability Services Act entered into force on 01 January 2025. The aim is to ensure that every person with a disability can receive a service package tailored to their individual needs. A child may receive rehabilitation as individual rehabilitation provided by Kela or in the form of adaptation training and rehabilitation courses arranged for the whole family.
	Health promotion and disease prevention programmes targeting children in need
	Wellbeing services counties have an obligation to provide all children with planned and uniform levels of counselling and school and educational health care. The services aim to identify a child's need for special support as early as possible and to arrange appropriate support and assistance. Through these services, children and young people receive the vaccinations included in the national immunisation programme.
	Healthy nutrition
	Access to healthy nutrition outside of school
	There are no specific cash benefits to cover food costs, although one component for calculating the level of the social assistance benefit is the minimum expenditure on food, housing and other expenses necessary for ensuring subsistence.
	Limited advertisement and availability of unhealthy food
	The Finnish National Agency for Education and the Finnish Institute for Health and Welfare (THL) recommend that sweets, soft drinks or sugared juices are not sold regularly at schools and educational institutions, at least during school hours. The Consumer Ombudsman issued a recommendation that there should be no advertising in schools.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	Finland applies the housing-led approach to combat homelessness. According to the progress report, at the end of 2023, there were 123 homeless couples and families in Finland (32 fewer than year before), with a total of 180 children (11 more). Most homeless families with children in Finland live temporarily with acquaintances or relatives. Some families also live in temporary accommodation or housing arranged by the municipality or social services. However, there are no precise data on this. Finland has a programme to eliminate long-term homelessness by 2027.

	Measures to prevent the risk of homelessness among families with children
	All low-income households living in rental, right-of-occupancy or part-ownership housing are eligible for general housing allowances. The eligibility depends on the structure of the household, housing costs and the total income of the household. The eligibility regulations are the same for all legal residents, including homeless people, who are eligible for housing allowances once they have an apartment to live in. Low incidence of housing cost overburden.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The progress report lists temporary forms of support developed for particularly affected households. The VAT on electricity was reduced fixed-periodically, the possibility of deducting electricity above a certain cost limit was added, and the electricity subsidy was available to households that were unable to fully benefit from the electricity allowance, due to low income. These measures were not specifically targeted at families with children but benefited also this group.
	Social housing for families with children
	There is no information in the action plan nor progress report on the rules of access to public/social housing. According to the 2023 Housing Europe report, the share of social housing within the overall housing stock is relatively high (11%). Resident selection is based on social and economic need, taking into account housing needs, wealth and income of the applicant household. Vacant housing must be offered to those most in need of housing.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	Section 4 of the Child Welfare Act (417/2007) lays down provisions on the best interests of the child. Child welfare work that serves the best interests of the child requires the workers to conduct a thorough and comprehensive examination and review of the child and the child's life situation, to build trust and to devote sufficient time to ensure that the key quality assurance factors are present in the work: fairness, transparency, reliability, safety and the principle of proportionality.
	Measures to ensure the transition of children from institutional care to quality family-based care
	In 2025, the share of children in residential care within the total population of children in alternative care was 47.0%, i.e. above the EU average of 40.9%. There is no national development programme for family care in Finland at the moment. However, foster care in child welfare is being developed in wellbeing services counties and in individual regional projects as part of SOILA – Social Innovations in Child Protection (2023–2026) coordination project, for example.
	Measures to support independent living and social integration of children leaving alternative care
	In line with the Child Welfare Act, alternative care must end when a person turns 18 and the right to after-care extends until the age of 23 years. The purpose of after-care is to make it easier to re-integrate from alternative care and to promote the young person's independence. The duty of after-care also includes support to the parents or other persons responsible for the upbringing, especially in cases of the child or young person returning home after the termination of alternative care.

	Outreach and awareness raising
	Outreach services are statutory in social welfare. In the reform of the legislation on mental health and substance abuse services, a provision on community social work and outreach work was added to the Social Welfare Act. In practice, there are challenges especially in helping children and families who need multiple services from healthcare and social welfare services and multiprofessional support (e.g. children with disabilities, children with mental health- and substance abuse problems). Out-of-school activities have been strengthened by offering free club activities. This is laid down in the Youth Act.
	Stakeholders' involvement
	Based on the Progress Report, the Child Guarantee is linked to the implementation of the national child strategy. Several dialogue workshops were organised for the preparation of the follow-up report which was designed as a process where extensive cooperation and dialogue with key stakeholders and authorities for the implementation of the Child Strategy has played an important role.

SWEDEN

	Identification of children in need
	The groups of children with specific disadvantages are listed in the action plan. The 2024 and 2026 progress reports provide updates on the number of children at risk of poverty or social exclusion and its three sub-indicators. The challenge of how to transpose the statistical notion of the risk of poverty or social exclusion in identification of children in need has been acknowledged but not addressed.
	Free and effective access to early childhood education and care (ECEC), age 0-3
	Addressing the financial barriers
	The fees for childcare vary between municipalities and depend on the number of children in a family and family income. Children from families with no earned income pay no fee at all. According to the ESPAN report, out-of-pocket costs are generally not considered to create financial barriers to ECEC services in Sweden. Further reduction of fees will become effective on 1 July 2026.
	Addressing the non-financial barriers
	Children whose parents are unemployed or on parental leave with another child are to be offered a place in a preschool for at least three hours per day or 15 hours per week. Non-participation is more common among new immigrants. No barriers have been identified.
	Measures to support inclusive education and avoid segregated classes
	Children who need special support in their development due to physical, mental or other reasons are to be given the support or care that their special needs demand. If a child is identified as in need of special support, the director of the facility is to ensure that it gets this support.
	Free and effective access to ECEC, age 3-school
	Addressing the financial barriers
	525 hours of pre-school per year (i.e. 15 hours per week) are free of charge (incl. free meals). The excess hours are to be paid for, within limits. The last, compulsory, year of pre-school is free of charge.
	Addressing the non-financial barriers
	Newly arrived immigrants (meaning that both parents have arrived less than 5 years before) are around three times less likely than to send their children to pre-school (what is an issue of their choice). No other barriers have been identified.
	Measures to support inclusive education and avoid segregated classes
	Children who need special support in their development due to physical, mental or other reasons are to be given the support or care that their special needs demand. If a child is identified as in need of special support, the director of the preschool is to ensure that the child gets this support.

	Free and effective access to education
	Measures to prevent and reduce early school leaving, incl. personalised guidance
	The 2024 progress report presents collaboration of schools and social services as a tool to increase student attendance. Recent legislative measures aim to secure guidance and stimulation to pupils, strengthen the school's compensatory role and to increase the number of pupils eligible for entry to upper secondary school. Municipalities are obliged to organise activities for young people who have dropped out education. The incidence of early leaving from education and training (6.7% in 2025) is below the EU average (9.1%).
	Measures to support inclusive education and avoid segregated classes
	The action plan (p. 16-17) discusses various aspects of disability, neurodiversity, and learning difficulties, pointing to the merits of special schools, which give pupils more time for their learning and specialised healthcare. Admission to special schools or compulsory schools for pupils with learning disabilities is preceded by an educational, psychological, medical and social assessment. This approach differs from the one focused on inclusive education. As stressed in the 2026 progress report, recent amendments to the Schools Act create conditions for equal and high-quality education resulting with better educational outcomes, and improved safety and security in schools. The impact of those amendments remains yet to be seen.
	Provision of free school materials (incl. digital equipment)
	Children in primary and secondary schools have access to books and other learning tools free of charge. Schools need to make sure that all children have access to IT facilities and the municipality needs to provide free access to technical equipment for learning.
	Free transport
	Transport for children in primary schools may be free depending on length of journey, traffic conditions, disability, or special circumstances, but not income. Secondary schools are not entitled to provide free transport; however, public transport is free during daytime for secondary school pupils in most municipalities.
	Free healthy meal each school day
	ECEC
	The ECEC tuition fees include meals. Those fees reflect a percentage of the household's total income up to an income ceiling. Families without any work or capital income do not pay these fees, and thus some – but not all – children at risk of poverty or social exclusion receive free meals.
	Primary schools
	School meals are free for all children in primary school.
	Secondary schools
	Free meals are offered in high schools in 238 out of 290 municipalities. In the case of upper secondary school and upper secondary school for pupils with learning disabilities, there is no obligation for the school to provide school meals. Most municipalities and schools, however, also serve or provide free school meals for upper secondary school pupils.

	Free and effective access to school-based activities
	Equal and inclusive access to school-based activities, including participation in school trips and sport, leisure and culture
	School-based activities such as school trips and study visits are usually free of charge. Fees for after-school (offered for all children up to the age of 13) are subject to a ceiling and depend on family income. The action plan sets that the proportion of children from socioeconomically disadvantaged families who participate in sports and cultural activities is to increase. A "leisure activity card", available for children aged 7-16 and aiming to improve access to meaningful leisure activities, was launched in September 2025. For children in economically vulnerable households the annual amount on the leisure card is 2500 kroner (vs 550 kroner for other children).
	Framework for cooperation to provide after school care and opportunities to participate in sport, leisure and culture
	Schools, social services, health and child protection services work together to safeguard children's rights and ensure coordinated support. The Government also emphasises cross-sector cooperation as a core element of ensuring a safe and secure upbringing for all children. Municipalities are obliged to provide after-school care (*fritidshem*) for children aged 6–13, offering structured educational, social, leisure and cultural activities. These combined structures form a coherent and functional framework for inter-agency cooperation.
	Free and effective access to healthcare
	Measures to facilitate early detection and treatment of diseases and developmental problems?
	Comprehensive (general health, hearing, vision, dental) free screening programmes are available for all children in need at post-natal, first years, and school years stages, until the age of 18 years and with a strong outreach component. In addition, the first progress report lists several measures that had been implemented to facilitate early detection and treatment of diseases.
	Childhood vaccines recommended by the WHO
	The vaccination rates against Polio, Diphtheria-Tetanus-Pertussis, Hepatitis B, Haemophilus influenzae B, and Pneumococcal disease are high (94% to 97%). Rates for Measles and Rubella are also high (93% in 2024) but have deteriorated by 4 pps. since 2021. 85% of one-year-olds are vaccinated against Rotavirus, what is among the highest rates in the EU. Beginning in 2027, Chickenpox will be added to the national childhood vaccination programme.
	Measures to facilitate early detection and treatment of mental health problems
	The action plan points to the School Health Service as a provider of mental health and psychosocial interventions, announces a future strategy on mental health and suicide prevention, and stresses increased public expenditure in this policy area. Procedures to be followed in case of mental disorders in children are clearly defined and described in the action plan. No information on the number of children in need who receive assistance.
	Free prescription medicines
	Prescription medicines are free of charge for all children under 18 years of age.

	Provision of targeted rehabilitation and habilitation services for children with disabilities
	The first progress report discusses provision of rehabilitation and habilitation services for children with disabilities, identifying some remaining gaps. The Government has commissioned the National Board of Health and Welfare to develop a national strategy and action plan for more equal and effective rehabilitation and habilitation, due in May 2026.
	Health promotion and disease prevention programmes targeting children in need
	In 2022, The incidence of feeling low more than once a week among children from families with low level of affluence was 32%, vs EU average of 29%. The first progress report describes actions taken to boost Child Health Services and expand the home visit programme among younger children. Beginning in 2024, 'Family centres' bringing together maternal and child health services, open preschools and social support services were to be launched, mandated to focus on supporting gender-equal parenting and preventing violence. A report on their functioning was scheduled for March 2026.
	Healthy nutrition
	Access to healthy nutrition outside of school
	There are no in-kind benefits or services that directly support access to healthy meals for low-income children. However, a temporary reduction of VAT on food (from 12% to 6%) is in force from April 2026 to December 2027. Counselling and treatment for obesity and anorexia among children are free of charge via the healthcare system. The share of children AROPE (<16 y.o.) who suffer from the enforced lack of access to fresh fruits and vegetables and meat or vegetarian equivalent at least once a day is low.
	Limited advertisement and availability of unhealthy food
	A reform of advertisement and marketing of food was planned in late 2024. No update since.
	Combatting homelessness
	Provision of adequate accommodation, prompt transfer from temporary accommodation to permanent housing, and relevant social and advisory services
	The figures quoted in the 2024 progress report (p. 43-44) indicate that children are relatively protected from homelessness experienced by their parents, but the challenge persists.
	Measures to prevent the risk of homelessness among families with children
	The progress report refers to the national strategy on homelessness for 2022–2026, which i.a. calls for nation-wide implementation of the housing-led approach and stresses the need for cooperation to prevent evictions (esp. those involving children). In 2024, the share of children AROPE living in households facing housing cost overburden was 24.3%, above the EU average of 21.1%.
	Effective access to adequate housing
	Measures to address energy poverty of families with children
	The progress report discusses the roll-out of supplementary housing allowance in 2021-2024 and the ways of improving the permanent housing allowance (so that the risks of the repayment are minimised). In 2024, the share of children AROPE living in households unable to keep home adequately warm was 7.5%, among the lowest in the EU and well below the EU average of 24.0%.

	Social housing for families with children
	According to the latest estimate, there are ca. 840,000 municipally owned public housing units. While some municipalities facilitate access for vulnerable families, there is no specific legal requirement to provide housing to certain household categories. A recent legislative amendment allows municipal housing agencies to mediate housing through advances and reservations. Housing allowance was adjusted upwards as of 2026, with amounts dependent on family size.
	Good alternative care standards
	Measures to ensure that the best interests of the child as well as their overall situation and individual needs are considered when placing them in alternative care
	The action plan (Section 1.8) stresses children's right to participation. The Social Services Act contains provisions on the rights of the child. Since 2020, the provisions of the UN Convention on the Rights of the Child are part of the national legislation, imposing a clearer obligation on courts and legal practitioners to apply the rights that follow from the CRC in deliberations and assessments that are part of decision-making processes in cases and matters concerning children.
	Measures to ensure the transition of children from institutional care to quality family-based care
	The share of children in residential care within all children in alternative care is among the lowest in the EU. According to the first progress report, a governmental inquiry committee investigated options to expand and improve family-based care.
	Measures to support independent living and social integration of children leaving alternative care
	Social services have a legal duty to provide continued support both during and after a placement of a young person in alternative care. After a placement ends, the social services provide structured follow-up and practical, emotional and social support. This includes help with finding housing, managing money, planning for school or work, and offering practical and emotional guidance. The system emphasizes early preparation, continuity, participation from the young person and ensuring that each young person has access to trustworthy adults.
	Outreach and awareness raising
	Some measures, listed in the progress report, are specifically targeted at areas with high levels of social exclusion, focusing on health, physical activity, and prevention of early school leaving. The action plan does not contain provisions for raising awareness on child poverty and social exclusion.
	Stakeholders' involvement
	Several consultation processes are in place, enabling a continuous dialogue between civil society, government agencies and the Government, contributing to ECG action plan and first progress report. Civil society organisations represented in Child Rights Delegation contributed with a child rights perspective. Children have been consulted through the Living Conditions Survey of Children (30,000 respondents) and specifically on ECG, facilitated by the Ombudsman for Children.