POLICY BRIEF

Eurofound

Living conditions and quality of life

Education, healthcare and housing: How access changed for children and families in 2020

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Introduction

Access to key services such as education and healthcare, as well as stable family life and decent housing are necessary for the well-being and development of children. Ensuring that all children benefit from these resources is an EU priority, and the European Commission will address the issue in 2021 with a Child Guarantee to improve the lives of children in need.

Service provision has been complicated by the COVID-19 outbreak, and the pandemic has put families under psychological and financial pressure. This policy brief presents evidence on some of the changes that children and their families have experienced during the pandemic in access to education and healthcare, in caring responsibilities, in mental health and in housing security. Whilst a lot of research has been done on these concerns, the situation has changed dramatically with COVID-19.

The aim of the policy brief is to document the changes that have taken place in the EU27 up to the end of July 2020. Changes are described using data from Eurostat's European Union Statistics on Income and Living Conditions (EU-SILC) and Eurofound's *Living, working and COVID-19* e-survey, which was carried out in 2020 to capture the implications of the pandemic for the way people live and work across Europe.

The policy brief offers some policy pointers on how to improve the accessibility of services in the framework of the Child Guarantee, taking into account the changes and developments brought by the COVID-19 pandemic.

Policy context

The Child Guarantee is one of the flagship social policy initiatives of the European Union. It was one of the few social policies mentioned by Ursula von der Leyen in her political guidelines for the European Commission for the period 2019–2024 and in the European Commission Work Programme 2021. The discussion about the guarantee started in the European institutions in 2015, when the European Parliament, 'in view of the weakening of public services', called on the Commission and Member States 'to introduce a child guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty' (European Parliament, 2015, p. 13). This request sought to improve policies tackling child poverty, where there had been slow progress since the 2013 Recommendation on investing in children.

The Child Guarantee is similar to the 2013 Youth Guarantee, which has been successful in helping young people to secure employment or gain access to further education. The Child Guarantee could also help mitigate the economic impact of the COVID-19 pandemic on children by closing gaps in service provision and ensuring that services are accessible for those groups of children that need them the most (European Commission, 2020a).

The Child Guarantee takes the form of a Council Recommendation, which is a non-legislative, non-binding, 'soft law' initiative that enables the EU to support and complement the activities and policies of Member States in areas where they have competence (as is the case with social protection). This support and complementarity are provided by recommending Member States put in place policies and funding to ensure that children in need have access to healthcare, nutrition, housing, education, culture and leisure activities, and early childhood education and care (ECEC). These sets of measures will be brought together in multiannual national strategies: the Child Guarantee National Action Plans. In these plans, Member States will identify specific target groups of children and their needs, outline the measures to meet those needs, the funding required, and how measures will be monitored and evaluated.

The Commission will support the implementation of these national action plans using a wide range of instruments. These include peer reviews, training and exchange of best practices at local, regional and national levels; coordinating different policies, stakeholders and levels of government; and advising on the use of EU funding. In particular, the European Social Fund Plus 2021–2027 funding regulation has been amended to require Member States to allocate 5% of this fund to tackle child poverty (European Commission, 2020a).

Key findings

- The COVID-19 pandemic has contributed to a widening of educational gaps between different socioeconomic groups. This is a consequence of differences in access to digital technology at home and the closure of schools and ECEC centres. The supports provided through online education were widespread in primary and secondary education but were not found to be satisfactory by most Europeans.
- In households with children (under 18 unless otherwise stated), the time spent by parents or guardians on childcare and education duties during the pandemic was higher for single parents than for parents living with a partner or spouse. Single mothers with children under 12 spent more hours per week caring for children in this period than any other types of households.
- The life satisfaction reported by respondents in households with children in July 2020 was lower than those in households without children. Data prior to the COVID-19 outbreak show the reverse: that families with children had higher life satisfaction and happiness than those without children. This suggests a deterioration of the mental health of families during the pandemic, perhaps as a consequence of increased childcare and education duties taken on by parents.
- Unmet needs for healthcare during the pandemic arose mainly due to the lack of availability of services. Whereas cost has typically been one of the main reasons for unmet healthcare needs, this was not given the same importance in July 2020.
- Europeans with children in their household reported a higher use of healthcare services online or by telephone than those without. The widest gap in use between both groups was in the use of medical consultations online or by telephone: almost 7 percentage points higher in the case of those with children than those without. Single parents availed of healthcare services in July 2020 to a lesser extent than households where both parents were present.
- The proportion of single parents reporting arrears in both rent or mortgage repayments and utility bills was approximately twice the average of the total population. Furthermore, households with children reported approximately twice the level of arrears in rent or mortgage payments for accommodation reported by households with no children.
- Regarding housing insecurity, a greater proportion of households with children (6.6%) than those without children (4.1%) considered in July 2020 that it was rather likely or very likely that they would need to leave their accommodation within the coming three months because they could no longer afford it.

Exploring the evidence

Improving access to education, healthcare and housing for children in need is one of the aims of the Child Guarantee. More broadly, the European Pillar of Social Rights states the rights of EU citizens to quality and inclusive education, timely and accessible healthcare, and quality social housing. Given such policy prioritisation, this policy brief focuses on the aspects of accessibility for children and families for which Eurofound has data and highlights differences in accessibility before and during the COVID-19 pandemic. Education is analysed using data on the take-up of ECEC as well as the informal childcare and education duties carried out by parents and digital education during the pandemic. Health and access to healthcare are analysed, looking at unmet medical needs, the burden of healthcare costs, use of healthcare services and mental health. Lastly, access to housing is analysed by focusing on arrears, housing insecurity and support measures for households.

Methodological note

Most of the data used in the analysis come from two sources. EU-SILC provides pre-pandemic data. Eurofound's *Living, working and COVID-19* e-survey, which was conducted in two rounds over 2020, provides data on Europeans' experiences of work and life during the pandemic; the analysis uses data from the second round, conducted in July 2020.

The data about specific groups of children in these surveys are limited mainly to single-parent households. In the *Living, working and COVID-19* e-survey, single parents are identified by looking at households with children under 18 in which respondents do not have a spouse or partner living in the same household. All the differences between households presented are statistically significant (at $p = 0.05$). 'Families' in this policy brief refers households in which children under 18 are living, while 'children' refers to children under 18 unless otherwise stated.

As in other research carried out by Eurofound, access is understood here in broad terms, encompassing different phases (see Box 1) and defined as obtaining services that meet needs (based on Eurofound, 2020a).

Box 1: Access to social, health and education services

Eurofound differentiates three broad phases in successfully accessing services.

- Establishing needs: Needs for formal services do not always translate into perceived needs, meaning that people who need a service may fail to identify this need. Even when needs are identified, formal services may not be deemed necessary.
- Obtaining services: Stigma and assuming non-availability or non-entitlement can be a barrier. There can be eligibility and reachability problems, waiting lists, physical barriers and waiting times. Lack of availability and costs can also make obtaining services difficult.
- Meeting needs: The services offered may be inappropriate (for example, due to the lack of qualified staff) or there may not be opportunities to engage (for example, due to stereotypes leading to discrimination).

Each of the following subsections begins with the latest data available showing accessibility prior to COVID-19 and then shows the data from the *Living, working and COVID-19* e-survey to describe developments during the pandemic.

Education

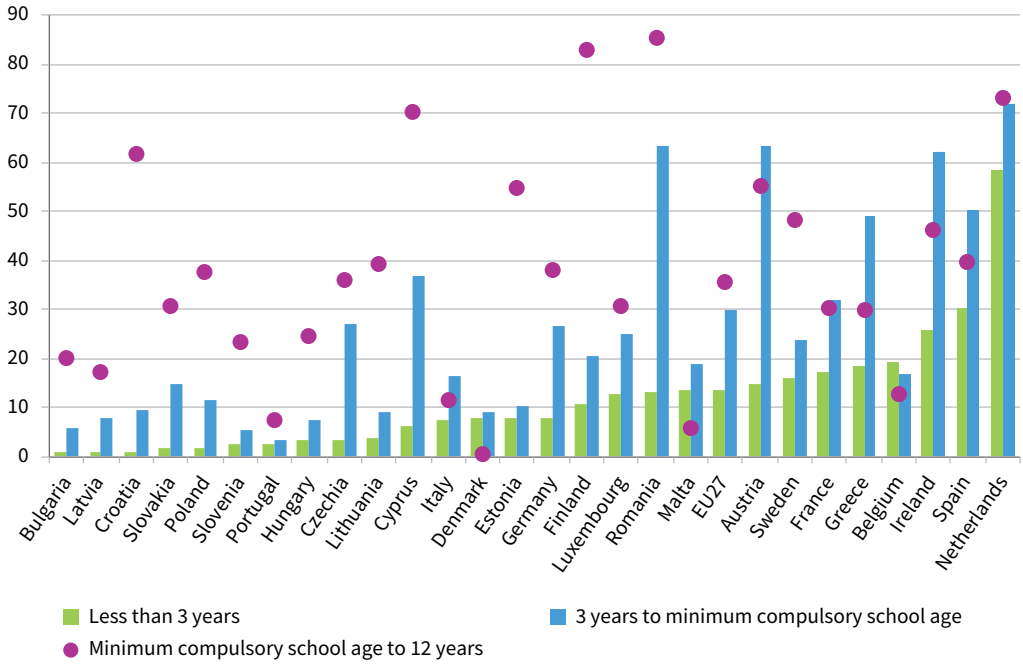
Take-up of ECEC

Promoting the take-up of ECEC is a longstanding goal of the EU. The Commission's *Communication on achieving the European Education Area by 2025* proposes a new target for 98% of children between age three and the age for compulsory primary education to attend ECEC by 2030. The right to quality, affordable and inclusive education and ECEC is emphasised in the European Pillar of Social Rights, the Child Guarantee and the European Semester. The Social Scoreboard that accompanies the Pillar measures progress in the take-up of ECEC; the indicator it uses is the percentage of children aged under three who are cared for by formal arrangements other than by their family for an average of at least one hour per week.

Figure 1 shows the percentage of children in formal childcare or ECEC settings for 1 to 29 hours a week in 2019. This data comprises four types of arrangements: education at preschool, after-school care for children at compulsory school, childcare at centre-based services outside school hours and childcare at day centres. It shows that the take-up of ECEC for children aged under three years is very low in some countries – below 5% in Portugal and in several central and eastern European Member States. For the EU27 as a whole, just 14% of children in this age group attended ECEC, whereas somewhat less than one-third of children aged 3 to 12 were cared for by formal arrangements.

The EU Labour Force Survey (EU-LFS) 2018 ad hoc module on the reconciliation between work and family life provides the latest data about the main reason people give for not using (more) professional childcare services for their own or their partner's children. The children referred to in the survey are aged less than 15 years old, so unmet needs for formal childcare refers to both ECEC and after-school services. At the EU27 aggregate level, the main reason given for not using formal childcare is that informal arrangements are available: almost half (45.8%) of respondents stated that they arranged informal childcare alone or with a partner. Other reasons mentioned were that children take care of themselves (19.5%), that there are other informal supports available (14.8%) or other personal reasons (6.6%).

Figure 1: Percentage of children cared for by formal arrangements for 1 to 29 hours a week, by age group, EU27 and Member States, 2019



Source: *EU-SILC*

Costs were mentioned by 5.5% of respondents, followed by having no services accessible or vacant (3%) and other service-related reasons (2.8%).

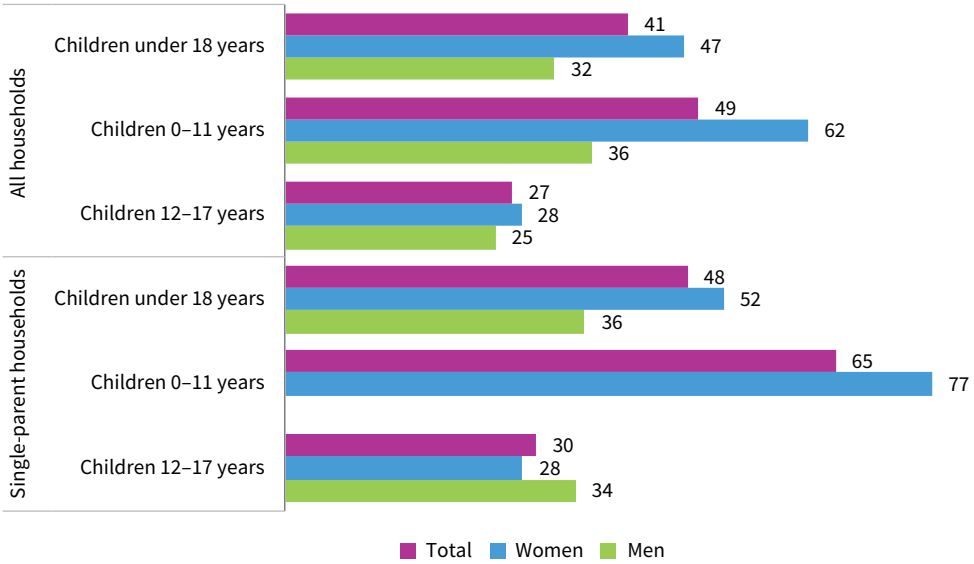
It follows that the availability of informal childcare in many cases is a reason not to use formal services. In other instances, informal care use may be a consequence of the barriers to formal services.

Rise in informal care and education duties during the pandemic

The widespread closure of ECEC services and schools across the EU as a consequence of COVID-19 led to a sudden increase in the time parents spent caring for their children. In some countries, this was compounded by guidelines restraining grandparents from providing childcare because they were in a high-risk group, which removed one of the main types of informal childcare typically available to parents, particularly for children under the age of three. Other informal supports were also curtailed due to confinement measures.

Single parents (whose family situation is identified as precarious by the Child Guarantee) felt the impact of these developments most, as the *Living, working and COVID-19* e-survey shows (Figure 2). In July 2020, people with children living in their household spent an average of 41 hours a week caring for and educating them. Single parents, however, spent substantially more time on these activities (48 hours a week) than those living with a partner or spouse (30 hours a week, not shown in Figure 2). Furthermore, female single parents spent 52 hours a week caring for and educating children, whereas women living with their partner spent a weekly average of 37 hours (not shown in Figure 2).

Figure 2: Average hours per week spent caring for and educating children or grandchildren, EU27, July 2020



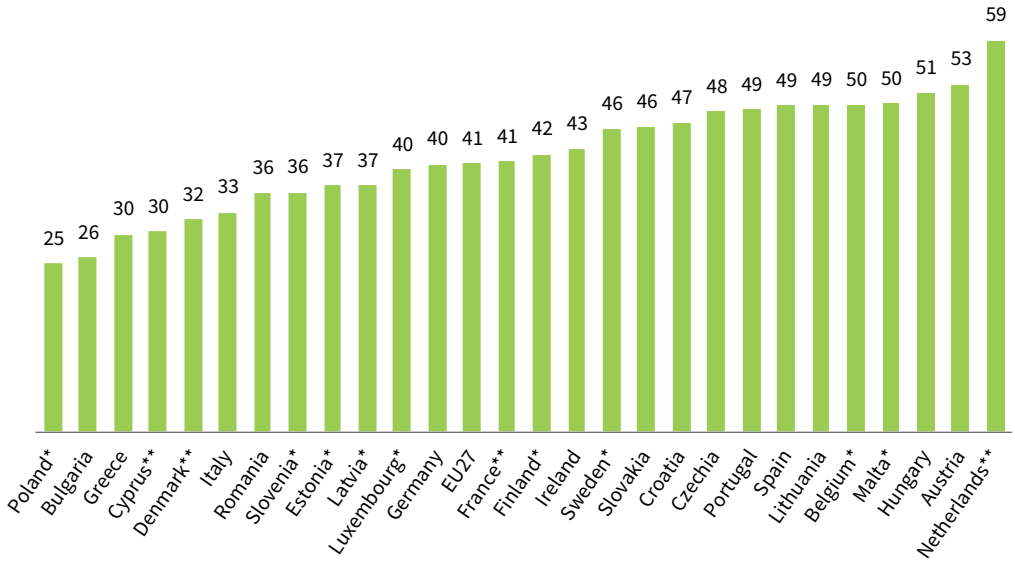
Notes: *Single parents are respondents who do not live with a spouse or partner in their household. Single fathers with children aged 0–11 years are not shown as the unweighted count is below 100. Data on single fathers with children aged 12–17 should be treated with caution as the unweighted count of this group was below 200.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

Focussing on people with children under 12 shows that female single parents spent the most hours of all groups (77 hours per week) on these activities.

The gender difference in informal childcare was wider in the case of single parents than in the general population: while single mothers spent 52 hours a week on informal care duties, as noted already, single fathers spent 36 hours.

Looking at the time spent on childcare and education by parents across Europe (Figure 3), we see that only three countries had averages over 50 hours a week (the Netherlands, Austria and Hungary) and only two fewer than 30 hours (Bulgaria and Poland).

Figure 3: Average hours per week spent caring for or educating children or grandchildren, Member States, July 2020



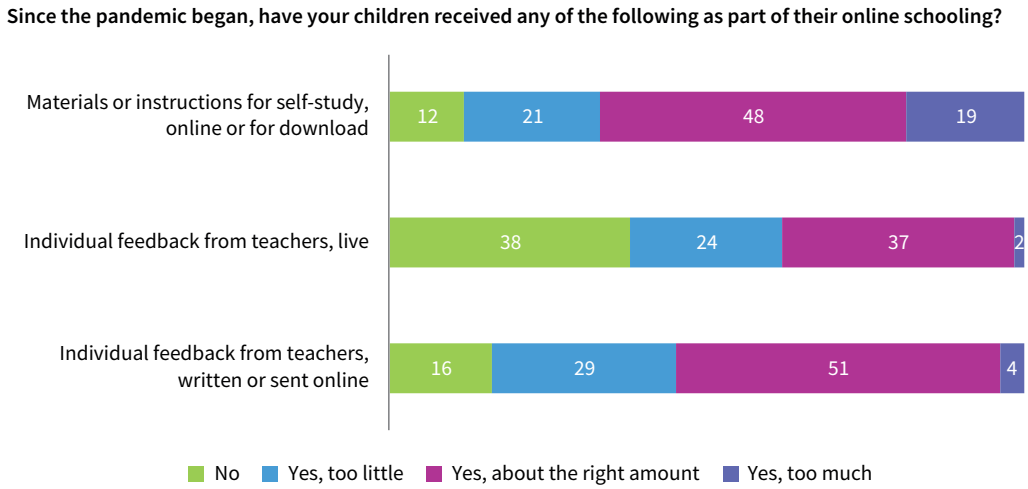
Notes: *Weekly hours reported by households with children. Countries with one asterisk have an unweighted count below 200, while countries with two asterisks have an unweighted count between 50 and 100; data on these countries should be treated with caution.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

Rapid switch to digital learning

Remote learning via the internet, TV and radio was widely put in place in 2020 to provide schooling in the wake of school closures. Although it was introduced as an ad hoc measure, it is part of a trend of digital transformation of education. By 2019, almost all Member States had already adopted specific digital education strategies in primary and general secondary education; only six did not have a digital education strategy (European Commission, EACEA and Eurydice, 2019).

According to the Commission's staff working document on the Digital Education Action Plan (2021–2027), the use of distance and online learning increased at all levels of education as a result of the pandemic but in particular in ECEC and primary and secondary education. At the same time, the level of satisfaction regarding the effectiveness of the measures taken to ensure continuity of education and training was lower in ECEC and primary education than in other levels of education. The *Living, working and COVID-19* e-survey shows a similar pattern of use and satisfaction. Overall, Europeans seemed to find adequate the amount of support that they received for online schooling (Figure 4).

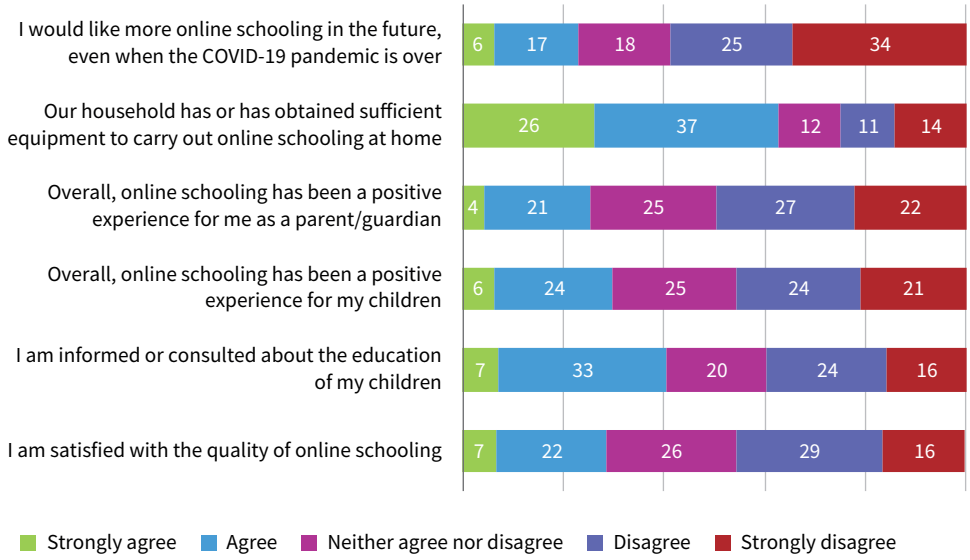
Figure 4: Support received for online schooling of children (%), EU27, July 2020



Note: *The question was put to parents or guardians of children living in their household who were in primary or secondary education.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

However, most respondents whose children took part in online schooling were not satisfied with its quality, did not find it positive and were not keen to repeat the experience in the future (Figure 5). This is in contrast to working from home during the pandemic, which was a satisfactory experience for most Europeans.

Figure 5: Views about online schooling for children (%), EU27, July 2020



Note: *This question was put to parents or guardians of children living in their household who were in primary or secondary education.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

According to Alban et al (2020), the use of remote tools in education can be improved by:

- monitoring its use and accessibility to address gaps and improve its effectiveness
- communicating regularly with teachers, students and caregivers
- doing remote exams and other learning assessments
- using multiple delivery channels to increase access

Healthcare

The evidence on access to and need for healthcare concentrates on highlighting the differences between households with and without children from the beginning of the COVID-19 pandemic up to July 2020. The data available does not focus specifically on children but gives an overview of the healthcare needs of families. It includes statistics for the EU27 as a whole.

Unmet medical needs

The right to accessible and affordable healthcare for all is a principle of the European Pillar of Social Rights. Progress in achieving it is measured by the Social Scoreboard using, as a proxy indicator, the 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. It is estimated that, in 2019, 1.7% of the EU27 population reported unmet medical needs due to these three reasons, with cost being the reason quoted by the highest proportion of respondents. The proportion rises to 3% if we add other reasons for unmet needs, for which there are data in EU-SILC (lack of time, did not know any good doctor, fear and waiting to see if health problems got better on their own).

According to the *Living, working and COVID-19* e-survey, 21% of Europeans over 17 years reported in July 2020 that since the pandemic began, they did not receive a medical examination or treatment that they needed.

No significant differences were found at EU27 level between the proportions of households with and without children reporting unmet medical needs.

In order to better understand the specific barriers faced when accessing services, respondents who reported unmet medical needs were asked to rate the importance of different barriers on a scale of 1 to 5, where 1 is not at all important and 5 is very important. The reason to which households with children attached the highest importance for not receiving medical care was that it was not available due to the pandemic; 89% of these households considered this barrier as important (4 on the scale) or very important (5 on the scale). This was followed by waiting lists (47%) and not wanting to risk contracting the COVID-19 virus by seeking healthcare (33%).

On the other side of the spectrum, families attached the least importance as a reason for unmet needs to the distance being too far to travel or having no means of transport; 83% of families with unmet needs considered this not at all important or not very important (1 or 2 on the scale). Other reasons that were not considered important were not being able to take time off from work or caring for children or others (78%) and not being able to afford services because they were too expensive (69%). Affordability was ranked low by all types of households, irrespective of whether there were children in the household or not.

Burden of healthcare costs

In addition to looking at whether affordability is a barrier, it is important to take into account the extent to which healthcare costs constitute a burden for households. This is measured in the Social Scoreboard by looking at out-of-pocket expenditure (that is, direct payments) on healthcare goods and services as a percentage of total current health expenditure. Since 2014, it has been slightly under 16% of the total healthcare expenditure in the EU27.

The e-survey looked at the healthcare burden by asking about arrears in healthcare payments. The number of households in the EU27 unable to pay as scheduled for healthcare or health insurance at any time during the three months prior to the e-survey increased significantly from April (6.5%) to July 2020 (7.9%). There were also significant differences in the share of households with children (10.4%) and those without (6.9%) reporting arrears in July 2020.

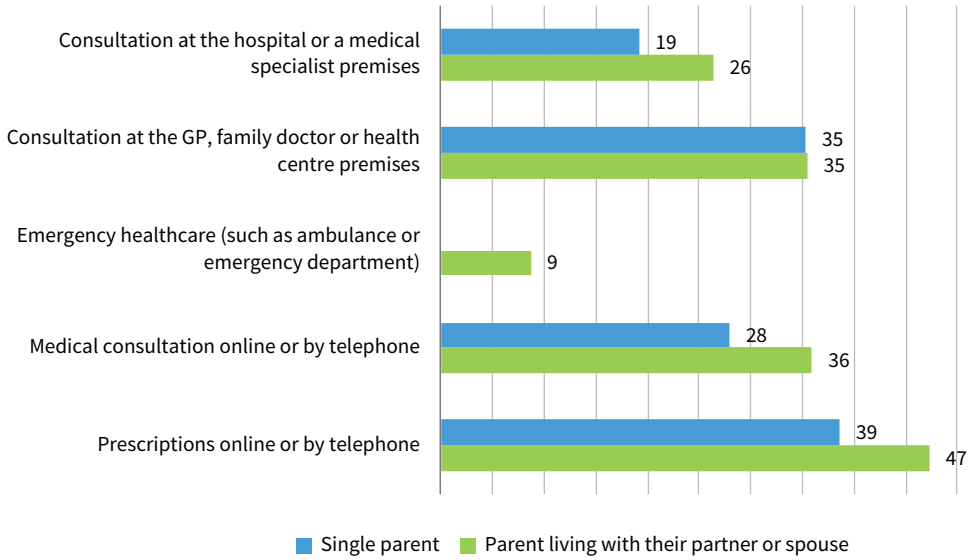
Use of healthcare services

From the beginning of the pandemic to the end of July 2020, the healthcare service used the most since the start of the pandemic was receipt of prescriptions, either online or by telephone, with almost half (43%) of Europeans reporting that they availed of this service. Other services used extensively were consultations at the GP, family doctor or health centre premises (36%) and medical consultation online or by telephone (28%).

If we look at the differences between households with and without children, we see that the proportion of households with children that received prescriptions online or by phone (45.2%) was significantly higher than those without children (42.6%). This was also the case with medical consultations online or by phone, which was again higher in households with children (33.8%) than in those without (27.1%). The same applies to the use of emergency healthcare such as an ambulance or the emergency department: more households with children reported the use of this service (8.7%) than those without (5.4%).

Comparing the situation of single parents and parents who live with their partner or spouse shows that single parents reported lower use of almost all services, especially in the case of consultations online or by phone (Figure 6). The number of responses from single parents using emergency care was very low, but Eurofound has previously found evidence showing that groups in a vulnerable situation

Figure 6: Use of healthcare services since the pandemic began (%), by household type, EU27, July 2020



Note: *The number of responses from single parents using emergency care is not reported since the unweighted count is below 100.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

may use emergency care as an entry point to healthcare (Eurofound, 2019a).

One conclusion that could be drawn from these results is that access to prescriptions and medical consultations remotely is particularly critical for families, at least whilst lockdowns are in place. Despite the fact that e-health has been identified as an effective tool to improve the sustainability of healthcare systems, there are still many Member States lagging behind in e-consultations, particularly in rural areas (Eurofound, 2019b).

Mental health

Mental health issues within a household are considered by the feasibility study for the Child Guarantee to be a risk factor that may lead to precariousness for children and families. The mental health of Europeans before the COVID-19 outbreak was captured by the EU-SILC 2018 ad hoc module on material deprivation, well-being and housing difficulties in a question about overall life satisfaction, which is one of the indicators that can be used to measure subjective well-being. Low life satisfaction can be used as a proxy for poor mental health. Life satisfaction in EU-SILC is rated from 0 (not at all satisfied) to 10 (completely satisfied). The data from the survey show that in 2018 households with children had an average life satisfaction (7.6) higher than those without children (7.1).

The 2018 ad hoc module also includes a question about how frequently the respondent was happy in the four weeks prior to the survey. In all countries, households with dependent children felt happier more often than those without. Overall, too, a higher share (12%) of households with no children reported that they had rarely or never been happy in the previous four weeks, whereas this was the case for only 7% of households with children.

Turning to the mental health of people during the pandemic, the *Living, working and COVID-19* e-survey presents a different picture. This too measures life satisfaction and happiness, in this case on a scale from 1 to 10, where 1 means very dissatisfied or very unhappy and 10 means very satisfied or very happy. In July 2020, respondents with children in their household reported being less slightly satisfied with their life (a score of 6.6) than those without (6.7). Respondents in households with younger children had higher life satisfaction than those in households with older children, at a level similar to that of those with no children: those with children aged up to 11 had an average score of 6.7, compared to 6.5 for respondents in households with children aged 12 to 17. Respondents in households with children aged less than 12 also reported significantly higher happiness than those in households with older children or no children.

Single parents reported lower life satisfaction (6.4) and happiness (6.5) than those living with their spouse or partner in the same household (6.6 and 7, respectively).

While data from separate surveys need to be compared with caution, it would seem that since the pandemic the life satisfaction of people in households with children has worsened in comparison with the rest of the population.

This tentative conclusion is consistent with findings on people's subjective well-being and mental health during the pandemic, which were also measured by Eurofound's e-survey, using the WHO-5 Mental Well-being Index. This index is composed of five statements about positive feelings experienced by respondents in the two weeks prior to the e-survey. Scores range from 0 (the lowest subjective well-being) to 100 (the highest subjective well-being). The e-survey found that in July 2020, households with children reported lower levels of subjective well-being (a score of 51 points) than those without (53).

Housing

The roadmap and feasibility study for the Child Guarantee both emphasise the importance of access to adequate housing for children, described in terms of housing deprivation, overcrowding, energy poverty and housing costs overburden. This section complements this work by analysing another indicator of housing exclusion – arrears in payments – and perceived housing insecurity.

Arrears

EU-SILC data indicate that, in 2019, 2.7% of Europeans were unable to pay the rent or the mortgage repayments on their main dwelling on time due to financial difficulties (i.e. they were in arrears) in the 12 months prior to the survey. Households with children were above this average (4%), with single parents almost three times more likely to report being in arrears (7%). Arrears in payments of utility bills such as electricity, heating, gas and water were an estimated 6.2% in 2019. Again, households with children were more likely to report this type of arrears (8%) than those without (5%), with single parents almost twice as likely (11%) to report these problems in payments.

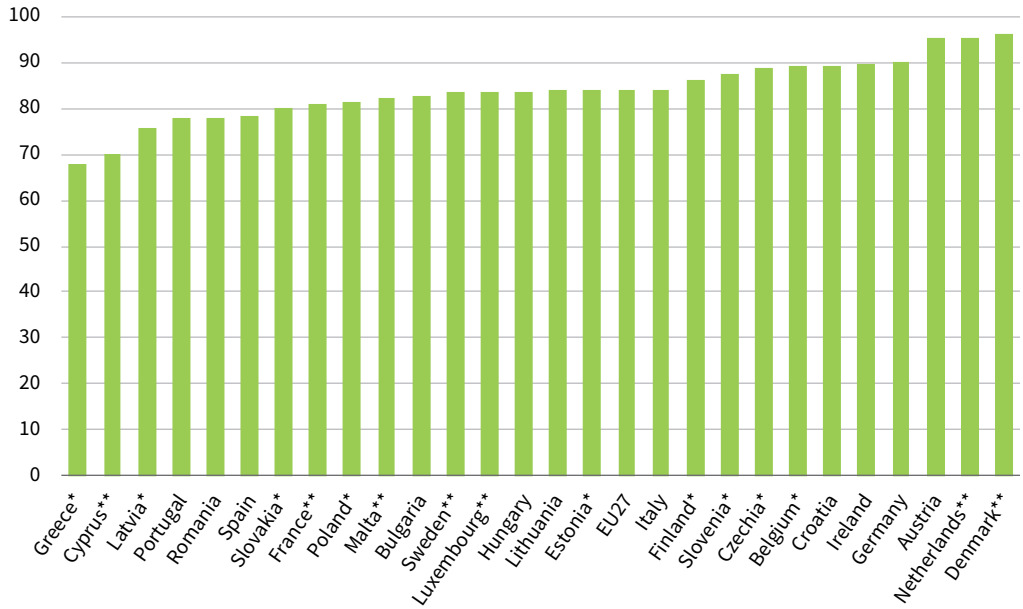
These data from EU-SILC cannot be directly compared with similar data from Eurofound's *Living, working and COVID-19* e-survey. This is due not only to methodological differences between the surveys but also to differences in the questions asked. EU-SILC gathers information about arrears in the 12 months prior to the survey, whereas the e-survey enquires about the prior 3 months. Nevertheless, Table 1 shows that in both surveys, the proportion of single parents reporting arrears was approximately twice the average of the total population. Furthermore, in both surveys, households with children reported approximately twice the level of arrears in rent or mortgage repayments for accommodation reported by households with no children.

Table 1: Proportion of people reporting arrears, by household type, EU27, 2019 and July 2020

	Year	Rent or mortgage payments (%)	Utility bills (%)
Single parents	2019	7	11
	July 2020	16	20
Households with no children	2019	2	5
	July 2020	7	9
Households with children	2019	4	8
	July 2020	12	17
Total (all households)	2019	3	6
	July 2020	8	11

Note: *Data for 2019 are estimated values. Utility bills include electricity, heating, gas and water.*
Sources: *EU-SILC, 2019; Living, working and COVID-19 survey, round 2 (July 2020)*

Figure 7: Percentage of respondents reporting housing security, EU27 and Member States, July 2020



Notes: *The figure shows the percentage of respondents in households with children who responded that it was 'very unlikely' or 'rather unlikely' that they would need to leave their accommodation within three months because they could no longer afford it. Countries with one asterisk have an unweighted count below 200; countries with two asterisks have an unweighted count between 100 and 50.*
Source: *Living, working and COVID-19 e-survey, round 2 (July 2020)*

Housing security

The *Living, working and COVID-19* e-survey shows the extent to which Europeans think that affordability issues put their housing security in jeopardy. According to this, the share of respondents who considered it rather likely or very likely that they would need to leave their accommodation within three months because they could no longer afford it was 4.7% in July 2020. The proportion of respondents in households with children was greater (6.6%) than those without children (4.1%).

Figure 7 shows for each Member State the proportion of respondents living in households with children who reported housing security – saying it was rather unlikely or very unlikely that they would have to leave their accommodation because they could not afford it. Housing was not a source of concern for approximately 70% of these respondents in Cyprus and Greece, whereas in all other countries the proportion was above 75%. The highest proportions reporting housing security were in Austria, the Netherlands and Denmark, at 95% or over in each. The EU27 average was 84%.

Support measures for households

As the economic situation of families worsens and housing costs become an increasing burden, it is likely that families may have to move to substandard housing or that they are unable to afford refurbishments and renovations to improve their current home.

Several debt settlement procedures in the EU have some form of protection of dependants (Austria, Belgium, Bulgaria, Cyprus, Czechia, Denmark, Italy, Latvia and Sweden). Protection involves, for example, exempting child benefits from the income to be handed over or increasing the threshold below which income can be retained by the level of child benefit received (Austria, Belgium, Latvia and Sweden) (Eurofound, 2020b).

The *Living, working and COVID-19* e-survey asked respondents whether they received supports such as deferrals, reductions or cancellations of taxes, bills, or mortgage, loan or debt repayments since the outbreak of the pandemic. It found that in July 2020, the percentage of households with children in EU27 that had received these types of supports for non-business purposes since the outbreak of the pandemic was almost twice (7.8%) the share of households with no children (4.2%). Similarly, the share of households with children that had requested these supports but either had not received them yet or had their request rejected was twice (8.2%) the proportion of households with no children in this situation (4%).

Respondents who received these supports were asked to rate how helpful they were on a scale from 1 to 5, where 1 meant not at all helpful and 5 meant extremely helpful. Households with children who received these supports for non-business purposes found them to be less helpful (an EU27 average of 3.5) than households without children (3.8). It follows that even if supports were readily available for families, these did not meet their needs.

Policy pointers

The evidence in the previous section highlights some of the changes that children and families have experienced in accessing education and healthcare, in mental health and in housing security during the COVID-19 pandemic. While data from different surveys needs to be compared with caution, there are similar trends showing widening gaps between different population groups in access to services. Here, we conclude with some implications for policy, including lessons learnt in the implementation of the Youth Guarantee, a predecessor of the Child Guarantee.

Addressing inclusion in education

Children in need are likely to lag even further behind in access to and take-up of services in the aftermath of the COVID-19 pandemic. Educational gaps and socioeconomic inequalities are expected to increase as a result of the reduction in school instruction time, the lack of reading material or the lack of a quiet place to study at home (Joint Research Centre, 2020).

To address this negative impact, it is important to provide supports that have proven to work effectively. A Eurofound study looking at how to include children in need in ECEC (see the report *Early childhood care: Accessibility and quality of services*) found the following success factors.

- Rather than isolating and targeting a specific group of children in need, mixing children in activities reduces the stigma associated with the provision of additional supports to some and promotes positive interactions that are beneficial for all children.
- Partnering with other ECEC centres, non-governmental organisations and local authorities helps to mobilise resources, implement changes and work more closely with children in need.
- The lack of staff with training in inclusion constitutes a barrier to the provision of inclusive services, as the use of external personnel with the necessary qualifications is usually temporary and costly. Training can be optimised by using digital technology, translations into different languages and adapting courses to different audiences.

Training for ECEC staff on inclusion is a particular area that needs to be developed further, and staff themselves have identified this as the main area where further professional development is needed. There are issues around the affordability and availability of adequate training. Some countries have adopted a 'snowball' approach, whereby staff who receive training are expected to train their colleagues or act as inclusion coordinators in their ECEC centre (Eurofound, 2020a).

Recognising that accessibility goes beyond affordability

The explicit aim of the Child Guarantee is to make services for children more affordable. The feasibility study for the Child Guarantee, however, makes more reference to access barriers and obstacles than costs. Similarly, the roadmap states that 'the Child Guarantee will recommend Member States to ensure affordability, accessibility and availability of inclusive quality services for children in need', implying a broader understanding of accessibility than merely cost.

The data in this policy brief confirm the importance of barriers other than cost. Lack of availability of healthcare services was the main reason for unmet healthcare needs in the summer of 2020. Reliance on informal childcare was the main reason for not availing of formal services in 2018. One could argue that the lack of affordable formal care services is one of the drivers of informal care use, which implies that tackling the cost barrier could remove other reasons why parents do not use formal care. It must be noted, nevertheless, that the barriers to using social services interrelate in different ways. Even when cost is the main barrier to access, issues such as poor quality of services, waiting times and distance often come a close second and may compound or tip the balance to the extent that combined with cost they deter use.

The conceptual framework for understanding accessibility presented in Box 1 brings together different aspects of access across services and beyond affordability alone. This framework shows the interaction between the different dimensions of access. For example, discrimination in formal childcare is linked to a perception that informal childcare is more suitable than ECEC (Eurofound, 2019a). Making these links would also help in making a case for investment in specific areas.

Paying attention to the digital and social divides in healthcare and education

Eurofound's *Living, working and COVID-19* e-survey highlighted the inadequacy of the online home-schooling experience during the pandemic, from the perspective of parents and guardians. The e-survey was not sufficiently granular to provide information about e-schooling and remote learning experiences amongst children in a situation of disadvantage. There is other evidence, however, showing that success in education during the pandemic has been dependent largely on the support and technologies available in the home environment. Thus there has been a widening of the educational gap between children in a situation of disadvantage and the rest (OECD 2020; Blum and Dobrotić, 2020).

The use of digital technologies in healthcare and education is likely to increase in the near future with the acceleration of the digital transformation and the investments made during the pandemic. In addition to the barriers and challenges experienced by all children, digital education poses a number of additional challenges for children in need. According to Unicef, children not reached by any online, television or radio remote learning are mainly from rural areas or belong to poor families. Member States are addressing this by acquiring digital devices and equipment for disadvantaged families so that children can avail of remote learning. It would be advisable to complement these efforts with training in digital skills as this is one of the barriers to the take-up of digital technologies in health and social services (Eurofound, 2019b).

Improving data gathering

The data analysed in this policy brief come from surveys with different sampling methodologies, meaning care needs to be taken in drawing conclusions about changes brought about by the pandemic up to the end of July 2020. The use of different data sources will be even more complex in the framework of the Child Guarantee National Action Plans. Within each country, different sources of data will be used to identify and quantify different groups of children and their use of services. At European level, progress in implementation may have to be monitored on the basis of data gathered using national definitions and sources that cannot be easily compared. Focusing only on children for whom there are harmonised data available (such as children in single-parent households, in large families or in low-income households) would omit many groups of children in need.

There is also the issue of how to identify and measure the number of children with multiple types of disadvantages. For instance, even when there are data about children with disabilities and those living in low-income households, it might not be possible to quantify the number of children with disabilities living in low-income households. It is therefore important to ensure that, as with the Social Scoreboard, harmonised indicators are developed to monitor the rollout of the Child Guarantee. This could be done by adapting the sources available to the purposes of the guarantee. For example, the EU-LFS 2018 ad hoc module on the reconciliation between work and family life will be repeated in 2025.

It would be useful if the 2025 module includes not only the same questions about barriers in access to formal childcare, but also distinguishes between children below and above school age; this would allow the differentiation between barriers to ECEC and after-school services. The feasibility study as well as this policy brief give an overview of the other data available and their shortcomings.

Learning from the Youth Guarantee

In the same way that the Youth Guarantee led to reforms in governments' approach to youth unemployment involving tailored and holistic measures, the Child Guarantee could lead to a paradigm shift in tackling the social exclusion of children. The lessons learnt in the implementation of the Youth Guarantee can be helpful for the Child Guarantee. Eurofound's 2015 assessment of some Member States' efforts in setting up their Youth Guarantee schemes shows that countries in which there is a tradition of cooperation between stakeholders were able to implement reforms efficiently. This suggests that countries where cooperation is contentious should prioritise finding ways of enabling and encouraging stakeholders to work together. Combining different policy instruments has also been crucial. The costs associated with these changes require prioritisation in state budgets, however.

It is also important to bear in mind that the situations of countries are not uniform: they have different starting points, the heterogeneity of the target groups varies, and service users are not always reflected in data-service registers.

Resources

All Eurofound publications are available online at www.eurofound.europa.eu

Living, working and COVID-19 report: http://eurofound.link/ef20059

Living, working and COVID-19 data: http://eurofound.link/covid19data

Eurofound topic 'COVID-19': http://eurofound.link/covid19

Eurofound topic 'Care': http://eurofound.link/care

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The COVID-19 pandemic has had a dramatic impact on the accessibility of health, education and care services for all Europeans. This is also the case for children, who in several countries have seen their schools closed and replaced with remote learning. They have been affected, too, by the pandemic's negative impact on their families' access to healthcare and their mental health. Many families have also experienced rising housing insecurity. The Child Guarantee aims to ensure access to these resources for children in need.

Over 2020, Eurofound gathered wide-ranging data on Europeans' lives during the pandemic. Based on this data, this policy brief documents changes in the accessibility of education, healthcare and housing in the EU27 between 2018–2019 and the summer of 2020, so that these developments can be taken into account when designing policy responses and mitigating measures.

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