



## **Subject: Update of the monitoring framework for the European Child Guarantee (Autumn 2025)**

*This note presents an update of the monitoring framework for the European Child Guarantee established by the Social Protection Committee.*

### **1. STATE OF PLAY**

The Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee (ECG) <sup>(1)</sup> aims to prevent and combat social exclusion, by guaranteeing effective access of children in need – children under the age of 18 who are at risk of poverty or social exclusion (AROE) – to a set of key services: (i) free high quality early childhood education and care (ECEC), (ii) free education and school-based activities, (iii) at least one free healthy meal each school day, (iv) free healthcare, (v) healthy nutrition and (vi) adequate housing.

In line with §12 of the Recommendation and to assess its implementation, a first version of a common monitoring framework was developed by the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC) and endorsed by the SPC in November 2023. It was then circulated to the ECG national coordinators so they could build on it in the drafting of their biennial implementation report that was due in March 2024. It was also published on the SPC-ISG website <sup>(2)</sup> in December 2023.

This monitoring framework features seven sections. The first section is dedicated to the monitoring of the number and the situation of children in need, identified as the target group of the Recommendation. The six other sections are focused on monitoring access of these children to the six services mentioned above. Most indicators rely on data collected in the framework of the European Statistical System, yet use is also made of other sources (e.g. OECD and WHO).

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<sup>(1)</sup> [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L\\_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC)

<sup>(2)</sup> [https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection-committee/indicators-sub-group/monitoring-and-benchmarking-frameworks\\_en](https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection-committee/indicators-sub-group/monitoring-and-benchmarking-frameworks_en)

## 2. OBJECTIVE

This note presents the second update of the monitoring framework <sup>(3)</sup>, using the latest data available. No modification of the list of indicators is included. The aim is indeed to **ensure this updated version feeds in a timely manner into the preparation of the second round of biennial implementation reports by national Child Guarantee coordinators expected by early 2026 as well as the Commission report to the Council due in 2026.** This will also feed into the preparation of an initiative to strengthen the European Child Guarantee planned for Q2 2026, alongside the EU Anti-Poverty Strategy, as announced in the 2026 Commission Work Programme.

An overview of the updates is presented in Section 3. The updated indicators are presented more in detail in Section 4. The indicators not updated are included in Annex A, and areas for further development are highlighted in Annex B.

## 3. OVERVIEW OF THE CHANGES

**Out of the 33 indicators of the current version of the monitoring framework, 15 indicators are updated in this note**, with 13 updates based on the latest EU-SILC figures, including with the publication of the child-specific material deprivation module. One indicator update is based on EU-LFS, and the remaining one on the OECD tax-ben tool. In addition, the SPC-ISG delegates provided updated figures for three national indicators on alternative care and healthcare. The remaining indicators are not updated in the absence of more recent data than was already used.

While some gaps previously identified have already been filled in, a number of them remain (e.g. regarding the number of homeless children and children in need's access to social housing). Coupled with the continuous need to update the agreed indicators, this is why **this latest updated version of the monitoring framework should be considered as a 'living document'** too. Some areas for further development are identified in Annex B.

All the updated indicators are presented in Section 4. The other indicators can be found in Annex A.

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<sup>3)</sup> The framework was first updated by the SPC-ISG in May 2025. Out of the 30 indicators in the first version of the framework, 16 were updated. Seven new contextual information indicators were added to close some of the gaps identified in the first version of the monitoring framework. Three indicators were also removed to keep the number of indicators limited for improved readability and maintenance sakes.

Table 1. Overview of the latest version of the monitoring framework



## 4. UPDATED INDICATORS

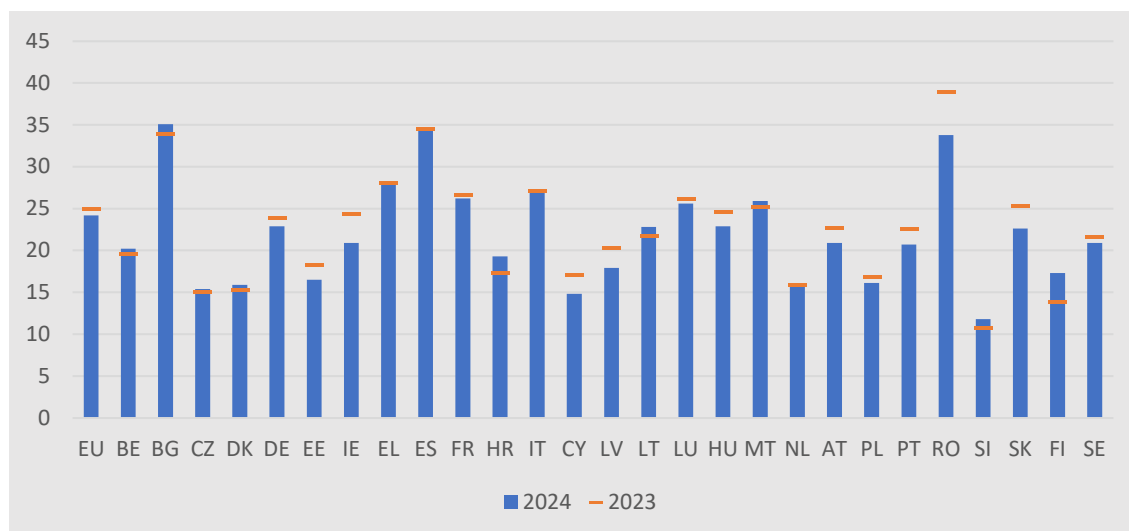
### A. CHILDREN IN NEED

The aim of this section is to monitor the size and background of the ECG target group, namely children in need, in line with §3 and §5 of the ECG Recommendation. The AROPE indicator for children from the Social Scoreboard<sup>(4)</sup> is included, alongside indicators based on its main components (i.e. monetary poverty, severe material and social deprivation, and low work intensity). To monitor the size of the Recommendation’s target subgroups—e.g. children with a migrant background or children living in a single-earner household— (§ 5), breakdowns of the AROPE indicator by parental background are also part of this section.

While all these indicators are based on EU-SILC, national sources were also identified to fill in gaps regarding the monitoring of the size of one specific target subgroup, namely children in alternative care. Relying on data and metadata collected and published by Eurochild and UNICEF in the framework of a joint project called DataCare<sup>(5)</sup>, figures were checked and for some of them, corrected and updated by ISG delegates.

Lastly, this section includes two *context* indicators building on the EU-SILC module on “Intergenerational transmission of disadvantages”. Even though these two indicators do not directly target the current generation of children in need given the way they are designed (i.e. sample being composed of adults aged between 25 and 59), they provide general *contextual information* as regards the transmission of poverty from one generation to another – which relates to the general objective of the Guarantee.

Figure 1: share of children AROPE (in %) in 2024 and 2023



Legend: break in HR time series and provisional data for LT in 2024

Source: [ILC\\_PEPS01N](#) (date of extraction – 03/12/2025)

<sup>(4)</sup> <https://ec.europa.eu/eurostat/cache/dashboard/social-scoreboard/>

<sup>(5)</sup> The DataCare Project was launched by Eurochild with support from UNICEF in 2020. The project carried out a comprehensive mapping of child protection data systems across the 27 Member States of the EU and the UK to provide comparable benchmarks and indicators on alternative care and deinstitutionalisation. For more information, see [UNICEF-DataCare-Technical-Report-Final-1.pdf](#).

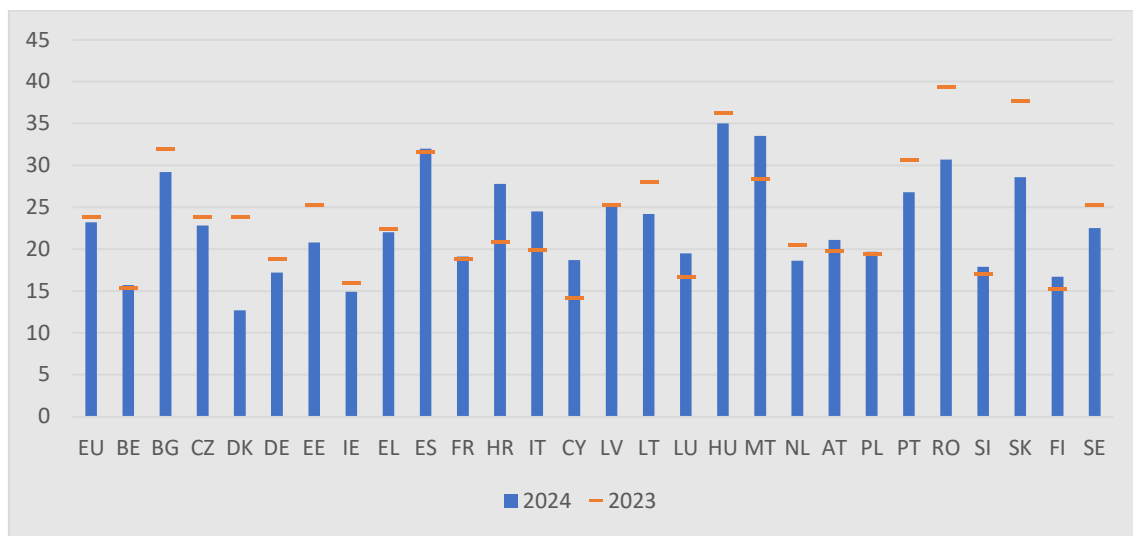
Figure 2: shares of children AROP, in severe material and social deprivation, and living in households with very low work intensity (in %) in 2024



Legend: break in HR AROP time series and provisional data for LT

Sources: [ILC LI02](#), [ILC MDSD11](#), [ILC LVHL11N](#) (date of extraction – 03/12/2025)

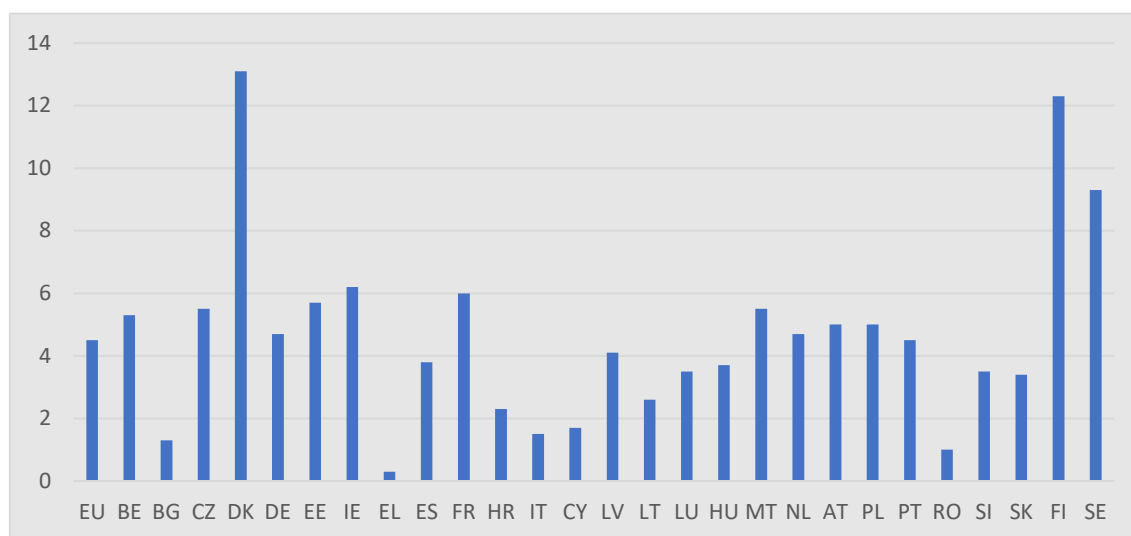
Figure 3: relative child poverty gap (in %) in 2024 and 2023



Legend: break in HR AROP time series and provisional data for LT

Source: [ILC LI11](#) (date of extraction – 03/12/2025)

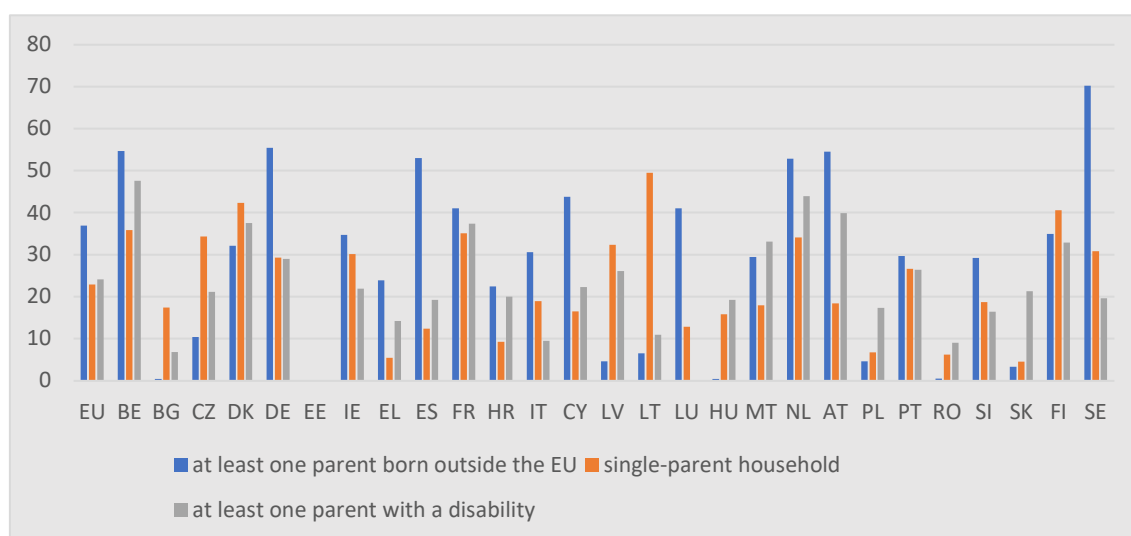
Figure 4: Share of children (<16) with (severe or moderate) limitations due to health problems (in %) in 2024



Legend: provisional data for LT

Source: [ILC HCH13](#) (date of extraction – 03/12/2025)

Figure 5: shares of children AROPE with at least one parent born outside the EU, living in a single-parent household <sup>(6)</sup>, and with at least one parent with a disability <sup>(7)</sup> (in %) in 2024



Legend: no data available for EE and no share of children AROPE with at least one parent with a disability available for LU, break in DK, IT, and PT time series for share of children AROPE with at least one parent with a disability and provisional data for LT

Source: [ILC CHG01](#), [ILC CHG02](#), [ILC CHG03](#) (date of extraction – 03/12/2025)

<sup>(6)</sup> Single-parent households are comprised of a parent/care giver and one or more dependent children.

<sup>(7)</sup> Disability is defined as either *severe* limitation in activities due to health problems or limitation without being severe. More information on activity limitation can be found here [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Health\\_variables\\_in\\_SILC\\_-\\_methodology](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Health_variables_in_SILC_-_methodology).

Table 2: number of children in alternative care by care type

Time	2025				
GEO	Nb of children in alternative care	Nb of children in residential care	Nb of children in formal family-based care	Nb of children in "other" forms of alternative care	Share (%) of children in residential care out of the total nb of children in alternative care (previous share)
EU	749027	292848	425308		40.9
BE (a)	19964	8412 (b)	11552		42.1
BG (c)	8477	3148	5329		37.1 (35.5 in 2019)
CZ (d)	28741	6896	21845		23.99 (25.7 in 2023)
DK (e)	11399	3698	7540	161 (f)	32.4
DE (g)	144348	77474 (h)	66874		53.7 (52.8 in 2019)
EE (i)	1785	700	1085		39,2 (33.7 in 2023)
IE (j)	5866	598	5046	222 (k)	10.1 (8.8 in 2022)
EL (l)	1989 (m)	1680	309		84.5
ES (n)	35209	17112	18097		49 (46.7 in 2021)
FR (o)	192072 (p)	68569 (q)	84867	38636 (r)	35.7 (32.6 in 2017)
HR (s)	4100	2132	1968		52 (48.2 in 2024)
IT (u)	30.936	18.304	12.632		59.1 (47.6 in 2017)
CY (v)	608 (w)	398	210		65.5
LV (x)	5816	545	5271		9.4
LT (y)	5755	1007	4748	709 (z)	17.5 (18.3 in 2025)
LU (aa)	1498	923	575		61.6
HU (bb)	21212 (cc)	7043	14169		33.2 (31.5 in 2023)
MT (dd)	369 (ee)	88	200	38 (ff)	23.8 (44.8 in 2021)
NL (gg)	29365	14035 (hh)	15330		47.8
AT (ii)	13073	8123 (jj)	5096 (kk)		62.1 (62 in 2022)
PL (ll)	77576	17565	60011		23 (23 in 2023)
PT (mm)	11027	5630	4907	490	51.1
RO (nn)	34604	9238	25366		26.7 (26.6 in 2024)
SI (oo)	1167	483	684		41.4
SK (pp)	14123	5428	8695		38.4
FI (qq)	12119	5690	6298	131 (rr)	47.0
SE (ss)	19014	4249	14041	724 (tt)	22.3

Source: data initially collected in the framework of the DataCare project and corrected/updated by the ISG delegates in 2023 and 2025.



## Notes:

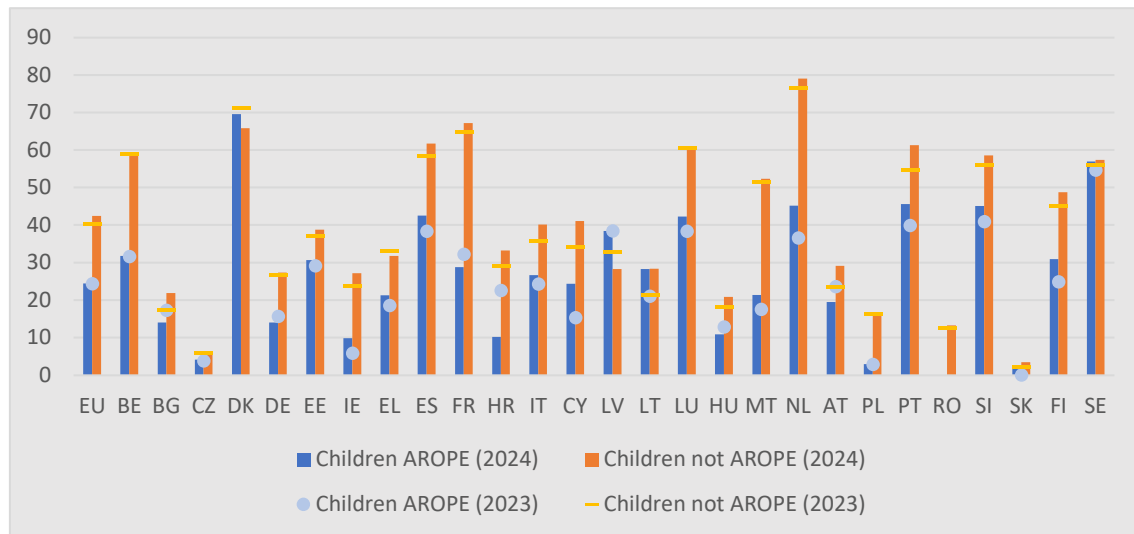
- a - Data for Flanders are from 2020, provided on request by the Agentschap Opgroeien. Data from the German speaking community are from 2019 (source: Fachbereich Jugendhilfe. Tätigkeitsbericht, 2019 by the Ministerium der Deutschsprachigen Gemeinschaft Belgiens). Data from Wallonia-Brussels are from 2019, provided on request by the Administration Générale de l'Aide à la Jeunesse
- b - Data for Flanders do not include children with disabilities in residential care, children in boarding schools or 'stay for youngsters'
- c - 2024 (December) data from Ministry of Labour and Social Policy
- d - 2024 data provided by the ISG delegate
- e - Data Contain 'other' alternative care provisions, which cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Data from Statistics Denmark
- f - Provisions under 'other' include boarding schools
- g - 2022 data from Statistisches Bundesamt
- h - Residential care in DE offers a variety of arrangements of assisted living ranging from residential care homes over flat sharing groups and single flats.
- i - 2024 data provided by the ISG delegate. Source: Ministry of Social Affairs, social welfare statistics, data extracted on 19/12/2025
- j - 2025 data provided by the ISG delegate
- k - "Other" forms of alternative care include children in disability centre, supported lodgings, detention centre, at home under a care order, hospital, drugs and alcohol therapeutic unit, special emergency arrangements
- l - 2020 data from the Greek Statistical Office
- m - Data do not include unaccompanied minor children
- n - 2025 data provided by the ISG delegate. Source : 2025 data from Directorate-General for the Rights of Children and Young People (Spanish Ministry for Youth and Childhood)
- o - Data from Direction de la recherche, des études, de l'évaluation et des statistiques (Drees) as at 31/12/2024
- p - Ibid
- q - Data do not account for children with disabilities who are in residential care and who are not at risk in their family
- r - Provisions under 'other' include: others (boarding school, placement via sustainable and voluntary reception, placement with a third party volunteer, waiting for a place to stay, placement with a future adoptive family, home placement, placement in family of origin, etc.)
- s - 2025 (December) data from Ministry of Labour, Pension system, Family and Social policy
- t - Provisions under 'other' include: data on the number of children in shelters for victims of violence who are housed together with their mothers, educational measure of referral of juveniles to a correctional institution (data throughout whole year)
- u - 2023 data from Ministry of Labour and Social Policy
- v - 2018 data from Ministry of Labour, Welfare and Social Insurance
- w - Data do not include data on semi-independent living
- x - 2022 data provided by the ISG delegate
- y - 2025 data provided by the ISG delegate. The number of children in "residential care" refers to community-based care settings, i.e. community-based children's care homes and social care institutions for children with disabilities
- z - Not counted as children in alternative care, as children can be out of home for a very short time. This includes temporary child supervision and temporary accommodation
- aa - 2024 data provided by the ISG delegate
- bb - 2024 data from Hungarian Central Statistical Office
- cc - Data do not include data on transitional care
- dd - 2025 data provided by the ISG delegate
- ee - Malta includes community homes as an alternative care option, with 43 children currently placed in these settings. Community homes are not categorised strictly as residential or family-based care because they combine elements of both models.
- ff - Data refer to temporary arrangements, usually short term ones
- gg - 2020 data from Statistics Netherlands
- hh - The age bracket is 0-23
- ii - Data from Statistics on Children and Youth Services 2023
- jj - Data include multiple counting
- kk - Data include multiple counting
- ll - 2025 data provided by the ISG delegate. The data includes children and adults up to 25 years of age who are in the process of becoming independent.
- mm - 2022 data provided by the ISG delegate, with data from CASA report and data including care in extended families and by suitable people
- nn - June 2025 data from the National Authority for the Protection of Children's Rights and Adoption
- oo - 2017 data on foster care, and the rest are from 2014 from the Statistical Office of the Republic of Slovenia
- pp - 2019 data from the Central Office of Labour, Social Affairs and Family
- qq - Data from the Official Statistics Finland – Finnish Institute for health and welfare
- rr - It is not clear in what type of care the 131 children with disabilities are placed
- ss - 2019 data from the National Board of Health and Welfare
- tt - Provisions under 'other' include: placement in own home



## B. EARLY CHILDHOOD EDUCATION AND CARE

The aim of this section is to monitor the extent to which children in need are guaranteed an effective and free access to ECEC, in line with §7 of the ECG Recommendation. The key indicator in this regard is the share of children participating in formal childcare from the EU Social Scoreboard with age and AROPE breakdowns. This section also includes context information on policy levers based on the age at which there is a legal entitlement to ECEC and the net childcare cost building on Eurydice and OECD data.

*Figure 6: share of children below 3 AROPE (and not AROPE) in ECEC one hour or more per week in 2024 (average of 2024 and 2023 shares in %), and in 2023 (average of 2023 and 2022 shares)*

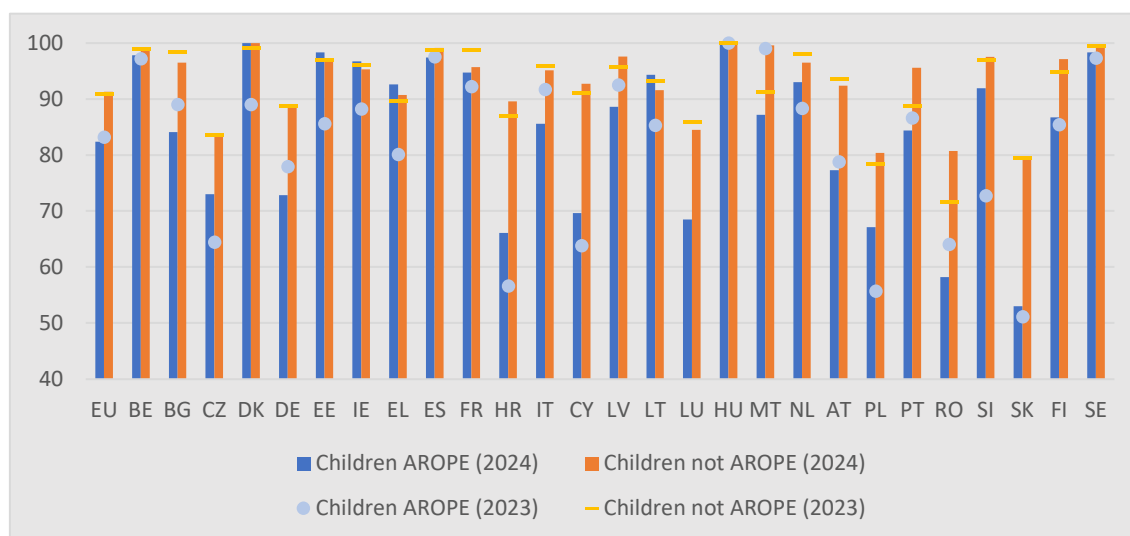


Legend: no 2023 AROPE figures available for DK and no AROPE figures available for RO

Note: The average rate of two years (average of rates from reference year and reference year-1) is used instead of the annual rate available in ILC\_CAINDFORM25B to increase the reliability of this indicator.

Source: [ILC\\_CAINDFORM25B](#) (date of extraction – 03/12/2025)

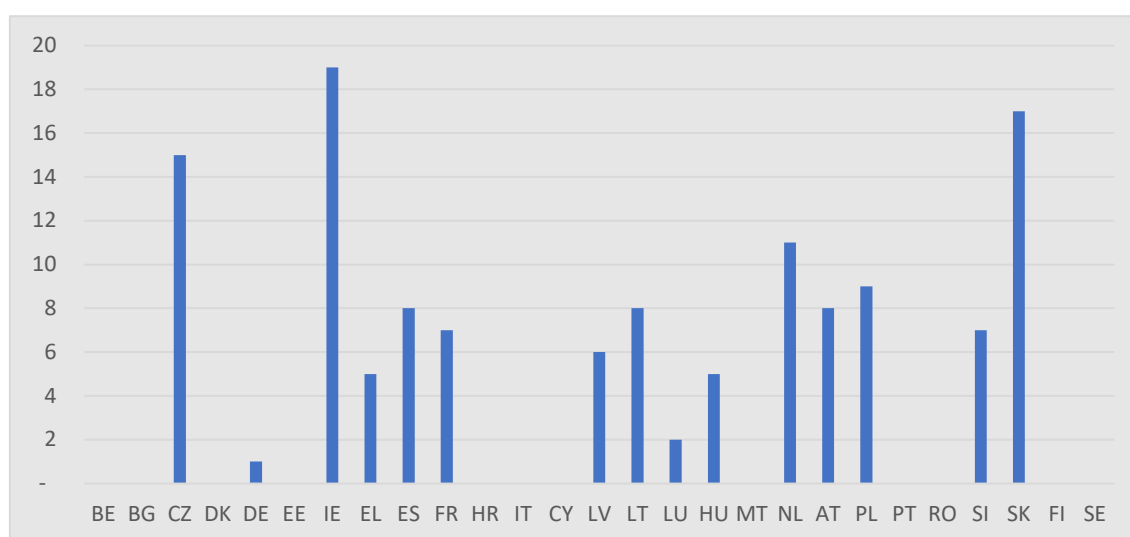
Figure 7: share of children between 3 and compulsory schooling age AROPE (and not AROPE) in ECEC one hour or more per week (in %) in 2024, and 2023



Legend: provisional data for LT, low reliability of DK, CY, LU, HU and MT figures, and no 2023 AROPE figure available for LU

Source: [ILC\\_CAINDFORM25B](#) (date of extraction – 03/12/2025)

Figure 8: Net out-of-pocket cost of childcare for a low-income household as % of average wage in 2023 <sup>(8)</sup>



Legend: no data available for BE, BG, DK, HR, IT, CY, MT, RO, FI and SE

Source: OECD Tax-Ben (date of extraction – 03/12/2025)

<sup>(8)</sup> The net out-of-pocket cost of childcare is calculated using the OECD tax-benefit model and is an estimate of the amount that parents have to pay for formal childcare less all childcare-related benefits (including social assistance ones), fee reductions and tax concessions, plus any impact of childcare use on other benefits and taxes (e.g. a loss of homecare allowance provided to parents who do not use formal childcare). Figure 8 presents the net out-of-pocket cost of childcare as the share of the average wage for a working couple with two children aged 2 and 3, and with the first adult earning minimum wage (and the partner earning 67% of the average wage) in 2023. Regular update and more information are available on the OECD website [here](#).

### C. EDUCATION AND SCHOOL-BASED ACTIVITIES

The aim of this section is to monitor the extent to which children in need are guaranteed an effective and free access to education and school-based activities, in line with §7 of the ECG Recommendation. In this regard, OECD PISA's data <sup>(9)</sup> were identified as of particular relevance. The share of low-achieving 15 years old in reading, maths and science by socioeconomic category <sup>(10)</sup> provides a proxy to grasp to what extent children in need have access to quality education and are adequately supported. Furthermore, the indicator on difficulties to pay for formal education by AROPE (based on EU-SILC) provides additional information on financial barriers hindering participation in education (§ 7(a)), as well as the child specific material deprivation indicator (available every three years) by AROPE on lack of access to school trips, school events and leisure activities (§ 7(j)). The Recommendation also encourages Member States to “take measures to prevent and reduce early school leaving” (§ 7(b)), an aspect covered by the share of early leavers from education and training.

In addition to the students per teacher ratios, three *context* indicators based on PISA data were added to provide *contextual information* on aspects of §7, i.e. quality of inclusive education with the share of certified teachers, access to educational materials with the index of shortages of educational materials, and to digital educational tools with the computer/student ratio. These are broken down by school socioeconomic status <sup>(11)</sup>.

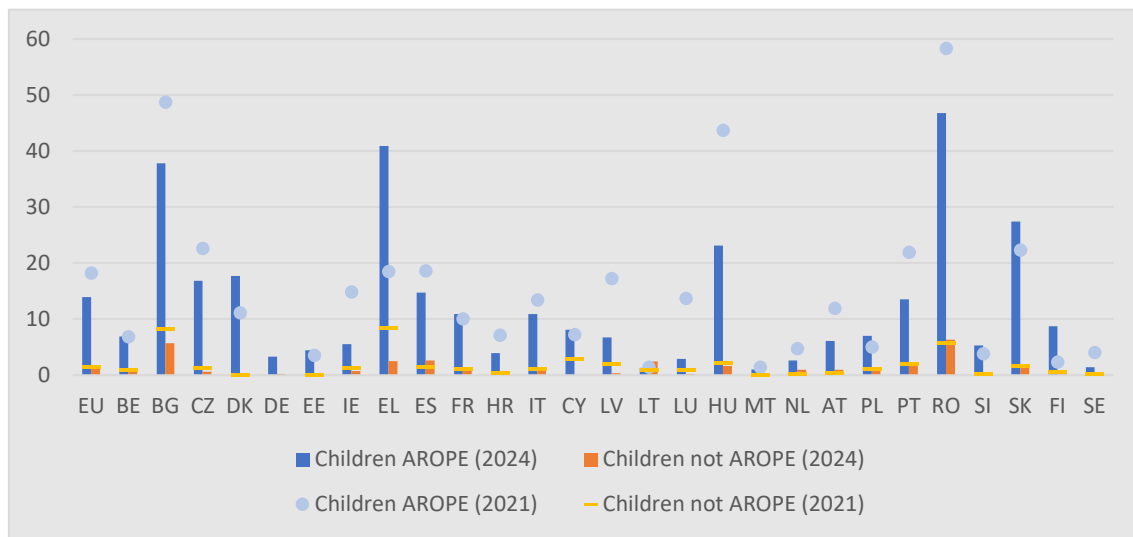
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<sup>(9)</sup> The number of participating pupils in 2022 PISA survey exceeds 4,000 for most Member States. For more information about data quality (e.g. sample size, response rate) see [PISA 2022 Technical Report | OECD](#).

<sup>(10)</sup> The socioeconomic status is assessed based on the ESCS index of pupils. This index relies on three components: parents' highest level of education, parents' highest occupational status and home ownership. The rationale for using these components is that socio-economic status relates to education, occupational status and income. As no direct income measure is available in the PISA data, home ownership has been used as a proxy. For more information, see [PISA 2022 Technical Report | OECD](#).

<sup>(11)</sup> All schools are ranked according to their *average* PISA index of pupils economic, social and cultural status (ESCS) (see footnote 10 for more information on this index). Schools are then divided into four groups with a similar number of students. Schools in the bottom quarter are referred to as socio-economically disadvantaged schools; and schools in the top quarter are referred to as socio-economically advantaged schools. For more information, see [a97db61c-en.pdf](#).

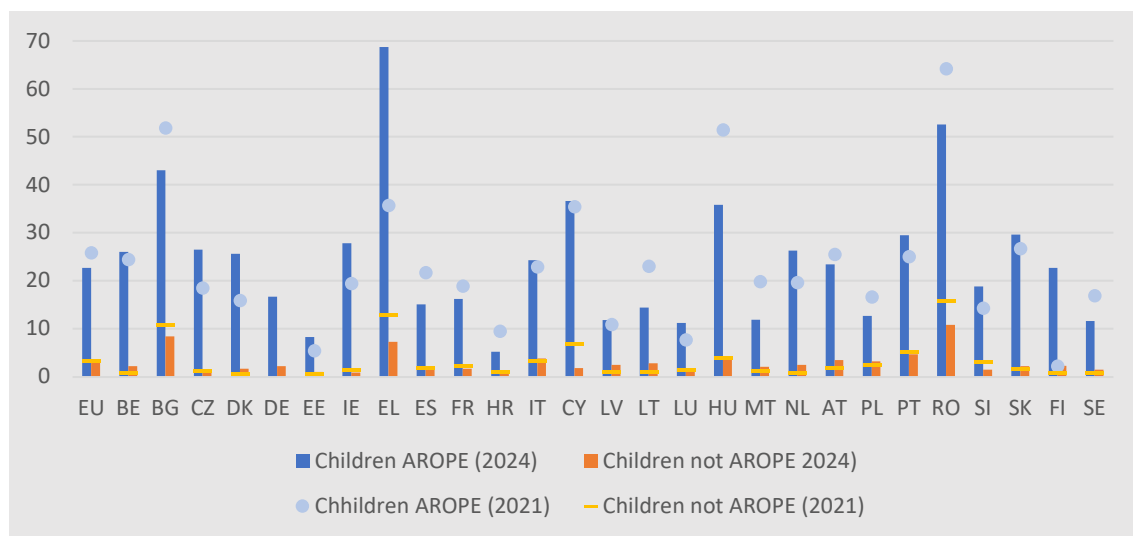
Figure 9: Share of children (<16) AROPE who suffer from the enforced lack of access to school trips and school events that cost money (in %) in 2024 and 2021



Legend: no data available for DE in 2021, low reliability of HU figures in 2024, and figures not significant for children not AROPE in DK, CY and SE

Source: [ILC\\_CHMD05](#) (date of extraction – 03/12/2025)

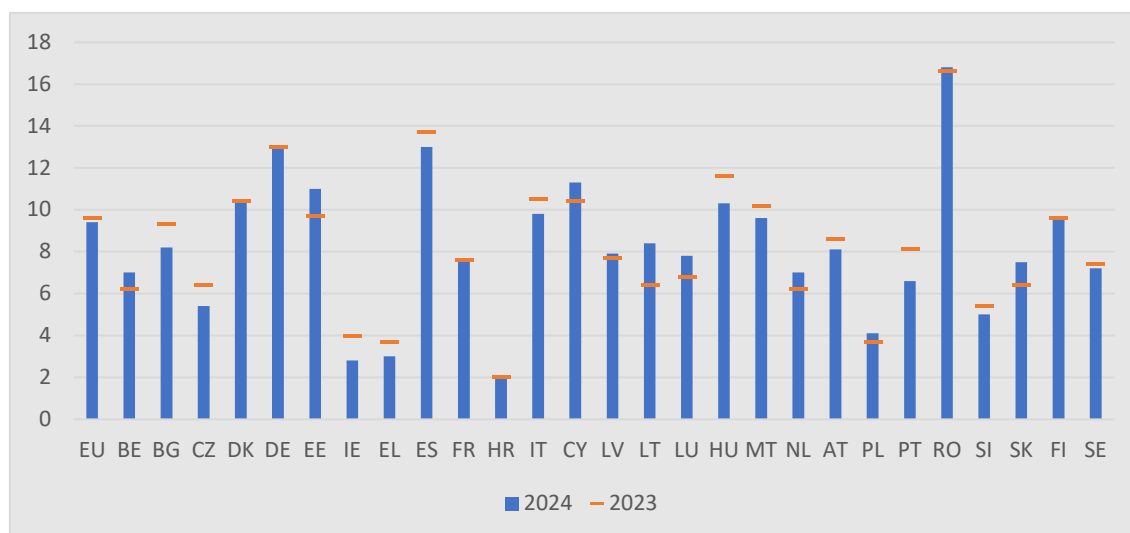
Figure 10: Share of children (<16) AROPE who suffer from the enforced lack of access to leisure activities (in %) in 2024 and 2021



Legend: no data available for DE in 2021

Source: [ILC\\_CHMD06](#) (date of extraction – 03/12/2025)

Figure 11: share of early leavers from education and training in 2024 and 2023 <sup>(12)</sup>



Legend: low reliability of HR and LU figures, break in BE, BG, DE, IE and EL time series

Source: [SDG 04 10](#) (date of extraction – 03/12/2025)

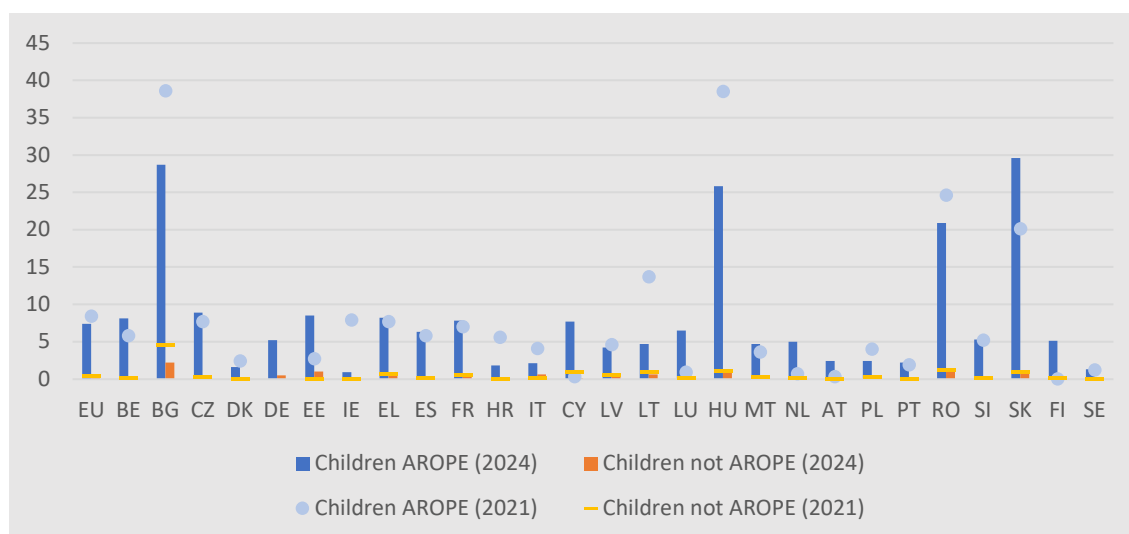
#### ***D. AT LEAST ONE HEALTHY MEAL PER SCHOOL DAY***

The aim of this section is to monitor the extent to which children in need are guaranteed an effective and free access to at least one healthy meal each school day, in line with §7 of the ECG Recommendation. While there is no indicator available at the EU level to closely monitor such aspect, information on child specific material deprivation is used.

More precisely, the agreed indicators allow to monitor to what extent children (<16) AROPE suffer from the lack of access to fresh fruits and vegetables as well as a meal with meat, chicken or fish (or a vegetarian equivalent) at least once a day.

<sup>(12)</sup> Previous parental education breakdown not available.

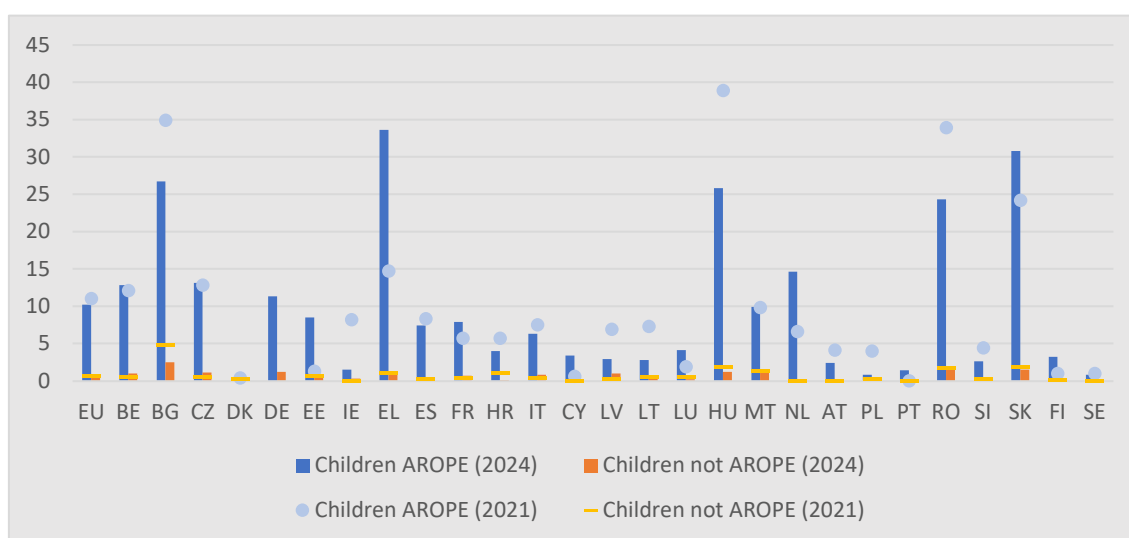
*Figure 12: Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables (in %) in 2024 and 2021*



Legend: no data available for DE in 2021, figures not significant for children not AROPE in DK, NL, PT and SI in 2024 and in DK, EE, IE, HR, AT, PT and SE in 2021.

Source: [ILC\\_CHMD07](#) (date of extraction – 03/12/2025)

*Figure 13: Share of children (<16) AROPE who suffer from the enforced lack of access to a meal with meat, chicken or fish (in %) in 2024 and 2021*



Legend: no data available for DE in 2021, figures not significant for children not AROPE in DK, NL, PT, SI in 2024, in DK, EE, IE, HR, AT, PT and SE in 2021 and for children AROPE in FI in 2021.

Source: [ILC\\_CHMD07](#) (date of extraction – 03/12/2025)

## ***E. HEALTHCARE***

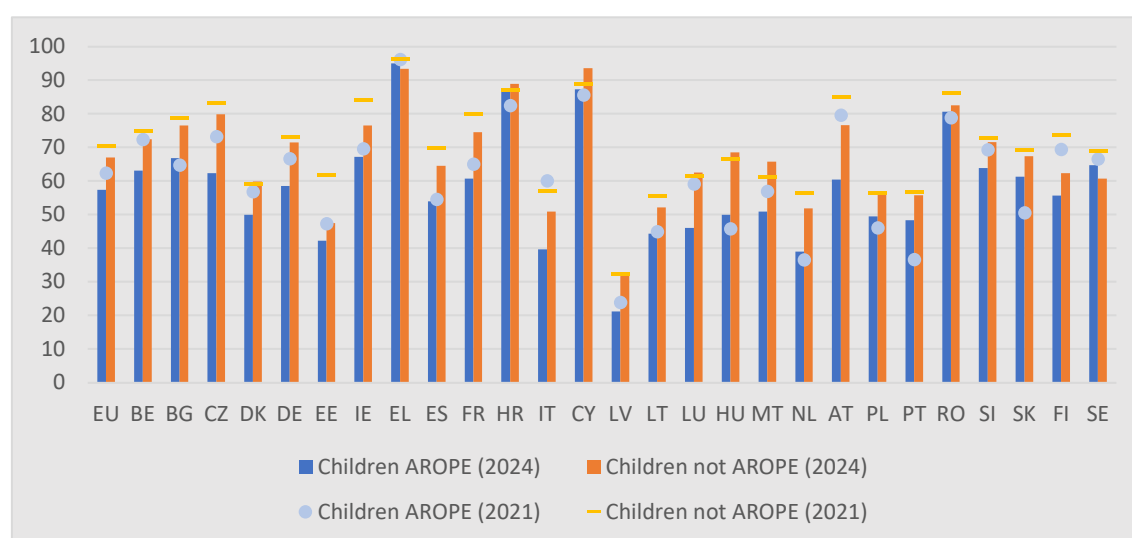
The aim of this section is to monitor the extent to which children in need are guaranteed an effective and free access to healthcare services, in line with §8 of the ECG Recommendation. Two indicators from the EU-SILC 3-yearly rolling module on health, including children's health, are of relevance in this regard. These two, the shares of children (<16) with "very good" health and with unmet needs for medical examination or treatment, both broken down by AROPE, can be used as a proxy to grasp to what extent children AROPE have genuine access to quality healthcare services.

On the basis of information collected by the European Social Policy Analysis Network (ESPAN), which were checked and corrected in case needed, two indicators covering the free provision of key healthcare services (i.e. vaccination, GP, nurses, specialist care, dental care, medicines) and the free access to health screening programmes (i.e. general, hearing, vision and dental)—in line with § 8(a), (b) and (c) of the Recommendation—were agreed upon to monitor their affordability.

The Recommendation also underlines the need to facilitate treatment of problems of children in need related to mental health (§ 8(a)). While such issue is currently not sufficiently covered by EU indicators, the WHO’s Health Behaviour in School-aged Children (HBSC) study <sup>(13)</sup> provides data on shares of children (13 years old) reporting feeling low more than once a week, broken down by gender and family affluence, included in the framework as context information.

Lastly, one *context* indicator, based on WHO-HBSC data – the share of children who have ever smoked broken down by socioeconomic status –, was added in the framework, as *contextual information* to better cover aspects of §8 related to health promotion programmes. The size of the share of children who have ever smoked can shed some light on the extent to which disadvantaged children are guaranteed an effective access to such programmes and their quality.

Figure 14: Share of children (<16) AROPE with “very good” health (in %) in 2024 and 2021



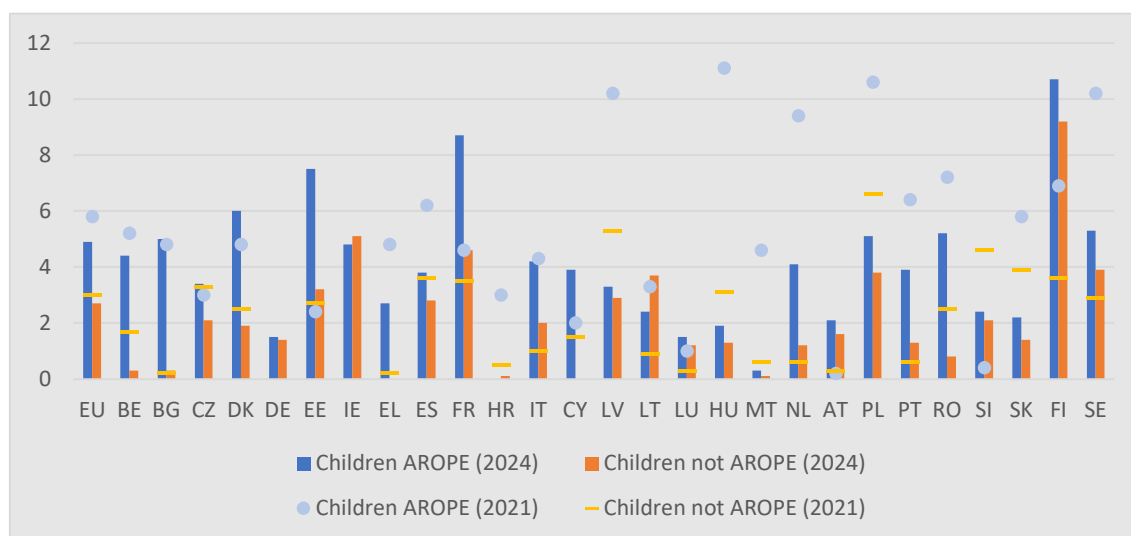
Legend: low reliability of DE figures in 2021

Source: [ILC\\_HCH12A](#) (date of extraction – 03/12/2025)

<sup>(13)</sup>The number of participating children in 2022 HBSC survey is usually around 4,500. For more information about data quality, see [About - HBSC](#).



Figure 15: Share of children (<16) AROPE with unmet needs for medical examination or treatment (in %) in 2024 and 2021



Legend: no data available for DE and IE in 2021, figures not significant for children not AROPE in EL and CY and children AROPE in HR in 2024

Source: [ILC HCH14A](#) (date of extraction – 03/12/2025)

Table 4: provision of free healthcare to all children/low-income children

TIME	2025					
GEO	Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
BE	All	Limited*	All	Limited	All	Limited
BG	All	All	All	All	All	Limited
CZ	All	All	All	All	All	Limited
DK	All	All	All	All	All	Limited
DE	All	All	All	All	All	All
EE	All	All	All	All	All	Limited
IE	All	All**	All	All	Limited	Limited
EL	All	All	All	All	Limited	Poor
ES	All	All	All	All	All	All
FR	All	Poor	Poor	Poor	Poor	Poor
HR	All	All	All	All	All	All
IT	All	All	All	Poor	Limited	Poor
CY	All	All	Limited	Limited	Limited	Limited
LV	All	All	All	All	All	Limited
LT	All	All	All	All	All	Limited
LU	All	All	All	All	All	Limited
HU	All	All	All	All	All	Poor
MT	All	All	All	All	All	All
NL	All	All	All	All	All	All
AT	All	All	All	All	All	Poor****
PL	All	All	All	All	All	Limited
PT	Limited	All	All	All	All	Limited
RO	All	All	All	All	All	Limited
SI	All	All	All	All	All	All
SK	All'	All	All	All''	All'''	All'''
FI	All	All	All	All	All	Poor
SE	All	All	All	All	All	All'''

Legend:

All	Free for all children
Poor	Free for low-income children
Limited	Only a specific range of interventions are free of charge for low-income children
*	Except for children registered with a community healthcare centre
**	Access is free for all children under 8 years old whereas for children aged 8 or above, it is free only for children in households earning no more than the median income
***	Access is free for all children under 16 years old
****	Persons with a low income can benefit from a prescription fee exemption. Otherwise, people generally have to pay a small contribution for prescribed medicines
'	Access to compulsory vaccination only is free for all children
''	Access is free for all children on request from GP
'''	Access is free for all children under 6 years old

Source: data collected by ESPAN and corrected/updated by the ISG delegates in 2025

Table 5: Free screening programmes to all children/low-income children

	Post-natal				First years				School years				Age limit for screening programmes
	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	General health	Hearing screening	Vision screening	Dental check-up	
BE	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	0-18
BG	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes		Yes	Yes	0-18
CZ	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-19
DK	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16
DE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>(14)</sup>				0-6; at age 7-8, 9-10, 12-14 and 16-17
EE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Birth to first year of secondary school (16-17)
IE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>(15)</sup>	Yes	Yes	Yes	0-6 <sup>(16)</sup>
EL	Yes	Yes	Yes	No				No				No	
ES	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes <sup>(17)</sup>	0-14 <sup>(18)</sup>
FR	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16 <sup>(19)</sup>
HR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
IT	Yes				Yes				Yes				
CY	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
LV	Yes				Yes		Yes	Yes	Yes		No	Yes	0-18
LT	Yes				Yes <sup>(20)</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Up to 18
LU	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
HU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-18
MT	Yes				Yes				Yes	Yes	Yes		0-11
NL	Yes	Yes	Yes		Yes	Yes	Yes		Yes				0-19 (except for dental care, 0-17)
AT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	
PL	Yes	Yes	Yes <sup>(21)</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>(22)</sup>	0-18 (except for dental care, 0-19)
PT <sup>(23)</sup>	Yes				Yes	Yes	Yes <sup>(24)</sup>	Yes	Yes	Yes	Yes	Yes	0-18
RO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No age limit
SI	Yes				Yes				Yes	Yes	Yes	Yes	Birth until 3rd grade of a higher secondary school
SK	Yes			No	Yes			No	Yes			No	
FI	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Birth to first year of secondary education (age 16)
SE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0-16

<sup>(14)</sup> For school-age children, they are recommended, but in some cases costly, examinations: U10 (ages 7-8), U11 (9-10), J1 (12-14), and J2 (16-17). J1-“Untersuchung” (standard benefit) in Germany which means that the costs are refunded for all children. The federal administrations (“Laender”) are responsible for these examinations in schools

<sup>(15)</sup> General health assessment takes place at age 5

<sup>(16)</sup> Dental check-up for up to three intervals at 8 years and 12 years and, in some cases, 10 years. Emergency care up to 16 years

<sup>(17)</sup> In some autonomous communities

<sup>(18)</sup> From the age of 14, screening programmes continue at the request of the community doctor (GP) or nurse

<sup>(19)</sup> Dental check-ups mandatory up to age 15, but available at ages 18, 21, and 24

<sup>(20)</sup> Children attending preschool institutions are checked annually for preventive purposes

<sup>(21)</sup> Only within the framework of special pilot-program of coordinated care for prematurely born children

<sup>(22)</sup> Regular dental care monitoring in school or in mobile dental clinic - so-called dentobus

<sup>(23)</sup> The examinations included depend on the age of the child. It most often includes general health and vision screening and (less often) hearing screening

<sup>(24)</sup> Specific visual screening is undertaken within the scope of “child vision screening” programme at age 2

Note: Yes = screening programmes are organised; Yes\* = limited screening programmes available; No = no screening programme available

Source: information provided in the FSCG2 country consultations. Data corrected and updated by the ISG delegates in 2025

## ***F. HEALTHY NUTRITION***

The aim of this section is to monitor the extent to which children in need are guaranteed an effective access to healthy nutrition, in line with §9 of the ECG Recommendation. The shares of children (<16) AROPE who suffer from the lack of access to fresh fruits and vegetables as well as a meal with meat, chicken or fish (or a vegetarian equivalent) at least once a day are based on the child specific material deprivation indicator (and are also included in the section on access to at least one free healthy meal each school day). They can be used as a proxy to have a view, not only on the provision of healthy meal each school day, but also on the access to healthy meals outside of school days (§ 9(a)), and more broadly to sufficiently healthy nutrition.

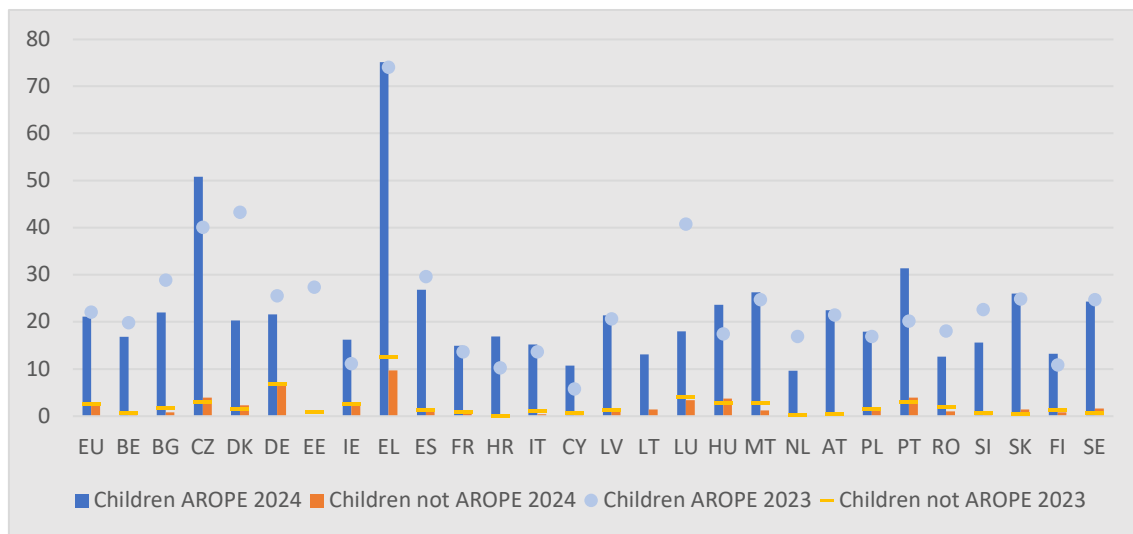
In addition, the data collected through the WHO's HBSC study on topics such as children who are overweight or obese are also part of the framework as they inform on the efficiency of policies to promote healthy nutrition standards (§ 9(a), (b), (c) and (d)).

Lastly, one *context* indicator based on WHO-HBSC data – the share of children who drink sugary soft drinks daily broken by socioeconomic status – was added in the framework as *contextual information* to better cover aspects of §9 related to restricted availability of unhealthy food and provision of adequate information to children on healthy eating habits. As no updated data are available, all the indicators of this section are presented in annex.

## ***G. ADEQUATE HOUSING***

The aim of this section is to monitor the extent to which children in need are guaranteed an effective access to adequate housing, in line with §10 of the ECG Recommendation. This section includes four EU indicators (based on EU SILC), allowing to monitor various aspects of housing. The first indicator allows to grasp the extent to which children in need live in households facing housing cost overburden; the second the extent to which they live in households facing severe housing deprivation ; the third the extent to which they live in an overcrowded dwelling; and the last one the extent to which they live in households impacted by energy poverty (§ 10(b)).

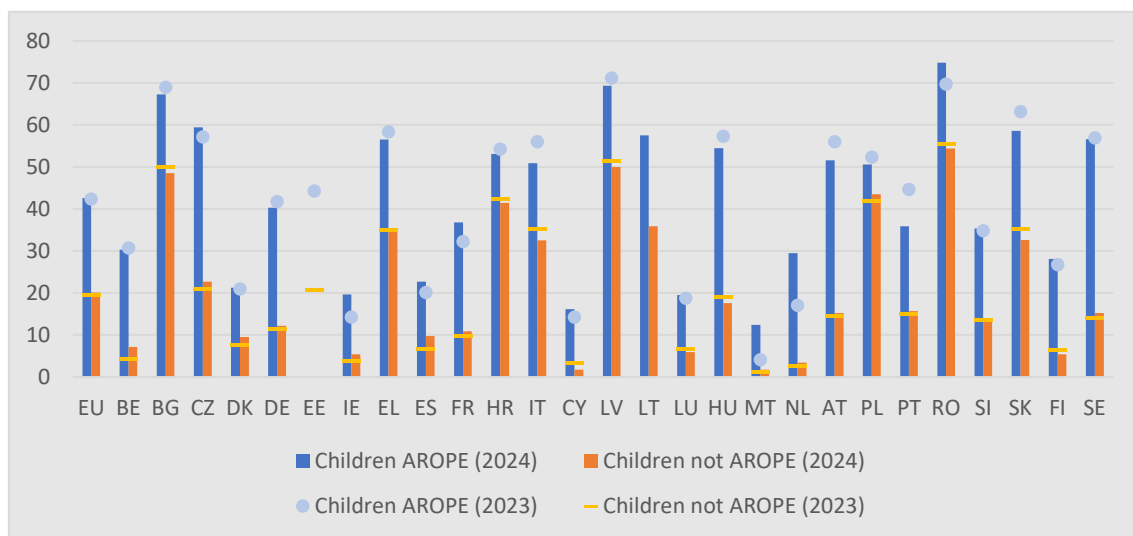
Figure 16: share of children AROPE (and not AROPE) living in a household facing housing cost overburden (in %) in 2024, and 2023



Legend: no data available for EE in 2024, for LT in 2023, and provisional data for LT in 2024

Source: [ILC CHG04](#) (date of extraction – 03/12/2025)

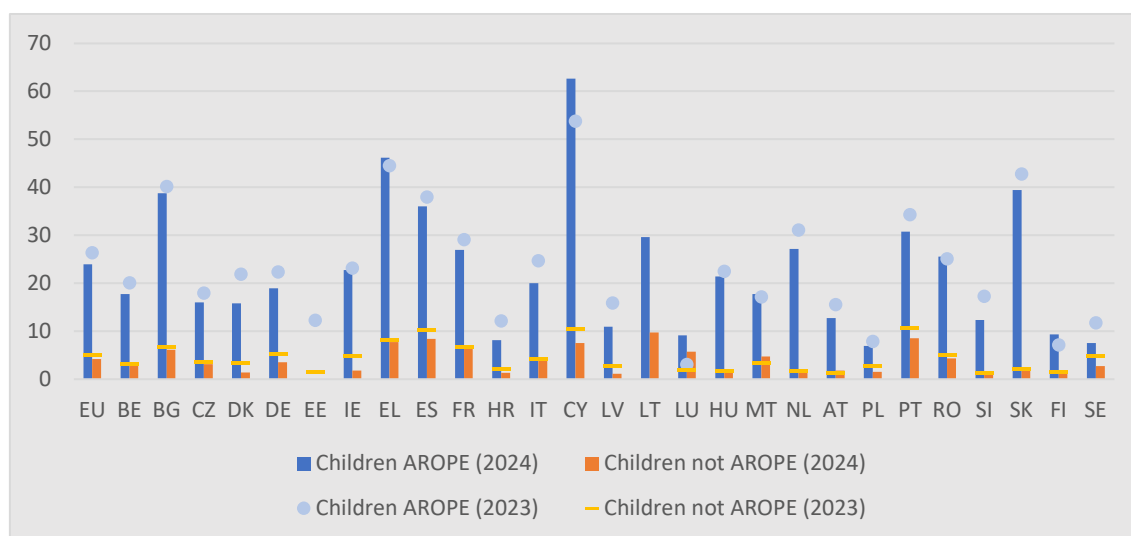
Figure 17: share of children AROPE (and not AROPE) living in an overcrowded household (in %) in 2024, and 2023



Legend: no data available for EE in 2024, for LT in 2023, and provisional data for LT in 2024

Source: [ILC CHG05](#) (date of extraction – 03/12/2025)

Figure 18: share of children AROPE (and not AROPE) living in a household unable to keep home adequately warm (in %) in 2024, and 2023



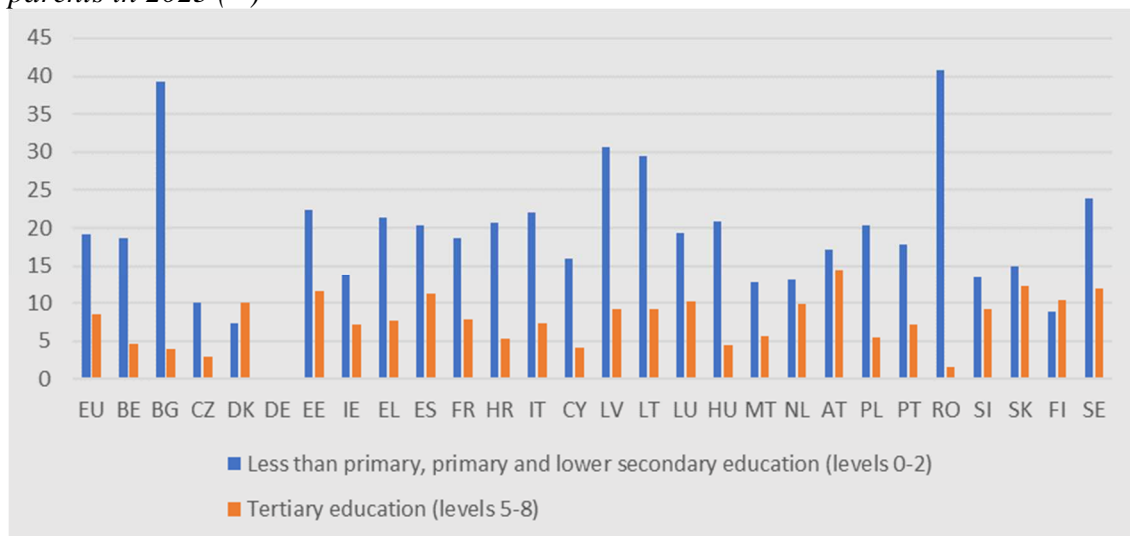
Legend: no data available for EE in 2024, for LT in 2023, and provisional data for LT in 2024

Source: [ILC CHG06](#) (date of extraction – 03/12/2025)

## ANNEX A: indicators not updated

### A. CHILDREN IN NEED

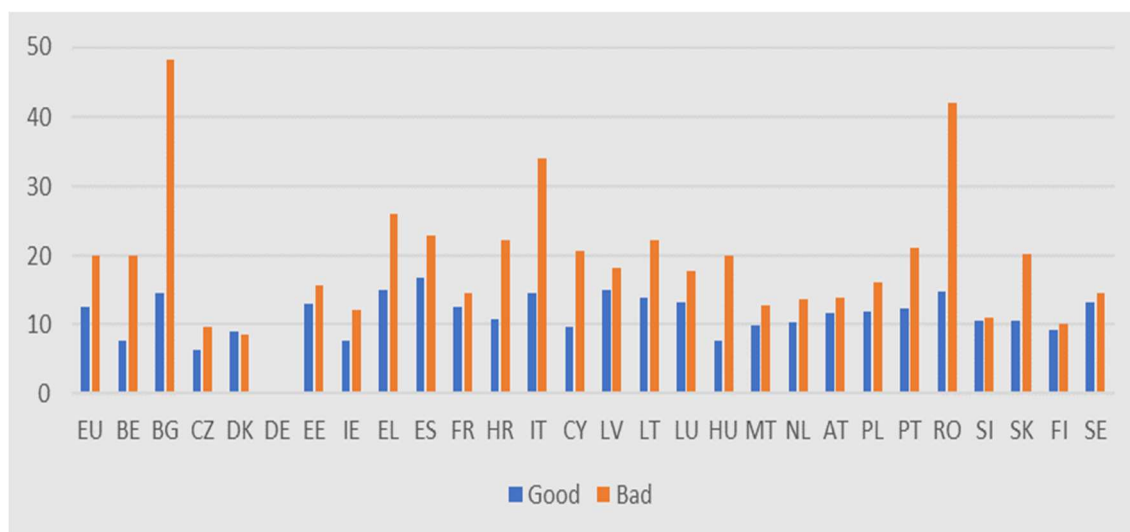
Figure 19: share of adults (25-59) AROP (in %) by educational attainment level of their parents in 2023 <sup>(25)</sup>



Legend: EU rates estimated, low reliability of CZ, DE and PL figures

Source: [ILC IGTP03](#)

Figure 20: share of adults (25-59) AROP (in %) by financial situation of their household when they were 14 in 2023



Legend: EU rates estimated, low reliability of CZ, DE and PL figures

Source: [ILC IGTP04](#)

### B. ECEC

<sup>(25)</sup> Exploring the feasibility of reducing the age range of the two indicators from the EU SILC module on intergenerational transmission of disadvantages to better capture changes over time is mentioned in Annex B as among potential ways forward. See Annex B for more information.



Table 3: age (in years) at which there is a legal entitlement to (free) ECEC

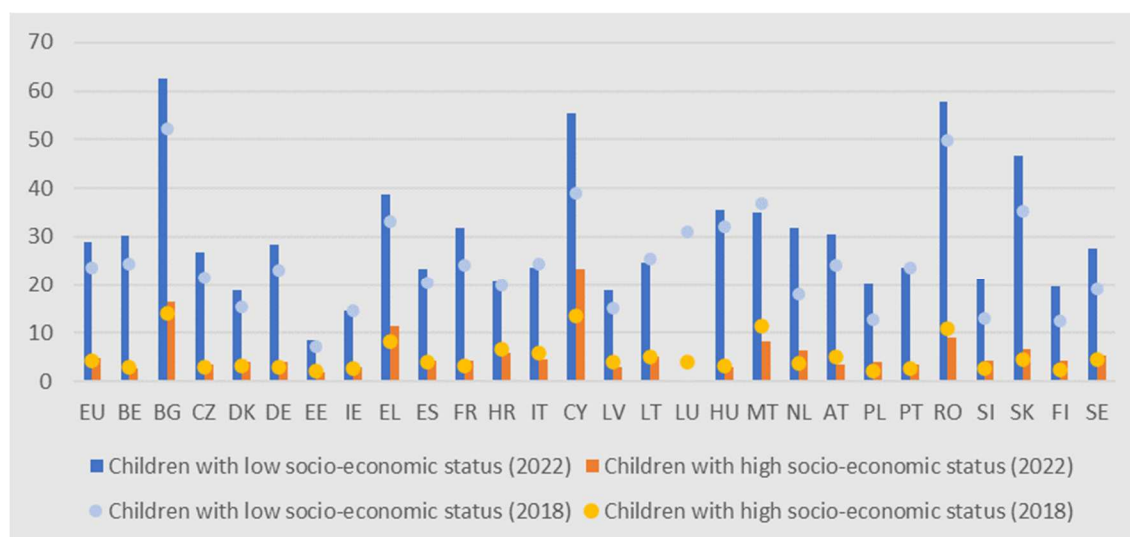
TIME	2024 - 2025			
GEO	Legal entitlement to ECEC	Free of charge ECEC	Compulsory ECEC	Compulsory primary education
BE (FR/NL)	2.5	2.5	5	6
BE (DE)	2.5	2.5	5	6
BG	x	0.3	4	7
CZ	3	5	5	6
DK	0.5	-	x	6
DE	1	x	x	6
EE	1.5	-	x	7
IE	x	2.7	x	6
EL	x	4	4	6
ES	3	3	x	6
FR	x	3	3	6
HR	x	6	6	7
IT	x	3	x	6
CY	x	4.5	4.5	6
LV	1.5	1.5	5	7
LT	3	0	6	7
LU	3	1	4	6
HU	x	3	3	6
MT	x	2.75	x	5
NL	x	4	5	6
AT	x	5 <sup>(26)</sup>	5	6
PL	3	3	6	7
PT	3	0	x	6
RO	x	0.3	4	6
SI	0.916667	-	x	6
SK	4	5	5	6
FI	0.75	6	6	7
SE	1	3	6	7

Source: Eurydice

<sup>(26)</sup>ISG delegate stressed that in AT, seven out of nine federal states offer non-contributory education programmes, sometimes before the age of five.

### C. EDUCATION AND SCHOOL-BASED ACTIVITIES

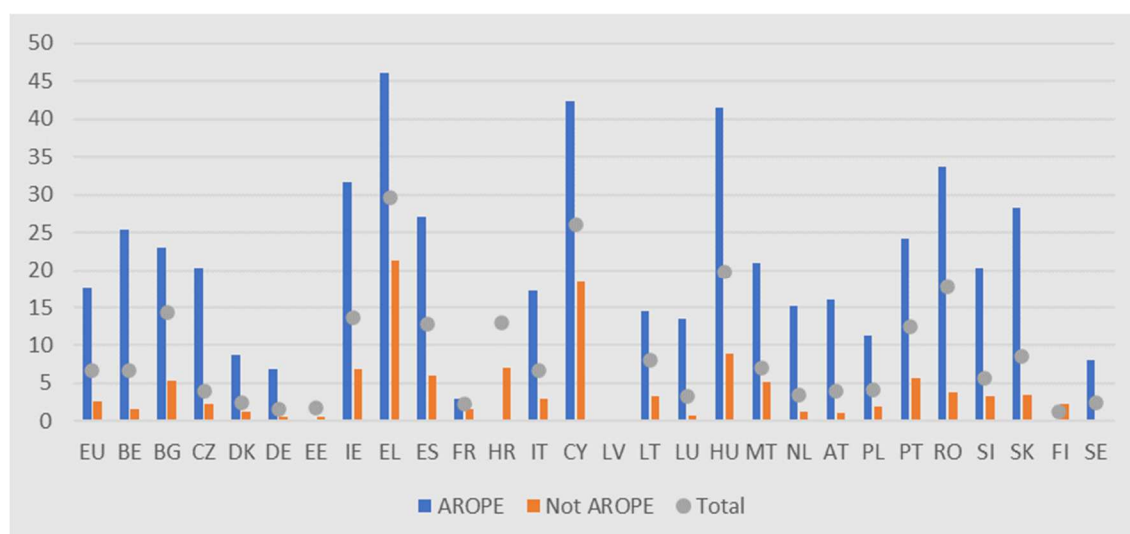
Figure 21: share of low achievers among children with low (and high) socioeconomic status (in %) in 2022, and 2018 (in pp) <sup>(27)</sup>



Legend: no data available for 2022 LU

Source: OECD PISA

Figure 22: Share of children AROPE living in a household reporting great difficulties to pay for formal education (in %) in 2016

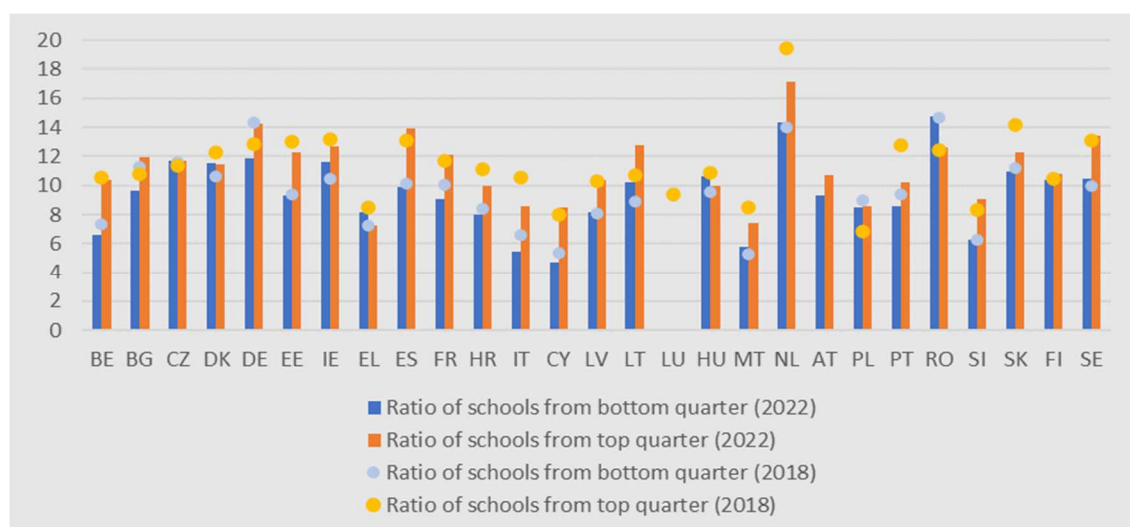


Legend: no data available for LV; low reliability of EE, HR and FI figures.

Source: Eurostat

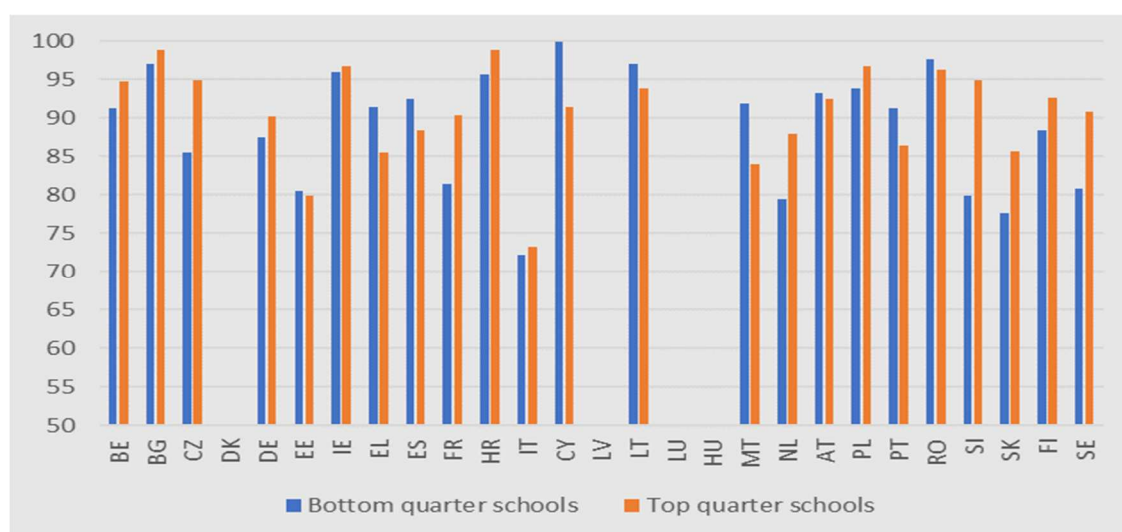
<sup>(27)</sup> This indicator is also part of the Education and Training Monitor:  
<https://op.europa.eu/webpub/eac/education-and-training-monitor/en/monitor-toolbox/themes/equity-in-education.html>

Figure 23: students per teacher ratio of schools from the bottom (and top) quarter of OECD's socioeconomic index in 2022, and 2018 <sup>(28)</sup>



Legend: no data available for LU  
Source: OECD PISA (volume 2)

Figure 24: share of certified teachers <sup>(29)</sup> in schools from the bottom (and top) quarter of socioeconomic index in 2022

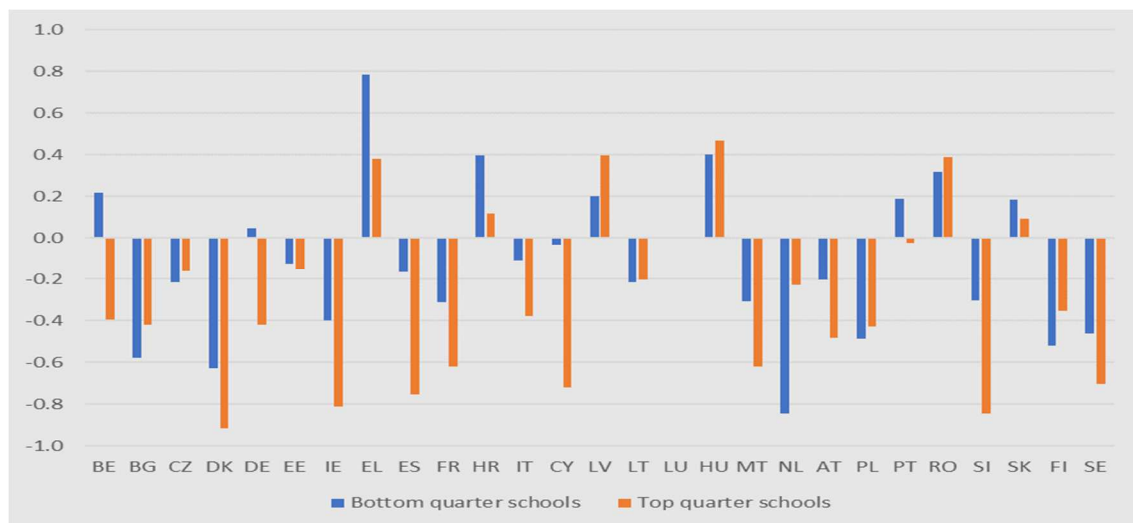


Legend: no data available for DK, LV, LU and HU  
Source: OECD PISA (volume 2)

<sup>(28)</sup> Unlike the figure 9, the figures 11, 12, 13 and 14 are not pupil-based (their unit is not pupil).

<sup>(29)</sup> Teachers are defined as certified when they are licensed to teach based on standards defined by national or local institutions.

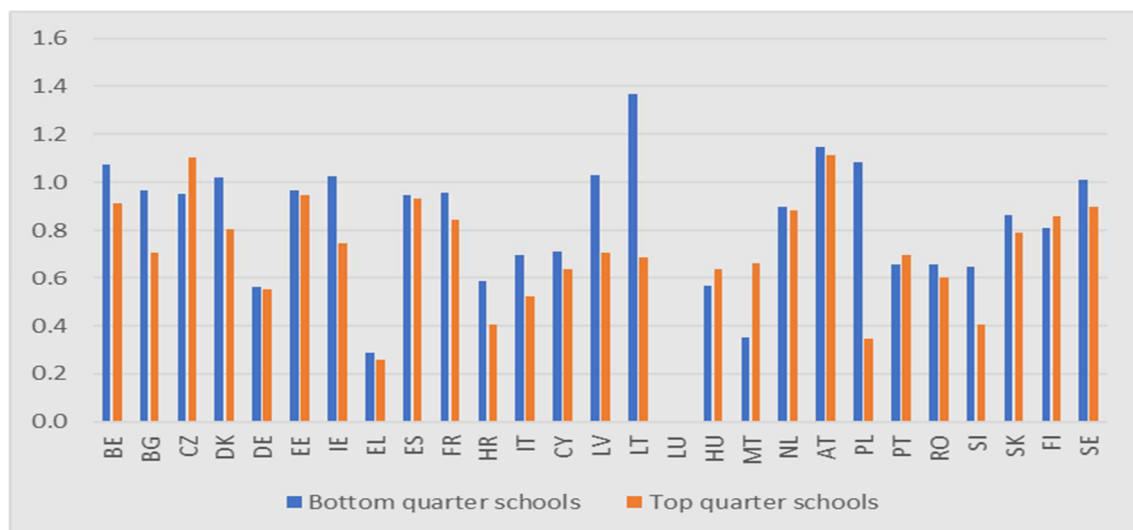
Figure 25: index of shortages of educational materials <sup>(30)</sup> of schools from the bottom (and top) quarter of socioeconomic index in 2022



Legend: higher values in the index indicate greater shortages of educational material. No data available for LU.

Source: OECD PISA (volume 2)

Figure 26: computers <sup>(31)</sup> per student ratio of schools from the bottom (and top) quarter of socioeconomic index in 2022



Legend: No data available for LU.

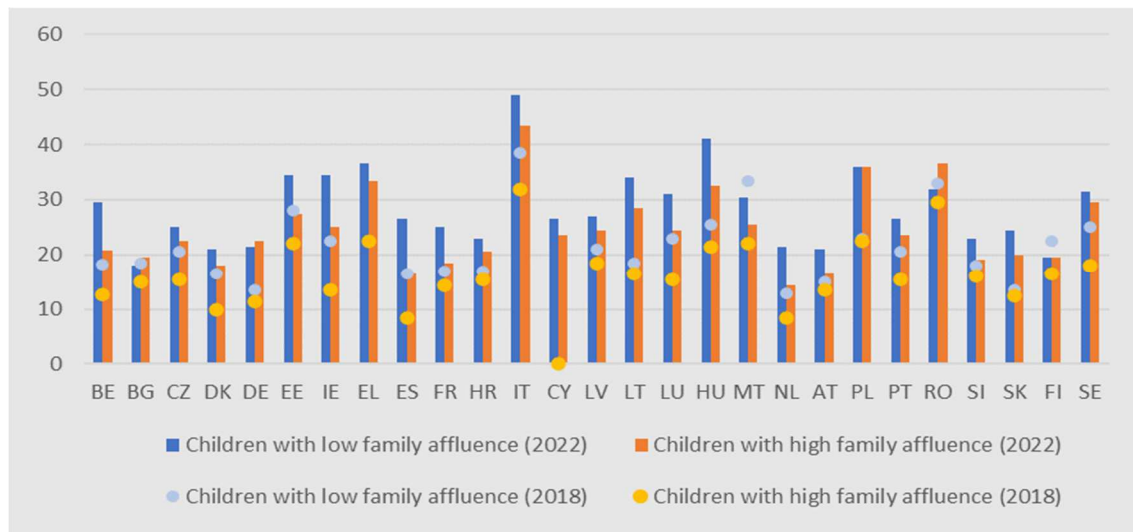
Source: OECD PISA (volume 2)

<sup>(30)</sup> School principals were asked about the extent (i.e. “Not at all”, “Very little”, “To some extent”, and “A lot”) to which instruction is hindered by a shortage of educational materials in their school, and by inadequate or poor quality of materials. The index takes into account lack/poor quality of educational materials such as textbooks, IT equipment, library material, as well as physical infrastructures (e.g. building, grounds, heating/cooling).

<sup>(31)</sup> Laptop and desktop combined.

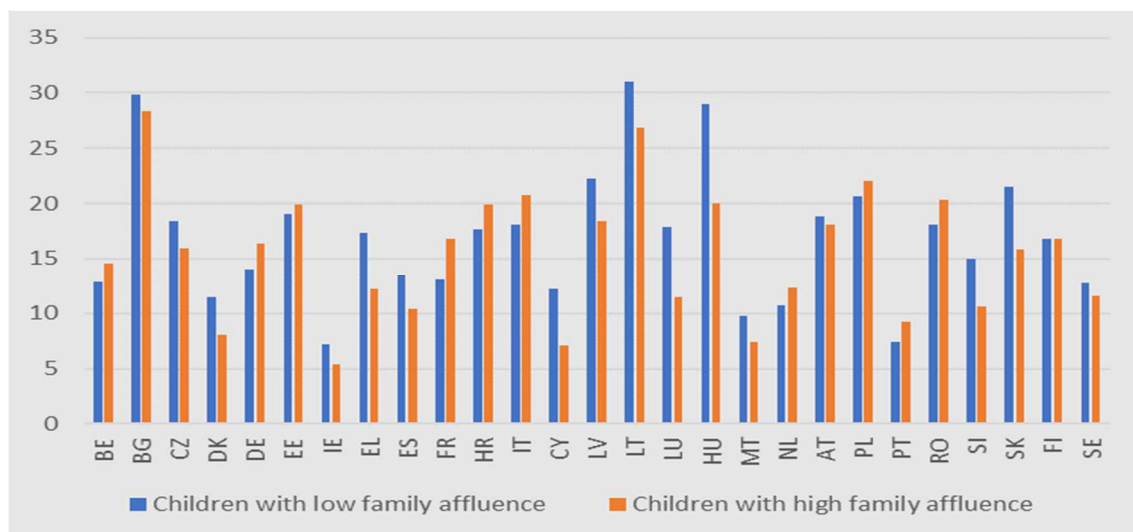
#### D. HEALTHCARE

Figure 27: share of children (aged 13) with low (and high) family affluence who felt low more than once a week (in %) in 2022, and 2018



Source: WHO HBSC

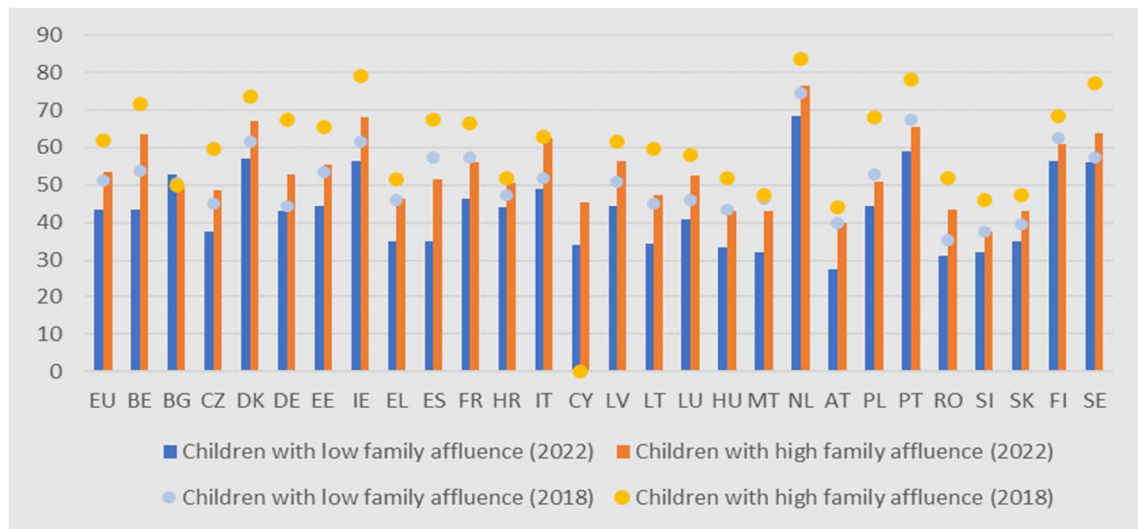
Figure 28: share of children (aged 13) with low (and high) family affluence who had ever smoked (in %) in 2022



Source: WHO HBSC

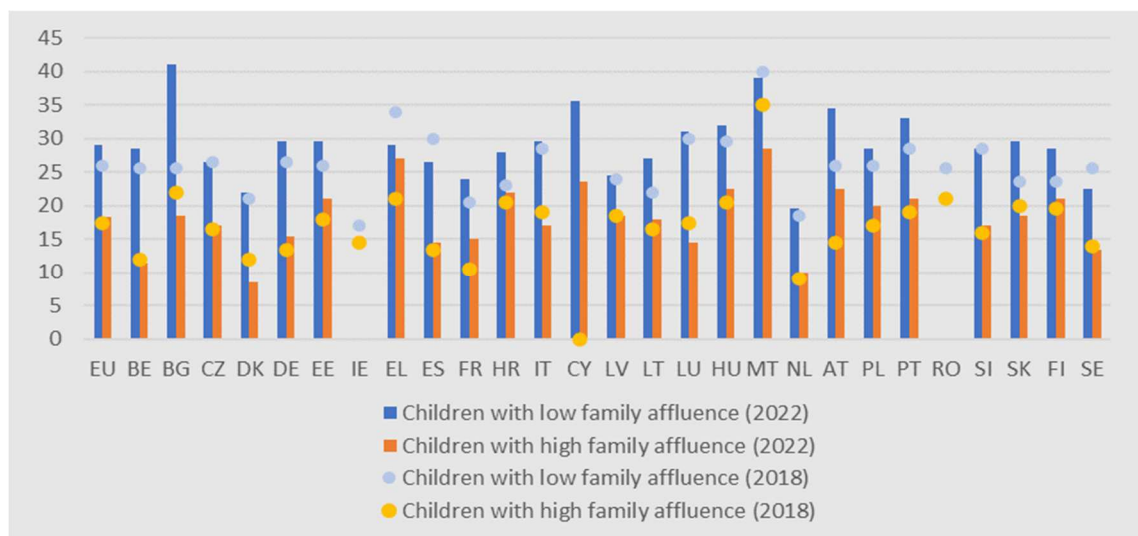
## E. HEALTHY NUTRITION

Figure 29: share of children (aged 13) with low (and high) family affluence who eat breakfast every school day (in %) in 2022, and 2018



Source: WHO HBSC

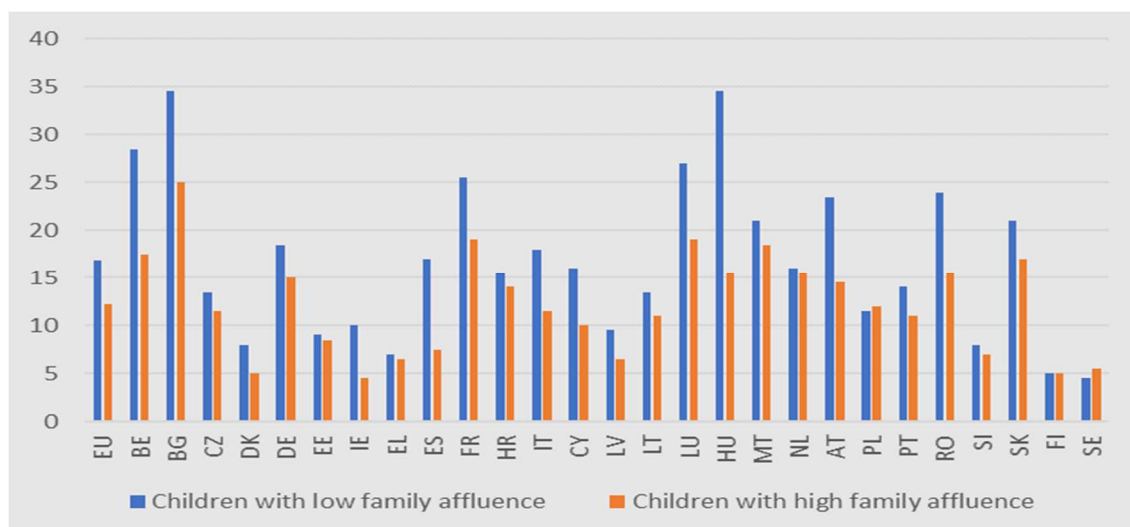
Figure 30: share of children (aged 13) with low (and high) family affluence who are overweight or obese (in %) in 2022, and 2018



Legend: No 2022 data available for IE and RO.

Source: WHO HBSC

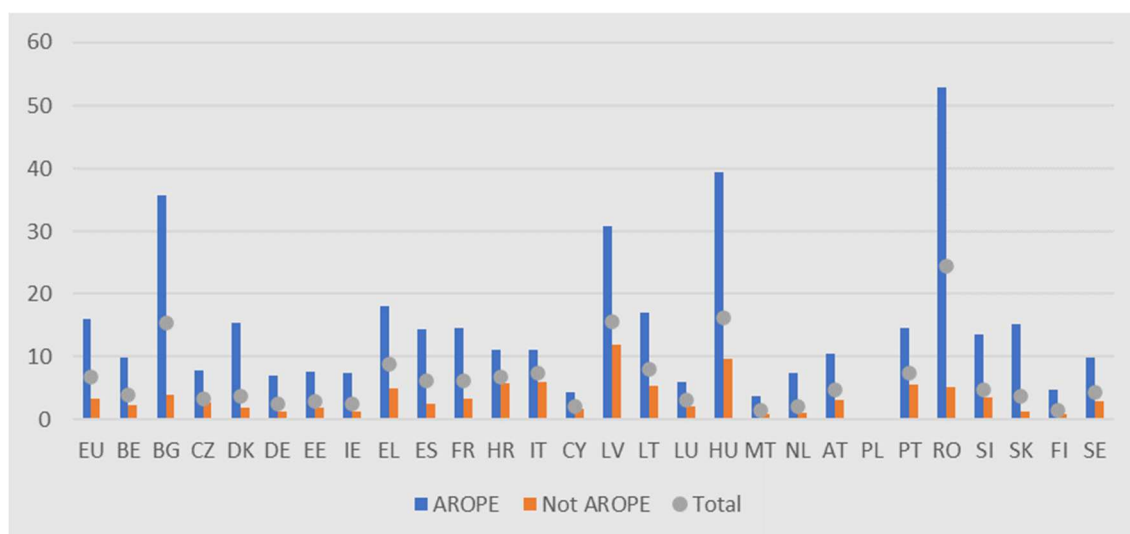
Figure 31: share of children (aged 13) with low (and high) family affluence who drink sugary soft drinks daily (in %) in 2022



Source: WHO HBSC

## F. ADEQUATE HOUSING

Figure 32: Share of children AROPE living in a household facing severe housing (in %) in 2020



Legend: no data available for PL

Source: Eurostat



## **ANNEX B: Areas for further development**

In line with §12 of the ECG Recommendation, first reflections were elaborated on ways to enhance the availability, scope and relevance of comparable data at the EU level where necessary. Some gaps in the monitoring framework for the ECG not exhaustively covered by existing EU data were identified at the time of the framework's initial elaboration in November 2023. The inclusion of additional contextual information in the updated version of the framework in 2025 allowed to start filling some of the gaps (e.g. access of children in need to digital tools for educational purposes).

Yet, there are still areas in need of further development, such as:

- Number and situation of children in need not included in the EU-SILC data collection (e.g. homeless children);
- Availability of ECEC and other services covered by the ECG;
- Access of children in need to at least one free healthy meal per each school day;
- Access of children in need to physical activities;
- Availability of social housing for households with dependent children.

Ways are identified to ensure a more efficient and exhaustive coverage of the key aspects of the Recommendation.

- First, it is suggested to work on strengthening the relevance of EU indicators already available (e.g. by assessing the extent to which the age range of the two context indicators from the EU-SILC module on intergenerational transmission of disadvantages could be reduced to better capture potential changes over time).
- Second, it is suggested to explore ways of developing new indicators. It would, for instance, be worth assessing the feasibility of Eurydice collecting information on whether access to ECEC is free for not only all children but also low-income children, and on ECEC's availability. It would also be worth exploring ways to better monitor free access to at least one healthy meal per school day, going beyond existing proxies.
- Third, there was an agreement on the need to improve the comparability of national administrative data, which could be of use to cover the remaining gaps (e.g. premature mortality by socioeconomic status).

Lastly, suggestions were made to make the monitoring framework more user-friendly and facilitate the analysis of its indicators, e.g. by drawing inspiration from the Social Protection Performance Monitor's traffic light system.