



Living conditions and quality of life
**Analysis of the European Child
Guarantee monitoring frameworks**

[Guaranteeing access to services for children in the EU](#)

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Eurofound reference number: WPEF24032

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Country codes

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

List of abbreviations

AIM	Access and Inclusion Model
AMIF	Asylum Migration and Integration Fund
AROP	At risk of poverty
AROPE	At risk of poverty or social exclusion
BMI	Body mass index is a measure indicating nutritional status in adults. It is defined as a person's weight in kilograms divided by the square of the person's height in metres
BOBF	Ireland's Indicator Set for Better Outcomes, Brighter Futures
CG	European Child Guarantee
CCAA	Autonomous Communities (Comunidades Autonomas)
CRPD	Convention on the Rights of Persons with Disabilities
DCEDIY	Irish Department of Children, Equality, Disability, Integration and Youth
E.K.K.A.	Data Analysis Department within The National Centre for Social Solidarity
ELC	Early Learning and Care
EC	European Commission
ECEC	Early Childhood Education and Care
ECI	Early Childhood Intervention
ELSTAT	Hellenic Statistical Authority
ERDF	European Regional Development Fund
ESF+	European Social Fund Plus
EU	European Union
EUAA	European Union Agency for Asylum
EUFSF	EU Funds for Social Development 2021-2027
EU-ICT	EU community statistics on information society
EU-LFS	European Union Labor Force Survey
EU-SILC	European Union Statistics on Income and Living Conditions
FASD	Foetal alcohol spectrum disorders
FEAD	Fund for European Aid to the Most Deprived
FRA	EU Agency for Fundamental Rights
HBSC	Health Behaviour in School-aged Children
IROP	Integrated Regional Operational Programme
ISTAT	Italian national statistics office
KPI	Key Performance Indicator
MRC	Marginalized Roma communities
NAP	National Action Plan
NGO	Non-governmental organisation
NHS	National Health Services
NPO	National Recovery Plan
NSI	National Statistical Institute

OECD	Organisation for Economic Co-operation and Development
OPZ+	Operational Programme Employment+
OP JAK	Operational programme Jan Amos Komensky
PASS	Pathway Accommodation and Support System
PISA	OECD Programme for International Student Assessment
RRF	Recovery and Resilience Fund
SAC	School Aged Care
SEN	Special education needs
SINBA	Information system for the care and safeguarding of children and their families
SMART	SMART goals stand for Specific, Measurable, Achievable, Relevant, and Time-Bound
SNE	Special needs education
SPC	Social Protection Committee
STEA	Social Welfare and Health Organisations
TAME	Asylum, Migration and Integration Fund
TIMSS	IEA's Trends in International Mathematics and Science Study
TSI	Technical Support Instrument
UNESCO-UIS	UNESCO Institute for Statistics
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Introduction

The European Child Guarantee (CG) was established by the Council Recommendation (EU) 2021/1004 of 14 June 2021. Its primary objective is to prevent and combat social exclusion by ensuring children in need have access to effective and free early childhood education and care, education (including school-based activities and at least one healthy meal each school day) and healthcare, and effective access to healthy nutrition and adequate housing. The Recommendation defines “children in need” as persons under the age of 18 who are at risk of poverty or social exclusion. Among these children in need, Member States (MS) were recommended to specifically identify disadvantaged groups, including whenever appropriate homeless children, children experiencing severe housing deprivation, children with disabilities, children with mental health issues, children with a migrant background or minority ethnic origin (particularly Roma), and children in alternative (especially institutional care) and precarious family situations.

Following the Council’s recommendation, all MS finalised their National Action Plans (NAPs) for the implementation of CG, in which they identified groups of children in need of support, measures to address the identified challenges and inequalities, indicators to monitor the progress of implementation and set targets to be achieved. It is also foreseen that MS report on the progress of the NAPs’ implementation to the Commission every two years.

This study commissioned by Eurofound analyses the CG monitoring frameworks developed by MS. The study aims to:

1. Summarise and analyse how MS set targets and monitor the implementation of NAP’s measures, by identifying strengths, weaknesses and common issues related to monitoring indicators, as well as good practice examples of setting targets and indicators;
2. Provide recommendations regarding how to measure the progress of the implementation of different policy measures in CG policy areas, and improve and/or complement the existing targets and monitoring and evaluation frameworks;

The study is conducted using a mixed-methods approach, including desk research and interviews with key stakeholders in MS and the European Commission (EC).

The desk research team reviewed the NAPs submitted by all 27 Member States and identified objectives, targets, and sets of indicators for each policy area of the CG as well as including one additional section to discuss additional policy themes that include transversal indicators that do not belong solely to one of the CG areas. The team also reviewed monitoring indicators used to measure progress towards each target, the data sources and references to funding available in NAPs. The study team also compared the monitoring frameworks across MS to identify common issues, strengths, weaknesses, and good practices.

To inform recommendations on the improvement of the CG monitoring, the study team also conducted literature and policy document review. By thoroughly examining academic literature, relevant EU policy frameworks, other policy documents, research and policy reports, including the CG Deep Dive Reports from Member States, the study team gained a comprehensive understanding of the prevailing strategies, challenges, and good practices in

monitoring child welfare and rights, including access to services addressed by the CG. Also, the “Portfolio of EU Social Indicators for the Monitoring of Progress Towards the EU objectives”¹ and “The first version of the joint monitoring frameworks for the European Child Guarantee”² developed by the Social Protection Committee Indicator’s Sub-Group has been of key relevance for the assessment. By complementing the analysis of NAPs, literature review helped identify gaps and areas that may require further attention in the existing monitoring frameworks. Additionally, the analysis of policy documents facilitated the identification of successful approaches, offering valuable lessons and potential benchmarks for enhancing the monitoring of NAPs.

In addition to the desk research and literature review, we conducted 5 semi-structured interviews with relevant government officials (e.g., national coordinators) and other relevant experts (e.g., experts involved in the preparatory phases of the Child Guarantee or the European Social Policy Network reports) from Ireland, Latvia, Lithuania, Malta, and Spain and a group interview with the EC officials. Some of the interviewees were selected to include MS that have previously developed and published a “Deep Dive into the European Child Guarantee” (i.e. Lithuania and Spain) in the final preparatory phase of the CG. Other criteria was to have proper geographical coverage and fill in data gaps (i.e. Latvia which did not publish its NAP yet when research started). The interview questions covered a range of topics, including:

- The design and implementation of the CG monitoring framework in the country.
- The strengths and weaknesses of the monitoring framework.
- Good practices in monitoring and evaluating the CG.
- Challenges and opportunities for improving the monitoring framework.

The findings from the interviews were used to inform the report and to provide recommendations for improving the CG monitoring frameworks.

The report is structured as follows:

In **the first part of the report**, the study team provides a synthesis of the analysis of the national targets, objectives and frameworks for monitoring and evaluation of CG-related targets. This section overviews the approaches to setting targets in the NAPs, identifying four different approaches: (i) setting clear targets; (ii) specifying objectives using indicators and their base and target values; (iii) presenting objectives and indicators to monitor their implementation with no clear targets, and (iv) solely presenting objectives with no monitoring indicators. It also identifies strengths, weaknesses, and common issues related to the indicators, targets and monitoring frameworks, and provides an assessment of monitoring indicators based on a minimum set of methodological criteria provided in the Social Protection

¹ Social Protection Committee and its Indicators Sub-Group (2022). Portfolio of EU social indicators for the monitoring of progress towards the EU objectives for Social Protection and Social Inclusion (2022 update). Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8513&furtherPubs=yes>

² Social Protection Committee’s Indicators’ Sub-Group and the European Commission (2023), First version of the joint monitoring framework for the European Child Guarantee. Available at: <https://ec.europa.eu/social/BlobServlet?docId=27275&langId=en>

Committee's (SPC) methodological framework³. The criteria for the assessing indicators include:

- Capturing the essence of the problem and having a clear and accepted normative interpretation
- Being robust and statistically validated
- Providing a sufficient level of cross-country comparability by using internationally applied definitions and data collection standards
- Being timely and susceptible to revision, built on underlying data
- Being responsive to policy interventions, but not subject to manipulation

Finally, this section also includes information on funding references and budget allocations that can be found in the NAPs, as well as an overview of data sources used to gather data for monitoring frameworks.

The second part of the report presents the results of the literature review of academic and policy documents and builds on the analysis of NAPs to provide recommendations for improving CG monitoring. Firstly, this section provides a comprehensive analysis of the monitoring frameworks and data collection systems implemented for the CG across EU MS. Our analysis reveals several gaps in monitoring children in need and their access to services. These include the absence of disaggregated data, insufficient information on specific services like daily meals and mental health, and limited data on certain child groups such as those with migrant backgrounds, homeless children, and those with disabilities and mental health issues. To address these gaps, the report highlights the crucial role of proxy indicators, the use of administrative and registry data, and insights from ad-hoc surveys.

The report highlights the need for aligning definitions among data providers for improved data quality and better monitoring of vulnerable groups. It also emphasizes the importance of a clear monitoring framework that includes information on targets, indicators, targeted groups, data sources, measures, responsible stakeholders, and funding resources. Cooperation and coordination among various stakeholders are also vital for successful monitoring, given that different levels of stakeholders have access to diverse data sources. Establishing clear monitoring frameworks and ensuring stakeholder involvement are essential steps to facilitate smooth bilateral reporting.

Finally, this section offers guidance on the utilization of indicators, with a particular emphasis on the adoption of proxy indicators in instances where conventional indicators are insufficient. It also proposes the establishment of well-defined targets that are designed to effectively reach children in need. These targets should be specific and contextualized, taking into account factors such as geographical location and socioeconomic status. This approach ensures that the specific circumstances of different target groups are considered, thereby enhancing the effectiveness of the CG.

³ Social Protection Committee and its Indicators Sub-Group (2022). Portfolio of EU social indicators for the monitoring of progress towards the EU objectives for Social Protection and Social Inclusion (2022 update). Available at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8513&furtherPubs=yes>

Conceptual framework

Monitoring framework is a system designed to track and assess the progress of policy implementation and to feed into the evaluation of impact of policies and measures aimed at the implementation of CG by Member States. The key elements of monitoring framework are presented in Box 1 below.

Box 1. Elements of monitoring framework

Elements of monitoring framework

When analysing monitoring frameworks, we assess the following elements:

- target setting,
- indicators for monitoring implementation and results of various policy measures, their baseline and target values
- data sources
- authorities and bodies in charge of data collection
- stakeholder engagement.

The first version of the joint monitoring framework for the CG, prepared by the Social Protection Committee's Indicators' Sub-Group and the European Commission which was published in December 2023 consists of seven sections⁴. The first section is dedicated to the monitoring of the number and the situation of children in need, identified as the target group of the Recommendation. The six other sections are focused on monitoring the effective and free access 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 effective access to healthy nutrition and adequate housing.

The study team analysed how well these segments are addressed in national monitoring frameworks and what groups of children in need are tackled, as the CG Recommendation requests MS to adapt targets depending on their national, regional and local circumstances, identifying the specific barriers that children in need face within their territory, and setting appropriate objectives and targets according to the provisions of the CG.

When assessing targets, we distinguished between targets and objectives. While targets are specific and measurable, objectives are rather expressed in general terms, are vague and can hardly be measured. The targets for the CG should pinpoint precise goals to be achieved within a specific timeline through the execution of CG actions. These targets could be quantitative, with distinct measurable milestones and concrete numerical values, or qualitative, with defined outcomes. The other element of monitoring frameworks is indicators. Indicators help to measure the process of target achievement. There are also qualitative and qualitative indicators, although the absolute majority of indicators identified in NAPs are quantitative. To

⁴ Social Protection Committee's Indicators' Sub-Group and the European Commission (2023), First version of the joint monitoring framework for the European Child Guarantee. Available at: <https://ec.europa.eu/social/BlobServlet?docId=27275&langId=en>

avoid any confusion, we provide definitions for each of the aforementioned elements of monitoring frameworks in the box below.

Box 2. Definitions of targets, objectives, and indicators

Objectives

Objectives are broad and general goals that establish an overarching approach to developing national measures for the CG. These objectives can be defined for each relevant CG policy area, but they are not specific or measurable. For instance, within the education policy area, an overarching objective could be to enhance the accessibility of secondary school education for children with disabilities.

Targets

Targets are specific, measurable, and time-bound objectives, providing concrete milestones to be achieved through the development of CG measures. Targets allow comparing the measured values for a given indicator or a group of indicators against what the programme wants to achieve. This process allows the assessment of whether the programme is on track or not. Furthermore, targets are expected to have a narrower scope than objectives and are accompanied by specific quantitative or qualitative values to be attained. For example, a target in the education policy area could be to increase the enrolment of children with disabilities in secondary schools by 10 percentage points.

Indicators

Indicators serve as a fundamental component of monitoring frameworks. An indicator is a measurable variable that allow the assessment and measurement of the progress and impact made by social programmes and interventions towards a set of targets and objectives. They offer evidence of the existence of specific conditions or the achievement (or lack thereof) of certain results.⁵ While effective indicators can give an indication of whether anticipated outcomes are being realized, they don't explain the reasons behind these outcomes. They are most effectively utilized to spotlight trends or issues that warrant further investigation and clarification, rather than to judge success or failure. Baseline and target values of indicators as well as milestones (when in place) are used to assess the progress of policy implementation and take actions to address the identified weaknesses and shortcomings.

When analysing indicators, we used the criteria defined by the Indicators Subgroup of the SPC. At EU level, the Indicators Subgroup of the SPC has developed a set of EU social indicators to monitor how each MS progresses towards the EU objectives for Social Protection and Social Inclusion⁶. The SPC's agreed methodological framework for selecting EU social indicators

⁵ Minister for Children, Equality, Disability, Integration and Youth (2022), Indicator Set Better Outcomes Brighter Futures. Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/213523/1ce0be37-11c1-4aac-9e3a-9f9c49368cf0.pdf#page=null>

⁶ See the [2022 updated version](#) of the EU portfolio of social indicators.

provides guiding principles for the assessment of CG indicators in each of the MS. The minimum set of methodological criteria that indicators shall comply with include⁷:

- **Capturing the essence of the problem and having a clear and accepted normative interpretation.** Indicators that capture the essence of policy problems are specific and avoid using ambiguous measures or concepts subject to different interpretations. The accepted normative interpretation in this context refers to a general agreement that a movement in a particular direction represents an improvement for children in need.
- **Being robust and statistically validated.** Robustness refers to their ability to produce reliable and consistent results, even when conditions change or assumptions are not fully met.
- **Providing sufficient level of cross-country comparability by using internationally applied definitions and data collection standards.** This ensures a consistent and effective assessment of child needs across EU countries, maintain uniformity in understanding children's rights, and validate the collected data for monitoring the Guarantee's progress.
- **Being timely and susceptible to revision, and be built on available underlying data.** Indicators need to be "timely", meaning they should be updated frequently to reflect the most recent data or situation. They should also be "susceptible to revision", meaning they can be adjusted or changed based on new information, insights, or changes in the policy environment.
- **Being responsive to policy interventions, but not subject to manipulation.** This means that the indicator changes or adapts when policies are implemented. It reflects the outputs or outcomes of the policies and measures, showing whether they are effective or not.

In addition, the set of indicators should provide a comprehensive and balanced coverage of the key policy dimensions of CG addressed by NAP, and facilitate a transparent and synthetic assessment of a country's state of play. Though indicators used to monitor the progress of the CG at national level may not provide a sufficient level of cross-country comparison due to their measuring scope and specificity, they should comply with the rest of the criteria to safeguard their quality and effectiveness.

Additionally, we assess how disaggregated the indicators in NAPs are, what breakdowns are available, and for which target groups of children in need the disaggregation of indicators' data is missing. Disaggregation of indicators' data allows for more detailed and specific subcategories to provide a more nuanced and comprehensive understanding of the policy outcomes for specific groups of children in need, based on different characteristics (age, gender, ethnicity, level of urbanisation and other characteristics). This helps identify disparities, inequalities, and variations within the overall indicator, providing a more accurate overview of policy results for different target groups.

⁷ Social Protection Committee Indicators Sub-group (2015), 'Portfolio of EU Social Indicators for the Monitoring of Progress Towards the EU Objectives for Social Protection and Social Inclusion'. Available at: <https://ec.europa.eu/social/BlobServlet?docId=14239&langId=en>

Moreover, when analysing national monitoring frameworks, we assess the balance in the use of different types of indicators. Box 3 provides definitions of input, output and outcome indicators we applied in our analytical framework.

Box 3. Definitions of types of indicators

Input indicators

Input indicators are a type of performance measurement that assesses the resources invested or utilized in a particular process, project, or programme. These indicators provide insights into the inputs or resources allocated to achieve specific outputs and outcomes. These indicators are useful in assessing effectiveness and efficiency of the policy programmes and measures. Examples of such indicators include financial resources used, new infrastructure or technological systems and similar.

Output indicators

Output indicators are a type of performance measurement that assesses the immediate and direct results produced by a programme, project, or intervention. These indicators focus on the tangible and measurable results of specific activities. Monitoring and evaluating output indicators help to track progress, assess efficiency, and understand the immediate results of policy measures. Examples of such indicators include the number of completed activities and beneficiaries, the number of new infrastructures built, and similar.

Outcome indicators

Unlike output indicators, which measure immediate and tangible products, outcome indicators focus on the specific changes in situation, behaviour, knowledge, skills, or conditions that result from the implementation of activities. They measure the potential impact of policy measures on children in need, their poverty and social exclusion overall, access to and quality of services. Examples of such indicators include improved academic performance, improved immunisation rates, reduced violence and similar.

When analysing monitoring frameworks, we also map data sources MS use, including open answer surveys and interviews (both are types of qualitative data), administrative data or other types of numerical data (which falls under quantitative data) and discuss strengths and weaknesses of different approaches. Boxes 4 and 5 provide definitions of different types of data and data sources analysed in this report.

Box 4. Types of data sources

Administrative data

Administrative data refer to information that is collected, processed, and maintained as part of routine administrative processes within an organisation or government agency. This type of data is typically generated in the course of normal day-to-day operations and is used for administrative, record-keeping, and management purposes. Administrative data can come from various sources within an organisation, including databases, records, and documentation related to its functions. Examples of administrative data include student records in educational institutions, healthcare records in hospitals, social services records in social support institutions and similar.

Surveys

Surveys are used to collect data from individuals or a sample of a population to gather information about their opinions, attitudes, behaviours, or characteristics. Surveys typically involve the systematic gathering of responses to a set of questions designed to extract relevant information. We will look what EU-level, international and national-level surveys are used to collect data for the indicators presented in NAPs.

Box 5. Types of data

Quantitative data

Quantitative data are numerical information that can be measured and expressed in numbers. Quantitative data allow for objective measurement and statistical analysis. They are often used to track progress, measure outputs and outcomes, and identify patterns or trends. For instance, in the context of the CG, quantitative data might be used to measure the number of children who have gained access to essential services as a result of the policy.

Qualitative data

Qualitative data refer to non-numerical information that is used to describe qualities, characteristics, or attributes. Unlike quantitative data, which are expressed in numerical terms and can be measured, qualitative data provide a more in-depth and nuanced understanding of the subject under investigation. Qualitative data are often associated with subjective interpretation, context, and the richness of human experiences. We analyse what types of qualitative data MS use, what type of information is collected this way, and what groups of children in need are assessed.

The outlined conceptual framework served as a starting point for the analysis of national monitoring frameworks within the context of the CG implementation. By defining key dimensions such as targets, objectives, indicators and types of data, and the criteria for indicators' quality, this framework laid the groundwork for the assessment of CG monitoring frameworks outlined in NAPs. The results of our assessment and recommendations on the improvement and addressing gaps in CG monitoring in MS are presented in the next sections of the report.

1. Synthesis of the analysis of targets and national monitoring frameworks

1.1 An overview of the approaches to setting targets

The CG addresses child poverty and social exclusion based on the principles enshrined in the European Pillar of Social Rights, supporting one of its key objectives on reducing the number of children aged 0 to 17 at risk of poverty and social exclusion by at least five million by 2030. The CG has a specific focus on preventing and fighting social exclusion by guaranteeing access of children in need to a set of key services, thereby also contributing to upholding the rights of the child by combating child poverty and fostering equal opportunities⁸.

In many cases, when developing NAPs, MS capitalise on already existing national and regional initiatives tackling child poverty to help them achieve the main objectives of the CG. Nevertheless, the CG is expected to provide an “added value” to the already existing national measures for tackling child poverty and exclusion, and it is expected that MS can create “synergies between their CG National Action Plans and national policies and strategies⁹” ensuring that both, national and specific CG measures reinforce each other.

Each MS was called by the Council Recommendation to implement NAPs adapted to their national, regional, and local circumstances, identifying the specific barriers that children in need face within their territory, and setting appropriate objectives and targets according to the provisions of the CG. The objectives included in the NAPs by MS provide the path for the development of the CG national measures and set the broad, long-term outcomes that the implementation of the CG aims to achieve. While objectives are rather general and overarching to the implementation of the CG, MS were called by the Recommendation to provide in their NAPs “quantitative and qualitative targets to be achieved in terms of children in need to be reached by corresponding measures, taking into account regional and local disparities”. Different from objectives, quantitative and qualitative targets are specific, measurable, and time bounded.

After a thorough examination of the approaches to setting targets developed by MS, four main trends have been identified: (i) setting clear targets; (ii) specifying objectives using indicators and their base and target values; (iii) presenting objectives and indicators to monitor their implementation with no clear targets, and (iv) solely presenting objectives with no monitoring indicators.

1.1.1 Setting clear targets linked to objectives

MS have employed varied approaches to setting CG targets. In general, MS do not set appropriate quantitative and qualitative targets which are specific, measurable, and time bounded, and they rather provide objectives. Only Portugal includes a table in its NAP clearly

⁸ European Commission (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004>

⁹ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”, (2023/2811(RSP)). Available at: [https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?reference=2023/2811\(RSP\)&l=cs](https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?reference=2023/2811(RSP)&l=cs)

presenting a set of targets, linked to objectives that are classified under four main pillars. The five main policy areas of the CG are covered by targets presented in Pillar III, for quality services. These targets are accompanied by baseline values, intermediate (2025) and final (2030) target values to be achieved. Portugal presents a unique approach to setting targets. It is the only NAP which presents a set of CG targets linked to a set of objectives, and a set of indicators to monitor the progress in the achievement of these targets in a separate manner. Portugal clearly identifies a set of objectives to be achieved by the CG, and in parallel conceptualises a set of targets for these objectives. This is different from the NAPs for which targets can be derived from the base and target values presented for the indicators of the monitoring framework. While Portugal specifies concrete targets for each of the set objectives, the rest of MS use distinct approaches which cannot compare to the one used by Portugal. These different approaches are presented in the following sections.

1.1.2 Specifying targets using indicators, base and target values

More frequently, it has been observed that MS only present objectives in their NAPs but use indicators to track the progress of the implementation of the CG, specify the scope of these objectives and set baseline and target values. Thus, specific, measurable, and time-bounded targets can be inferred by looking at indicators and their baseline, intermediate and final target values. This is the case of ES, EL, BG, PL, EE, AT, and LT:

- For instance, **Spain** classifies its quantitative and qualitative objectives into two thematic strategic axes: (i) social protection and rights (ii) and services. In addition, its NAP presents one transversal strategic axis, environments (iii). Spain establishes a set of indicators with target values for both intermediate (2025) and final (2030) periods to monitor the progress made by CG measures towards achieving the objectives of each of the axes.
- **Bulgaria** follows a similar approach and presents fourteen specific objectives, including an annex in its NAP with information about each of the indicators used to track progress, together with the latest available value for them, and an intermediate (2025) and final (2030) value.
- **Poland** presents a table in a separate annex with the indicators grouped around the five groups of children in need mentioned in the Recommendation, together with baseline and target values for 2025 and 2030. Differently from the rest of MS presenting monitoring indicators, Poland also provides, in addition to a target value, a specific deadline for reporting these values. It establishes a concrete date by which the authorities responsible for presenting the indicator values must submit them. In addition, it states the information source providing the indicator value and the entity responsible for providing the information.
- **Lithuania** presents a unified table of indicators which are linked to measures, and which include information on the funding source, the implementation period, intermediate and final target values, information on implementing institutions, as well as information on monitoring processes and data sources. In addition to the categories of children in need identified in the Recommendation, the country targets children with high-risk behaviours, and differentiates between children in migration, or of migrant origin and national minorities. For each of these groups, a different entity is responsible for data collection.

- **Greece** presents several tables across its NAP with indicators, baseline, intermediate (2025) and final (2030) values, and includes children living in non-urban, remote, rural and mountain areas as a group of children in need.
- **Estonia** includes several tables with indicators linked to concrete measures in each of the CG policy areas, with baseline values, and yearly targets from 2022 up to 2025. While specific target values are provided for some indicators, in other cases only the objective of increasing or decreasing the baseline value is specified. A specific group of children in need not included in other NAPs are children growing up in single-parent households, children from a violent family and children experiencing violence.
- **Austria** includes different tables specifying the CG goals for each of the policy areas, together with the indicators used to monitor progress as well as the source for the collection of data. It also includes information on the base value and the target value planned for indicators.

Annex 1 of the report presents the identified targets in each of the main key policy areas of the CG for PT, ES, BG, EL, EE, LT, and PL. As it can be observed from the table, the setting of targets is balanced across the different policy areas, although there seems to be a smaller number of targets in the area of nutrition.

As it can be observed from the table, these MS demonstrate a strong commitment to expanding and improving early childhood education and care (ECEC) services by improving the access to facilities, increasing enrolment rates, and enhancing the quality of services. In addition, countries such as Portugal place a strong emphasis on providing access to kindergartens free of charge, lifting the financial burden of parents with young children. In 2021, free access to kindergartens was expanded to include all children from families at the second social support income level. Starting in January 2022, a plan was implemented to progressively eliminate financial barriers to kindergarten access. This plan aims to provide free and universal access to kindergartens for children aged 0-3 by 2024.

In the education policy area, national targets underscore a multifaceted approach to education, encompassing measures to reduce dropout rates, to promote digital learning, and to address educational inequality. Furthermore, countries such as Lithuania and Poland have set targets supporting children with special needs which focus on bringing children with special educational needs to general education schools. These targets reflect a commitment to enhancing the overall quality, accessibility, and inclusivity of education, while also tackling specific challenges such as the digital divide and school segregation.

In the realm of healthcare, the targets deal with a comprehensive agenda, including initiatives to improve access to health screening, reduce childhood obesity, strengthen mental health care, and expand immunization coverage. For example, in the Czech Republic efforts are being made to enhance health services for families with children in need, particularly in child psychiatry, addiction, and palliative care. This includes strengthening health service capacities, reducing examination wait times, and adapting usage conditions to accommodate children of migrants and other ethnicities. In Croatia, access to health services has been ensured for children at risk of poverty and social exclusion. This includes children who are beneficiaries of support assistance, from the Roma national minority, children with disabilities, and children of migrants and seekers of international protection. These services are timely, available in their environment, and provided without financial burden to parents or guardians. The data

is disaggregated by vulnerability categories, age, gender, and types of health services. These targets reflect a commitment to promoting the overall well-being of children and adolescents, addressing both physical and mental health needs. Some countries, like Spain, Bulgaria and Greece still lack specific targets related to improving access to mental health care for children and adolescents.

Housing targets outlined in the NAPs focus on ensuring access to safe, adequate, and affordable housing for families with children and young people. Targets mainly focus on reducing substandard housing, overcrowding, and homelessness, reflecting a commitment to improving living conditions for children and their families. Most countries have special focus on increasing the percentage of children in non-institutional alternative care, as seen in Bulgaria, Estonia, Lithuania, Poland and Greece, which has an ambitious goal of reducing the number of children living in institutional care to 0.

Lastly, for nutrition, MS have set targets committing to promoting healthy eating habits among children, with a focus on increasing fruit and vegetable consumption, reducing sugar content in foods, and ensuring access to a balanced and adequate diet. These targets reflect a comprehensive approach to addressing nutritional challenges and promoting overall health and well-being. However, while the NAPs emphasize the importance of promoting healthy eating habits, there is a need to ensure that all children have access to a healthy, balanced, and adequate diet, regardless of their income or social status. This type of target was only found in the Spanish and Lithuanian NAPs. In Poland, the target of increasing the number of people covered by its meal programme is presented, but there is no mention of the criteria which will be used for selecting the targeted groups of children. Finally, targets related to reducing the percentage of overweight and obese children are very diverse, ranging from a decrease in obesity of around 13% in Greece to only around 1% in Bulgaria.

1.1.3 Specifying general objectives and indicators

Other countries have only presented objectives in their NAPs and have outlined some indicators aimed to be used for monitoring purposes (CZ, LU, SK, CY, HU, IE, IT). Nevertheless, no specific targets can be inferred from the proposed indicators. For instance, **Luxembourg, Ireland, Slovakia** and **Hungary** outline a list of objectives based on the identified barriers that each group of children in need faces without mentioning any type of quantitative target.

- **Czechia** includes information about some quantitative targets (e.g., reducing dropout rates by 5 percentage points) but its NAP does not provide information on baseline, intermediate or final target values, which makes it not possible to infer specific targets.
- **Italy** outlines different actions under each of the key policy areas of the CG and elaborates on the concrete objectives to be achieved with each of these actions. Its NAP recommends the creation of participatory platforms at the local level, and its indicators are included in an annex.
- In **Cyprus**, the NAP includes an annex in which a list of actions is presented (e.g., “tuition subsidy and feeding scheme for children up to 4 years of age”, “school and social integration actions program”, “expansion of free and compulsory pre-primary education up to the age of 6”, etc).

The objectives shown in Annex 2 of the report demonstrate there is a shared commitment across MS to increase the accessibility, affordability, and scope of early childcare education

and care services to facilitate a balance between parents' work lives and career and their children's needs. For instance, Italy intends to expand full-time education in nurseries and primary schools, while Ireland wants to double its investment in Early Learning and Care (ELC) and School Aged Care (SAC) by 2028.

In the realm of education, MS strive to reduce educational disadvantage and inequality among children in need, by supporting inclusive and accessible learning environments, enhancing their digital skills and literacy, and preventing early school leaving and dropout. For example, Czechia intends to lower the number of segregated schools and increase the proportion of pupils with special needs in mainstream schools, while Hungary offers various scholarship programmes and travel discounts for disadvantaged students.

Regarding healthcare, a shared focus is placed on safeguarding and enhancing the mental and physical well-being of children and adolescents by offering focused, universal healthcare services, and encouraging health literacy and preventative initiatives to address the particular needs of specific groups of children in need, like children with disabilities. For example, Italy set up a permanent round table on minors with disabilities, while Luxembourg intends to increase staffing to guarantee psychological follow-up.

In terms of housing, countries seek to reduce the number of children in institutional care and to promote family and community care. Several objectives aim to increase the availability and affordability of suitable housing for families with children in need through the provision of social housing and subsidies. For instance, Slovakia is planning to ensure affordable housing for low-income families with children, while Czechia aims to develop legislation on housing assistance and streamline housing benefits.

Finally, in the realm of nutrition, most objectives focus on ensuring access to healthy food for children, both in and out of school, and addressing food poverty and insecurity. For example, Ireland provides funding for the school meals programme and develops national nutrition standards for early childhood education settings, while Hungary provides free meals for disadvantaged children.

1.1.4 Specifying objectives with no indicators

Other countries do not provide indicators and thus, only information on general or overarching objectives can be spotted in their NAPs (SI, MT, NL, DE, HR, BE, FI, SE, DK, FR, LV):

- **Slovenia** includes information about the different measures contributing to the CG objectives the country has already implemented, the target groups to which these are oriented, as well as its supporting policy framework. Nevertheless, it does not provide information on concrete targets, and it only presents overarching objectives.
- In **Malta**, among the different groups of children in need, a greater emphasis is placed on children in precarious family situations with economic fragility (i.e., those in a situation where the household's assets and resources are insufficient to protect the child against poverty or hardship). Its NAP presents the measures that have already been developed at national level to tackle child poverty, and comments on how these contribute to the objectives of the CG, as well as on forthcoming planned measures.
- In addition to objectives, **Germany** also includes in its NAP the number of reported actions in each of the key policy areas and identifies the target age groups in addition to the specific groups of children in need.

- The **Dutch** NAP does not report on any specific target. It only states that the “government is taking measures to halve the number of children growing up in poverty within four years”. The Netherlands reports on different measures that have already been implemented in each of the policy areas, as well as objectives to be achieved for each of them.
- **Belgium** only states that the four axes determined in the CG Recommendation will be used for reducing the number of children living in poverty by 93,000 by 2030. Its NAP also reports on the different measures that have already been put in place under each of the five key policy areas in each of its regions. Nevertheless, no concrete targets can be inferred.
- **Finland** describes a set of objectives related to the CG by population groups and themes. These specific groups include families in a weak socio-economic position, children, young people, and families who need support in everyday life, groups of children and young people vulnerable to discrimination and other harm, children and young people who are victims of violence and who abuse intoxicants, and other groups of children and young people including Roma and Sami children, as well as LGBTIQ children.
- **Croatia** provides a set of objectives under each key policy area and then outlines more specific goals under these objectives.
- **France** provides objectives to be achieved in each of the key policy areas and reports on the social policies already in place targeting families and children.
- **Sweden** too provides quantitative and qualitative objectives which are general, and which are not accompanied by base and target values. The NAP presents them in bullet points, and they are not linked to concrete measures. Only for some objectives, the relevant actors in implementing the measures are specified.
- **Denmark** only outlines broad objectives throughout the text and does not include monitoring indicators.
- **Latvia** outlines its primary objectives for each policy area in a narrative format, providing details about the target group of children in need these objectives refer to.

In the realm of ECEC, the primary focus of NAPs objectives is on enhancing the access, affordability, and quality of services for all children, particularly those from disadvantaged backgrounds. Countries like Denmark, Belgium, Germany, and Croatia strongly focus on providing access to quality ECEC facilities for children in need. For instance, Denmark is implementing a minimum adult-to-child ratio in ECEC facilities and aims to provide a healthy lunch as part of the ECEC service. France is planning to improve the reception quality and the skills of ECEC professionals.

When it comes to education, the emphasis is on providing equal and inclusive access to education and school activities for all children, irrespective of their socioeconomic status, ethnicity, language, or disability. One overarching goal is to prevent and reduce early school leaving. For example, Finland is working towards providing every child and young person with a free hobby outside of their school day, while Slovenia is planning to identify and eliminate both financial and non-financial barriers to participation in education.

In healthcare, the objective is to ensure that all children have effective and free access to quality healthcare services. This includes preventive, curative, and rehabilitative measures, and measures addressing the specific needs of children with disabilities, mental health issues, or chronic diseases. For instance, Germany intends to reduce bureaucracy for health service access for children in migration, and France proposes to strengthen the child psychiatry sector and enhance cooperation between health professionals and schools.

For housing policy area, the main aim is to ensure that all children have effective access to adequate housing, and to prevent and reduce homelessness and housing insecurity among children in need and their families. For example, Denmark aims to create new social housing and prevent evictions of tenants who have defaulted on their rent.

Lastly, in the area of nutrition, the focus is on providing at least one healthy meal each school day for all children and ensuring access to healthy food outside school days, especially for children in need. For instance, Croatia, Slovenia, and Malta plan to provide at least one healthy meal each school day, and France aims to continue supporting communities to set up quality food at school and in early childhood structures (see Annex 3 for more information).

1.1.5 Additional policy themes

In addition to the key CG policy areas of ECEC, education, healthcare, housing and nutrition, MS also present targets and objectives in other thematic areas, and indicators to track their progress. These are mainly specifically related to poverty and social exclusion:

- For instance, **Estonia** presents two indicators tracking progress in the provision and development of parental education and parental support services (‘parents who feel they need advice and help but do not know where or to whom to turn or do not dare to address anyone’ and ‘acceptance of corporal punishment of children by parents’).
- Under its strategic axis to “fight against poverty and reinforcement of social protection for children and adolescents”, **Spain** sets several objectives like reducing severe child poverty, increasing the coverage and efficiency of aid for this group, avoiding the exclusion of any child or adolescent from social protection against poverty, and increasing investment in families and children.
- **Portugal** also sets targets for adults in the realm of the labour market, and integrated social actions for children and young people. For instance, the CG aims to increase the employment rate of the population aged between 20 and 64 by 5.8%, reduce the gap between the employment rate of men and women by 2% and to increase the guaranteed minimum monthly wage progressively and annually.
- **Cyprus** includes an integrated approach to reducing child poverty and promoting social inclusion as one of the main areas of focus in its NAP for the CG.
- **Bulgaria** also includes objectives which specifically address poverty in households with three or more children and single parent households. Concretely, these targets are: “Reducing the share of the poor among households with three or more children” and “Reducing the share of the poor among single parents with children”.
- **Ireland** includes income support as a key policy sector and **Hungary** develops measures to address the territorial dimension of poverty.

- **Denmark** includes associational life and culture as a key policy realm for the development of measures and **Croatia** sets an objective to improve the accessibility of social services in the community to children at risk of poverty and social exclusion.

These targets, objectives or indicators cannot be classified under the main key policy areas. Nevertheless, they also contribute to achieving the main objectives of the CG.

1.2 Analysis of types and sufficiency of indicators

Indicators are essential components of monitoring frameworks used for effectively tracking the implementation and progress of CG measures at the national level. They provide quantitative and qualitative information for monitoring frameworks of the planned policy measures. The monitoring of the CG at national and EU levels thus needs indicators that can provide accurate information about the progress and outcomes of the different measures relating to the implementation of the CG. While most countries already include a set of indicators in their NAPs (PT, ES, PL, EL, EE, LT, BG, CZ, LU, SK, CY, HU, IE, IT), others (SI, MT, NL, DE, HR, BE, FI, SE, DK, FR)¹⁰ are still in the process of developing relevant indicators for the monitoring frameworks of the CG.

The following subsections of the report present the results of the assessment of indicators set in NAPs by MS, based on five criteria of the Indicators Subgroup of the SPC used to define EU social indicators¹¹ and additional criteria defined in our conceptual framework outlined in the beginning of this report. The five abovementioned criteria provide a solid and sound conceptual framework for the development of quality indicators that can effectively track the progress of CG measures. Based on this assessment, 50 indicators have been selected as examples that fulfil one or more of the SPC ISG criteria¹², including indicators presented in monitoring frameworks of BG, CZ, EE, EL, ES, HR, HU, IE, LT, PL, PT (see Annex 4). The list provides examples of relevant indicators for CG monitoring and which can be used for the further development of monitoring frameworks of NAPs by MS.

1.2.1 Capturing the essence of the problem and having a clear and accepted normative interpretation

Indicators that capture the essence of policy problems are specific and avoid using ambiguous measures or concepts subject to different interpretations. To be specific, indicators should be supported by well-defined conceptual frameworks that provide detailed information about the specific features of policy problems and the groups of children targeted by the CG

¹⁰ In the Netherlands, monitoring activities were planned to commence in spring 2022. In Slovenia, indicators to monitor the implementation of the CG were expected to be developed by June 2023. France states that the development of indicators is underway and considers the inclusion of various types, including results, mixed and administrative indicators. Malta only presents two indicators: “AROE children living in a single-parent household” and “children living in low-income households”.

¹¹ Social Protection Committee Indicators Sub-group (2015), ‘Portfolio of EU Social Indicators for the Monitoring of Progress Towards the EU Objectives for Social Protection and Social Inclusion’. Available at: <https://ec.europa.eu/social/BlobServlet?docId=14239&langId=en>

¹² The SPC ISG (2015) report states that in certain cases indicators can comply with only one of the five criteria defining the quality of indicators. This is because some specific key information in a certain policy area might not be possible to gather without using an indicator that fails to cover all the criteria.

measures. These conceptual frameworks offer a comprehensive understanding of the main policy challenges addressed by the CG. They present the main features and causal links, as well as detailed background information about the development of the issue in the country.

The accepted normative interpretation in this context refers to a general agreement that a movement in a particular direction represents an improvement for children in need. This means that the indicators used should reflect positive changes in the lives of children targeted by the CG measures. For instance, an increase in the number of children accessing key services such as education, healthcare, and nutrition, or a decrease in the number of children at risk of poverty or social exclusion, would be seen as an improvement. These indicators, subject to an accepted normative interpretation, can provide a clear and accurate picture of the progress made in improving the lives of children in need.

The identification of the targeted groups of children in need and the main social challenges they face can vary from country to country. Nevertheless, these definitions are needed to provide a solid basis for the development of indicators that can accurately capture the impact of CG measures on the well-being of these groups of children. For instance, in Spain and Poland, disability among children is measured by the acquisition of a certificate of disability, while Portugal characterises this group based on the percentage of children benefiting from disability social benefits¹³. Greece outlines in its NAP that only children who meet the criteria to become beneficiaries of disability allowances are registered as children with disabilities and Finland provides a glossary defining key characteristics of the different groups of children in need.

Another crucial aspect for specificity and targeting the unique needs of the identified groups of children in need is indicators' disaggregation. Indicators may be disaggregated by age, gender, AROP(E) status, household income, employment situation, level of urbanisation, migrant background, disability, and parental risks factors among others.¹⁴ These types of disaggregation offer nuanced understanding of the societal challenges faced by the different groups of children in need¹⁵:

- For instance, the **Polish** set of indicators distinguishes between various migrant backgrounds, providing precise indicators related to distinct issues for each group (e.g., 'the number of Ukrainian children supported since the beginning of Russia's invasion of Ukraine', or 'the number of Roma children covered by pre-school education as part of the Integration Programme for 2021-2030'). This facilitates an intra-group comparison of the distinct impact of the CG for each group.
- Other countries such as **Portugal** include disaggregation for territorial comparison (e.g., 'transition/completion rate, per study cycle and municipality' and 'the percentage of districts covered by the psychological support response for children and young people victims of domestic violence'). **Spain** uses indicators capturing the

¹³ Bonificação por Deficiência and the Social Inclusion Benefit (PSI – Prestação social para a Inclusão).

¹⁴ Social Protection Committee Indicators Sub-group (2015), 'Portfolio of EU Social Indicators for the Monitoring of Progress Towards the EU Objectives for Social Protection and Social Inclusion'. Available at: <https://ec.europa.eu/social/BlobServlet?docId=14239&langId=en>

¹⁵ Ibid.

rural/urban divide in the realm of education (‘the percentage of children living in poverty in urban areas who are deprived of educational and leisure activities’, ‘the percentage of children living in poverty in rural areas who are deprived of educational and leisure activities’).

1.2.2 Being robust and statistically validated

Robust and statistically validated indicators provide accurate and reliable measures of the phenomenon or variable they intend to measure. Robustness, in the context of both statistical methods and indicators, refers to their ability to produce reliable and consistent results, even when conditions change, or assumptions are not fully met. This means that even when there are fluctuations or errors that could potentially compromise indicators’ accuracy and effectiveness, robust indicators still maintain their reliability.¹⁶ A statistically valid indicator is one that accurately and reliably measures what it is intended to measure as the measurement is often done indirectly, and this is confirmed through the use of appropriate statistical techniques.¹⁷ Such indicators need to be backed up by solid and reliable calculation methodologies, ensuring that indicators can provide objective data independently of the entity which processes the data. In addition, robust and statistically validated indicators need to rely on reliable data with an adequate level of representativeness.

The use of internationally accepted indicators such as the AROPE rate enhances a shared understanding of the key social and policy challenges to be addressed by the CG. While all MS have, to some extent, mentioned targets or objectives related to AROPE, not all consistently use indicators to monitor the progress of NAP implementations. However, countries like Greece, Hungary, Lithuania and Spain employ concrete AROPE indicators. For instance, LT has set the following target for which AROPE is the indicator: “By 2030, reduce by half the proportion of children at risk of poverty or social exclusion”. The use of such internationally accepted indicators not only ensures the robustness and statistical validity of the indicator but also facilitates comparison across MS. However, in some cases even for widely used and accepted indicators such as AROPE, the cross-country comparability is hindered due to a small sample size.

The use of official statistical data (collected at national, regional or local level), pan-European European Union Statistics on Income and Living Conditions (EU-SILC) and other Eurostat data, the OECD Programme for International Student Assessment (PISA) and World Bank data contribute to the reliability and comparability of monitoring frameworks of the CG. To address challenges relating to large confidence intervals, small sample size and breaks in data series of international surveys, it is beneficial to use a mix of sources, combining municipal, regional and national data with international survey data to ensure the best coverage and plug any data gaps that a standalone source might have.

Another key feature of robust and statistically valid indicators is the use of sound and reliable methodologies for data collection and the frequency or regularity of data collection. MS that

¹⁶ <https://www.statistics.com/glossary/robustness/>

¹⁷ <https://www.statistics.com/glossary/validity/>

have already defined baseline and target values based on the approved methodologies for data collection (either based on statistics and international surveys or based on administrative data) created good pre-conditions for robust and statistically validated monitoring of the CG measures. Some NAPs stand out for presenting indicators showing an adequate level of robustness. For instance, in the area of ECEC, PT includes multiple indicators that cover a single objective. The objective “To ensure access to quality early childhood education and care services” is measured using indicators such as: “Rate of children from poor families, who attend early childhood education and care settings up to the age of 3”, “Coverage rate of early childhood education and care settings, per district and municipality“, “Number of children aged 0-3 covered by free access to kindergartens”, “Pre-schooling rate, by gender and NUTS 2”, and three others. This strategy allows for a mix of administrative data and international survey data, ensuring that any possible data gaps or sample size issues will be covered because there are multiple ways to collect data.

The analysis of NAPs shows that some countries such as PL, LT, and IE mostly rely on administrative data sources for their indicators, while in ES and PT the use of international surveys like PISA, EU-SILC, EHIS, and WHO surveys is more frequent. Leveraging a blend of international survey data and national administrative data, offers significant advantages. This approach not only increases the reliability and representativeness of data but also enhances cross-country comparability. By integrating these diverse data sources, MS can derive more comprehensive and accurate insights, thereby improving the quality of decision-making and policy development processes. This method underscores the power of combining different data types to achieve a more holistic understanding of the issues at hand.

1.2.3 Being timely and susceptible to revision, built on available underlying data

The indicators for the CG monitoring are used to measure the progress and effectiveness of the policy measures and initiatives. Therefore, these indicators need to be “timely”, meaning they should be updated frequently enough to reflect the most recent data or situation. They should also be “susceptible to revision”, meaning they can be adjusted or changed based on new information, insights, or changes in the policy environment. This approach ensures that the policies and actions under the CG remain relevant, effective, and responsive to the needs of children across Europe. It allows for continuous improvement and adaptation of the policy based on the latest data and evidence.

Indicators that are both responsive to change and open to revision often depend heavily on administrative data. An added layer of complexity is the timing of data collection. Interestingly, national-level data collection offers a distinct advantage in this regard. Unlike international surveys, which operate on a large scale and can be slow to adapt, national data collection can be adjusted more swiftly and on a smaller scale. This flexibility allows for more timely updates and revisions, ensuring the data remain relevant and accurate. This nuanced perspective highlights the dynamic nature of data collection and the inherent advantages of a multi-faceted approach.

Administrative data serves as a robust foundation for indicators, enhancing their accuracy, reliability, and timeliness. Using administrative data collected by governmental, regional, or local institutions significantly enhances data precision compared to relying solely on

international surveys. While administrative data may have some limitations compared to other data sources like international surveys, it is typically readily available and updated frequently. These data, which come from registries such as the registry of school pupils or the registry of social assistance recipients, is usually accessible in a timely manner and incurs little to no additional costs. This is in contrast to international surveys, which may have problems with timeliness and representativeness because some of them are only conducted every two or three years and require more time overall for each wave to be prepared.. The systematic and prompt collection of administrative data enhances the timeliness of indicators, allowing for effective tracking of the progress in implementing measures. This facilitates continuous monitoring and revision of national targets, making it a valuable resource for tracking the progress of CG implementation.

Providing final as well as interim target values facilitates thorough monitoring of the CG measures and allows for adjustments and revisions of policy implementation measures and process. Our analysis of NAPs shows that only some MS provide target values for their indicators for 2025 (milestones) and 2030 (LT, EE, PL). In Estonia, yearly values are used for some of its indicators. Poland, which presents target values for 2025 and 2030, also includes the deadline for the reporting on the indicator value, enhancing the transparency of data collection by providing information on the specific time when the data are collected. Indicators for which information on interim target values is not provided in NAPs, as is the case in multiple MS (CZ, LU, SK, CY, HU, IE, IT), are not susceptible to gradual revision and thus, have low potential to be used for policy monitoring and evaluation purposes and adjustments of CG implementation measures.

1.2.4 Being responsive to policy interventions, but not subject to manipulation.

Being “responsive to policy interventions” means that the indicator changes or adapts when policies are implemented. It reflects the outcome of the policies, showing whether they are effective or not. In addition to this, being “not subject to manipulation” means that the indicator cannot be easily influenced or altered to show a desired outcome. This is crucial to ensure the integrity and reliability of the indicator. It prevents stakeholders from artificially inflating or deflating the indicator’s value to misrepresent the reality.

In the context of the CG, an indicator that is responsive to policy interventions but not subject to manipulation accurately reflects the outcomes of policies aimed at ensuring children’s access to services in CG policy areas and reducing child poverty and social exclusion. It changes in response to effective policies but cannot be manipulated to falsely represent progress.

To be responsive, indicators need to be specific enough, rely on reliable data sources and sound collection methodologies. Some countries outline in their NAPs the procedures to identify the specific groups of children in need that the measures aim to target. For instance, the Netherlands has developed a dashboard to help local authorities in the process of identifying and reaching children living in poverty.

In addition, indicators which are quantifiable and output and outcome-oriented provide clear metrics facilitating a measurable overview of the implementation progress of the programme, and are more prone to show the direct results, and potential short and long-term impacts that

CG measures produce. A balance of input, output, and outcome indicators and clear causal links between them are desired in order to provide a comprehensive assessment of the investment that has been made in the key policy areas. Monitoring frameworks should prioritise output and outcome indicators, as they provide information on direct results of policy interventions and allows for the evaluation of impact through contribution analysis.

In general, MS which already present a list of indicators in their NAPs, prioritise outcome indicators for CG monitoring, however in most cases a set of indicators is used to monitor specific policy area, which reduce the risk of manipulation of indicators' data. For instance, for monitoring the quality of ECEC and education services which is often measured as a ratio of the number of teachers and pedagogical staff and the number of children in the classroom, the overall number of children in ECEC and education (i.e. access) should be monitored in order to assess if changes of indicator's values resulted from policy measures implemented or were caused by demographic trends (e.g. reduced overall number of children in ECEC and education). Other risks related to manipulation are related to monitoring implementation progress using rates, percentage change or percentage points solely for measuring the outcome of interventions without providing absolute values, e.g. number of children having access to or receiving certain services. For very small or large target groups and for the indicators with very low baseline values, indicators data using the aforementioned measurement unit is prone to misinterpretation.

1.2.5 Comprehensiveness and balanced coverage per policy area, and transparent and synthetic assessment of a country's state of play

The SPC in their recommendations for the four portfolios of EU social indicators advises that indicators provide a comprehensive and balanced coverage of key policy areas.¹⁸ In the context of the CG implementation, this approach would entail selecting a set of indicators ensuring a balanced coverage of the different policy areas in monitoring frameworks and a proportionate number of indicators that can accurately track the progress of CG implementation.

Some MS present an adequate balance of indicators across policy domains, including a proportionate number of indicators and similar coverage per each of the key policy priority areas (PT, ES). However, other MS present marked imbalances, with some areas being covered by a great number of indicators, while others lack sufficient coverage. While these discrepancies may be caused by a higher prevalence of issues in some policy areas compared to others, ideally, all policy areas should have at least one or two indicators to track the progress of CG initiatives. This would ensure that relevant stakeholders can easily access comprehensive information about the functioning of the CG in specific MS.

As a general trend, the number of indicators monitoring measures categorised under the policy area of nutrition and healthcare tends to be limited compared to other policy areas in many NAPs. For example, Spain offers four indicators for nutrition policy area, and Ireland offers three, while Slovakia, Estonia, and Sweden are not monitoring this aspect of the CG in their NAPs. This can be explained by the fact that Estonia and Sweden provide free meals for all age

¹⁸ Social Protection Committee Indicators Sub-group (2015), 'Portfolio of EU Social Indicators for the Monitoring of Progress Towards the EU Objectives for Social Protection and Social Inclusion'. Available at: <https://ec.europa.eu/social/BlobServlet?docId=14239&langId=en>

groups of schoolchildren and Slovakia – for children living in a low-income household in primary schools and all children in the last year of preschool education. However, capturing other aspects relating to healthy and adequate nutrition would benefit the overall CG monitoring framework at national level.

For healthcare, Bulgaria and Greece only outline two indicators which are related to monitoring access to healthcare services, though several health policy measures were planned in the Bulgarian NAP. Scarce use of relevant indicators in the specific CG areas not only complicate the monitoring of specific policy measures but also potentially creates evidence and information vacuum, as overall situation in access to certain services is not captured by the CG monitoring framework and newly emerging challenges and barriers for accessing services could be overlooked.

1.2.6 Assessment of the completeness of information on indicators

MS which have already presented a list of indicators provide different types of information regarding indicators. Table 1 below displays the information included in the NAPs regarding the presentation of indicators' baseline and target values, data sources, data collection methods and the regularity in data collection for BG, CZ, CY, EE, EL, ES, HU, IE, IT, LT LU, PL, PT and SK, which provide detailed monitoring frameworks in their NAPs.

In general, indicators presented in NAPs are missing the indications of data collection methods and regularity of data collection. Also, in most cases, NAPs do not provide milestone and final values of indicators to be used for CG monitoring. Absence of this information shows that monitoring frameworks can be assessed as incomplete and still under development.

Table 1: Information for monitoring frameworks presented by Member States

Member State	Baseline and Target Value	Data sources	Data collection method	Regularity of data collection
BG	Base value, intermediate (2025) value and final (2030) values.	National Statistical Institute (NSI), National Centre of Public Health and Analysis (NCPHA), WHO, Eurostat, Ministry of Health, Agency for Social Assistance (ASA).	Not specified.	Annually.
CY	Not specified.	Not specified.	Very briefly presented: “The data collection is done by recording available statistics, which are drawn from the relevant Ministries/Services involved.	Not specified.
CZ	Not specified.	Not specified.	Not specified.	Not specified.
EE	Baseline value and yearly target values for 2022 up to 2025.	Not specified.	Not specified.	Not specified.
EL	Base value (including the EU value), intermediate (2025) and final (2030) target value.	Eurostat, EU-SILC, PISA, UNICEF Country Program Documents, National Action Plan on Public Health, National Health Strategy, National Strategy and Action Plan on Social Inclusion of the Roma (2021-2030).	Developed on page 56 of the NAP.	Not specified
ES	Baseline value for 2021.	Eurostat, PISA, Teaching Statistics University, Equipment and Use Survey of Information Technologies and Communication in Homes (INE), National Health Survey (ENSE), Administrative Data from the Ministry of Health, ECV Eurostat, HSBC, Study of Food, Physical Activity, Child Development, and Obesity in Spain (ALADINO 2019), Ad hoc studies, statistical bulletin protection system, autonomous data census of centres protection.	“The collection methods and periodicity will be established after the first year of implementation of the Plan, in collaboration with experts and the European Commission itself”.	Not specified.

HU	Not specified.	Not specified.	Not specified.	Not specified.
IE	Not specified.	National Perinatal Statistics Report, The Childhood Obesity Surveillance Initiative, Healthy Ireland Survey, Health Protection Surveillance Centre, Health Behaviour in School-aged children, European School Survey Project on Alcohol and Other Drugs, National Self-Harm Registry, Health Service Executive performance reports, Central Statistics Office, PISA, Tusla School Attendance Data, Department of Education and Skills Education, National Assessments of English Reading, and Mathematics..., etc.	Methodology for developing indicators, not on data collection.	Quarterly, annually, every six months, monthly..., etc.
IT	Not specified.	Ministry of Education, EU-SILC, Social Services Information Systems, Social Information System on the care and protection of children and their families, Italian National Institute of Statistics (ISTAT).	Not specified.	Varied, mostly annual.
LT	Base value, intermediate (2025) and final (2030) value.	Survey data, NHIF data in the reporting year, reports and statistical reports of municipalities and the Information System on Social Assistance to Families (SPIS), Drug, Tobacco and Alcohol Control Department, State Data Management Information system, National Health Insurance Fund.	Not specified.	Not specified.
LU	Not specified.	Not specified.	Not specified.	Not specified.
PL	Base value, intermediate (2025) and final (2030) target values. The deadline for the provision of the indicator values is included.	Nationwide survey on the number of homeless people, Strategy for People with Disabilities 2021-2030, 2021 Central IT System, Education Information System, Programme of Social and Civic Integration of the Roma in Poland for 2021-2030, work and expenditure statement regarding support for the family and the	Not specified.	Not specified

		alternative care system, report on the implementation of the National Programme for Counteracting Domestic Violence.		
PT	No base or target values. Only for targets.	EU-SILC, National Statistics Institute, Social Security Institute, Strategy and Planning Office (GEP), Social Charter, Directorate-General for Education and Science Statistics, Institute of Financial Management of Education, Directorate General for Health, COSI/WHO Europe, CASA (House) Plan, National Commission of the Promotion of Rights and the Protection of Children and Young People.	Developed on page 55 of the NAP.	Not specified.
SK	Not specified	Not specified for each indicator. Data sources include state administration information systems, external field research, participatory actions with members on regional level, participatory actions with children in the evaluation of selected interventions impacting children, aggregated data from WHO, UNICEF tools and MH SR information systems.	Not specified, only general data sources are provided.	Not specified.

Source: elaborated by the authors, based on the analysis of NAPs.

1.3 Funding references

The European Parliament resolution on ‘Children first – strengthening the Child Guarantee, two years on from its adoption’ (2023/2811(RSP)), states that European Social Fund Plus (ESF+) resources alone are not sufficient for the implementation of the CG programme and calls for a significant increase in the national funding, including the use of both national and European instruments.

Overall, most countries include some type of reference to funding in their NAP (LU, PL, PT, ES, SK, SI, NL, BE, BG, CY, CZ, EE, FI, DE, EL, HU, IE, IT, LT, SE). Only FR, HR, and DK do not provide any type of comment on funding throughout their NAPs. Malta only comments about funding in a very general manner, stating that the amount of ESF+ to be allocated to the CG is still to be agreed on.

Among the MS which present funding references, PT and ES present tables outlining the specific financial resources and budget allocations for their CG objectives, while SK, CZ, HR¹⁹, HU and LT provide information solely on the financial resources used for different measures and/or targets. Greece facilitates this information in a narrative style, without the use of a table.

1.3.1 Identifying funding sources and allocations for specific CG measures and/or targets

A number of countries identify funding sources and corresponding CG implementation measures and targets in their NAPs without making mention to specific budget allocations. For example:

- **Slovakia** mentions that most of the measures working on the key policy areas of the CG have already been implemented thanks to the European Structural and Investment Funds (ESIFs). Funding sources are detailed in the table where the indicators and target values are included, enhancing the transparency of the allocation of funds, and facilitating a comprehensive overview of the financial support across each of the key policy areas. The main sources of funding for the CG in Slovakia include the ERDF and a combination of ESF+ and national budgets. For some measures, the source of funding is not available.
- **Slovenia** follows a similar but not so well-developed format, in which information about the concrete yearly budgets for 2022, 2023 and 2024 are presented together with information about the responsible authority involved in the plan’s implementation. In some cases, up to four different authorities are responsible for managing financial resources.
- **Czechia** dedicates an entire annex to develop on the financial resources that will be allocated to the development of the CG. These include national resources coming from the State budget, the ESF+ (deployed under the Operational Programme Employment+, OPZ+), the operational programme Jan Amos Komensky (OP JAK), the

¹⁹ In Croatia this only applies to some measures since there are a lot of cases where, despite the presentation of a table, the information on the data source is lacking.

Integrated Regional Operational Programme (IROP), AMIF, the National Recovery Plan (NPO) and UNICEF among others. The NAP elaborates on the main priorities for each of the funds, providing budget allocations for some of the priority objectives.

- In **Lithuania**, a total of 8.7% of ESF+ funds, which amount to 98.98 million, have been allocated to the implementation of the Lithuanian Child Guarantee Action Plan measures. A total of €60.25 million of EU funds has been allocated to the Ministry of Social Security and Labour, €10.9 million to the Ministry of Health and €27.83 million to the Ministry of Education, Science and Sports. The Lithuanian NAP includes a table where the specific funding sources are specified for each of the measures, however with no indicators on funding allocations. Funding sources include the State Budget, compulsory health insurance funds, co-financing funds, municipal budget funds and the budget of the state social insurance fund of the Republic of Lithuania.
- **Hungary** provides a table indicating the interventions that are financed through the use of ESF+ funds, and also comments on the role of Hungary's Recovery and Adaptation Plan in providing significant resources for achieving the goals of national action plans guaranteeing children's rights.
- **Greece** is another example of a NAP that provides clear funding references, including the allocated budget and the sources of funding. Its NAP specifies the funding sources for each of the key policy areas. There is a high investment in actions related to the CG through the State budget. Other funding sources include Erasmus+ in the field of education, AMIF for nutrition and housing and the Recovery and Resilience Plan (RRP) for healthcare. In addition, Technical Support (DG Reform - Technical Support Instrument) has been approved under the title "Reform of the Early Childhood Intervention (ECI) framework for children with disabilities.
- **Germany** also uses a narrative style to succinctly comment on the source of funds, despite the limited number of CG measures implemented.

1.3.2 Identifying funding sources and overall budget allocations

Countries such as PT and ES when developing their NAPs elaborated on the national frameworks that will be used to manage European Structural and Investment Funds (ESIF):

- **Spain** offers detailed information about the different funds that will invest in CG measures, including the General State Budget, as well as different European funds in addition to the ESF+. The Recovery, Transformation and Resilience Plan is the key instrument for the deployment of the European Next Generation EU recovery funds, and it provides a roadmap for the modernisation of the Spanish economy, fostering economic growth and job creation and preparing the country for future challenges. The ESF+ contribution will be nested in the 2021-2027 Multiannual Financial Framework of the EU. The ESF+ funded national operational programme, the 'Programme to fight against poverty and material deprivation' (in which the Autonomous Communities will also participate) will include measures to provide basic food and material assistance to child population in vulnerable situations. A total of €983 M will be dedicated to childhood through the ESF+, among which €696M will be funded by the EU and €287M will be co-financed. A total of € 3, 115.51 M will be allocated to different CG related actions through the Recovery, Transformation and Resilience Plan.
- The **Portuguese NAP** includes two different tables with specific budget allocations, one for ESF+ resources and another one from the RRP. The development of the CG

measures in Portugal depends on various financial resources: the State Budget, whose allocation is defined annually and European funds including the ESF+ and the RRP. Portugal allocates a 6% of its total ESF+ funds to the CG (€340.09M). The Demography, Qualifications and Inclusion Programme (PDQI) is the main instrument of the Portugal2030 scheme²⁰, which allocates an appropriate amount from the ESF+ to the implementation of the CG. Among ESF+ funds, a total of €7M is allocated to the National Early Childhood Intervention System (SNIPI), €18M to the qualification of the system for the promotion and protection of children and young people in danger and promotion of deinstitutionalisation, €130.04M to the Educational Territories of Priority Intervention Programme (TEIP), €23.8M for ESCOLHAS (CHOICES) Programme²¹, €31.25M for the Local Contracts for Social Development (CLDS) and €130M for the Learning Recovery Plan (PRA). Another contribution to the CG measures in Portugal is the ESF+ strand for combating material deprivation, which is the successor to the Fund for European Aid to the Most Deprived (FEAD), and which has been used in the Portugal 2020 scheme²² by the Operational Programme to Support the Most Deprived Persons (POAPMC – Programa Operacional de Apoio às Pessoas Mais Carenciadas).

- **Italy** provides comprehensive information in its NAP about the use of both national and EU financial resources to address child poverty and social exclusion in the country. Specifically, in the realm of social care, the Minister for Labour and Social Policies relaunched in October 2021 the National Fund for Social Policies, under which two national programmes operate: the National Social Plan 2021-2023 and the National Plan of Measures and Social Services to combat poverty 2021-2023. A total of €390,925,678.00 has been allocated to the Fund for each of the years 2021, 2022 and 2023. Regional governments are expected to plan how to use their funding allocation for the period 2021-2023. Regarding EU funding, Italy recognises the complementary nature of the European Regional Development Fund (ERDF) and the ESF+ in addressing child poverty and social exclusion, and the relevance they have for the development of their Plan. The ESF+ primarily focuses on alleviating situations of disadvantage by reinforcing service provision in areas such as employment, education, work skills, etc. On the other hand, ERDF funds are directed toward the adaptation of infrastructure and technology in housing, schools, and healthcare facilities. Additionally, actions financed through these funds receive support from the Asylum Migration and Integration Fund (AMIF) programme for the 2021-2027 programming period.
- **In Bulgaria** the CG will be financed mainly with funds from the state budget and the European funds which include the Education Programme 2021-2027 (BGN 198,829,711), Human Resources Development Programme 2021-2027 (BGN

²⁰ “Portugal 2030 materialises the Partnership Agreement established between Portugal and the European Commission, which sets the main objectives for the application, between 2021 and 2027, of the overall amount of €23 billion”. Information accessed at: [What it is Portugal 2030 - Portugal 2030](#)

²¹ Escolhas is a national programme launched by the Portuguese government to promote the social inclusion of children and youths of the most vulnerable communities, such as children from immigrants and ethnic minorities. Information about the programme can be found at: [Programa Escolhas in Portugal: Telecentre Europe Member Profile • ALL DIGITAL \(all-digital.org\)](#)

²² “The Operational Programme to Support the Most Deprived People aims to be an instrument to combat poverty and social exclusion in Portugal”. More information can be obtained at: [About Us - poapmc.pt \(portugal2020.pt\)](#)

81,281,936), Regional Development Programme 2021-2027 (with an indicative amount of BGN 897,517,471.79), Food and Basic Material Assistance Programme 2021-2027 (BGN 13,140,000) and other sources. The Bulgarian state budget is used to finance activities related to free healthcare, pre-school and school education, early childhood care, provision of social services to children and their families and various types of social and family assistance as well as tax reliefs, pensions and benefits among others.

1.3.3 General information about funding

Other MS mainly provide scarce and fragmented information on funding planned for the implementation of CG at national level:

- **Estonia** does not provide detailed information about the funding allocations that will be assigned for the CG measures in the country. Its NAP only states that the percentage of children living under the risk of poverty is below the EU average and thus, the country does not need to allocate at least 5% of their ESF+ resources to the programme. Estonia has planned to implement parental skills programmes, including the development and establishment of community-based prevention and family work centres, support for children with trauma experience and complex problems, development of alternative care and support for the transition of child protection to a new case management model. The estimated cost for the development of all of these activities is estimated to be of approximately 42 million euros.
- **Luxembourg** foresees to use additional national contributions for funding in addition to the ESF+. Its NAP includes a table with an indicative allocation of the European funds, and the national contributions the country is making. The country foresees to invest up to €2,090,367 for the implementation of the CG, where €836,147 will be allocated from ESF+ (40%), and national contributions top up to €1,254,220 (60%). Since the rate of children at risk of poverty in LU is above the European average, the country allocates a total of €14,801,177 to the CG²³
- **Sweden** only provides general information about the goals of the ESF+ and its role implementing measures helping children (aged 6-18) living in financial disadvantage.
- **Malta** does not provide any specific information on the EU allocation funds and only states that the exact amount of funds will only be known after the ESF+ Operational Programme is finalised and the discussions among the Maltese authorities and the Commission have finalised.
- In addition to funds from the ESF+, **Poland** will also use the ERDF to implement the CG programme. Funds from the ESF+ will be spent both under the national programme entitled EU Funds for Social Development 2021-2027 (EUFSD) and as part of 16 regional programmes. The actions planned under the EUFSD programme include support in inclusive education, support for child and adolescent psychiatry, support for alternative care, support for children with disabilities and support in the provision of childcare places for children up to 3 years of age.
- In **Ireland**, the CG is predominantly funded through the national budget. Some projects mainly focused on child poverty are currently being considered to be funded

²³ The amount of fund needs to be at least a 5% of the ESF+ funds.

under the ESF+, including ‘Family support practitioners and standardised pathways’, ‘Young parents’ support programme’, ‘Parenting support public awareness fund’ and ‘Scaling proven models from Area Based Childhood interventions’. In addition to these, other projects financed through the ESF+ and other EU funding schemes will be considered when the new policy framework for children and young people progresses, and the synergies across different policy domains of the CG are better understood.

- In **Belgium**, some of the measures related to healthy meals at school were funded by the EU scheme for fruit, vegetables and milk in schools, which has been operating since 1 August 2017. This scheme supports different types of actions, such as the provision of products, educational measures and information campaigns in schools in three regions. In Belgium, the PSS Social Integration²⁴ also managed the food aid budget of 22 million euros for improved access to food under FEAD operational programme for the 2014-2020 programming period.
- **Cyprus** plans to use the ESF+ together with the AMIF, the Erasmus+ KA3, the Technical Support Instrument (TSI), the Recovery and Resilience Plan and the Operational Programme “THALIA” (2021-2027)²⁵.
- The **Finnish National Child Strategy’s** funding is six million euros. This Strategy also covers the National Child Strategy measures listed in the CG NAP. On October 2021, the Innovation and skills programme 2021-2027, funded by the ESF+, was approved. The programme includes the following priority axes: ‘An employed, skilled and inclusive Finland’ that aims to support employment skills, the development of working life, continuous learning and flexible education paths; ‘Finland against material deprivation’, which has the aim to help those in a disadvantaged position by providing support for the purchase of food and basic commodities and the priority of ‘socially innovative Finland’, which focuses on the innovative development of child protection. The Funding Centre for Social Welfare and Health Organisations (STEA) provides extensive funding to projects related to the welfare of children, young people, and families and the realisation of their rights. The Finnish NAP states that the schedules and timing of the provided funding are impossible to state in terms of the national action plan for the CG because each government level makes independent decisions over funding.
- **The Netherlands** briefly comments on the financial budget allocations for some measures.
- **Slovakia** includes the funding sources in a table for the competent authorities for managing the CG funds.
- **Austria succinctly comments for some concrete measures for which the ESF+ funds will be used.**

²⁴ "The Federal public planning service for Social Integration[1], anti-Poverty Policy, Social Economy and Federal Urban Policy (PPS SI) is a federal public service created in 2003, which strives to guarantee that all persons living in poverty can live with dignity". More information can be found at: PPS Social Integration | PPS Social Integration, anti-Poverty Policy, Social Economy and Federal Urban Policy (mi-is.be)

²⁵ The programme THALIA is a multi-annual, multi-fund development Programme which outlines the development strategy for the use of the Cohesion Policy Funds resources that have been allocated to Cyprus for the period 2021-2027. More information can be found at: THALIA (2021-2027) – Cohesion Policy Funds - Πύλη Ενημέρωσης Χρηματοδοτικών Προγραμμάτων - ΓΔ Ανάπτυξης (fundingprogrammesportal.gov.cy)

- Latvia comments on the funding sources and budget to be allocated under each of the policy areas of the CG.

Overall, MS include at least some references to funding and information on data sources and specific budget allocations. Nevertheless, no specific monitoring schemes for funding are provided in NAPs. MS do not provide any information on the mechanisms to be deployed to track the allocation of financial sources. While linking specific budget allocations for objectives and/or targets enhances the transparency of the monitoring of the CG, further actions are still needed to ensure that there is more available information on the investment of national and EU funds across CG measures.

1.4 Strengths and weaknesses of targets, indicators and monitoring frameworks

After a thorough review of the NAPs, and the analysis of the MS' approaches to setting targets and developing monitoring indicators, a number of strengths and weaknesses worth highlighting have been identified. The identified strengths signal key features of monitoring frameworks contributing to their effectiveness in measuring the implementation of the CG, while weaknesses represent those areas that need further refinement or development.

1.4.1 Assessment of targets

At the level of targets, a key weakness observed across NAPs is the absence of a consistent approach to setting clear and defined targets for the CG. In general, Member States solely define objectives which set out an overarching approach to developing the main national measures for the CG. Nevertheless, they do not present targets, which are specific, measurable and time-bound objectives. In addition, the use of targets to measure the quality of CG services is scarce, which makes it complex to obtain an objective analysis of whether the different national initiatives meet with established quality standards and expectations. Moreover, some countries use targets directed at the general group of children, and not specific for children in need, which challenges the possibility of CG measures to reach those children and for the monitoring and evaluation framework to provide information required for the evaluation of effectiveness.

Among the approaches to setting targets, Portugal represents an example to be followed since its NAP presents well-defined targets which include base and target values, and which can be linked to overarching objectives. For these objectives and targets, a separate list of indicators has been developed. This approach is useful to obtain a clear and comprehensive overview of the linkages between the targets and indicators and the long-term objectives of the CG in Portugal. It also enhances the relevance of targets and indicators to the CG measures and facilitates the transparency of reporting mechanisms. This approach is a key strength, despite some missing baseline and target values of indicators. The rest of the MS, for which targets can be inferred from the NAPs, present lists of indicators to monitor the progress of the CG with base and target values that allow for the calculation of concrete quantitative and qualitative targets. Presenting the indicators in a correspondence table together with the measures for which they track progress, enables a more comprehensive overview of how the objectives are linked with measures. This approach is followed by Spain, Slovakia, and Lithuania, where NAPs tables include a baseline, intermediate and target value, together with

their CG measures. In the case of Poland for instance, indicators are included in a table where no link to concrete measures is provided, which complicates establishing a causal link between implementation measures, indicators and the objectives.

When a base or target value for a concrete indicator is absent, it is not feasible to identify a target, only a general objective. In countries that follow this approach, the linkages between the targets and CG measures are not that well established, and it is more complicated to gain an overview of how the indicators contribute to tracking relevant progress in the key policy areas.

A key **weakness** in the setting of targets is the minimal use of **targets** on the improved quality of services as a result of the implementation of CG measures. Overall, countries have set targets which track the number of people benefitting from a specific service, the increased or decreased percentage of certain groups of children in need experiencing homelessness, or the increased amount of funding invested in the healthcare or education infrastructure. Targets which focus on the qualitative aspects of the programme or policy measure implementation are nearly absent. Portugal includes one of such qualitative targets 'Ensure access for all to safe, adequate, and affordable housing and basic services, and improve conditions in shantytowns. The lack of specific targets which aim to measure the quality of services is also accompanied by a lack of indicators for tracking quality, although there are some concrete examples that can serve as an inspiration. For instance, Lithuania uses an indicator for it, which is the 'Share of persons who evaluate the quality of community-based services related to the Child Guarantee positively (%)'. Slovakia also uses another indicator 'Report on the level of conditions for health in the marginalised Roma communities (MRC)' to track progress of the measure 'Improving the conditions for health at community level'. A number of MS use the ratio of teachers and children in the classroom in ECEC and education as input indicator indicating the quality of services.

Another key weakness is that, in many cases, countries that have already set **targets direct these at the general population of children**, and they do not address children in need specifically. Despite a clear identification of the groups of children in need across NAPs, certain countries such as PT, ES, BG, and EE prioritise targets for all children, e.g. increasing the attendance of pre-school education for all children from the age of 3 or ensuring free access to health screening (visual, hearing, and oral) for all children. In general, the area of nutrition is one where this trend is more marked since most countries have set targets aiming at reducing the number of obese children, but there is no clear differentiation between concrete groups of children in need.

Overall, the approach to setting targets remains inconsistent and underdeveloped across MS. There is still the need for NAPs to further identifying specific, measurable and time bound targets that are linked to the overarching objectives of the programme and/or measures. In addition, it is advised that targets addressing the quality of services in CG policy areas are included in monitoring frameworks to comply with the provisions, set out in the Council Recommendation on CG. Lastly, it is important that these measures tackle specifically the identified groups of children in need and their unique challenges.

1.4.2 Assessment of indicators

At the level of indicators, **one of the main** observed **strengths** is **their disaggregation** to faithfully track the impact of the CG measures on the identified children in need. Another key identified strength is **the use of reliable data sources** including the use of administrative data and international level data, which facilitates addressing data gaps. Some of the most relevant shortcomings include **a lack of reporting on the frequency with which data for indicators are collected**, and **a lack of indicators monitoring** the actual costs of the CG services.

Among MS that have already presented their indicators, **several countries appropriately use disaggregated indicators**, which contribute to their specificity and ensure a more comprehensive coverage of the challenges of children in need. PL and LT mostly use indicators which are disaggregated by the specific group of children in need covered by the CG. This enhances the capacity of these indicators to specifically and accurately measure the impact of CG measures on the different groups of children in need. Other countries such as a PT and ES more commonly disaggregate its indicators by age, sex and region.

The use of adequately disaggregated indicators is only feasible when MS can accurately identify the groups of children in need. Different methods and data sources can be used for this purpose. For instance, before implementing the CG in Lithuania, the Ministry of Social Security and Labour conducted an in-depth policy analysis to identify specific groups of children in need facing challenges in meeting the five rights listed in the Child Guarantee and the services related to them. Data for indicators disaggregated by groups of children in need come from survey data, such as the Survey of Income and Living Conditions of Residents, and surveys conducted for participants in CG projects. Portugal, for instance, acknowledges the complexity of accurately capturing the specific realities of children in need and proposes the use of characterisation studies and specific surveys to collect reliable data on the different groups of children in need. Greece also emphasises the need to strengthen data collection mechanisms and to adapt surveys for groups of children in need to improve the availability and disaggregation of administrative data.

The use of disaggregated indicators is essential to track the effective access of children in need to the CG services. MS which manage to use indicators tracking the situation of specific groups of children in need are better suited to gather information about what specific groups of children access CG services, and understand the real outreach and coverage of the programmes. As mentioned above, two good examples of using disaggregated indicators can be found in PL and LT. For instance, in the latter, to track the access to healthcare facilities by children in need, the NAP uses indicators such as ‘Number of children with disabilities who received medical rehabilitation services during the reporting year’ or ‘The share of people with disabilities who used social integration measures aimed at reducing their social exclusion of the total number of recipients of these measures (%)’.

Another **key strength enhancing the transparency and reliability** of monitoring frameworks is the **presentation of the concrete data sources used for indicators**. Countries such as ES, PL, LT, BG, and IE present the data sources in the same table where indicators are outlined. In some countries such as ES and BG, multiple data sources are used to collect data on the same indicator.

Identification of the data sources used for indicators significantly contributes to the transparency and reliability of monitoring frameworks since it allows to check the accuracy of the data, and provides additional insights into the data collection process. For instance, some international databases and national registries include information about the methodology used to collect and report data for specific indicators.

Furthermore, the use of administrative data and international-level data can also serve to address potential data gaps. Administrative data is usually easily and timely available since it comes from registers made in institutional settings like schools, healthcare centres, shelters, social service centres, etc. This type of data is readily available and updated frequently without incurring in additional costs.

- In **Bulgaria**, indicators related to child poverty and housing rely on data from the National Statistical Institute (NSI) as well as on Eurostat data.
- **Lithuania** collects information about specific groups of children in need through survey data and administrative reports.
- **Ireland** also mainly uses statistical and administrative data sources to measure progress on indicators like the Central Statistical Office, the Health Service Executive and the Department of Education among others.
- In **Spain**, administrative data from both, the Ministry of Health and Autonomous Communities (CCAA) are used together to provide data for health indicators.

When administrative data is not available, other data sources and data collection methods can be used to gather relevant data for indicators.

Though data sources are outlined in the NAPs, the **reporting on the frequency of data collection for indicators is mainly absent**. Overall, countries do not report on the frequency of reporting of some of the indicators, which hinders the transparency of monitoring frameworks. Only Italy and Ireland clearly comment on the frequency of data reporting:

- **Ireland** includes the frequency of reporting for various indicators in its monitoring system, with some indicators reported as frequently as monthly, especially those related to access to mental health services.
- In **Italy**, the frequency in data reporting varies among annual, biannual, and semester time periods.

In addition, in cases like IT, CZ, LU, SK or CY, which **do not provide baseline and target values** for their indicators, it is complex to assess the current and expected progress of CG measures. The absence of these values **eliminates the possibility of narrowing the scope of objectives and** provide specific targets of CG implementation. These values are essential to set realistic and achievable goals and serves as a benchmark for evaluating the performance and impact of CG measures.

Indicators monitoring the actual cost of CG services are largely absent. After examining the indicators used in monitoring frameworks across NAPs to track the CG progress, it has been observed that indicators tracking the cost of accessing services related to CG are scarce. IT includes indicators that can serve to track the actual cost of education services. These two indicators are “Net-out-of-pocket (yearly) cost of education for children in need, taking into account school cost items listed in the text above” and “Expenditure supported by families

(out of pocket) for early childhood education services out of total municipal expenditure (%)". Other countries such as PT, BG and ES also include indicators relating to the cost of services but focus on measuring the proportion of the income of families devoted to accessing a certain service. As a result, these indicators do not capture the reduction in the cost of these services for families due to government benefits. Examples of these indicators include "Housing cost overburden rate for households with children and young people (aged 0-17) (overall households with children vs. Group of families at risk of poverty) "(PT) and "Percentage of the cost of early childhood education (under three years of age) assumed by households"(ES), as well as the "Housing cost overburden rate among children at risk of poverty" (BG).

1.4.3 Assessment of monitoring frameworks

An assessment of the overarching strengths and weaknesses of monitoring frameworks is relevant for understanding what the limitations and the best practices in progressing towards the intended outcomes of the CG. After a careful analysis of NAPs, two main weaknesses have been identified within monitoring frameworks: the absence of clear causal links connecting the CG targets and the planned measures and the lack of a set of indicators with defined base and target values to monitor the progress.

According to UNDP Evaluation Office, one of the primary principles for effective monitoring is the sound design of governmental projects and initiatives. This implies that projects should invest in establishing a "realistic results chain of outcome, outputs and activities". To develop adequate monitoring frameworks, Member States need to establish a causal link between the targets of the CG and the diverse measures undertaken to achieve them²⁶. This causal chain can be thought of as an intervention logic or a theory of change of policy programme or measure.

A Theory of Change (TOC) establishes the causal links between the goals of a programme and the actions taken to realise these goals²⁷. In general, this causal link has not been well developed across the NAPs in Member States. The absence of specific, measurable and time bound targets makes it challenging to obtain a comprehensive overview of the specific milestones MS aim to achieve, and to link these with the indicators used to track the progress in their achievement. As previously mentioned, only Portugal presents specific targets linked to overarching objectives that guide the development of CG measures. This consolidated structure facilitates understanding the links between the main targets of the programme and the outlined measures.

For MS where targets can be derived from looking at indicators and their base and target values, the causal links between the CG measures and their targets are better captured when both pieces of information are presented together in a table format. MS such as LU, SK, LT, which present tables with their CG objectives along with measures to be enacted and the

²⁶ United Nations Development Programme, Evaluation Office. (2002). *Handbook on monitoring and evaluating for results*. Retrieved from website: <http://web.undp.org/evaluation/documents/HandBook/ME-Handbook.pdf>

²⁷ Weiss CH. 1997. How can theory-based evaluation make greater headway? *Eval. Rev.* 21(4):501–24

indicators to monitor progress, enable a more comprehensive overview of the causal linkage between these different elements. Establishing a link between their CG targets and the measures is more complex for the rest of MS.

In addition, an effective monitoring of the CG needs to be supported by a robust performance measurement system that includes indicators and baselines²⁸. This requirement implies that CG monitoring frameworks are not complete without these two elements, and MS that have not yet provided a set of indicators for monitoring, accompanied by base values, must be considered incomplete, and thus not optimal to track the progress of the CG. Among the NAPs analysed, BG, EL, LT, PL and ES outline a set of indicators for monitoring purposes and include their base values. The use of base values allows for a transparent follow-up of measures to achieve the desired CG targets and objectives. Baseline values serve as a starting point for measuring progress, providing a nuanced understanding of the effectiveness of implemented measures over time. They are essential in fulfilling two of the main goals of monitoring activities: to measure progress towards outcomes, and to facilitate that authorities responsible for CG measures can make informed decisions and adjustments to the programme, ensuring its success.

²⁸ United Nations Development Programme, Evaluation Office. (2002). *Handbook on monitoring and evaluating for results*. Retrieved from website: <http://web.undp.org/evaluation/documents/HandBook/ME-Handbook.pdf>

2. Recommendations for improving monitoring

In this section, we offer recommendations on the improvement of monitoring of the progress of the implementation of different policy measures in CG policy areas. Drawing from the examples, strengths, and weaknesses identified by the analysis of the monitoring frameworks presented by MS in NAPs and the literature reviewed, we provide suggestions for enhancing monitoring of the CG implementation in MS. Our recommendations encompass the enhancement of stakeholder engagement, cooperation and coordination among them, outlining procedures for biennial reporting, composition of monitoring frameworks, refining targets and indicators, monitoring funding, addressing EU-level data gaps with national data, employing proxy indicators, and improving the monitoring of various groups of children in need.

2.1 Importance of cooperation and coordination in monitoring and evaluation

The CG Recommendation emphasises the importance of engaging stakeholders in the identification of children in need and understanding the barriers they encounter, as well as in the overall monitoring process, asking to “develop a framework for cooperation of educational establishments, local communities, social, health and child protection services, families and social economy actors”²⁹. Efficient cooperation is crucial for the CG, especially as it covers multiple policy areas that have not always experienced a history of collaboration^{30,31}. Moreover, active consultation and engagement of children is imperative³².

According to the DataCare findings, collaboration and communication among diverse organizations and line ministries can maximise the impact of gathered data³³. This collaboration minimizes the risks associated with fragmented and incomplete data, averting duplicated efforts arising from overlapping data collection processes. Moreover, the participation of various stakeholders such as the ones presented under the subchapter “Biennial reporting” enhances the transparency of the monitoring.

Nations with decentralized structures have also shown an increased emphasis on including regional authorities in these processes³⁴. Involvement of **various stakeholders from different levels of governance** is especially important for these countries as they set territorial and local level targets

²⁹ European Commission (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004>

³⁰ European Commission (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004>

³¹ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”. Available at: https://www.europarl.europa.eu/doceo/document/B-9-2023-0462_EN.html

³² European Parliament (2022). Child Guarantee National Action Plans. Targets, EU funding and governance. Available at: [https://www.europarl.europa.eu/thinktank/it/document/IPOL_BRI\(2022\)734003](https://www.europarl.europa.eu/thinktank/it/document/IPOL_BRI(2022)734003)

³³ UNICEF (2021). Children in alternative care: Comparable statistics to monitor progress on deinstitutionalization across the European Union. Available at: <https://www.unicef.org/eca/reports/children-alternative-care>

³⁴ European Parliament (2022). Child Guarantee National Action Plans. Targets, EU funding and governance. Available at: [https://www.europarl.europa.eu/thinktank/it/document/IPOL_BRI\(2022\)734003](https://www.europarl.europa.eu/thinktank/it/document/IPOL_BRI(2022)734003)

(usually large countries with great geographical differentiation, that include children living in islands, mountains and similar as well as countries with decentralised systems; for example, Spain and Italy). The engagement of diverse stakeholders can aid in gathering data on the least visible children, and those residing in the most remote areas. Obtaining insights into the situation of these children necessitates micro-regional data collection, involving discussions with the residents of both rural and urban neighbourhoods. Stakeholders collaborating from different sectors can gather diverse information about the same groups of children in need. This **participatory scheme also plays a significant role in identifying the needs of vulnerable groups** that might not be adequately reflected in official statistics, such as LGBTIQ+ children or ethnic minorities like the Roma community.

Collaborative engagement between target populations and governmental stakeholders enables an **exchange of information**, thereby improving the efficacy and appropriateness of the measures put in place. One example of successful cooperation is seen in Lithuania, where collaboration exists between Lithuanian schools and the healthcare system. Schools collect data about children's (including children in need) health, as it is mandatory for children to undergo yearly check-ups. School health specialists gather data from each child and create a database that tracks the prevalence of various physical and mental health issues, which is later shared with the National Health Bureau, an agency under the Health Ministry. That way, schools also have valuable data on children's needs based on their disabilities, illnesses and mental health issues. Schools serve as an ideal platform for identifying children in need of healthcare needs, given that children in need are well-known to social educators, psychologists, and teachers. Health educators working in schools can collaborate with social educators and social workers to ensure that the healthcare needs of children are adequately addressed, especially in cases where parents or guardians may not fulfil this responsibility effectively.

Children's engagement is particularly important. Often surveys are filled in by parents and guardians of children rather than children themselves, which might not capture the child's perception and experience completely. Children might have different insights and identify problems that are not necessarily observed by adults. For example, in the cases of Croatia and The Netherlands, the barriers faced by refugee children were one of the topics that came up during consultations with children that might not have been identified otherwise³⁵. Although surveys targeted at children are expensive and pose many methodological challenges, EU funding could be used to support MS. For instance, Luxembourg has submitted a request for additional budget for the Technical Support Instrument which will provide them with tailor-made technical expertise on how to establish and implement mechanisms for consultations with children. When collecting data from children or enrolling them into open consultations, it is important to ensure a safe environment, as there is a lot of stigmatisation when talking about such topics as poverty, migration, disability, LGBTIQ+ and mental health, especially when self-reporting. International Charter for Ethical Research Involving Children provides ethical guidance for research involving children based on the Convention on the Rights of the Child (UNCRC)³⁶. They are organised into four sections:

- **Harms & Benefits** – researcher has to keep in mind about the possible harms and benefits the research might cause the child. UNCRC legal responsibilities is a perfect guidance to assess

³⁵ European Parliament (2022). Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees. Available at: [https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU\(2022\)734004](https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2022)734004)

³⁶ Ethical Research Involving Children (2024). Ethical Guidance, Available at: <https://childethics.com/ethical-guidance/>

them such, such as no child should be discriminated against on the basis of their sex, race, religion, abilities, or any other social or political characteristics, in terms of their participation in research (Article 2).

- **Informed Consent** – there is always a consent necessary when researching children, and there are aspects that have to be considered regarding consent such as making sure that children fully understand what they consent for.
- **Privacy & Confidentiality** – every child has to be assured privacy and confidentiality. This includes several considerations, such as ensuring the child’s anonymity, disclosing only the amount of information they feel comfortable with, informing the child before the research that information related to any harm they may have experienced might be disclosed to protect the child, and similar.
- **Payment & Compensation** – in general, it is recommended to provide suitable reimbursement to research participants to cover any expenses, compensate for their time, effort, or lost income, and acknowledge their valuable contribution. Nonetheless, caution should be exercised to refrain from offering payment if it could exert undue pressure, coercion, bribery, persuasion, control, or lead to economic or social disadvantage.

To support the application of the guidance in individual research contexts, reflexive questions are also provided³⁷. These questions encourage researchers to thoughtfully consider and apply ethical principles tailored to their specific scenarios. Moreover, when collecting data from children, it is crucial to follow national laws and to get formal approvals, in line with legal requirements³⁸.

To ensure successful cooperation, it is also important to **establish and clearly outline collaboration frameworks among various stakeholders across different policy fields**, administrative entities, and governmental levels, specifying the roles and responsibilities of each participating government entity is fundamental for promoting synergy and cohesiveness at the national level. Permanent national multi-sectoral coordination mechanisms for the coordination of implementation, monitoring and evaluation should be established, involving all key ministries and stakeholders to ensure the legitimacy of the CG coordination. This also requires settlement of a legal basis, defining the variables to be collected and the processes for collecting, validating and sharing data among ministries involved. As good examples of the MS show, multi-sectoral coordination mechanisms together with the establishment of departments responsible for the monitoring ensure comprehensive monitoring and relieve some burden of having to keep track of the progress of ministries and other stakeholders. For example, in Ireland, The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) coordinates actions across the Government and informs the implementation of the Plan to ensure that it is collaborative, integrated and ultimately impactful.

Ultimately, to ensure that cooperation and coordination are not just something symbolic and inadequately resourced, it is important to assign a specific budget for it³⁹.

³⁷ Ethical Research Involving Children (2024). Ethical Guidance.

³⁸ Graham, A., Powell, M., Taylor, N., Anderson, D. and Fitzgerald, R. (UNICEF Office of Research) (2013). Ethical Research Involving Children, Available at: <https://www.researchgate.net/publication/274899318>

³⁹ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”

2.2 Biennial reporting

Effective stakeholder cooperation and coordination are also crucial for accomplished biennial reporting. The Council Recommendation specifies requirements for the implementation and governance mechanisms of the child guarantee. MS were directed to appoint Child Guarantee Coordinators and to provide biennial reports to the Commission on the progress in implementation, following the national action plan.

To effectively report on the achievements every two years, it is crucial to establish a structured and comprehensive reporting mechanism that captures the progress of the action plan. We suggest that reporting every two years should include:

- Description of context and the state of play in the MS at the time of reporting, providing such information as national targets and overall national approach to combating child poverty and social exclusion, planned budget, and information on consultations with stakeholders (and presentation of the stakeholders involved).
- Description of target groups with an explanation of why these groups of children were identified as in need, and what groups were reached during the two years of implementation.
- Mapping of the target groups' access to the key areas (ECEC, education, healthcare, nutrition, housing).
- Degree of implementation and execution of the foreseen policy measures in the action plan. MS should report on the number of children who have been reached and who benefit from the services implemented. If any measures were not implemented during the two years, the explanations should be provided with the new foreseen date for implementation or the reasons behind removing or replacing previously selected measures. The measures that were implemented although they were not in the original plan, should also be described and explained. Evaluation of key indicators in each policy area should also be reported.
- The degree of execution of the targets.
- The budget assigned and executed for the development of the plan in the previous year and the one foreseen for the following year.
- Identified gaps, adjustments regarding the targets and measures/actions to be executed in the following period of two years.

For the effective monitoring of the CG implementation, it is recommended that the National Coordinator, acting as the Governance Centre, should process and evaluate the information collected at all levels (national, regional, and local government-municipalities). Additionally, they should coordinate administrative procedures to facilitate inter-ministerial cooperation, aiming to formulate the necessary actions to improve access for each vulnerable category to relevant services. As previously mentioned, to achieve that, it is also important to establish permanent national multi-sectoral coordination mechanisms.

National Coordinators are responsible for coordination of the plan's execution and tracking the process, collecting information, and organising meetings for stakeholders to share information, especially in coordinating strategies across local, regional, national and EU levels. National Coordinators should make comprehensive biennial reports on the degree of execution of the measures, adjustments on the targets and measures for the following period, as well as evaluating the usage of funding and making funding adjustments for the future period. The European Parliament acknowledges the diversity in the profiles of National Coordinators and emphasises the need to prevent such diversity from causing disparities in achieving the CG objectives.

The European Parliament also emphasises the importance of providing national coordinators with sufficient authority, as well as financial and human resources, along with a robust mandate to ensure effective and efficient coordination in implementing NAPs⁴⁰. National Coordinators should be helped by involved ministries and other organisations. In Italy, there is a steering committee composed by representatives of the Ministry of Labour and Social Policy, ESF+ department for Family Policies, Ministry of Education, Ministry of Health, representatives of the national statistics offices, representatives of the third sector etc. The members of the Steering Committee collect information from the President of the Region which is informed by the local self-governments and territorial rounds tables who coordinate and monitor the implementation of the NAP on the local level. There are consultation groups and periodic surveys implemented to collect the information at the local level. The steering committee provides information to the National Coordinator. In Portugal, the Technical Support Committee is responsible for providing all technical support to the National Coordinator and assisting them in the monitoring of the NAP. Croatia also has such a Committee consisting of representatives of various ministries, local governments and other interest groups. Malta has set up a Children's Rights Unit to help the National Coordinator. Lithuania has set a Child Welfare Council composed of the representatives of various ministries, such as the Ministry of Social Security and Labour, Ministry of Justice, Ministry of Internal Affairs, Ministry of Health, and Ministry of Education, Science and Sports, as well the Office of the Ombudsperson of Child's Rights, non-governmental organisations and similar, representatives of Lithuanian Pupils Union etc. The Council meets every six months and provides information for the National Coordinator and reports are made on the implementation of the Child Guarantee. In Greece, Inter-ministerial Working Group has been set up where 12 Ministries are represented. They are responsible for the collection of administrative data at central level and policy planning regarding the envisaged actions. The contact points of the Inter-ministerial Working Group shall inform the National Coordinator of any developments concerning the funding, timetables, and any other prerequisite for the effective implementation of the actions under the NAP. Regarding coordination and monitoring at regional and local level, the Network of actors (regions, municipalities, and other actors) has been established.

Having representatives of various interest groups and governance levels to support National Coordinator is crucial, as different representatives are responsible for the implementation of different measures, have access to different data, and local governments and NGOs representatives are the closest to the children. They can provide valuable insights and report on the progress of implementing measures that may not be easily tracked through statistical data alone.

2.3 Content and structure of monitoring frameworks

In this chapter we define what should be the structure of monitoring frameworks and what elements should they contain. Afterwards, we also discuss the most important and challenging elements, such as target and indicators setting, and provide MS with recommendations how to improve these and other aspects of monitoring.

Developing a well-structured monitoring framework is imperative for monitoring the progress and evaluating^{i*} the success of the implementation of CG measures. Among the MS, there is notable

⁴⁰ European Parliament (2023). Resolution on "Children first – strengthening the Child Guarantee, two years on from its adoption"

* The primary purpose of monitoring is to track and observe the ongoing activities and outputs of policy measures. It focuses on ensuring that the planned activities are implemented as intended, and it provides real-time information for management

variability in the monitoring frameworks employed, leading to discrepancies in the comprehensiveness and clarity of information provided. Notably, not all MS include the same information in their monitoring frameworks. For instance, some MS lack details on intermediate targets, and methodology used to collect data, while others do not explicitly define funding sources or indicators. The European Parliament states that several NAPs do not include measurable objectives or concrete targets, which raises serious concerns about the quality of measures effectively put in place⁴¹.

Additionally, a challenge arises from the fact that certain countries, instead of presenting a clear and structured monitoring and evaluation framework within a table format, opt to convey information about targets and indicators in a narrative format, such as Belgium and Denmark to name a few. Typically, in tables, the expected results are straightforward. Tabular form structured around the core elements of the CG provides the clearest path for monitoring and assessment of policy measures success. However, without these tables, figuring out which targets are connected to which measures and indicators becomes complicated. This narrative approach complicates the process of monitoring the implementation of measures and assessing the attainment of targets. Having clear tables would help to ensure regular monitoring which is required by the Recommendation.

Drawing from successful models, such as the Lithuanian, Spanish, Austrian and Bulgarian we recommend utilising structured tables with columns detailing objectives, targets, measures, indicators, data sources, reference values, and intermediate and final target values for 2025 and 2030 (setting base, intermediate, and final targets aids in assessing measures, reporting progress, and making necessary adjustments; Estonia gives target values for 2022, 2023, 2024 and 2025, although in some cases instead of providing concrete targets, they only provide expected increase or decrease from the initial base value), as well as responsible implementing institutions and funding sources (see Annex 6 with the model of this table). By including these sections in the monitoring framework, comprehensive monitoring and successful tracking of target achievement will be ensured.

2.3.1 Key elements - objectives, targets and indicators

One of the key elements of every monitoring framework – objectives - can also be separated into general and specific objectives. The primary CG objectives that MS are required to adhere to are relatively broad and long-term. Therefore, each country is urged to establish objectives that align with their national circumstances, address unique access barriers, and cater to their specific needs. However, MS often adopt overarching and enduring CG objectives as the focal point of their policy initiatives. In these instances, such as in Spain, Bulgaria, Latvia and Portugal (Figure 1), among, it becomes crucial to complement these general objectives with specific ones. By doing so, while retaining a focus on ultimate objectives, monitoring of strategic objectives becomes more manageable

and decision-making. Evaluation, on the other hand, is conducted to assess the overall effectiveness, outcomes, and impact of policy measures. It is usually performed at specific points in time (mid-term or at the end) and aims to determine the success or failure of the intervention.

⁴¹ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”

and transparent. The outcomes of strategic objectives serve as flagship⁴² indicators for broader objectives, contributing to a more nuanced and effective monitoring process.

Figure 1. Example of good practice from Portugal NAP's monitoring framework

General Objective of Council Recommendation (EU) 2021/1004 of 14 June 2021		Indicators	Source
TO ENSURE ACCESS FOR CHILDREN AND YOUNG PEOPLE TO A RANGE OF ESSENTIAL SERVICES, CONTRIBUTING TO DEFENDING THEIR RIGHTS, COMBATING CHILD POVERTY AND PROMOTING EQUAL OPPORTUNITIES.		- At-risk-of-poverty rate after social transfers; - At-risk-of-poverty rate according to household composition; - Poverty rate of families with children; - At-risk-of-poverty rate or social exclusion rate of children and young people; - Monetary poverty risk rate in children (aged <18); - Material and social deprivation rate (children aged <18);	EU-SILC EU-SILC EU-SILC EU-SILC EU-SILC EU-SILC
PILLAR	Strategic Objectives	Indicators	Source
PILAR I	O1- TO PROMOTE INTEGRATION IN THE LABOUR MARKET AND INCREASE WAGES	- Poverty risk rate at work (people aged ≥18); - At-risk-of-poverty rate of children and young people (aged 0-17) in households with very low work intensity;	EU-SILC EU-SILC
	O2- TO INCREASE THE QUALIFICATIONS/ SKILLS OF ADULTS, ESPECIALLY THOSE WHOSE FAMILIES HAVE CHILDREN	- Proportion of people (aged 18 to 64) who participate in lifelong learning activities; - Severe material deprivation rate of children (aged 0-17), per parental educational level;	National Statistics Institute-Portugal (INE, I. P.) - Survey on Adult Education and Training Survey of Living Conditions and Income

Source: Portugal's NAP.

However, in our analysis of NAPs, we also observed that the majority of MS adhere to the objectives but fall short in specifying concrete and measurable targets. The establishment of precise targets (together with their based, intermediate and final values) is a crucial aspect of effective monitoring, as indicators alone are insufficient to fully measure progress towards the objectives⁴³. It is imperative for every monitoring framework to incorporate targets, and further recommendations on target setting will be presented in the subchapters titled "Improving target setting" below.

Moreover, **listing indicators next to every target** and/or objective is vital. The selection of indicators should be based on the intervention model, ensuring that they measure the targets and/or objectives to be achieved and there are clear logical links between target and /objectives and selected indicators as well as between indicators selected to monitor objectives at different levels⁴⁴. A notable example of such a practice is observed in Portugal, where a clear list of general and strategic objectives is provided, accompanied by a set of indicators next to each objective (please refer to Figure 1). This comprehensive approach allows for the measurement of every input, output, and/or outcome associated with implemented initiatives. This method facilitates the tracking of changes resulting from policy measures and enables adjustments in cases where the effectiveness of certain measures is

⁴² Unicef (2021). Children in alternative care: Comparable statistics to monitor progress on deinstitutionalization across the European Union.

⁴³ Adams, B., 2015, SDG Indicators and Data: Who collects? Who reports? Who benefits?, Available at: <https://www.cadm.org/SDG-Indicators-and-Data-Who>

⁴⁴ European Commission (2021). Programming period 2021-2027. Monitoring and Evaluation of European Cohesion Policy. European Social Fund Plus (ESF+) Shared Management Strand. Data Support Center VC/2020/014. Common indicators toolbox. Working document, available at: <https://sfc.ec.europa.eu/system/files/documents/documents/toolbox-october-2021-0.pdf>

lacking or weaknesses in the monitoring framework are identified and need to be addressed to better support children in need. This approach supports a more effective strategic planning process for subsequent programming periods⁴⁵. The continuous improvement of CG measures depends on robust monitoring frameworks, and such improvements are particularly achievable during the biennial reporting assessments when every indicator is measured.

Meanwhile, failure to provide indicators for every target can result in not measuring all aspects of the targets, an inability to identify structural problems and means to address them and may jeopardize the overall implementation of measures⁴⁶. If targets are not sufficiently measured by indicators, they might not accurately indicate the level of effectiveness of policy measures, leading to their ineffective continuation or unnecessary determination. One great illustration of this is an example from "SDG Indicators and Data: Who collects? Who reports? Who benefits?"⁴⁷. In this instance, the targets under consideration emphasise the importance of ensuring equal rights and creating sound policy frameworks to support poverty eradication. However, the absence of agreed-upon indicators for these targets poses a risk. In this example, the inability to agree on indicators for measuring poverty-related targets means that global poverty is primarily measured by the World Bank's International Poverty Line. This approach may capture a narrow dimension of poverty, focusing on income levels, while overlooking the broader causes of poverty and efforts to address them. At the national level, the absence of specific indicators for poverty-related targets could result in measuring poverty solely by the proportion of individuals living in poverty, without considering the multifaceted dimensions outlined in the targets.

Information on sources of data could also be included in the monitoring framework as done in some of the MS such as Greece and Portugal. Poland even provides deadlines for the provision of data related to specific indicators, which can enhance the coordination of data collection. Well-organised data collection is considered to be a positive practice, suggesting that having a specific timeframe promotes a more organised and efficient data-gathering process.

Overall, the structured organisation of monitoring frameworks with key elements involved is an important determinant of monitoring and implementation success.

2.3.2 Improving target setting

As we identified that MS struggle to set clear targets in their NAPs, further we provide recommendations on how the target setting could be achieved and improved.

The Recommendation requests MS to include "quantitative and qualitative targets to be achieved in terms of children in need to be reached by corresponding measures, taking into account regional and local disparities"⁴⁸. To ensure effective monitoring of the CG implementation, setting measurable

⁴⁵ European Commission (2021). Programming period 2021-2027. Monitoring and Evaluation of European Cohesion Policy. European Social Fund Plus (ESF+) Shared Management Strand. Data Support Center VC/2020/014. Common indicators toolbox. Working document.

⁴⁶ Adams, B. (2015). SDG Indicators and Data: Who collects? Who reports? Who benefits?

⁴⁷ Ibid.

⁴⁸ European Commission (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee.

targets with clear and specific indicators and data is paramount. Targets should be specific, measurable and time bound as in some good examples, such as Austria and Portugal.

Nevertheless, many MS currently define vague targets in their monitoring frameworks, which hampers their evaluative effectiveness. Lack of specificity makes it challenging to measure progress. To improve these targets there is a need to add concrete details, such as defining the percentage of children addressed, specifying targeted child groups, enumerating new facilities or services created, or outlining the needs being addressed. When formulating targets, it is also very important to provide base values, intermediate target values and final target values, to ensure efficient monitoring.

However, target setting is not always straightforward, especially in policy areas and regarding children in need that have the least data available and where the biggest data gaps exist. Defining clear and measurable targets is highly linked with the availability of data as the targets are measured by indicators and defined based on them, and they should be established for specific components of the indicator and for dimensions of poverty that extend beyond the count of children in need⁴⁹⁵⁰.

To mitigate these risks, MS can use proxy indicators (presented in the chapter 2.3.4.5), benchmarking, stakeholder consultations (discussed in chapter 2.3.4.2) and setting qualitative targets.

Our analysis shows that benchmarking is very useful when deciding what intermediate and final target values to set. Usually, MS seek convergence with the EU average. For example, Greece sets a target to ensure that the rate of children (aged 0-17) at risk of poverty or social exclusion will not exceed 24% in 2030, versus 32% in 2021 and 37.7% in 2015. This target has been set given achieving convergence to the EU average, based on the latest available value of the indicator (24% in 2020).

Qualitative targets can help to cover and address aspects not captured by numbers, such as in Greece for example – Greece sets such qualitative targets as improvement and harmonisation of the educational content for ECEC, developing a harmonised approach in monitoring the quality of the alternative care system, and ensuring adequate educational staff through teacher training actions. Other qualitative targets can include improving the satisfaction of service receivers, involving Roma in Roma children monitoring and similar.

It is also helpful to integrate **the specific national and European legal frameworks** that complement the CG. Successful models observed in countries like Portugal, Sweden, Greece, Austria and Slovenia providing clear and comprehensive information on the national regulations associated with each target and measure outlined in the CG can be used as examples to follow. For example, Greece includes the national strategic frameworks in many of its targets, such as “In line with the National Strategy and Action Plan on the Social Integration of Roma, the target is that at least 75% of Roma children aged over 3 should participate in formal early childhood education and care”. This detail contextualizes and strengthens the monitoring framework, offering a deeper comprehension of how the CG aligns with and supports national policies. Developing these comprehensive frameworks will also foster a more holistic and effective approach to realising long-term improvements in child well-being, aligning national policies with the overarching goals of the CG. Strategic frameworks such as

⁴⁹ Minister for Children, Equality, Disability and Youth (2022). An Indicator Set for Better Outcomes Brighter Futures, Available at: <https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/>

⁵⁰ European Parliament (2022). Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees.

the European Pillar of Social Rights, the EU strategic framework for achieving a European Education Area by 2030, and the EU Roma strategic framework for equality, inclusion and participation for 2020 – 2030 are valuable sources when setting targets and selecting indicators. Aligning NAPs with these frameworks is also important to enhance comparability at the EU level.

2.3.3 Including funding references into monitoring frameworks

Funding references is another important element of monitoring frameworks that is missing in many NAPs. The European Parliament calls for MS to include a clear link to the resources committed to the targets and objectives⁵¹. This level of transparency enables the evaluation of the impact of CG and NAP implementation, especially when outcomes fall short of target values, guiding the allocation of funds for subsequent programming periods^{52,53}. The provision of every budget source allows to reflect upon previous expenditure and future need for resources⁵⁴.

Following the Recommendation, the most commonly referenced EU funds among MS is ESF+, while some other beneficial funds such as ERDF, Recovery and Resilience Fund, AMIF, are not sufficiently utilised, although their application is beneficial as funding capacities vary over time and is influenced by the public agendas and social priorities⁵⁵. Using different funds is helpful when assigning budgets for measures as they are meant to tackle different areas and issues. For example, ERDF is mostly used for infrastructure and technical support, while AMIF targets those with a migrant background. Italy uses ERDF to improve remote education, while Greece uses this fund to develop a NAP against child obesity for “children in need”. Meanwhile, ESF+ fund is the most versatile and in the NAPs this fund is assigned to the measures related to inclusive education, improving availability of healthcare including mental health services, improving access to ECEC, especially for children up to 3 years old, improving administrative capacity, improving alternative care, access to services for children with disabilities and many more. FEAD funds and EU scheme for fruit, vegetables and milk in schools can be used to improve access to food for children in need⁵⁶. See more information on the most important funds in the box below (Box 6).

Box 6. The main EU-level funding resources for financing CG measures

ESF+ invests in areas of social inclusion and health and seeks to combat child poverty and homelessness. ESF+ also supports social innovation, and employment, and provides material assistance and food to the most deprived.

ERDF (The European Regional Development Fund) and **Invest EU** fund infrastructure, such as ECEC facilities, social housing and housing for migrants. ERDF also provides support for digitalization and

⁵¹ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”.

⁵² European Parliament (2018). Fighting Child Poverty: The Role of EU Funding. Available at: [https://www.europarl.europa.eu/RegData/etudes/STUD/2018/626059/IPOL_STU\(2018\)626059_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2018/626059/IPOL_STU(2018)626059_EN.pdf)

⁵³ Ibid

⁵⁴ OECD (2022). Planning and monitoring the use of school funding to improve equity and performance. Available at: <https://www.oecd-ilibrary.org/sites/eca06244-en/index.html?itemId=/content/component/eca06244-en>

⁵⁵ European Committee of the Regions (2021). The Challenges of the European Child Guarantee at Regional and Local Level.

⁵⁶ European Parliament (2022). Child Guarantee National Action Plans. Targets, EU funding and governance.

digital connectivity, improving health care systems, and supports transition from institutional to family-based and community-based care.

REACT-EU funding under the **Next Generation EU** instrument can support existing cohesion funding for healthcare systems, and youth employment measures, and support people fleeing Ukraine. This fund does not impose any thematic requirements and can be used to support operations primarily funded from other sources.

RRF (Recovery and Resilience Facility) supports territorial and social cohesion, health and social institutions resilience, digital transformation and policies for the next generation (such as improving access to ECEC and education for children and young people) among other things.

TSI (The Technical Support Instrument) provides tailor-made expertise to support public authorities in their efforts to design and implement reforms, including the ones required for the implementation of the CG.

Erasmus+ Is used for the development of teaching excellence, and to improve key skills and competencies of teachers and ECEC staff. It is also to improve youth participation in local and transnational activities to help young people to learn and engage in meaningful activities.

The EU school fruit, vegetables and milk scheme funded by the **EAGF** (European Agricultural Guarantee Fund) enables the distribution of free nutritious meals to school children.

AMIF (The Asylum, Migration and Integration Fund) funds reception facilities (supporting the reception of third-country nationals), integration measures (including language training and education programmes for third-country nationals), and support services, especially for the most vulnerable groups.

Source: European Parliament, 2023, *Guide to EU Funding 2023 Edition*, Available at: [https://www.europarl.europa.eu/thinktank/en/document/EPRS_STU\(2023\)747110](https://www.europarl.europa.eu/thinktank/en/document/EPRS_STU(2023)747110); and European Parliament, 2022, *Child Guarantee National Action Plans. Targets, EU funding and governance*.

Unfortunately, our analysis shows that funding references in NAPs tend to be quite vague. Financial indicators related to the expenditure planned and incurred per specific objective are very rare⁵⁷. Often, provided funding allocations are not connected to specific measures. However, there are also countries, such as Italy, Bulgaria, Spain, Slovakia, and Greece, where specific indicators to track the impact of funding may be lacking, yet they provide highly detailed financial allocations for each measure. These countries also specify how both the EU and national funds will be used to finance the planned measures.

It is stated in the Bulgarian NAP that when assigning funding, it is important to calculate **assumed expenses**, decide on what funding sources will be used (EU and National level), what **amount of funding is available** and then calculate **concrete amounts and budget sources** to each concrete target and measure. For example, in Denmark, local authorities conduct budgetary analyses of policies, calculating unit costs based on the average. As per insights gleaned from our interviews, **close cooperation among ministries and other governmental bodies** proves to be crucial in such financial planning. Such collaboration is essential as only the ministries/other bodies in charge possess the comprehensive knowledge required to ascertain the precise needs and estimated costs of each

⁵⁷ European Commission (2021). *Programming period 2021–2027, Monitoring and Evaluation of European Cohesion Policy, European Social Fund Plus (ESF+), Shared Management Strand, Data Support Centre VC/2020/014, Common indicators toolbox, Working document*.

programme, tool, and implemented initiative. Co-ordination between relevant ministries according to policy areas and ministries of finance, and across all levels of government is essential to the success of outcome-oriented budgeting.⁵⁸

When assigning national budgets, a detailed presentation is also important. For example, Italy demonstrates a meticulous and specific breakdown of funding sources, citing resources like the National Fund for the integrated system 0-6, Municipal Solidarity Fund, Family Policy Fund, and School Building Fund, among others, each with dedicated legislative references. Moreover, this approach extends to referencing funding allocations specific to municipalities or regions, exemplifying a transparent and targeted use of resources within these areas. Further, the allocation of funds by the regions ensures that the funding reaches regions, where local/regional funding capacity is in many cases insufficient⁵⁹.

National Programmes and Strategies are also very useful references when assigning and monitoring funding. How much and what is funded depends on national programs and what is dedicated to children in this respect. For example, in Greece for each measure, they provide information on what programmes cover what measures. This way it is easier to detail funding, as each programme has a total amount allocated to it.

Monitoring funding can also be based on process evaluations and result indicators emphasising the amounts spent, as described in the Croatian NAP. Examples of input indicators include a number of supported projects and amounts spent on them, the number of new housing units and amounts and sources spent on them and similar. Process indicators show what process is happening, what is the activity that the funding supports. Meanwhile result indicators show results achieved since implementing certain funds and amounts - such as the number of children effected, what has changed since adding funding and similar. These might be difficult to monitor with quantitative indicators only, and using qualitative indicators might be the most beneficial. Here, the involvement of relevant stakeholders, that take part in activities implementation is also crucial. They can reflect on the changes observed since allocation of certain funds and implementing various measures. This practice serves to monitor the utilisation of funds and appraise their allocation in subsequent periods. Furthermore, the process of evaluating both pre- and post-implementation of specific measures, linked with allocated funds, can outline which groups benefit most from the funding. It is important to monitor constantly and to analyse if the funding is making any change, and make decisions on what changes need to be made – maybe there is a need for more funding for some measures and the funding can be reduced for other measures.

EU funds always require MS to provide monitoring and reporting on their expenditure. Some funds, such as RRF also have a scoreboard with a list of indicators to monitor the expenditure. Some of the examples of indicators include a number young people aged 15-29 receiving support, classroom capacity of new or modernised childcare and education facilities, additional dwellings with internet access provided via very high capacity networks and similar⁶⁰.

⁵⁸ OECD (2022). Planning and monitoring the use of school funding to improve equity and performance.

⁵⁹ European Committee of the Regions (2021). The Challenges of the European Child Guarantee at Regional and Local Level.

⁶⁰ European Commission (2023). Recovery and Resilience Scoreboard. Available at: https://ec.europa.eu/economy_finance/recovery-and-resilience-scoreboard/index.html?lang=en

Providing MS with technical assistance when monitoring funds is important. In the future, the reference budget methodology could be also employed to calculate the private (household) expenditures needed in different areas relating to children's rights⁶¹. These data might serve the purpose of calculating the sum of monetary aid (such as family allowances) or aiding in the provision of accessible, cost-effective, and high-quality (public) services. Equally crucial is the financial aspect associated with delivering services in-kind, which public governments need to ensure and support. Such information available for MS might help them to assign the needed amount of budget more successfully. Establishment of data teams that are focused on monitoring funding might also be helpful. For example, Slovakia established a statistical task force, 'Value for Money,' intended to review expenditures for populations at risk of poverty and social exclusion. Their analytical work will be utilised to evaluate social spending efficiency, enabling more informed decision-making concerning fund reallocations.

2.3.4 Indicators and data gaps

Establishing a defined set of indicators is also essential for comprehensive and balanced monitoring of targets in each of the five key policy areas. Whether presented in a table or integrated into the text of the NAPs, indicators should be clearly outlined to offer insights into the progress of the CG. These indicators should provide both quantitative and qualitative information regarding the achievement of targets. However, while all MS discuss their monitoring approaches to some extent, only a few include specific indicators, organised by policy areas or groups of children in need (good examples of EU-level and national level indicators is presented in Annex 4).

While incorporating general and broad indicators offers a general overview of the overall policy landscape in each of the key areas, the inclusion of disaggregated indicators enhances our understanding of the distinct impact of CG measures on different child groups. Clear disaggregation is essential to accurately monitor the impact of CG measures on identified children in need. Regular reporting by indicators is beneficial for consistently monitoring the implementation and effectiveness of the CG.

There are also different types of indicators used in the NAPs – input, output and outcome indicators. However, our analysis shows that MS mainly rely on output indicators, such as the number of schools built, number of teachers trained and similar. Meanwhile, outcome indicators are focused on evaluating the effectiveness of policies such as an increase in enrolment rates in ECEC. In terms of the data necessary for evaluating the effectiveness of policies, there has been a lot of progress in the area of outcome indicators. Those who implement measures need to collect evidence more systematically, this also applies to the funders of projects, who do not always carry out evaluations. Lastly, improving data requires closer cooperation between users and producers of statistics, researchers and policymakers.

We also identified that the use of input indicators in NAPs is nearly absent. Nevertheless, including these types of indicators is useful as although they do not track directly the effect of policy measures on children in need, they provide information on what is being done in regard to identified barriers and needs. These indicators are very helpful when monitoring groups of children where there is a lack of data. For instance, input indicators can offer information about the investments in the different key

⁶¹ European Commission (2019). Feasibility study for a child guarantee. Target group discussion paper on children with a migrant background (including Refugee children).

policy areas (i.e., financial investment in education or housing infrastructure) and about the outreach of measures (i.e., number of partnerships created to provide ECEC services for children in need or number of schools supported to provide free school meals as it is measured in Austria). It would be advisable to include at least some input indicators to gain a better insight into the contributions that MS make to developing CG measures.

Overall, a significant challenge arises in meeting the requirements of the Recommendation and monitoring its implementation due to a lack of data at both the EU and national levels. While there is data at the EU level concerning the main target group, AROPE there is a notable deficiency in data for CG target sub-groups and on their access to certain services, including children of migrant backgrounds, children facing homelessness, and children with mental health issues. Although EU-SILC collects data on the main target group, including breakdowns for some sub-groups (e.g., children with migrant backgrounds, and single-parent households), disaggregating the data further results in less reliability due to smaller sample sizes (the bigger the sample, the smaller the error) and potential lack of representation. Due to small sample sizes, for some MS the results are not provided at all⁶².

The main gaps identified in the EU data include:

- Mental health of children in need;
- Access to ECEC for groups of children in need;
- Scarce data on access to one healthy meal each school day. Currently, EU-level data does not allow to monitor free provision of healthy meal each school day;
- Information on affordability and data on net-of-pocket costs;
- Children's in need access to digital services, including education;
- Data on the access of children in need to school-based activities;
- Data on the quality of services and geographical disparities of provision;
- Availability and affordability of social housing;
- Lack of data on homelessness;
- Lack of data on sub-groups of children of a migrant background or minority ethnic origin.

There are also some data gaps identified in NAPs that are relevant to certain MS:

- **Greece** states that there is a lack of reliable national data on ECEC as municipalities are not obliged to collect ECEC centres' data, therefore Greece relies on Eurostat data instead. The lack of systematic administrative data collection and the absence of targeted surveys by case and geographical location make it difficult to identify the actual unmet needs of children.
- **Germany** says that they have no data on how many children live with their mothers in prisons, although this group of children is identified among children in need.
- **Finland** states that little info exists about the effectiveness of services for children, young people and families. Currently, only the data on the customer volumes and numbers of visits is monitored.
- **Sweden** identifies the gap in the statistics of families with children and their evictions. Statistics are also largely missing on children with disabilities and their access to various

⁶² Social Protection Committee Indicators' Sub-Group and European Commission Directorate General for Employment, Social Affairs & Inclusion (2023). First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee's Indicators' Sub-Group and the European Commission.

services. Sweden states that it is not possible to report statistics from groups of children identifying themselves as LGBTQI+.

2.3.4.1 National data sources to address EU-level data gaps

When it comes to addressing gaps available on the EU level, national data is crucial. It is important to strengthen the monitoring and data collection mechanisms within the national systems, including the use of existing administrative data, and to work with national statistics offices to adapt the general and specific (ad hoc) surveys already being implemented to improve the availability and disaggregation of data regarding children in need. Approaches to collecting data involve utilizing participatory research methods and acquiring detailed data at both national and subnational tiers to monitor both quantitative and qualitative advancements⁶³.

The main national data sources and key indicators are derived from official national statistics, surveys representing the population, data collected from surveys targeting groups facing particular disadvantages, qualitative research, and administrative information on participation and uptake⁶⁴.

2.3.4.2 Use of surveys and administrative data

According to the interviews routine national and sub-national surveys can facilitate drawing scientifically sound conclusions based on the target group, service sector, and geographical area. Conducting ad-hoc surveys and one-off surveys to pinpoint accessibility challenges faced by vulnerable groups of children, for whom data is not currently gathered within the framework of existing surveys (e.g., Roma children residing in non-standard housing, homeless children, etc.) is also beneficial.

Surveys and national statistics can also provide information on net-out-of-pocket costs. For example, in Italy, national statistics (ISTAT) provide information on expenditure supported by families (out of pocket) for ECEC out of total municipality expenditure (%). With a survey Italy plans to analyse net-out-of-pocket yearly costs of education for children in need, taking into account school cost items (net-out-of-pocket costs of childcare for low-income households can also be estimated based on OECD TaxBEN data, although it is not available for all MS)⁶⁵⁶⁶.

Nevertheless, it is crucial to consider that surveys relying on self-declaration may lack precision, and there exists a possibility of coverage errors when the unrepresented segment of the population possesses distinct characteristics. For example, an online survey might omit the most disadvantaged households without internet access, resulting in skewed estimates based solely on easily reachable participants. Non-response errors may also manifest in direct data collection methods when the traits of respondents differ from those who opt not to participate.

⁶³ Ibid

⁶⁴ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption.”

⁶⁵ OECD (2022). Net Childcare Costs in EU countries, Available at: https://www.oecd.org/els/soc/benefits-and-wages/Net%20childcare%20costs%20in%20EU%20countries_2021.pdf

⁶⁶ Social Protection Committee Indicators’ Sub-Group and European Commission Directorate General for Employment, Social Affairs & Inclusion (2023). First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee’s Indicators’ Sub-Group and the European Commission.

While surveys can be lengthy and expensive, administrative data is based on routine data collection systems that can generate reliable and highly disaggregated data⁶⁷. Administrative data is a central component of a well-functioning national statistical system.

There is a lot of administrative data available from education systems, such as student registries, where the data is automatically collected from school administration systems based on students' data⁶⁸. Student registries can provide valuable data on school drop-out rates, reception of free school meals (even specifying children in need) and similar⁶⁹. Administrative data also provides information on children's attendance to ECEC, how many of these children are with disabilities or SEN and similar. Moreover, administrative data from healthcare institutes and ministries gives data on children's access to healthcare services. Census data provides a lot of contextual sociodemographic data. Other examples of administrative data include data regarding demand for social housing (e.g. waiting lists) and housing allowances.

Additionally, administrative records often detail the number of children receiving benefits, as exemplified by Germany, where precise figures are provided. This data is also used to determine the number of children in alternative care and can be highly disaggregated, for example, Estonia even collects data on children in alternative care nationalities. Administrative data is also very useful in ensuring that the smallest possible subnational units are monitored, as there are great geographical disparities in terms of poverty and access to services. This is especially important for the largest EU countries, such as Spain.

To improve disaggregation, surveys and administrative files should provide adequate breakdowns, such as inclusion criteria for ECEC programmes, intensity and duration of ECEC programmes (the number of hours per week and the number of weeks per year), starting age of ECEC, and similar. Inclusive sampling strategies are vital to guarantee the quality of indicators⁷⁰.

However, collecting administrative data also presents challenges. In the collection of national administrative data, there is an issue of comparability on the EU level, despite the Recommendation urging the enhancement of data availability, scope, and relevance at the Union level. National data may not always be reliable for comparison, as countries do not uniformly collect the same data, employing different methodologies and definitions. For instance, the criteria for access to a healthy meal at least each school day might vary among MS, as the Recommendation lacks a concrete definition of what constitutes a healthy meal and its nutritional value, leading to differing interpretations. In terms of housing, MS also have different understandings, definitions, standards, and policies regarding what qualifies as adequate housing or what is meant by social housing⁷¹. The

⁶⁷ UNICEF (2020). Selected highlights: Using administrative data for children. Available at: <https://data.unicef.org/wp-content/uploads/2020/03/Using-administrative-data-for-children.pdf>

⁶⁸ European Commission (2022). Structural indicators for monitoring education and training systems in Europe. Available at: <https://data.europa.eu/doi/10.2797/479169>

⁶⁹ Ibid.

⁷⁰ European Commission, (2022). Indicators for Early Childhood Education and Care. Available at: <https://publications.jrc.ec.europa.eu/repository/handle/JRC130350>

⁷¹ The Social Protection Committee, (2014). Indicators and data to monitor developments in access to housing and housing exclusion. Available at: <https://ec.europa.eu/social/BlobServlet?docId=15324&langId=en>

same variability applies to defining standards for children and families as “low-income”. Even when not aiming for comparability, there are still issues related to national data, as discrepancies often arise between data from national statistics offices and ministries. Therefore, it is crucial to establish common definitions at the national level.

2.3.4.3 Use of qualitative data

Moreover, although less referred in the NAPs, but also important is **qualitative data**. This data plays a crucial role in monitoring CG by providing in-depth insights into the experiences, perceptions, and contextual factors that influence the implementation and impact of the program. Qualitative data help understand the perspectives of stakeholders involved in the CG, including children, parents, educators, social workers, and policymakers. Their experiences and opinions can provide valuable context to complement quantitative indicators. Qualitative data can also help to evaluate the quality of services, based on the data on training, working conditions (for example in ECEC), and satisfaction of the beneficiaries. For example, Lithuania has conducted valuable **qualitative research about children’s transition during deinstitutionalisation**, providing insights that could not have been gathered with quantitative data, such as the overall experience of children, changes in their everyday lives and more. It gave insights into barriers and facilitators of deinstitutionalisation and how they were different depending on contextual factors (such as the part of the city children were relocated to), children’s age and similar. Lithuania and Estonia also use **satisfactory interviews** to reflect on the experiences of children or adults who participate in various projects and programmes. Eurydice currently are developing data on the quality of training of workers. Qualitative aspects of the input indicators can also be assessed, such as what kind of education the carer in ECEC has and similar. Although input level indicators do not show the impact on children, they are still valuable in defining new targets when weaknesses in certain aspects are identified⁷². Monitoring and evaluation should be a combination of quantitative and qualitative data⁷³.

2.3.4.4 Development of data collection tools and systems

The CG brings an opportunity to mitigate data shortages by putting in place data development initiatives⁷⁴. The monitoring and evaluation framework can thus be not only a compilation of indicators but also a development plan. Developing new diverse national data collection and monitoring systems mitigates the risk of acting only on what is already measured and provides an opportunity to create systematic data collection tools for various policy areas or to even create one common data system which provides harmonised data on all children in need in one place.

Several MS have already implemented different data collection systems, showcasing significant benefits:

⁷² European Commission (2021). Programming period 2021-2027, Monitoring and Evaluation of European Cohesion Policy, European Social Fund Plus (ESF+), Shared Management Strand, Data Support Centre VC/2020/014, Common indicators toolbox, Working document.

⁷³ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption.”

⁷⁴ European Parliament (2022). Analysis of the Child Guarantee National Action Plans.

- **Italy's** SINBA (the Information system for the care and safeguarding of children and their families) overseen by the Ministry of Labour and Social Policies is currently in the implementation phase and is expected to be operational by 2026.
- In **Greece**, there is a proposal to establish a Data Analysis Department within The National Centre for Social Solidarity (E.K.K.A.), focusing primarily on monitoring and analysing administrative and statistical information. This includes monitoring indicators, statistical data, administrative data, and data from the Single National Digital Platform. To facilitate the uniform collection and recording of administrative data necessary for monitoring the Recommendation's implementation, UNICEF has been commissioned to conduct a study identifying the technical specifications of the Single National Digital Platform. The platform, once implemented, will not only standardize the collection of administrative data from all stakeholders but will also enable the monitoring of progress in implementing actions and initiatives outlined in the NAP. Furthermore, the platform will support communication among partners, the tracking of individual deadlines, and other administrative tasks, such as scheduling regular teleconferences at the national, regional, and local levels.
- **Estonia** commissioned a survey in 2022 on children's mental health and the household profile and life organization of families with children. The latter will enable the mapping of household profiles, allowing for comparisons of various forms of households and their organization, such as the distribution of custody, economic coping, living conditions, and similar factors. This survey will also offer information on single-parent families based on reasons and will describe the situation of children growing up and the needs of single parents raising children in a more detailed perspective, including regional aspects.

Great example on how administrative data was used to create a data system and elevate the data at the EU level is the DataCare Project (see Box 2).

Box 7. Example of administrative data use for DataCare project

DataCare project systematically gathered administrative data to formulate proposed standardised indicators for monitoring children in alternative care. The project implementors diligently collated diverse definitions and data from MS, to identify shared categories and definitions.

Their comprehensive approach involved compiling indicators at the national level, setting the stage for potential elevation to the EU level. By doing so, the project not only addressed critical data gaps in monitoring children in alternative care but also established a valuable model. The methodology employed, which involves identifying common definitions, categories, and indicators, is applicable beyond alternative care. This approach can be effectively utilised to bridge data gaps concerning other groups of children in need.

Source: Eurochild (2020). *DataCare*, Available at:

2.3.4.5 Proxy indicators to mitigate data gaps

For those targets and target groups where information is most lacking, at least during the initial phase of NAP implementation, estimates and proxy data can also be used.

In cases where identifying appropriate indicator data for a specific indicator area proves challenging, a variety of proxy indicators can be employed. The use of proxy indicators ensures that aspects considered significant in the indicator development process, yet difficult to precisely pinpoint with available data, are not omitted from the set. However, when proxy indicators are utilised, there are

acknowledged data gaps, emphasising the necessity for further data development in those areas. Proxies are particularly useful in assessing aspects such as mental health, and homelessness, where there is a scarcity of dedicated indicators.

Further, we present examples of proxy indicators.

Proxies for estimating sizes of groups of children in need:

- Percentage of children aged 0-15 experiencing severe or some limitations in their daily activities, serves as a useful proxy for identifying children with disabilities (EU-SILC);
- Within the EU-SILC, EU-LFS, and OECD surveys, a proxy can be developed to identify children living with at least one non-EU-born parent. PISA can differentiate between first and second generations among migrants aged 15, assessing their access to education;
- Nationality, cultural background and mother tongue can be used as proxies for ethnic background⁷⁵.

Effective and free access to **ECEC**

- The percentage of staff working directly with children who have completed professional education relevant to their role in an ECEC setting (OECD, PISA);
- The main reasons why care for children or incapacitated relatives limits labour market participation and the main reasons for not being able to start working immediately or to work from home (EU-LFS).

Effective and free access to **education** and **school-based activities**:

- Percentage of low-achieving 15 years old in reading, maths and science by socioeconomic category (OECD, PISA);
- Percentage of children who suffer from the enforced lack of access to regular leisure activities (EU-SILC);
- Government expenditure in education (Social Scoreboard) although does not target children but can be used to measure changes.

Effective and free access to **healthcare**:

- Percentage of children with “very good” health and with unmet needs for medical examination or treatment, broken down by AROPE, can be used as proxy to understand how many AROPE children truly have access to quality healthcare services⁷⁶;
- The capacity of new or modernised healthcare facilities (Recovery and Resilience Social Scoreboard) is not specifically aimed at children but can serve as a proxy to measure changes in healthcare service accessibility;

⁷⁵ Eurofound (2012). Living Conditions of the Roma: Substandard housing and health, Available at: <https://www.eurofound.europa.eu/en/publications/2012/living-conditions-roma-substandard-housing-and-health> .

⁷⁶ Social Protection Committee Indicators’ Sub-Group and European Commission Directorate General for Employment, Social Affairs & Inclusion (2023), First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee’s Indicators’ Sub-Group and the European Commission

- Percentage of the population over 15 years old living in private households that reported unmet needs for medical care/examination in the previous 12 months due to financial reasons, waiting lists or excessive distance to services (Social Scoreboard);
- Government expenditure in healthcare (Social Scoreboard).

Effective and free access to **housing**:

- Proportion of people reporting arrears, by household type (including rent and mortgage payments, and utility bills) (EU-SILC) might provide useful information regarding risk of homelessness;
- Percentage of Roma people living in deprivation in terms of housing conditions (dark, leaking roof, etc.) (EU-SILC), though not specific to children, can be used as an insightful indicator in conjunction with data sources providing information on household composition to assume the number of affected children. The percentage of severe housing deprivation due to poverty, arrears on mortgage or rental payments, and arrears on utility bills can also be assessed for Roma people and used as a proxy to estimate the number of children affected by these barriers;
- Percentage of children in care on their third or more care placement within 12 months - used as a proxy for placement stability (Tusla, Ireland - national indicator).

Proxies to estimate children with **mental health issues** (HBSC, WHO):

- Percentage of children reporting feeling low more than once a week;
- Percentage of children who report high life satisfaction;
- Percentage of children who are happy with the way they are;
- Percentage who report that they are very happy with their lives at present;
- Percentage who feel pressurised by schoolwork;
- Percentage of children who experienced bullying;
- Percentage of boys and girls who report always feeling comfortable being themselves while with friends;
- Percentage of children who report feeling high levels of support from peers;
- Self-assessment on the sense of freedom.

Effective access to **healthy nutrition** and the effective and free access to at least **one healthy meal per school day**:

- A harmonised index of food consumer prices is available in Eurostat, which can serve as a proxy providing general context information regarding children's access to nutritious food. The index provides prices by food groups, such as bread, milk, and similar products;
- The Index of healthy eating habits of school children (Health Behaviour in School-aged Children (HBSC), WHO). Children's eating habits are disaggregated according to age, gender, and socioeconomic status;
- Birthweight and breastfeeding during the first 6 months (HBSC, WHO);

- Percentage of children who lack fruits and vegetables at least once a day (EU-SILC);
- Percentage of children who suffer from enforced lack of access to a meal with meat, chicken, or fish (or a vegetarian equivalent) at least once a day (EU-SILC);
- Percentage of children who eat breakfast every working day and during weekends (HBSC, WHO) disaggregated according to age, gender, and socioeconomic status;
- Percentage of children who consumed sweets at least once a day/2-4 times a week (HBSC, WHO) disaggregated according to age, gender, and socioeconomic status;;
- Percentage of children who drank carbonated drinks at least once a day/ at least once a week disaggregated according to age, gender, and socioeconomic status (European Health Interview Survey (EHIS);)
- Percentage of children who are overweight or obese by gender and family affluence (HBSC, WHO).

Proxies to monitor nutrition from the national data:

- Amount spent on food vouchers (Slovakia);
- Roma children's BMI and growth compared to national children (Slovakia);
- Number of children receiving free school meals (Austria).

Access to **digitalisation**:

- Additional dwellings with internet access provided via very high-capacity networks (Recovery and Resilience Social Scoreboard);
- Users of new and upgraded public digital services, products, and processes (Recovery and Resilience Social Scoreboard);
- Percentage of individuals aged 16–74 possessing basic or above basic (Social Scoreboard);
- Percentage of secondary schools equipped with digital equipment (The European Commission);
- Access to devices based on economic level (PISA);
- Internet use for education (PISA).

Overall, to improve monitoring it is important to ensure that clear targets are set and are aligned with indicators that measure achievement of these targets. However, many data gaps make this process challenging. Therefore, MS needs to make use of their national administrative, survey and qualitative data to fill these gaps. Proxy indicators from various EU and international sources are also a valuable starting point in successful monitoring.

2.4 Monitoring specific vulnerable groups

Currently, the CG Recommendation defines children in need as AROPE children. Within this group, MS are recommended to take into account 6 sub-groups – homeless children; children with disabilities or 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.

Our analysis of NAPs identified many more sub-groups of children in need who are targeted by NAPs measures:; children in single-parent households; children living in families with three or more children; children living with parents with disabilities; children whose parents are imprisoned; children with high-risk behaviours; juvenile convicts; children living in families experiencing difficulties (such as addictions, crisis, domestic abuse etc.); children who have experienced violence and/or harassment; trafficking victims; LGBTIQ+ children; children living in socially excluded residential areas; children with parents working abroad; children who have a minor mother or fathers or are themselves a minor mother. This list is non-exhaustive.

Identifying and clarifying definitions of children in need is crucial to ensure that none of the data is missing, or duplicated and that overall transparency and harmonisation are ensured⁷⁷. However, the analysis of interview data and NAPs revealed that monitoring data concerning children in need is not always straightforward and poses challenges.

In particular, it is important to improve the monitoring of sub-groups identified by the European Parliament as not covered enough. After two years of CG adoption, the European Parliament urges the MS to “set even more ambitious objectives to tackle child poverty, with targeted measures to ensure access to key services for all children from their earliest years, especially for the children in greatest need, such as those displaced by wars, including from Ukraine, those experiencing homelessness or living in severe housing deprivation, those with disabilities or mental health problems, or from a migrant or ethnic minority background, in particular from Roma communities”⁷⁸. However, our analysis reveals that monitoring these children presents numerous challenges, and not all countries establish clear targets and indicators for this purpose. Therefore, in the next chapter, we offer recommendations on monitoring children from migrant or ethnic minority backgrounds, such as Roma and Ukrainian children, as well as monitoring children with disabilities and mental health problems. Additionally, we address the monitoring of children experiencing homelessness or living in severe housing deprivation.

2.4.1 Monitoring children with a migrant background or minority ethnic origin

Children with a migrant background or minority ethnic origin compared to nationals face additional barriers in housing, healthcare, ECEC, and education⁷⁹. There is a potential for these groups to face overcrowding and discriminatory rental policies. Children also participate less in ECEC compared to the native children, in schools they tend to demonstrate lower academic achievements, and they can also experience language and administrative barriers. Due to administrative issues, there might be delays in receiving necessary services.

Despite the acknowledgement of the challenges that children in this group might experience, there are many limitations regarding monitoring these children and the effectiveness of the policies to

⁷⁷ European Commission (2023). Commission Staff Evaluation of the Proposal for a Regulation of the European Parliament and of the Council on European Statistics on Population and Housing, Amending Regulation (EC) No 862/2007, and Repealing Regulations (EC) No 763/2008 and (EU) No 1260/2013. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=SWD:2023:14:FIN>

⁷⁸ European Parliament (2023). Resolution on “Children first – strengthening the Child Guarantee, two years on from its adoption”.

⁷⁹ European Parliament (2022) Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees.

support them, especially on the EU level. For example, Eurostat compiles administrative data on asylum, residence permits, and enforcement of immigration laws for non-EU nationals under 18, including statistics on unaccompanied minors. But Eurostat datasets mainly capture first-generation children with a migrant background, including some foreign-born individuals whose parents are not foreign-born (not all foreign-born children are foreign. This is true when a child is born to parents who have emigrated but later return to their original country). Thus, these numbers are unreliable proxies for determining the true size of the migrant children group.

Meanwhile, EU-SILC, the Labor Force Survey (EU-LFS), and PISA offer valuable insights, despite their limitations. These surveys primarily target the entire resident population, which can potentially exclude certain groups, particularly recently arrived immigrants. For example, EU-SILC offers insights only into those children, whose at least one parent is born outside the EU. In Belgian NAP it is stated that these children experience a higher risk to experience poverty and social exclusion. Moreover, all of these data sources target only private households, and the children living in collective households (including institutions) are excluded. However, within these surveys, a **proxy** can be developed identifying children who live with at least one parent not born in the EU⁸⁰. PISA can assist in differentiating between first and second-generation migrants and it provides information on these children's access to education.

Considering these limitations, it is feasible to enhance EU data, basing it on qualitative information from MS, particularly insights from NGOs knowledgeable about migrant children⁸¹. Additionally, involving children and their representative NGOs in qualitative research can provide deeper insights into their challenges and experiences.

2.4.1.1 Administrative data in monitoring children with a migrant background or minority ethnic origin

Administrative data can help to fill the data gaps of information that is not available at the EU level. Sources that can help to monitor children with a migrant background are the data provided by respective ministries, national statistics, the Ombudsman for Children and registries such as from the refugee housing settlements.

Some good examples of the use of administrative data include:

- In **Greece** the main data producer regarding children with a migrant background or minority ethnic origin is the Ministry of Migration and Asylum. This ministry provides data on unaccompanied minors living in shelters, and the number of children living in assisted-living apartments, in accommodation facilities, reception and identification centres, and in open accommodation centres. Moreover, the registry gives data on the number of children integrated into the national foster care and adoption system, the number of children enrolled in education, the number of asylum children with disabilities and SEN attending education, and the number of refugee children benefiting from a balanced diet. The Hellenic Statistical Authority (ELSTAT) also provides the percentage of children born outside Greece and the percentage of children who have Greek and non-Greek citizenship. The Greek National

⁸⁰ European Commission (2019). Feasibility Study for a Child Guarantee. Target group discussion paper on children with a Migrant Background (including Refugee Children).

⁸¹ Ibid.

Register of Minors also gives data on the number of children staying in child protection structures and the number of children with disabilities among these children.

- The State Agency for Refugees in **Bulgaria** collects information on children's countries of origin, age, attendance to ECEC, and the duration of enrolment.
- The Register of the Office for Foreigners in **Poland** collects data on the number of minors with valid stay documents and the number of children in this group who are entitled to family allowance. This allows estimating the extent of poverty among this demographic. ECEC providers and schools collect data on attendance rates among Roma children.
- The **Swedish Policy Authority** provides data on the living conditions of families where parents are born outside the EU. Particular attention is given to the issue of overcrowding. The data is collected in geographical areas identified as facing the most socioeconomic challenges.

National surveys are also a valuable tool. For example, in France, the “Enabee” survey gathered information about the well-being of children between the ages of 3 and 11, which included unaccompanied minors and shed light on their health status. Lithuania has a Roma Platform where all the data on Roma children are collected (more information about this platform is provided in the chapter “Monitoring Roma children”). The sampling frame and survey design employ focus on specific migrant groups, facilitating the attainment of a representative sample more effectively than general sampling methods⁸². But it is important to note that while surveys tailored to migrants are valuable, they may not allow for direct comparisons between migrants and the broader population.

Meanwhile, when data on children with a migrant background or refugees attending ECEC or schools are not available, monitoring and progress assessment could rely on **proxy** indicators such as foreign nationality status, language capabilities, and similar. However, it is important to note that there may be an overlap between categories of target groups, therefore the data must be interpreted with caution.

When monitoring children with a migrant background, it is also important to be precise about which specific group of children is being addressed, as the Recommendation encourages to define the groups that deserve particular attention “whenever appropriate”⁸³. This is important as children with a migrant background or minority ethnic origin are not a homogenous group and different sub-groups can face different access barriers and have different needs (for example asylum seekers face barriers in accessing free healthcare in the majority of MS according to our analysis of NAPs). Accordingly, appropriate targets and measures can be put in place. As an example, the set of targets and indicators in Poland differentiates among various migrant backgrounds (e.g. Ukrainian children and Roma children), offering specific indicators related to unique issues for each group⁸⁴. As already mentioned

⁸² Eurofound (2010). Analysis of the socioeconomic situation of migrants – Gathering comparable data on their living conditions.

⁸³ European Commission (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee.

⁸⁴ European Parliament (2022). Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees.

two groups highlighted by the Recommendation are refugee children and Roma children. Therefore, further, we provide recommendations on how to improve monitoring of these two sub-groups.

2.4.1.2 Monitoring Ukrainian refugee children

Although Ukrainian children fall under the category of 'children of a migrant background,' it is crucial to distinguish them in the monitoring and evaluation process. This distinction is essential for assessing the adequacy and impact of measures, given the uniqueness of these children's circumstances and the rapid, large influx into the EU.

However, Ukrainian children are seldom featured explicitly in the targets or the monitoring and evaluation frameworks of MS as many countries submitted their NAPs before the war started⁸⁵. Monitoring these children is also complicated as data has to be produced fast and not all usual data sources apply. For example, EU-SILC and similar surveys cannot provide data to respond to crises promptly. Meanwhile, general household surveys are limited in the amount of information they can gather about specific population groups, such as Ukrainian refugee children in this case. However, Eurostat gathers administrative data about asylum, residence permits and grants for temporary protection to third-country nationals (including Ukrainians) disaggregated by sex and age⁸⁶. Although this is a useful indicator, it is not enough to capture Ukrainian refugee children's situation.

Therefore, since the beginning of the war and the Ukrainian refugee crisis, various EU institutions have collected quantitative survey data specifically on the situation of Ukrainians. The 2022 FRA (EU Agency for Fundamental Rights) Survey on persons displaced from Ukraine, for example, includes a questionnaire about children residing in the EU and there was a special questionnaire designed to be completed by children themselves⁸⁷⁸⁸. The survey provides some information on the family situation of the children, their housing conditions (where they live and how adequate the housing is), some information on their education attendance and the circumstances of education (for example what languages teachers speak and if they attend local schools or attend remote online classes with Ukrainian teachers), information on after-school activities (do Ukrainian refugee children attend any of those), subjective health assessment and current state of mind, access to healthcare in the host country, experience of violence, and belonging to minority groups. However, the main limitation of this survey is the number of countries it has covered. This survey was only conducted in Bulgaria, Czechia, Estonia, Germany, Hungary, Italy, Poland, Romania, Slovakia and Spain. This survey also does not cover specificities related to the experience of children in alternative care or children with disabilities, what education or healthcare conditions provide the biggest access barriers and similar. Another survey, conducted by the EUAA (European Union Agency for Asylum) in collaboration with the OECD, gathered information from adults, including details about their children (how many children they have and what age they are). Both of these surveys also do not provide a representative sample.

⁸⁵ Ibid.

⁸⁶ Eurostat (2023). Annual Report on Migration and Asylum 2022. Statistical Annex, Available at: <https://ec.europa.eu/eurostat/web/products-statistical-reports/w/ks-09-23-223>

⁸⁷ European Parliament (2022). Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees.

⁸⁸ FRA (2023). Fleeing Ukraine: Displaced people's experience in the EU, Available at: <https://fra.europa.eu/en/publication/2023/ukraine-survey>

However, despite their limitations, both surveys are valuable and provide important insight into the needs of Ukrainian refugee children and can be used by MS as a starting point in their monitoring of these children.

To improve the monitoring and availability of data, MS should use national surveys, administrative data and qualitative data. Some MS, such as Italy and Czechia, already conducted national surveys on the situation of Ukrainian refugee children. In Italy, there is also a census as part of the Minors Information System that monitors unaccompanied minors from Ukraine.

Also, to properly register displaced persons from Ukraine, most EU Member States set up designated points, registration centres, and regional offices, managed by police, border guards, and/or immigration authorities⁸⁹. This kind of administrative data is very valuable in identifying Ukrainian refugee children's needs. Administrative data is irreplaceable when monitoring Ukrainian refugee children, especially when these children experience multiple disadvantages. Various organisations have highlighted that children who already faced disadvantages in Ukraine before the war now encounter cumulative barriers in other countries⁹⁰. For example, Poland and Croatia explicitly collect data on Ukrainian children in alternative care. Poland also registers Ukrainian children with disabilities. Czechian NAP states that Ukrainian children with disabilities have more medical needs while their access to medical care might be more limited, these children might also be at risk of experiencing violence, therefore adequate measures need to be put in place to ensure that these children are protected and their needs are met. In Sweden, the government assigned the National Board of Health and Welfare, the Swedish Migration Agency, and the Swedish Police Agency to undertake a three-year research project focusing on the issue of unaccompanied children (including Ukrainian refugee children) who go missing.

Ukrainian children may also experience challenges related to mental health, particularly those with special needs such as ADHD. This subgroup might require medication, psychosocial support, and specialized services. The specific needs of these Ukrainian children related to mental health should receive additional focus in NAPs and be expressed by setting input indicators, which is less complicated in cases where the group of children in need lacks data. For instance, Greece tracks information concerning the number of day centres assisting minor refugees facing mental health issues. Additionally, they monitor the training received by staff in facilities for unaccompanied minors, specifically focusing on promoting the mental well-being of Ukrainian refugee children. Other countries also target in their NAPs quality of reception centres and seek to ensure that unaccompanied Ukrainian refugee children receive the best possible reception⁹¹. Luxembourg has a special target to improve these children's inclusion in the education system by providing customised education programs.

There are also many Ukrainian children residing in single-parent households, given that a significant proportion of displaced Ukrainians consists of mothers with children. Numerous NAPs acknowledge the additional difficulties faced by single-parent households. For instance, in Lithuania, they endure housing overburden, while in Spain, these families are more likely to experience financial strain. When

⁸⁹ European Migration Network (2023). Annual Report on Migration and Asylum 2022.

⁹⁰ Ibid

⁹¹ European Migration Network (2023). Annual Report on Migration and Asylum 2022.

setting national targets, it is important to ensure that the Ukrainian children in single-parent households are monitored and special support is available for these children.

Overall, as good examples show, when monitoring Ukrainian refugee children, MS should collect administrative data that provides extensive information on their socio-economic conditions and to invest into conducting surveys to get deeper insights into the barriers and needs of Ukrainian refugee children especially as they tend to have multiple disadvantages, such as living in single-parent households, reception centres or alternative care setting, having disabilities and experiencing mental health issues. To improve national data, MS should also use opportunities provided by CG, allowing to mitigate data shortages by putting in place data development initiatives. This allows making evaluation frameworks more elaborated not only mere compilations of indicators.

2.4.1.3 Monitoring Roma children

Another subgroup falling under the category of "children with a migrant background or minority ethnic origin" that requires special attention in NAPs is Roma children. Research indicates that Roma children are particularly vulnerable, experiencing poorer health compared to the general population⁹². They face challenges such as limited access to healthcare facilities, lower participation in ECEC, early school dropout rates, inadequate nutrition, restricted access to social services, discrimination, and language communication barriers^{93,94}. These issues often stem from socially excluded and segregated living situations among the Roma, making it difficult for them to access essential services. Additional barriers include cultural beliefs held by the parents, as well as experiences of generational poverty and social exclusion.

However, monitoring these children is challenging, as due to methodological difficulties (such as differences between self-reporting and objective identification) even counting the number of Roma children is complicated, as official and unofficial population estimates of Roma tend to differ significantly⁹⁵.

Collecting reliable data on Roma is also complicated due to concerns of data protection laws, when law prohibits the collection of data on ethnicity. For example, Denmark does not record the ethnicity of its citizens, therefore they do not have policies and measures specifically targeted at Roma or other ethnicity groups of children. EU Roma Strategic Framework for equality, inclusion and participation states that in those countries where ethnic data collection is impossible, proxies, such as the ones based on socio-economic data can be used⁹⁶. Data collection may be carried out in settlements and regional units that are identified as segregated or have a high concentration of vulnerable individuals.

⁹² Unicef (2012). Roma Early Childhood Inclusion, Available at: <https://www.unicef.org/serbia/en/reports/roma-early-childhood-inclusion>

⁹³ Ibid.

⁹⁴ Rotaru, I. (2019). The school dropout of Roma children. Between anti-gypsism and the socio-economic dysfunction of Romanian education system, Available at: https://www.researchgate.net/publication/335293496_The_school_dropout_of_Roma_children_Between_anti-gypsism_and_the_socio-economic_dysfunction_of_Romanian_educational_system

⁹⁵ Eurofound (2012). Living conditions of the Roma: Substandard housing and health, Available at: <https://www.eurofound.europa.eu/en/publications/2012/living-conditions-roma-substandard-housing-and-health>

⁹⁶ European Commission (2020). Annex to the Communication from the Commission to the European Parliament and Council. A Union of Equality: EU Roma strategic framework for equality, inclusion and participation. Available at: <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=COM%3A2020%3A620%3AFIN>

The premise here is that these locations likely have a significant Roma population, as it is done in some countries, such as Greece, Lithuania and Czechia (Czechia has developed an index on the extent of social exclusion). In the examples of MS that map locations on Roma rely on the data provided from municipalities, to ensure that all geographical areas are covered. **Portugal** shows an example of how the number of Roma children can be estimated: considering that each Roma household may have an average of 2-3 children or young people estimating the number of children and young people in a situation of housing deprivation and lack of access to basic services is possible.

However, it is important to note that relying solely on proxy data may narrow the focus to the most marginalized groups, potentially excluding individuals who, while not economically deprived, still face the impacts of antigypsyism in their daily lives or when revealing their identity. To address this limitation, it is crucial to complement proxy data with qualitative, survey and administrative data obtained through research and consultations with civil society organizations, national human rights institutions, and local authorities. Geographical differentiation helps to develop proxies for ECEC attendance, school attendance school-dropouts, access to healthcare and similar, combined with administrative data.

Some countries, such as Belgium, Bulgaria, Czech Republic, Finland, Ireland and Lithuania have set or are in the process of developing national Strategies for Roma integration, and part of these Strategies is collecting reliable data on Roma and their children. As a result Lithuanian has established a platform dedicated to their monitoring – „Roma Platform“. The platform includes data from schools on the number of Roma children attending primary and secondary education, how many children are illiterate, and qualitative data on the reasons why Roma attendance in ECEC and schools is low compared to Lithuanian children. In terms of access to education, Lithuania also collects data on children of minority ethnic origin (notably national minorities of Russians, Polish and Belarussians): the number of minority language schools and the number of up-to-date books available in the minority language. Regarding children with migrant backgrounds and children of ethnic origin, Lithuania also collects data on the number of Lithuanian lessons available, the availability of necessary teaching material, and teachers' self-evaluation regarding their preparedness to work with this demographic. Various surveys, administrative data registers (such as students register) and national statistics provide information for this platform. When conducting surveys about Roma children, these surveys should acknowledge the concept of multiple deprivations and incorporate variables that address multi disadvantages as well.

When collecting data, it is also important to ensure that Roma civil society is a part of the national data development and monitoring process, as in the case in some countries such as Lithuania, Greece and Czechia, which have quite elaborate data on Roma and their children. Czechia even conducted interviews with Roma children themselves. In Greece, the population housing consensus, the Roma camps were enumerated with the assistance of Roma people from local communities.

Qualitative research is also very valuable when learning about Roma children's situation, the barriers they face and their needs. Some countries state in their NAPs that they have conducted interviews or focus groups with Roma children.

2.4.1.4 EU-level data on Roma children

When setting targets and creating indicators EU level data sources are also useful. Currently, the most advanced and elaborated data on Roma children on the EU level is FRA's Roma survey⁹⁷. It provides information on the experience of discrimination, harassment and violence, education (including school dropouts) and employment, health, housing, living conditions, rights awareness, trust and participation and policy stops (encounters with police)⁹⁸. The EU-MIDIS survey also provides important information on the existence of housing discrimination disaggregated by ethnicity. The EU-MIDIS questionnaire includes subjective questions on discrimination experienced in the previous 12 months or five years in nine general areas. Another, the UNDP survey, provides information on housing affordability, available rooms and square meters per household member for Roma people, on the percentage of households living in inadequate forms of housing and lacking improved forms of sanitation or water sources, and distance (km) to health facilities for Roma and majority populations (%)⁹⁹. UNDP survey also collected data on the level of ethnic and religious segregation in city neighbourhoods, towns, villages and the wider districts in which these settlements were located. UNDP-ILO provides data on Roma children's undernourishment and vaccination levels.

There is also valuable data provided by the Fundación Secretariado Gitano (FSG). The FSG presents data from a survey carried out in Bulgaria, the Czech Republic, Greece, Portugal, Romania, Slovakia and Spain. It concludes that Roma are 'particularly vulnerable to the effects that social conditions have on health. Spain continuously registers statistics in collaboration with FSG which allows to estimate the overall number of Roma children in Spain, as well as the number of Roma children with disabilities.

2.4.1.5 Target setting regarding Roma children

Czechia and Greece have very clear targets aimed at improving the well-being and educational outcomes of Roma children. Czechia, for instance, has outlined a specific and measurable goal to reduce the number of segregated schools where Roma children constitute more than 50% of pupils from 75 to 35 schools. Meanwhile, Greece has embarked on an ambitious plan to decrease the rate of Roma children at risk of poverty from 99% to less than 80%, as delineated in the National Strategy and Action Plan on Social Integration of Roma.

Lithuania, on the other hand, has adopted a qualitative approach, focusing on cultural relevance. Their target involves organizing more after-school activities and summer camps that are culturally relatable for Roma children, recognizing the importance of tailoring initiatives to their unique needs. Other countries also monitor the number of teachers in ECEC and schools who are adequately trained to work with Roma children, and data on number of children in alternative care settings including family placements (Czechia's examples show that Roma children are placed in family settings less).

Notably, the Czech Republic stands out among other MS for its exceptional distinction of Roma refugee children from Ukraine. Recognizing the heightened risk due to prevalent stigma and discrimination, the Czech NAP emphasizes targeted efforts for these children. To collect relevant data, a survey titled "Ukrainian Roma in the Czech Republic" was implemented. The findings highlighted challenges such

⁹⁷ FRA (2022). European Roma Survey, Available at: <https://fra.europa.eu/en/publication/2022/roma-survey-findings>

⁹⁸ Unicef (2012). Roma Early Childhood Inclusion,

⁹⁹ UNDP and Roma Survey (2018). Regional Roma Survey 2017: Country fact sheets, Available at: <https://www.undp.org/eurasia/publications/regional-roma-survey-2017-country-fact-sheets>

as language barriers, with only 83% of these children speaking Ukrainian, and 20% of households lacking literate family members. The survey underscored the need for special support during administrative tasks and the importance of providing information and options in languages accessible to Roma refugees. Additionally, the survey indicated that Roma refugee children participate less in ECEC and education compared to Ukrainian refugees in the host country, emphasizing the necessity for tailored support and interventions for this specific population.

2.4.2 Monitoring homeless children or children experiencing severe housing deprivation

Another sub-group identified by the European Parliament as underrepresented in NAPs is homeless children and children experiencing severe housing deprivation. Monitoring data on child homelessness presents significant challenges. The inherent complexity of homelessness makes it difficult to assess accurately, given that families and children living in such circumstances often lead highly mobile lives, rendering them more or less invisible to data collection efforts. Additionally, definitional differences and over-reliance on service data, as well as the majority of data coming from urban places further complicate the process¹⁰⁰.

High mobility results in children's non-attendance or scattered attendance to ECEC and schools, which makes children less visible to the educational system. Also, as the NAPs show there are no monitoring frameworks and data in place to monitor homeless children's access to healthcare services and healthy meals.

This dearth of information impedes a clear understanding of the scale and the specific circumstances these children endure. The Swedish NAP states that the number of children suffering from homelessness is mostly estimated from data on the number of parents who are homeless and the extent to which they report living with their children.

Various authorities and research institutions employ diverse data collection methods, with some utilizing administrative data, while others depend on recurring national surveys that gather individual or aggregate data. Administrative data typically encompasses numerical information and user profiles of service recipients. Additionally, some organizations conduct one-off surveys at the national or local level, aiming for a snapshot estimate that may be more effective in reaching homeless children lacking formal support. For example, Greece conducts ad hoc surveys to identify accessibility problems of children in need for whom the data are not collected in the context of existing surveys (such as Roma children living in non-standard housing and homeless children). Meanwhile, Ireland uses The Pathway Accommodation and Support System (PASS), which is an online system that generates official homelessness data and captures details of individuals in State-funded emergency accommodation and arrangements overseen by local authorities. They provide data on such indicators as the "number of children in families in emergency accommodation" monthly.

A multi-stakeholder approach is essential, encompassing national, regional, and local policymakers, service providers, researchers, and volunteers. The most beneficial approach involves combining various methods to identify homeless children and assess their access to services¹⁰¹. Multi-method approach involves compiling an inventory of available data and subsequently integrating it with a local

¹⁰⁰ Develtere, P (2022). Data Collection Systems and Homelessness in the EU – An Overview. Available at: <https://op.europa.eu/en/publication-detail/-/publication/b8713084-6a35-11ed-b14f-01aa75ed71a1/language-en>

¹⁰¹ Develtere, P (2022). Data Collection Systems and Homelessness in the EU – An Overview.

multi-stakeholder strategy to identify and track as many individuals experiencing homelessness as possible, even those considered 'invisible homeless'¹⁰².

There is also a growing trend in mobilizing volunteers to count individuals sleeping on the streets or fostering collaboration among local service providers and other stakeholders. For example, Poland conducts a point-in-time Homeless Population Census survey during the night in winter, every two years. The action requires the involvement of representatives of government administration at the voivodship level, local government units (including social services), uniformed services (police) and NGOs. Those involved in the survey include employees of shelter facilities run by NGOs as well as street workers and people involved in voluntary help for people exposed to homelessness.

In the context of monitoring homeless children, we propose that street workers could be highly beneficial. Their familiarity with the children in their working areas and established connections enable them to provide comprehensive information going beyond just estimating the number of children. However, it's essential to note that street workers are generally situated in urban areas rather than rural ones. Consequently, ensuring the identification of children residing outside cities becomes crucial. Given the fundamental differences in homelessness realities between urban and rural settings, encompassing factors such as numbers, dynamics, and living experiences, it is not feasible to simply extrapolate urban data to gain insights into nationwide realities.

2.4.2.1 Definition of homeless children

To ensure successful collaboration in homeless children's monitoring, it is very important to ensure that all involved stakeholders use the same definitions. In a specific MS, different definitions may be employed for various purposes or at different levels, contingent upon the purpose and the data collection authority. This variability can lead to significantly divergent estimates within the same territory. However, by adopting harmonized definitions, different authorities can furnish data on various challenges faced by children, thereby offering a more coherent depiction of their access to services.

The European Commission has developed ETHOS as a standard framework to define homelessness which can be used as a guiding definition^{103,104}. ETHOS acknowledges that homelessness is a dynamic process, where individuals transition between various precarious living situations rather than a fixed state. The categories within ETHOS aim to encompass all living conditions that constitute forms of homelessness or housing exclusion, including rooflessness, houselessness, and residing in insecure or inadequate housing. ETHOS Light, specifically designed for statistical purposes, defines homelessness within this framework. This tool categorizes homelessness into six operational groups: residing in rough public spaces, emergency accommodation and accommodation for the homeless (such as shelters, homeless hotels, women's shelters and refugee accommodation), extended stays in institutions (such as penal institutions), and unconventional dwellings (such as mobile homes, caravans and temporary structures), and living with families or friends¹⁰⁵.

¹⁰² Ibid.

¹⁰³ FEANTSA (2017). ETHOS Light. Available at: <https://www.feantsa.org/download/fea-002-18-update-ethos-light-0032417441788687419154.pdf>

¹⁰⁴ Develtere, P (2022). Data Collection Systems and Homelessness in the EU – An Overview.

¹⁰⁵ FEANTSA (2017). ETHOS Light.

2.4.3 Monitoring access to adequate housing

When tackling homelessness, it is also important to keep in mind that **certain groups are more susceptible to homelessness or inadequate housing conditions**, such as children from poor families, single-parent households, or those from marginalized communities like Roma or migrant backgrounds. Also, children transitioning from alternative care settings to independent living (and in other transitional periods) and LGBTQI+ children are identified as being at a higher risk of experiencing homelessness, according to the information provided by MS in their NAPs. Paying more attention to improving the housing conditions and availability of these children could prevent them from becoming homeless. For example, Slovakia collects administrative data within 4 years of leaving the care system and transitioning into independent living.

Therefore, monitoring of housing conditions and measures to improve them are an important step in preventing homelessness. According to the Greek NAP, given that homelessness is hard to capture, it is important to monitor the percentage of AROPE children living in households with housing cost overburdened and severe housing deprivation rate (especially for single-parent and large families). According to the Bulgarian NAP, homelessness is also associated with stays in temporary accommodation, such as temporary accommodation centres for migrants and refugees, and Roma camps. In these cases, national data from refugee centres and related ministries can be useful.

EU-SILC survey allows monitoring of housing deprivation and housing conditions (such as the proportion of children at risk of poverty or social exclusion who live in an overcrowded household, the proportion of children at risk of poverty or social exclusion who live in a household that cannot adequately heat its home and similar). Furthermore, this information contributes to the Social Scoreboard, designed to monitor the implementation of the Pillar of Social Rights¹⁰⁶. The Scoreboard features key indicators, including the housing cost overburden rate, which assesses housing conditions and affordability, along with a secondary indicator focusing on the severe housing deprivation rate. Organizations like Eurofound or the Fundamental Rights Agency (FRA) can also contribute significantly. Their surveys offer valuable insights into the aspects of homelessness among children, as demonstrated by Eurofound's quality of life survey (EQLS) and FRA's surveys. FRA's surveys cover such topics as violence against women, experiences of the LGBT community, the situation of the Roma population, and data related to asylum seekers and migration, providing valuable information on dimensions and drivers of homelessness¹⁰⁷. Meanwhile, EQLS provides information on the housing deprivation and exclusion, which are also possible drivers for homelessness¹⁰⁸. The indicators provided by EQLS include likelihood of needing to leave accommodation within the next three months and likelihood of facing difficulties paying for utilities in the next three months¹⁰⁹. Other indicators are useful for monitoring housing conditions and access to various services. These include: people reporting problems with accommodation, by type of accommodation and rural or urban area, people reporting problems with the local area, by degree of urbanisation (provides information on various

¹⁰⁶ Develtere, P (2022). Data Collection Systems and Homelessness in the EU – An Overview.

¹⁰⁷ Develtere, P (2022). Data Collection Systems and Homelessness in the EU – An Overview.

¹⁰⁸ Ibid.

¹⁰⁹ Eurofound (2023). Unaffordable and inadequate housing in Europe, Available at: <https://www.eurofound.europa.eu/en/publications/2023/unaffordable-and-inadequate-housing-europe>

access issues, such as access to public transport) and people reporting problems with accommodation, by type of tenure (includes poor internet connection which might also be a beneficial proxy when assessing access to digital services).

National-level administrative data can be gathered on various housing-related aspects, including the availability of social housing, eviction statistics, existing legislation regarding evictions, and the amount of housing allowance provided for families with children, among other relevant factors. Input indicators are very important when monitoring access to housing, such as the number and capacity of various shelters, availability of social housing, amount of housing allowance and similar.

2.4.4 Monitoring children with disabilities

Children with disabilities also remain a group that poses a persistent monitoring challenge due to issues related to narrow definitions and the lack of standardized data collection methods¹¹⁰. The definition of disability employed in data collection instruments plays a crucial role in identifying individuals with disabilities, thereby influencing the quality of the gathered data.

Traditionally, the definition of disability has been predominantly concentrated on physical and sensory functioning, often overlooking psychosocial aspects. The findings from the Feasibility Study for a Child Guarantee reveal that, despite the endorsement and adoption of the Convention on the Rights of Persons with Disabilities (CRPD), most MS persist in employing a conventional medical interpretation of disability¹¹¹. The information on children with disabilities typically resides across multiple databases, each tailored to specific needs or purposes and maintained within distinct government ministries. These databases record children with impairments, often inclusive of chronic illnesses, focusing on limitations in body parts or bodily functions; children officially registered as having disabilities, receiving specific benefits, pensions, or allowances based on the severity and type of disability. For example, analysis of NAPs shows that in Greece, the administrative registration of children with disabilities only concerns those who meet the criteria to become beneficiaries of disability allowances. In Germany, official statistics include those who have officially determined their degree of disability, while the census supplements the data by providing info on the severely disabled and shows the degree of disability according to age. Italy focuses solely on school attendance data. However, the number of children that are recorded to have bodily impairments and chronic illnesses, cannot be used as a proxy, as not all children with impairments and illnesses are disabled.

There is also a lot of confusion and lack of clarity in distinguishing children with disabilities, children with Special Educational Needs (SEN) and children with mental health issues among MS. For example, in Czechia, seriously ill children and children in palliative care are explicitly included in the group of children with disabilities. In the Czechia, Bulgaria, Hungary and Lithuania to name a few, children with physical impairments and mental health issues are pooled into the same category. This confusion comes from children with disabilities and children with SEN overlapping in many cases. However, it is important to make clear distinctions between them and not use them synonymously as not all children with disabilities have SEN, and not all children with SEN have disabilities. In Slovakia, Lithuania, Spain and the Czech Republic, the SEN category also includes gifted pupils. Various definitions, sources, and

¹¹⁰ UNICEF (2023). Children with Disabilities in Europe and Central Asia: A statistical overview of their well-being. Available at: <https://www.unicef.org/eca/reports/children-disabilities-europe-and-central-asia>

¹¹¹ European Commission (2019). Feasibility Study for a Child Guarantee. Target group discussion paper on children with a Migrant Background (including Refugee Children).

methodologies create confusion regarding what falls under the category of "children with disabilities" and do not guarantee the identification of all children. It is crucial to establish clear definitions for disability and delineate the criteria for inclusion in this group, as the access barriers vary significantly.

Disability is not solely about identifying impairments; it encompasses a person's life situation, including their restrictions in activities, participation, and supportive environmental factors¹¹². Following the European Disability Strategy 2010-2023 and the CRPD (Article 1), the definition of disability is expansive and embraces an inclusive concept: 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'¹¹³.

Meanwhile, SEN is a concept typically defined by countries in their legislative frameworks. These definitions serve as a basis for identifying, assessing, and providing for learners with diverse needs, including recognized disabilities. It's important to note that special or 'additional' needs should not be attributed solely to the inherent characteristics of the child. Instead, it reflects a misalignment between what a typical education system offers and what an individual child requires to support their learning¹¹⁴.

Defining disability exclusively on medical criteria presents certain challenges. For instance, the absence of an income-based criterion for the allocation of disability benefits makes it difficult to establish a direct quantitative connection between child disability and child poverty. Additionally, relying solely on a medical definition hinders children who may experience access barriers but do not meet medical criteria from receiving the essential support they need. Moreover, adopting a perspective that defines disability less in terms of individual "deficiency" and instead focuses on external barriers and limitations helps reduce the stigmatization associated with disability. This stigma reduction is essential as it can lead to a lack of uptake of services and an absence of representation in self-reported surveys.

Some good examples of MS include:

- **Ireland's** Access and Inclusion Model (AIM), aiming to offer targeted and universal support in preschools without necessitating a disability diagnosis, relies on the definition of "long-term physical, mental, intellectual, or sensory impairment which, in interaction with various barriers, may hinder a child's full and effective participation in society on an equal basis with others." Therefore, even if a specific impairment is not officially recognized as a disability, the "long-term" aspect of the definition is sufficient to implement improvements in the learning environment.
- Likewise, in **Portugal's** educational context, the term "students in need of additional support" is employed instead of SEN. This definition places greater emphasis on the support provided to children within mainstream education, rather than focusing on the individual characteristics of students.

¹¹² European Commission (2019). Feasibility Study for a Child Guarantee. Target group discussion paper on children with a Migrant Background (including Refugee Children).

¹¹³ United Nations (2006). Convention on the Rights of Persons with Disabilities. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

¹¹⁴ Soriano, V., Watkins, A. and Ebersold, S. (2017). Inclusive education for learners with disabilities. Available at: [https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU\(2017\)596807](https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2017)596807)

- In **Germany**, the Social Code Book XIII §7 (2) defines disability as the presence of both attitudinal and environmental barriers that impede children from participating in society on an equal basis with their peers for a minimum of six months.

The essence of monitoring improvement regarding children with disabilities lies in the understanding that assessing disability requires a comprehensive approach. Drawing inspiration from positive examples, it is crucial to gather data on inclusiveness across various settings, including ECEC and Education. For instance, this can involve tracking statistics on how many children with disabilities are in alternative care, how many children are included in mainstream and specialised educational settings, and the reasons why children with disabilities may not attend ECEC, Educational or cultural, sports and leisure activities (as it is done in Estonia). Moreover, there should be a heightened focus on assessing the quality of accessibility in different settings. This assessment may encompass overall physical access for children with mobility challenges (including schools, ECEC, cities, their own home and similar), as exemplified in Lithuania, child-staff ratios, training staff for inclusion, availability of necessary professional support, and the presence of suitable learning tools in educational settings. Monitoring these children's mental health and digital safety is also very important, as Statistics Sweden shows that children with disabilities experience psychosomatic symptoms to a greater extent than children without disabilities. They are also more exposed to bullying and loneliness, as well as online harassment. Swedish survey „Schoolchildren's Health Habits“ shows that children with disabilities also feel more insecure and stressed by schoolwork and have less active leisure time.

In seeking to enhance monitoring related to children with disabilities, it is equally important to involve children with disabilities themselves, as well as civil society and organizations of persons with disabilities¹¹⁵. These individuals and groups possess first-hand knowledge of the situations faced by these vulnerable children. They are well-acquainted with the most pertinent access barriers and challenges in their lives and can offer invaluable insights into the targets and measures that should be implemented.

Moreover, all monitoring frameworks in the NAPs could incorporate the EU-SILC indicator collected each three years (last data in 2021) that assesses the proportion of children aged 0-15 experiencing severe or some limitations in their daily activities, serving as a useful **proxy**. Yet, this dataset excludes individuals living in institutions, necessitating national data to cover such cases, particularly hidden institutionalisation like children in boarding schools in Flanders, Belgium. Also, when comparing the proportions of children facing limitations in their daily activities, significant differences exist among countries (e.g., from 2% in CY to more than 9% in FI). Investigating these variations is crucial to understand if they result from differences in data collection methods or other factors related to data accuracy and reporting.

Utilising the data gathered on the subjective assessment of children's health collected each three years in EU-SILC (last data from 2021), it is also possible to highlight the accumulation of disadvantages in terms of housing conditions, general health or activity limitations and poverty. The overall picture indicates that children with (very) bad health or (severe) activity limitations are more susceptible to severe housing deprivation and overcrowding, encounter greater challenges in maintaining suitable living conditions in terms of warmth, and face a higher prevalence of housing cost burdens when

¹¹⁵ European Commission (2019). Feasibility Study for a Child Guarantee. Target group discussion paper on children with a Migrant Background (including Refugee Children).

compared to their peers without health problems¹¹⁶. It is pertinent to note that these findings can be further juxtaposed with available national data concerning children with disabilities' access to housing.

To address the global lack of data on the circumstances of children with disabilities, UNICEF collaborated with the Washington Group on Disability Statistics to create the Child Functioning Module. This module is designed for implementation in censuses and surveys, aiming to provide a population-level estimate of the number and percentage of children facing functional challenges across various domains. It operates within the framework of the biopsychosocial model of disability, emphasizing the identification and breadth of functional difficulties rather than focusing solely on body structure or specific conditions. For example, mobility limitations may arise from diverse conditions such as cerebral palsy, limb loss, paralysis, muscular dystrophy, or spinal cord injuries. Similarly, behavioural challenges may be associated with conditions like autism, attention deficit hyperactivity disorder, or mental health issues.

2.4.5 Monitoring children with mental health issues

Although children with mental health issues represent one of the sub-categories highlighted in the CG Recommendation, neither the Recommendation nor its accompanying Staff Working Document provide a specific definition for this group.¹¹⁷

In addressing mental health issues among children, the complexities arise from the lack of consensus on defining mental health and the inadequacy of data. The pooling together of children with mental health issues and those with SEN or children with disabilities, or monitoring based solely on healthcare data from psychiatric hospital admissions, such as diagnoses of anxiety and depression, or pooling mental health issues with disabilities (not all mental health issues cause disabilities) adds to the challenge. While this information holds relevance, setting targets and monitoring becomes intricate, particularly in addressing the needs of children undetected by the healthcare system. Often, these are the most vulnerable children facing significant barriers to healthcare access, coupled with low mental health literacy, especially among parents. This group includes refugee children, asylum seekers, children in alternative care, and those from families in precarious situations¹¹⁸.

Several MS such as Lithuania, Belgium, Denmark, Ireland, and Spain have **set targets related to improving access to mental health services**. For instance, they aim to strengthen the capacities of their National Health Services (NHS) to ensure mental healthcare for children and adolescents at risk of poverty or social exclusion. These targets are assessed by measuring the number of specialists in child psychiatry within the NHS. Additionally, monitoring involves assessing the waiting time to receive mental health support. Lithuania has implemented measures to enhance children's mental health literacy through school activities. Similarly, Slovakia has introduced several programmes aimed at promoting awareness, health literacy, and early intervention accessibility for children, their parents, and various specialists involved in interacting with children regarding mental health.

To collect national data on the children with mental health issues MS mostly use surveys. For example, in Greece in the National Health Survey for 2019, there were questions related to mental health for

¹¹⁶ European Commission (2019). Op.cit.

¹¹⁷ European Parliament (2022). Analysis of the Child Guarantee National Action Plans. Trends in Member States and support for refugees

¹¹⁸ European Parliament (2022). Op.cit.

children 2–14-year-olds. The survey is used to report poor mental health symptoms although the sample of the survey is quite small. The representative study on the health of children and adolescents in Germany provides information about the mental health of children and adolescents disaggregated according to socioeconomic status, gender, and age.

Children’s mental health problems depend to certain extent on their personal and family background. Conflicts most often escalate in families where there are various communication problems and an inharmonious family environment. Therefore, when identifying children with mental health issues, Finland collects data on children’s relationships with family, friends and peers (their monitor such indicators as experience of loneliness, sense of isolation and similar).

Ireland stands as a notable example in **monitoring children's mental health**. Through its Better Outcomes Brighter Futures (BOBF) National Framework, it is possible to **integrate mental health considerations across various policy areas**, emphasising the protection, well-being, and support for children encountering mental health challenges. The **data collection** primarily **involves self-reflection surveys** and **proxy indicators** like the quality of time spent with parents or experiences of violence. However, it is important to note that self-reported surveys might not be accurate due to the stigmatisation related to mental health issues. For example, data from the annual face-to-face Healthy Ireland Survey with children aged 15 and over collects information on children’s mental health by monitoring such indicators as the Energy and Vitality Index should be interpreted with caution. Another interesting data source used in Ireland is Growing up in Ireland, a longitudinal study which follows the progress of 8,000 nine-year-olds and 10,000 nine-month-olds. The study includes such indicators and the percentage of nine-year-olds who report they have a consistent adult to confide in.

Estonia is also in the process of developing a **Mental Health Survey** to enhance its data resources, although highlights the challenges regarding self-identification due to stigmatisation. Finland also has developed a **set of indicators to measure mental health** as part of their National Mental Health Strategy.

On the EU and international level, there are also few relevant sources. A useful self-assessment international survey is “Health Behaviour in School-aged Children” by WHO. The survey provides various information on school-aged children's health, disaggregated by year, sex, age, population group, social class, and region. It is a collaborative cross-national study which asks 11–17-year-old children about their health and well-being, social environments and health behaviours within their social context. It is a school-based survey with data collected through self-completion questionnaires administrated by teachers in the classrooms every four years.

Some of the indicators monitored by this survey could be used as proxies for monitoring children’s mental health, including:

- Percentage of children who report high life satisfaction;
- Percentage of children who are happy with the way they are;
- Percentage who report that they are very happy with their lives at present;
- Percentage who feel pressurised by schoolwork;
- Percentage of children who experienced bullying;
- Percentage of boys and girls who report always feeling comfortable being themselves while with friends;
- Percentage of children who report feeling high levels of support from peers;
- Self-assessment on the sense of freedom.

Another useful source is the 2013 EU-SILC ad hoc module on well-being for young people between of ages 16 to 24. It reports on the availability of social support and on one's potential to ask for help (including moral support) from relatives, friends or neighbours (only the relatives, friends or neighbours who do not live in the same household are considered). In 2018, this question was changed to two separate questions on access to material and non-material help. For non-material help, respondents were asked "Do you feel that if you needed non-material help (e.g. somebody to talk to, help with doing something or collecting something) you could receive it from relatives, friends, neighbours or other persons that you know?".

First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee's Indicators' Sub-Group and the European Commission also suggest using WHO's HBSC data on shares of children (11, 13 and 15 years old) reporting feeling low more than once a week, broken down by gender and family affluence¹¹⁹.

PISA provides useful data to monitor 15-year-olds. It provides data on such indicators as the percentage of children who strongly agree that they feel like they belong in school, the percentage of children who feel like outsiders in school, and the percentage of children who report that their parents spend time just talking with them several times a week.

Although most of the data only helps to estimate the size of children with mental health issues group this can be a starting point to assess the resulting challenges, support needs, and inclusion barriers for both, children, and their parents¹²⁰.

All in all, when monitoring specific sub-groups of children in need, using only EU-level data is insufficient, and national surveys, administrative data and qualitative research are very important. Moreover, it is important to have a consensus in definitions and to ensure the successful engagement of various stakeholders who are involved with these children and collect various data related to them.

Enhancing overall monitoring requires the engagement of diverse stakeholders and the utilization of national data. National data play a crucial role in addressing data gaps at the EU level, and MS should allocate EU funding to enhance monitoring for different groups of children in need. During this process, the inclusion of proxy indicators in MS monitoring frameworks proves valuable. Additionally, ensuring that monitoring frameworks encompass all essential elements is vital for clarity and transparency. This includes establishing clear, measurable targets monitored through distinct indicators, underscoring the significance of filling data gaps by enhancing information on various groups of children in need.

¹¹⁹ Social Protection Committee Indicators' Sub-Group and European Commission Directorate General for Employment, Social Affairs & Inclusion, 2023, First version of the joint monitoring framework for the European Child Guarantee, prepared by the Social Protection Committee's Indicators' Sub-Group and the European Commission,

¹²⁰ Liljeberg et al (2022). Eltern von Kindern mit Beeinträchtigungen - Unterstützungsbedarfe und Hinweise auf Inklusionshürden. Available at: <https://www.bmas.de/DE/Service/Publikationen/Forschungsberichte/fb-613-elternstudie-unterstuetzungsbedarfe-inklusionshuerden.html>

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Annexes

Annex 1: CG targets for PT, ES, BG, EL, EE, LT, and PL

MS	Target
ECEC	
PT	Ensure free access to kindergartens for all children
	Increase the ECEC response network by 8,884 children
	Increase the attendance of pre-school education for all children from the age of 3 by 3.2%
ES	Guarantee universal access to the first cycle of ECEC by achieving a schooling rate of 50% at year 1 and a 75% at year 2
	Guarantee effective access to early care services under the age of 6 for all children
BG	Expanding the coverage of children aged 0-7 years in early childhood education and care by increasing the share of children aged 0-2 who are enrolled in ECEC by 4.4%
	Expanding the coverage of children aged 0-7 years in early childhood education and care by increasing the net enrolment ratio of children in the education system from 3 years to entering first grade by 5.9%
EL	Increase the rate of children under 3 who receive formal early childhood education and care by 16.35%
	Maintain the rate of children at risk of poverty or social exclusion receiving formal early childhood education and care (ECEC) between 3 years old and the age for starting compulsory education is above 96%
	Increase the number of existing places for ECEC and in particular to create 50,000 new early childhood care places for infants aged between 2 months and 2.5 years
	Increase the rate of Roma children over 3 in formal early childhood education and care (ECEC) by 6%
	The reform of the early childhood intervention framework will contribute to enhancing the quality of services for children with disabilities and special learning needs in particular, covering 1,450 children out of 8,700 by 2025.

EE	Decrease the impact of family benefits and parental benefit on reducing the absolute poverty of children aged 0-17 from 64%
	Ensuring effective and targeted assistance for the children in need by decreasing the number of referrals involving children in danger and abused children from 569
	Ensuring effective and targeted assistance for the children in need by decreasing the percentage of children separated from the family among children aged 0–17 from 0.11%
	Support children with special needs and disabilities by decreasing the percentage of parents or main carers of disabled children who say they have not been able to use social service(s) at all or enough, but would need these for their disabled child or would need more from 30%
	Support children with special needs and disabilities keeping the percentage of parents who are at the labour market 6 months after starting to receive childcare and/or support service for disabled children at the same level or increasing it
	Creating a smooth journey for abused children from perceiving the need for help up to help by decreasing the number of referrals of children in danger and children abused from 569
	Creating a smooth journey for abused children from perceiving the need for help up to help by decreasing the percentage of children separated from the family among children aged 0–17 by 0.11%
LT	Increase the percentage of children (0-6 years) receiving pre-school education services (first and second cycle) by 5.8%
	Increase the percentage of children aged 0-5 receiving pre-school education services in the city by 21.9% and children aged 0-5 receiving pre-school education services in rural areas by 63.2%
	Increase the percentage of children with special educational needs attending the ECEC institutions by 80.1%
	Increase the percentage of children who are up to 3 years (apart from the start of compulsory pre-school education) attending ECEC institutions to 95%
	Increase the percentage of children from families experiencing social risk will attending ECEC institutions by 11%

PL	Increase the percentage of children (the population of children from birth to school age) covered by early childhood development support by 3.4%
	Increase the number of Roma children covered by pre-school education as part of the Integration Programme for 2021-2030 by 2832
Education	
PT	Reduce retention and dropout rates in school groups or non-grouped schools covered by the Learning Recovery Plan by 1%
	Increase the number of school groups or non-grouped schools covered by specific projects to combat retention and dropout rates by 11%
	Promote the use of digital textbooks by students on the 2nd and 3rd school cycle and of the secondary school level, achieving 15,410 student users
	Provide schools with projection equipment and purchase computers for individual use (for students, teacher and kindergarten teachers) achieving 40,000 classrooms and 600,000 computers
	Install 1,300 Digital Education Laboratories
ES	Reduce educational inequality by reducing the abandonment rate in early education and training by 4.3%
	Reduce the gap between children from vulnerable homes and children as a whole by 15%
	Significantly reduce school segregation for socioeconomic, ethnic or other reasons in public and subsidized schools through changes in the LOMLOE
	Guarantee quality, accessible and inclusive extracurricular activities and educational leisure or free time for children and adolescents at risk of poverty or social exclusion, during the school year and in non-school periods
	Reduce the digital divide between the child and adolescent population in situations of poverty or social exclusion and the general child and adolescent population by 50%
BG	Reduce the share of early school leavers by 5.2%

	Reduce the share of students with scores below critical values by 21% (average for the three PISA areas – reading, mathematics and science)
EL	Increase the percentage of pupils in the lowest quartile of the PISA index of economic, social and cultural status (ESCS) in Greece who perform in the first quartile among pupils from all countries by 27.1%
	Decrease the percentage of 15-year-old pupils of low socioeconomic status with low performance (fail to reach level 2 on PISA scale) in text comprehension, math and science by 4.9%
	Achieve an average PISA score for 15-year-olds with low socioeconomic status above 525.6
	Increase the percentage of Roma children (5-17 years old) of compulsory education age enrolled in education by 6%
	Decrease the percentage of persons who felt discriminated against because of being Roma in the last 5 years, when they were at school as a parent or pupil by 5%
	Increase the percentage of Roma children between 4 years old and the age for starting compulsory primary education attending early childhood education by 7%
	Increase the percentage of child refugees and migrants enrolled in formal education by 5% to cover all children
	Ensure adequate educational staff through teacher training actions
	Reduce the digital divide by ensuring internet connectivity for pupils in remote areas
EE	Decrease the percentage of parents who feel they need advice and help but do not know where or to whom to turn or do not dare to address anyone from 53%
	Decrease the percentage of acceptance of corporal punishment of children by parents from 42%
	Improve learning opportunities and organization of education by increasing the percentage of children aged 3 to school age who have attended a pre-school establishment by 3.4%
	Decrease the drop-out rate in stage III of full-time study from 0.2%/0.3%/0.1% (total/boys/girls)

	Keep the drop-out rate in vocational educational institutions under 11%
	Increase the percentage of local governments where youth work services are at least at the “advanced” level by 10%
	Increase the percentage of students who have not been repeatedly bullied in the last two weeks from 67.8%; 74.2%; 89.1%; - (4th grade; 8th grade; 11th grade; Students of vocational educational institution)
	Increase the percentage of early childhood education teachers who agree that kindergarten and various non-kindergarten specialists, including doctors, support and child protection specialists and the police, etc., cooperate well in supporting children with special needs from 59.2%
	Increase the percentage of teachers in general education schools who find that the school and various out-of-school specialists, including police officers, counsellors, doctors, psychologists, youth workers, etc., cooperate well in supporting children with special educational needs from 65.3%
	Increase the participation of Estonian children and young people in culture
LT	Increase the percent of children with special educational needs studying in a general education school by 1.7%
	Decrease the number of pupils not achieving the required level of achievement in reading, mathematics and natural sciences by half
	Increase the number of ethnic minority children and young people who participated in Sunday school educational activities by 400 children
	Increase the number of Roma children who have participated in summer camps by 70 children
PL	Increase the percentage of children and students with disabilities, attending generally accessible pre-school education institutions and schools in the total number of children and students with disabilities covered by pre-school and school education by 20%
	Increase the total number of people covered by the activities under Areas of Intervention I: Education by 54,171
Healthcare	
PT	Ensure free access to health screening (visual, hearing and oral) for all children
	Reduce the prevalence of overweight and obesity in children and adolescents by 5%
	Strengthen multidisciplinary intervention for children aged 0-6 with developmental delay for additional 18 children

	Create Mental Health Community Teams, distributed across the 5 health regions while achieving an interim target of 10 teams
ES	Achieve the inclusion of 100% of oral health services in the National Health System, based on the available scientific evidence (not including those that are aesthetic in nature)
	Progressive elimination of economic barriers in access to medicines by decreasing the rate of accessibility to medical care, dental care, and prescription medications by 50 % of current value
	Address mental health problems by reinforcing the capacities of the health system in order to guarantee mental health care for children and adolescents at risk of poverty or social exclusion by increasing the number of specialists for mental health care of the child population, at the level of psychiatry, psychology, nursing and social work
BG	Reducing child mortality by 2.5 children per 1,000
	Expanding the coverage of children with mandatory immunisations by 5%
	Reducing the number of births of girls under the age of 19 years by 3,308
	Expanding the coverage of children with disabilities using health, social and integrated health and social services by 2413 children
EL	Decrease the rate of children at risk of poverty with unmet dental needs by 4%
	Decrease the rate of children at risk of poverty with unmet medical needs by 2.5%
	Respond comprehensively to the physical and mental health care needs of unaccompanied minors by creating mobile units for the provision of primary health care for unaccompanied minors and developing Day Centres to support refugee minors with mental health problems
EE	Increase the volume of mental health services provided at the primary level and improve access at the community level
LT	Increasing the percentage of children (aged 2 years) vaccinated with a single dose of measles, mumps, and rubella (MMR) vaccine by 3%
	Decrease the percentage of children with unmet mental health needs by 9.3%
	Increase the satisfaction of family members/caregivers of children with psychosocial disabilities with the services provided to 40%

	Increase the number of children with psychosocial disabilities or their family members/other caregivers who received the services to 3,000
	Assure the protection and promotion of the health of pupils, in close cooperation with their parents or other caregivers, teachers, pupils' support specialists, and the school's child welfare commissions for all children
	Increase the percentage of compliance for preventive health check-ups of children (7-17 years old) studying under the general education programs by filling in the electronic statistical accounting form No. E-027-1 "Pupil's health certificate" by 6.4%
PL	Increase the number of people with disabilities and children with a certificate of disability covered by respite care by 10,000
	Increase the number of entities supported under the new model of mental health care for children and adolescents by 400
	Increase the number of individuals covered by support in the area of clinical psychology, psychotherapy, community therapy or other courses and training in the area of child and adolescent psychiatry by 1396
Housing	
PT	Promote the access to decent and adequate housing support programmes for families with children and young people in a situation of severe housing precariousness for all children
	Ensure access for all to safe, adequate and affordable housing and basic services, and improve conditions in shantytowns.
ES	Reduce the number of children and adolescents who suffer extra costs in housing payments by 10%
	Reduce the number of children and adolescents living in homes that cannot keep the house at an adequate temperature by 50%
	Reduce substandard housing by reducing children and adolescents living in irregular settlements by 60%
	Increase the percentage of protected children who are in foster care, including those with disabilities – no child under 10 years of age lives in a residential resource. Family foster care reaches 70% of children in the protection system
	No foster centre with more than 30 places (except first reception)
BG	Reducing the number of children in residential care by 1022

	Increasing the number of children and parents/carers supported through social services for prevention, early intervention, information and counselling, therapy and rehabilitation, training and other community-based services by 8205
	Reduction of household overcrowding in terms of housing cost overburden rate among children at risk of poverty by 4%
	Reduction of household overcrowding in terms of overcrowding rate among children at risk of poverty by 10.9%
EL	Decrease the rate of excessive housing cost burden for children at risk of poverty by 24%
	Decrease the rate of severe housing deprivation for children at risk of poverty by 4.1%
	Decrease the percentage of Roma people living in deprivation in terms of housing conditions (living in a residence that is very dark or with leaking roof/wet walls and/or floors, no bathtub/shower, no internal toilet) by 9%
	Reduce the number of children living in institutional care to 0
EE	Increase the percentage of children placed in non-institutional alternative care out of all children placed in alternative care to by 5%
LT	Increase the number of children in temporary and permanent foster care in the family-based environment from all children in temporary and permanent foster care by 12.1%
	Increase the share of children with disabilities for which housing is adapted of the total number of children with disabilities who applied for housing adaptation by 35.5%
	Increase the average amount of foster care allowance by 323.8 Eur
	Increase the share of young people who received after-care services of all young people who left the care system by 72%
	Increase the share of children under the care of professional foster parents of all the children in the foster care system by 3%
	Increase the share of persons in the target groups of institutional care reform who are satisfied with the quality of the services they receive by 4.2%
	Increase the number of children in foster care who received the services of the Foster Care Centre by 400

	Increase in the number of persons (families) who received support for purchasing or renting housing compared to 2020 by 24%
	Decrease the waiting time for social housing to below 3 years
PL	Decrease the number of children experiencing homelessness by 10%-15%
	Increase the percentage of children covered by family forms of alternative care in the total number of children in alternative care by 3%
Nutrition	
PT	Increase the percentage of fruit and vegetables consumption by children to 400g/day
	Reduce the sugar content in foods that contribute most to the intake of sugar by 20% (interim target)
	Increase training on healthy nutrition in schools for all children.
ES	Ensure effective access for all children and adolescents to a healthy, balanced, adequate diet adapted to each stage development by reducing the proportion of children and adolescents from low-income households who cannot afford to eat fresh fruit and vegetables at least once a day by 50% as well as by reducing low adherence to the Mediterranean diet by 50%
BG	Reducing the percentage of underweight born children by 0.5%
	Reducing the percentage of overweight children from 1 to 4 years (overweight + obesity) by 0.6%
	Reducing the percentage of overweight children aged 5 to 19 (overweight + obesity) by 1.6%
	Reducing the percentage of obese children from 1 to 4 years by 0.1%
	Reducing the percentage of obese children aged 5 to 19 by 0.6%
EL	Decrease the percentage of obese children by 15%
	Decrease the percentage of overweight or obese children (2-14 years old) by 13%
	Increase the percentage of young mothers who breastfed for 6 months or more by 13.4%

EE	-
LT	Increase the percentage of children and adolescents who eat fresh fruits and vegetables at least once a day by 30%
	Increase the share of pupils from poor families receiving free meals of the total number of pupils by 5.5% and the number by 1600
	Increase the share of pupils provided with free meals regardless of income of the total number of pupils by 16%
PL	Increase the number of people covered by support under the “Meal at School and Meal at Home” programme, including children

Source: elaborated by the authors, based on the analysis of NAPs.

Annex 2: CG objectives for CZ, LU, SK, CY, HU, IE, and IT

MS	Objective
ECEC	
CY	Increase the percentage of children regularly participating in pre-school education or care (<3.3 to compulsory school age) by full or part-time attendance
CZ	Coordinate and strengthen cooperation: create a communication platform for the cooperation of all actors; strengthen the so-called middle link of support for schools , ensure meetings of representatives of the Ministry of Internal Affairs and Communications and regions and other actors in the field of family and child support.
	Ensure systematic inclusion of children in decision-making processes: development of techniques for ascertaining the opinion of children in administrative processes and court proceedings
	Increase the number and availability of preventive and educational activities for families with children: increase the number of targeted projects to these activities
	Increase the availability and capacities of social activation activities (SAS)
	Increase the availability of maternity, family and community centres
	Define a sustainable system financing of a guaranteed network of services for families and children
	Increase the share of parents involved in the labour market, especially through flexible forms of work and childcare services (see the area of education)
	Support the use of flexible forms of work (including) part-time work,
	Support the use of the system: National systems of qualifications (NSK) for verification and recognition of further education results
	Support retraining courses and counselling, support projects and programs to support the integration of parents and children into the labour market

	Increase the share of families with children in need who use social work in relation to education, health care and housing.
	Increase awareness and education (in all areas listed): support educational activities
	Increase awareness and education (in all areas listed): develop communication tools.
SK	The increase of capacities in child care facilities for children up to 3 years and support for early childhood programmes
IE	Doubling investment in Early Learning and Care (ELC) and School Aged Care (SAC) to at least €1bn by 2028 and introducing a new funding model
	The National Action Plan for Childminding (2021 – 2028) sets out a phased, incremental approach towards the development and supports for this sector of early learning and care and school-age childcare
	Development of a model to provide universal and targeted supports to children at risk of poverty to mitigate impact of early disadvantage
	Ensure that future capital investment facilitates the participation of all children in ELC and SAC, and promotes settings that are inclusive and accessible to all children, families and educators and practitioners, informed by Universal Design Guidelines.
	Development and publication of National Nutrition Standards for ELC Settings, including a toolkit for implementation
	The workforce plan ‘Nurturing Skills: The Workforce Plan for Early Learning and Care and School-Age Childcare, 2022-2028’ sets out a series of actions to meet the workforce related targets in First 5 and includes an implementation plan, now underway, for the next three years (2022-2024) including specific continuing professional development courses to support access and inclusion.
IT	Strengthen the provision of full-time childcare places, overcome the gap between north and south
	Strengthen the creation of full-time places in pre-schools
	Progressive deployment of resources for both infrastructural measures and the management and qualification of the educational provision
	Provide educational services specifically addressed to parents and their
	Children with co-parenting activities proposed by professional educators,
	Giving priority to areas at high risk of educational poverty and to vulnerable households

HU	Improve early childhood care and education accessibility
	Expansion and improvement of nursery care
Education	
CZ	A higher proportion of children under 3 attending educational and childcare facilities, especially in regions and localities with low availability of these services. In order to achieve the so-called Barcelona goals
	A higher proportion of children older than 3 years before the start of compulsory schooling attending educational and childcare facilities, especially in regions and localities with low availability of these services and SVL
	Lower dropout rates
	A higher success rate when transitioning from primary to secondary education
	Lower number of so-called segregated schools, where Roma pupils represent more than 50% of all pupils
	A higher proportion of pupils with special needs who are educated in mainstream schools" increasing the proportion of pupils with SEN in regular (not special) classes supporting support measures in education
LU	Reduction of language barrier, improving access to various information
SK	Supporting inclusive approach in education and training
	Decrease or elimination of segregation in education
	Lowering the proportion of children who leave the education system
	Development of non-formal education of young people within free-time and interest activities as a tool for inclusion
IE	Delivering Equality of Opportunity in Schools (DEIS) is the main policy initiative of the Government to address educational disadvantage at school level
	Advance the embedding of digital technologies across teaching, learning and assessment, building on the work under previous strategies

	Tackle educational disadvantage and improve school completion rates and educational attainment of Travellers and Roma
IT	Increasing access to full-time schooling and the development of cultural welfare and outreach
	Ensuring quality education by improving teaching (no longer face-to-face) and caring for the teacher/student relationship
	Increasing teaching support and mediation for students with disabilities, learning disabilities, students with migrant and ethnic minority backgrounds, vulnerable family backgrounds, international adoption
	Promotion of guidelines for the right to education of adopted children, theoretical-methodological guidelines aimed at providing adopted children and adolescents and their families additional tools in their development path
	Increasing the educational opportunities by providing ad-hoc courses for girls and boys who want to pursue a working pathway
	Dissemination of “ linking “ projects for the support of Neet and adolescent drop-outs (Establishment of an individual student “school portfolio” as a tool for educational and learning follow-up).
	Enhancing student participation through representative bodies
	Inclusion of multidisciplinary roles in the school team (language mediators, skilled operators and educators)
	Increasing the educational opportunities when schools are closed with supplementary summer activities and other activities
	Development of education and school pathways database
	Support for the welfare and full social and cultural development of children and young adults with a migrant background, at risk of dropping out of school, educational poverty and marginalisation, with a focus on conditions of wider social disadvantage and on barriers to future employment
Promotion of all available learning pathways, including active labour policy and co-educational schemes, and enhancement of foreign citizens’ skills acquired in formal, non-formal and informal contexts for a more inclusive and quality society and labour market, targeting in particular vulnerable groups of migrants, thinking about labour market changes and needs	
HU	Prevent school dropout

	Access to quality education
	Scholarship programs, including Travel Scholarship Program, Arany János Talent Care Program, etc and traveling scholarships
	Ensure access to high-quality education, safety in the digital world, and conscious use of digital media
	Various measures such as travel discounts, digital child protection strategy, and digital media literacy programs
Healthcare	
CZ	Increase the health literacy of the population
	Increase the number of educational activities (aimed at the general public) and prevention programs (including the topic of mental health) in schools
	Increase health and psychosocial literacy within the school (School Counselling Institute) on a daily basis as part of education
	Increase the availability of health services for families with children in need, especially in the field of child psychiatric, addiction and palliative care: <ul style="list-style-type: none"> • strengthening the capacities of health services; reduction of waiting times for examinations; adaptation of conditions of use also for children of migrants and other ethnicities
	Support the functioning and use of the link between primary (ambulatory) care and inpatient care (mental health centres, multidisciplinary teams).
LU	Identify synergies with the national action plan for the implementation of the Convention on the Rights of Persons with Disabilities 2019 – 2024;
	Reinforcement of personnel to ensure psychological follow-up.
SK	Ensuring the measurement of disparities in health status and health determinants between children in need, particularly from MRC, and the general population of children by establishing a system to monitor health inequalities between MRC and the general population of children
	Ensuring support for pregnant women, mothers and their newborns in the perinatal period according to the BFHI standard practice of breastfeeding promotion and relational bonding, including measuring the quality of this health care, and strengthening the number of HPAs in hospital settings

	Increasing the level of awareness and health literacy of children and parents from disadvantaged backgrounds and from the MRC, as well as promoting a system of early intervention for children with health disadvantages
	Strengthening professional qualifications of health promotion assistants
	Increasing the participation of children from a disadvantaged environment and MRC backgrounds in disease prevention and health promotion programmes
	Establishing an effective system of protection of children from violence in general and in social services/social and legal guardianship services
	Improving communication and relationships with health care providers
IE	Increasing access to general practitioner care without charges for children
	Improving, developing and enhancing mental health services for young people
	Alleviating the financial burden of hospital charges incurred for children accessing hospital care by providing funding of €4.5 million in Budget 2022 to meet the charges associated with hospital services
	In line with the principles set out in Sláintecare, developing a dedicated child health workforce adopting a population-based approach focussed initially in areas of high population density and disadvantage, recognising that this will require additional resources
IT	Protect and improve children's health and tackle inequalities
	Protect and improve the physical and mental health of adolescents and address inequalities. (Youth counselling centres)
	Prevention and quality services - promotion of affectivity, sexuality, and gender equality education
	Psychosocial well-being of children, pre-adolescents and adolescents - establishment of a permanent round table on mental health in the 0-18 age group
	Physical, psychological and social well-being of pre-adolescents and adolescents - extension up to age 18 of the primary care paediatrician
	Psychosocial well-being of children, pre-adolescents, and adolescents - strengthening of the information system

	Access to health services for children with a migration background, unaccompanied foreign children and minorities
	Access to health services for children with a migration background, unaccompanied children and minorities
	Access to health services for children with a migration background, unaccompanied children and minorities for the promotion of social and psychological well-being: Facilitate access to psychological care for adolescents with a migrant background or belonging to minorities
	Strengthening of the survey, welcome and care of unaccompanied foreign children from Ukraine in order to provide ongoing monitoring of their presence and ensure protection and access to all services
	Implementation of supranational and national legislation on the protection of children and in particular unaccompanied foreign children
	Definition and targeting of the different needs of children with disabilities: Establishment of an interinstitutional round table on minors with disabilities
	Ensure adequate interventions in the health and sociomedical sphere, also in response to the health needs connecting to the epidemiological emergency from COVID-19 [...], “[...] protect individual and collective health and psychological well-being, taking into account, in particular, the forms of psychological distress of children and adolescents [...]”
	Support for access to psychological therapies and psychotherapy
HU	Comprehensive School Health Promotion (TIE) in Public Education Institutions
	Support Service for Persons with Disabilities
	Disability Counselling
	Periodic Assistance Service for People with Disabilities
Housing	
CZ	Increase the availability of housing for families with children in need. Prepare a draft law on support in housing.
	To reduce the share of families with children living in hostels and other inadequate housing.

	Increase the construction and rate of use of social/affordable housing financed by SFPI and other sources.
	Increase the number of programs or projects aimed at supporting social and affordable housing.
	Streamline housing benefits.
	Increase the proportion of children transitioning from institutional care to quality family care
	Increase the availability of preventive and professional services of the care system for vulnerable children and families (including services for young adults leaving NRP)
	Increase the availability of community and preventive services
	Reduce the maximum number of children in family groups/households
	Increase the number and scope of projects to support of young adults leaving alternative care (including ensuring the coordination of cooperation of all interested parties when young adults leave NRP)
	Reduce the number of children removed from biological families
LU	Creation of additional places or homes to help young people in housing difficulty
	Creation of additional places within homes for foster children
SK	Increasing the availability of housing for families with children in need
	Promoting and developing affordable forms of housing for families with children in need
	Reducing the number of children placed in CCHFs based on a court order for institutional care
	Improving the process of transition from institutional to family care
IT	Combat absolute poverty of minor persons - Facilitate access to the antipoverty measure for families from a migrant background.
	Tackling poverty of under-age persons - Increasing the take-up rate of those entitled to the anti-poverty measure

	Tackling under-age poverty - promoting access to benefits and services for ethnic minorities, in particular Roma, Sinti, and Caminanti.
	Tackling child poverty - providing appropriate services to support the social inclusion of children in families experiencing poverty.
	Right to housing of persons under age - Adjustment of the rent subsidy for families entitled to citizenship income
	Right to housing - increasing the supply of adequate housing at affordable costs
HU	Creation and expansion of External Accommodation for Temporary Homes for Families
	Subsidized Housing for Minors
	Children's Temporary Home and foster care network
	Support through "Biztos Kezdet Children's Houses" for families raising children between 0 and 3
Nutrition	
CZ	Increase the proportion of children fed in school facilities (even during holidays).
	Proportion of children who do not go to school for lunch.
	Share of children involved in projects (so called School lunches, etc.)
SK	Ensuring access to healthy food outside the school day and promoting healthy lifestyle
IE	Providing funding through the School Meals Programme for the provision of food to some 1,500 schools and organisations
	Guidelines are available on developing a healthy eating policy in primary and post-primary schools, which have been developed by the Department of Health and the Health Service Executive
	Analyse the prevalence of food poverty, the drivers of it and the actions to address it, in selected case study areas
IT	Progressive extension of the school meal service and full-time in nurseries and primary schools, to reach universal access - starting from the territories with higher educational poverty up to a coverage of 100%

	Reduction of contributions by families to the costs of the canteen service by extending free access
	Providing the canteen service in the lower secondary school
HU	Providing free meals for disadvantaged children

Source: elaborated by the authors, based on the analysis of NAPs.

Annex 3: CG objectives for SI, MT, NL, DE, HR, BE, FI, SE, DK, and FR

MS	Objective
ECEC	
HR	Ensured right of access to quality ECEC for every child in the RC from the age of 3 by 2030
	Improvement of the budgetary and legislative framework to ensure regionally uniform access to affordable and high-quality ECEC
	Develop additional support mechanisms in the educational system and funding mechanisms aimed at ensuring access to ECEC for children at risk and their families, in particular children of lower socioeconomic status, to address the “hidden” costs of regular attendance of kindergarten
DK	Local council must offer places in an age-appropriate ECEC facility to all children older than 26 weeks and until they reach school age.
	The municipality, as a starting point, gives subsidies for a place in ECEC for a minimum of 75 pct. Of the budgeted gross operating expenditure, while parents pay a maximum of 25 pct. Of services for children.
	If the municipality considers that a child who, due to significant and permanently impaired physical or mental capacity, needs assistance or special support that cannot be covered by ECEC, it must offer a place for the child in accordance with the provisions of the Social Services Act.
	Danish Parliament passed a new legislation stating that that by January 1st 2024 there shall be a minimum of 1 adult pr. 3 children for the 0-2 year olds and a minimum of 1 adult pr. 6 children for the 3-5 year olds as an average pr. Year among all ECEC (excluding childminders) facilities in the municipality
	To strengthen efforts for children in exposed and vulnerable families during their first 1,000 days of life, with more pedagogical staff in ECEC, as well as training of ECEC staff working with children in vulnerable positions
	Each ECEC must hold a maximum of 30% of children from vulnerable housing areas
FI	Increase children’s participation in early childhood education (the number of children in early childhood education, particularly children under the age of 3).
FR	Restore the attractiveness of early childhood professions as part of the work of the sector committee dedicated to them

	Continually improve the quality of reception, both through: regular adaptation of the skills of professionals to the latest state of knowledge of early child development; and regular progress in the collective consideration of parents' expectations, particularly in terms of reception during atypical hours
BE	Ensuring that children in need have effective and free access to quality early childhood education and care facilities, education, extracurricular activities, and a healthy meal every school day
DE	Access to high quality childcare institutions and offering sufficient childcare slots
SE	The proportion of children from socioeconomically disadvantaged families attending early childhood education is to increase
	The proportion of children graduating from upper secondary school with pass grades is to increase
	Children with disabilities are to receive more of the support needed for equivalent educational opportunities and furthermore equal living conditions
	The proportion of children from socioeconomically disadvantaged families who participate in sports and cultural activities is to increase
	The proportion of children in households with long-term social assistance is to decrease
SI	Identification and elimination of financial and non-financial barriers to participation in preschool education and care, education and school activities
	Taking measures to prevent and reduce early school leaving by including a gender perspective, reintegration measures for children at risk of leaving school and training for children who have left school or training, and providing individual counselling to families and strengthening cooperation with families
	Providing learning support to children with learning disabilities to bridge their linguistic, cognitive and educational gaps
	The adaptation of facilities and educational materials for preschool education and care and educational institutions for children with special educational needs and children with disabilities, and an appropriate response to their specific needs by using inclusive teaching and learning methods; the provision of qualified teachers and other professionals such as psychologists, speech therapists, rehabilitators, social workers or teacher assistants

	Measures to support inclusive education and prevent segregated classes in preschool educational institutions and in educational institutions, including by providing priority or, where appropriate, early access to help for children in need
	Provision of transport to preschool education and care institutions and educational institutions
	Promoting the inclusion of Roma children and children from other vulnerable groups in pre-primary education at least two years before the start of primary school
Education	
HR	Provide affordable and free primary and secondary education for children at risk of poverty
	Promote inclusive educational practices and build a culture of diversity
DK	As part of the pedagogical curriculum, ECECs must focus on children's learning within and across six curriculum themes, which are Comprehensive Personal Development, Social Development, Communication and Language, Body, Senses and Motion, Nature, Outdoor Life and Natural Phenomena, and Culture, Aesthetics and Community.
	The local authorities are obliged to perform a language assessment of all children at the age of three (or age of two if the local authorities have decided this), who do not attend ECEC. Monolingual children in need of language stimulation must be offered language stimulation based on the children's needs. Bilingual children who need language stimulation must be offered language stimulation in an ECEC facility 30 hours a week.
	An assessment of the well-being of pupils in nursery schools up to and including year 9
	Municipal councils must provide the necessary number of places in leisure and club activities and ensure that children and young people under the age of 18 years in need of support in leisure or club activities receive this help for their well-being and development.
	In October 2021, the primary and lower secondary school conciliation group [Folkeskoleforligskredsen] concluded an agreement to develop a stronger evaluation and follow-up culture in primary and lower secondary schools (the future school evaluation and assessment system), which includes a number of tools to further improve the detection of pupils with language and reading difficulties. For example, the agreement requires the risk test for dyslexia to be sat at the latest in year 1 for students displaying signs of reading difficulties, and initiates the development of a screening test for reading difficulties.

	Municipalities are obliged (as far as possible) to provide library services for children, who are excluded from entering the library themselves.
FI	Improve the welfare of children and young people by making it possible for every child and young person to have an agreeable and free hobby in conjunction with their school day
	Participation of Sami children in Sami language education at school.
FR	Strengthen and support school mediation systems and consultation between mediators and National Education professionals, by directing them as a priority to children living in squats, social hotels, accommodation structures, reception areas, structures child protection (for which schooling would be positioned as one of the central concerns), as well as to children who are nationals of non-EU countries and living overseas (especially in isolated territories)
	Strengthen the relationship between specialized prevention and educational establishments from primary school to avoid dropping out of school
	Simplify the operation and strengthen the action of the social life councils
	Reach all families by mobilizing all the professionals (national education psychologists, social workers, departmental services) to ensure the effective schooling of children concerned
DE	Legal right to all-day care from 2026, targeted funding for vulnerable children, improved education opportunities for children in migration
MT	Ensure provision of educational materials, including digital educational tools, books, uniforms or any required clothing, where applicable
	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 of children in need and teachers and make the necessary investment to tackle all forms of digital divide
	Ensure equal and inclusive access to school-based activities, including participation in sports, artistic and cultural activities
SI	The provision of educational materials, including digital educational tools, books, school uniforms or other necessary clothing
	To provide high-speed connectivity and appropriate equipment and digital services needed for distance learning to ensure access to educational content online, to improve the digital literacy and skills of children and teachers in need of assistance, and to make the necessary investments to close all forms of the digital gap

	Ensuring equal and inclusive access to school activities, including participation in school trips and in sports, leisure and cultural activities
Healthcare	
HR	Ensured access to health services for children at risk of poverty and social exclusion
	Ensured support for the mental health protection of children at risk of poverty and social exclusion
DK	Children in Denmark have access to high-quality healthcare free of charge
	Sections 121-122 of the Health Act state that municipalities are to offer all children and young people health guidance, assistance and examinations given free of charge by healthcare providers until the end of their education. Greater efforts are required for children and young people with special needs, including counselling as well as further preventive testing carried out by the healthcare provider or doctor. Children in the asylum centre system also have access to the same health treatment as Danish children.
	Healthcare providers offer, among other things, guidance and individual support to parents of infants and young children, as well as to pregnant women with special needs. They also focus on providing support, diagnoses and follow-up in relation to care and interventions for children and young people with health issues, including interdisciplinary and cross-sectoral cooperation with general practice, municipal doctors, social administration, pedagogical psychological counselling and other services. Home visits for the child may be offered from the age of one to five years. Families with special needs are offered additional services, including home visits depending on a specific professional assessment, needs and issues. Children who are dependent on the Immigration Service's care are entitled to the same health treatment as all other children in Denmark.
FI	Protect children and young people in need of mental health services from discrimination and other harm
	Help children and young people who abuse intoxicants according to the Substance Use and Addiction Strategy
FR	To strengthen the territorial network and guarantee access for all children to health services within schools, school medicine should be upgraded and made more attractive in order to increase its numbers and develop the missions of nurses and nurses. school doctors
	Improve access to complementary health for families in precarious situations, and in particular solidarity complementary health, by simplifying the procedures as much as possible thanks to the exchange of data between administrations and by deepening the actions of going to organizations social security

	Continue the fight against the non-use of care by strengthening the mechanisms aimed at reaching the children and families furthest from the health system (mobile teams) and by developing health mediation (establishment of qualifying training and certifying)
	The child psychiatry sector and cooperation between paediatrics / school medicine / child psychiatry should be strengthened
	Particular attention to be paid to the state of health of unaccompanied minors, by guaranteeing a complete medical assessment upon their arrival and by allowing them access to care
	All health professionals should be better trained in the question of the rights of the child, in the identification of their needs and their simple expression, and in particular to continue training efforts in the identification and report of abuse
BE	Ensuring that children in need have effective and free access to quality healthcare
DE	Less bureaucracy for health access for children in migration, program on more movement facilities in the neighbourhood
SE	Children placed in care are to get increased access to education and healthcare, including dental care
	The proportion of families in socioeconomic disadvantage situation accessing Maternal Health and Child Health Services is to increase
SI	The early detection and treatment of diseases and developmental problems, including those related to mental health, and ensuring access to regular medical examinations, including dental and ophthalmological examinations, and to early diagnosis programmes; ensuring timely curative and rehabilitation measures, including access to medicine, treatment and medical devices, and access to vaccination programmes
	Targeted rehabilitation and habilitation services for children with disabilities
	Accessible health promotion and disease prevention programmes for children in need, their families and professionals working with children
Housing	
HR	Ensured adequate housing for families with children at risk of poverty and social exclusion
	Ensured access to adequate housing for young people leaving care

	Expanded network of foster care services in the RC by ensuring a spatially evenly distributed network, and ensured quality support in childcare for foster parents
	Improved existing and developed new social support services for children leaving care
DK	The Fund will contribute to the creation of new social housing. Among other things, the Fund will help to make around 4 000 social housing particularly affordable in order to prevent homelessness.
	The share of social family housing
	Prevention of evictions of tenants who have defaulted on their rent
	Municipalities are required to provide assistance with furnishing of accommodation for persons – including children and young people – with permanently impaired physical or mental capacity, where necessary to make the dwelling more suited to accommodating the person concerned
	To monitor and ensure that operators continue to provide services that meet the content and scope of the operator contract and the applicable guidelines and regulatory requirements, and that they continue to fulfil the overall purpose of maintaining the accommodation system.
FI	Protect children and young people receiving child protection, especially those living outside the family home or in aftercare from discrimination and other harm
FR	Zero street children by 2030
	The strengthening of social support for families living in emergency accommodation for the benefit of children and the improvement of living conditions
	Strengthen knowledge about homeless children and families, particularly through Solidarity Nights and the next INSEE national survey which will be held in 2025
	Prevent in order to act and find solutions ahead of ruptures, with a focus on abrupt exits from institutions, as is already the case for child protection

	Reduce, as part of the transformation of general accommodation, the use of solutions relating solely to shelter - without support -, by developing in replacement a more sustainable and qualitative accommodation offer as well as autonomous and adapted housing solutions, meeting the needs of children and families
	Reinforce, at the same time, support for families staying at the hotel in order to promote their rapid access to housing, and improve their living conditions during their stay. This support would focus in particular on access to schooling, health, leisure, and vacation stays, on the identification of intra-family violence and support for parenthood
	Amplify the ambition of the program to humanize accommodation centres so as to individualize more places and allow the reception of families in dignified conditions adapted to the development of children
	Specify within the future reference framework for support towards and in housing, the offer service adapted to families and children
	Improve the effectiveness of renovation aid, through better coordination of aid from different communities and associations, and increased support for the most vulnerable families poor
	Improve access to assistance schemes for the payment of energy charges
BE	Ensuring that children in need have effective access to adequate housing
DE	Financial support for social housing, National Action Plan on Homelessness to create new housing possibilities
SE	The number of children affected by eviction is to decrease
	The proportion of families with children living in inadequate housing (overcrowding combined with a tight housing budget is to decrease)
	The number of children who are homeless is to decrease
SI	Ensuring that homeless children and their families are provided adequate accommodation, that they are quickly moved from temporary to permanent accommodation, and that they are provided appropriate social and counselling services

	Assessing and, where appropriate, revising national and local housing policies and taking measures to ensure that the interests of families with children in need are duly taken into account, including addressing energy poverty and preventing the risk of homelessness; ensuring priority and timely access to social housing for children and their families in need or housing assistance
	Taking into account the best interests of the child, his or her general situation and individual needs when placing children in institutional care or foster care; ensuring that children are moved from institutional care or foster care to quality care in the community or with a family, and supporting their independent living and social integration
	Promote foster care in order to attract more foster families;
	Upgrade professional support for foster carers, as well as for professionals at social work centres
	Ensure that children and adolescents in foster care are included as soon as possible in the necessary treatment and in the existing programmes to support individuals and families, or that these opportunities are expanded (including in cooperation with other ministries)
	Upgrade support for children upon leaving foster care and beyond
	Promote and develop family-based and other alternative forms of care for children with special needs and support services for providers
	Establish a systemic form of accommodation and treatment for unaccompanied minors
	Develop support services for the transition from institutions to the community (for both children and their families or caregivers)
Nutrition	
HR	Develop a comprehensive system of promoting and encouraging breastfeeding at the national level
	Ensured free and nutritionally balanced school meals for the most vulnerable groups of primary and secondary school children
DK	The local council may decide to include a healthy lunch as part of the ECEC service overall costs in local-authority, independent and outsourced ECECs. The local council must further decide to provide a subsidy in order to lower parent's payment of the healthy lunch scheme.

	The aim is to make it easier to prepare and serve healthy and climate-friendly food at school.
FR	Continue supporting communities to set up quality food at school and in early childhood structures, accessible to all families, including the most modest
	Continuing to deploy policies in favour of free breakfasts and social pricing of canteens
	Promoting the use of the European program “fruits and vegetables at school” and “milk and dairy products at school” in schools, from kindergarten to high school
	Adapting policies to the challenges of overseas territories
	Guarantee that food aid served to beneficiary children and families (unaccompanied minors or families with children) can contain products of nutritional quality favourable to health (fresh, local products, fruits and vegetables and milk) as well as products meeting specific needs (gluten, lactose intolerance) for children
	Develop labelling adapted to meet the specific needs of infants and young children on the one hand, and of people suffering from food pathologies (allergy, diabetes, etc.) on the other hand by presenting readable, reliable and easily intelligible information
BE	Ensuring that children in need have effective access to sufficient and healthy food, including through the EU school fruit, vegetable, and milk consumption program
DE	National Strategy for breastfeeding support, Nutrition Strategy to foster healthy eating, information campaign on implications of salt
MT	Provide at least one healthy meal each school day
SI	Providing at least one healthy meal each school day
	Access to healthy meals also outside school days, including in-kind or financial support, especially in exceptional circumstances such as school closures
	Providing for special dietary needs in the nutrition standards in preschool education and care institutions and educational institutions

	Restricting the advertising and availability of high-fat, high-salt and high-sugar foods in preschool education and care institutions and educational institutions
	Providing children and families adequate information on healthy diets for children
	Provide food parcels to the most deprived

Source: elaborated by the authors, based on the analysis of NAPs.

Annex 4: Good practice examples of indicators

Member State	Policy Area	Indicator
PT	ECEC	Rate of children from poor families, who attend early childhood responses up to the age 3.
PT	ECEC	Coverage rate of early childhood social responses, per district and municipality.
PL	ECEC	Pre-schooling rate, per sex and NUTS II.
HU	ECEC	Children at risk of poverty or social exclusion (AROPE) formal differences in participation in early childhood education and care.
PL	ECEC	The percentage of children and students with disabilities (holding a certificate confirming that they need special education due to their disability), attending generally accessible pre-school education institutions and schools in the total number of children and students with disabilities covered by pre-school and school education.
PT	ECEC	The number of Roma children covered by pre-school education as part of the Integration Programme for 2021-2030.
PL	ECEC	The percentage of children covered by early development support in the total number of children from birth to school age.
EE	Education	Percentage of early childhood education teachers who agree that kindergarten and various nonkindergarten specialists, including doctors, support and child protection specialists and the police, etc., cooperate well in supporting children with special needs.
CZ	Education	Share of pupils with SEN in regular and special classes.
ES	Education	Percentage of children living in poverty in urban areas who are deprived of educational and leisure activities.
PT	Education	Early school dropout rate by Roma children in the 2nd and 3rd study cycles, disaggregated by sex.

Disclaimer: This working paper has not been subject to the full Eurofound evaluation, editorial and publication process.

EL	Education	Percentage of child refugees and migrants enrolled in formal education.
HR	Education	Proportion of persons from households with children below the 60% median income threshold who have major difficulties in meeting the costs of formal education.
BG	Healthcare	Number of births given by girls under the age of 19 years.
LT	Healthcare	Number of children with psychosocial disabilities or their family members/other caregiver who received the services.
IE	Healthcare	Percentage of 15-24 year-olds meeting the national physical activity guidelines (at least 30 minute a day of moderate activity 5 days a week or 150 minutes per week).
IE	Healthcare	Percentage of children aged 15-24 with probable mental health problem on the Mental Health Index 5 (MHI-5).
EE	Healthcare	Percentage of children of beneficiaries of support assistance/Roma national minority/children with disabilities/children of migrants and seekers of international protection (disaggregated by vulnerability categories, age and gender) who have timely available health services - in their environment and without financial burden of parents/guardians (disaggregated by types of health services).
PT	Healthcare	Percentage of districts covered by the psychological support response for children and young people victims of domestic violence.
IE	Healthcare	Prevalence of heavy episodic drinking (percentage of young people who report drinking six or more standard drinks in a single session).
LT	Healthcare	Satisfaction of family members/caregivers of children with psychosocial disabilities with the services provided.
PL	Healthcare	The number of entities supported under the new model of mental health care for children and adolescents.
PL	Healthcare	The number of individuals covered by support in the area of clinical psychology, psychotherapy, community therapy or other courses and training in the area of child and adolescent psychiatry.
IE	Housing	Number of children aged 0 to 17 in families in emerging accommodation.

EE	Housing	Percentage of children placed in non - institutional alternative care out of all children placed in alternative care.
EE	Housing	Percentage of children separated from the family among children aged 0–17.
PT	Housing	Percentage of the population living in overcrowded housing (population of Portuguese nationality vs. population of foreign nationality).
HR	Housing	Proportion of children living in conditions of housing deprivation (composite indicator).
HU	Housing	Proportion of children under 18 at risk of poverty or social exclusion (AROPE) who live in a household that cannot adequately heat their home.
HR	Housing	Proportion of the number of children leaving care who have secure housing compared to the total number of children leaving care broken down by age, sex and county.
PT	Housing	Rate of children aged 0-17 in host residential care at a given time (per 100.000).
EL	Housing	Rate of severe housing deprivation for children at risk of poverty.
PL	Housing	The percentage of children covered by family forms of alternative care in the total number of children in alternative care.
LT	Housing	The share of children with disabilities for which housing is adapted of the total number of children with disabilities who applied for housing adaptation.
LT	Housing	The share of children with disabilities provided with technical support equipment of the total number of persons who submitted applications for providing children with technical support equipment (%).
BG	Nutrition	Percentage of overweight children from 1 to 4 years (overweight + obesity).
HR	Nutrition	Proportion of households at risk of poverty with dependent children who cannot afford one meal with meat, fish or vegetarian substitute every other day.

PT	Nutrition	Proportion of overweight (including obesity) in children aged 7-9, per parental education level.
BG	Nutrition	Number of children with disabilities using social, health and integrated health and social services.
IE	Other	Children (0-17) and young people (15-24) in consistent poverty (i.e., a combined income and deprivation measure).
EE	Other	Impact of family benefits and parental benefits on reducing the absolute poverty of children aged 0-17.
IE	Other	Young people 15 to 24 years-old who are neither in employment nor in education and training (NEET).
IE	Other	Percentage of 0–17-year-olds who experienced discrimination.
IE	Other	Percentage of children 0- to 18-year-olds who receive direct support and/or accommodation from a domestic violence service each year.
IE	Other	Percentage of children living in jobless households (i.e., where no member of the household is working).
EE	Other	Percentage of parents or main carers of disabled children who say they have not been able to use social service(s) at all or enough but would need these for their disabled child or would need more.
PL	Other	The number of consultations provided to children experiencing domestic violence that receive support in the form of medical, psychological, legal, social, professional, and family counselling.
PL	Other	The number of Ukrainian children supported since the beginning of Russia’s invasion of Ukraine.
PL	Other	People with disabilities and children with a certificate of disability covered by respite care.

Source: elaborated by the authors.

Annex 5. Reporting template

The reporting template establishes a standardized framework for Member States to report on the implementation of Child Guarantee every two years. This ensures consistency and comparability across Member States' reports, making it easier to assess progress at the EU level. Moreover, by providing a pre-defined structure and format, the reporting template reduces the administrative burden on Member States. The reporting template also enhances accountability by clearly outlining the responsibilities of Member States in reporting on the implementation of measures. The template will be organised into categories that correspond to the 5 policy areas – ECEC, Education, Housing, Nutrition and Healthcare, and will be focused on encouraging data disaggregation.

Reporting Template Components

1. Introduction

- Background and Context of the Child Guarantee NAP:
 - Information on the Member State's context in CG policy areas (Education/ECEC/Housing/Nutrition/Healthcare).
 - Main targets supposed to be reached and measures that should have been implemented.
- Methodology Used for Data Collection and Data Sources.
- Stakeholder Engagement and Division of Tasks, including involvement of children.

2. Assessment of Achievements by Policy Areas: ECEC/Education/Healthcare/Nutrition/Housing

- State-of-Play: access of children in need by policy area on the basis on EU and national data
- Assessment of Key Achievements
- Quantitative and Qualitative Assessment of Target Values of Key Indicators.
- Qualitative Data on Implementation Barriers and Progress in Reaching Foreseen Targets, as Reported by Stakeholders.
- Ad Hoc Funding References.

3. Lessons Learned and Targets for the Next Period

- Areas for Improvement.
- Objectives to Be Achieved in the Next Period (if there are any changes in targets).
- Update of Funding References.

Annex 6: Template for monitoring frameworks

Objective	Target	Measures	Target group	Indicators	Data source	Reference value	Target value 2025	Target value 2030	Implementing institution	Funding sources and values
Objective that is intended to be achieved with intervention	Concrete target that Member States want to achieve	Measures that will be taken to achieve the target	Clearly define what children groups are specifically targeted or have a priority	Indicators that will help to track target achievement	Sources that will be used for data collection	The value of the indicator at the time of implementation	The value that should be achieved by 2025	The value that should be achieved by 2030	Institutions and other stakeholders that are responsible for implementing the measures	Sources of funding that will be used and the amount of money that will be assigned
e.g., improving Roma children participation in ECEC	e.g., At least 70% of Roma children participate in ECEC by 2030.	e.g., Information campaigns on the benefits of ECEC targeting areas with the biggest Roma concentration Training teachers on Roma culture	e.g., Roma children between the ages of 0 and mandatory primary education	e.g., % of Roma children under 3 attending formal ECEC % of Roma children from 4 to the start of compulsory education who	e.g., Statistics provided by the Ministry of Education Data from EU Roma Survey	e.g., % Roma children attending formal ECEC	e.g., % of Roma children attending formal ECEC in 2025	e.g., % of Roma children attending formal ECEC in 2030	e.g., The Ministry of Education	ESF+ Human Resources & Social Cohesion Public Expenditure (specify)

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		Improving cooperation among healthcare, pre-school and social systems		participate in ECEC							
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Source: elaborated by the authors.

WPEF24032

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.