



## JOINT CIVIL SOCIETY RECOMMENDATIONS FOR THE EUROPEAN CHILD GUARANTEE

### IN RESPONSE TO THE CONSULTATION ON THE IMPLEMENTATION OF THE EUROPEAN PILLAR OF SOCIAL RIGHTS<sup>1</sup>

**November 2020**

In the EU, 1 out of 4 children are at risk of poverty or social exclusion.<sup>2</sup> Children in vulnerable situations and disadvantaged groups, such as children deprived of or at risk of losing parental care, including children in institutional care<sup>3</sup>, children in migration, children with disabilities or Roma children, are at particularly high risk of social exclusion.<sup>4</sup> When children do not have access to adequate resources, inclusive, non-segregated services and support, they start their life at a significant disadvantage and are at risk of ending up in a cycle of poverty and of being left behind.<sup>5</sup>

Poverty is a significant underlying factor that causes children to be separated from their families and end up in residential institutions.<sup>6</sup> Other factors leading to institutionalisation include disability, marginalisation, migration, a lack of community-based and family support services, and trafficking.<sup>7</sup> When parents feel they cannot meet their children's needs (for example due to poverty and a lack of support), they sometimes believe that placing the child in an institution will provide a better future. After having assessed the best interest of the child, public authorities may also decide to remove a child from his/her birth family and place

<sup>1</sup> <https://ec.europa.eu/social/main.jsp?catId=1487>

<sup>2</sup> European Commission (2020), A Strong Social Europe For Just Transitions, COM(2020) 14 final, p. 12, [https://ec.europa.eu/commission/presscorner/detail/en/fs\\_20\\_49](https://ec.europa.eu/commission/presscorner/detail/en/fs_20_49).

<sup>3</sup> European Expert Group on the Transition from Institutional to Community-based Care Common European Guidelines on the Transition from Institutional to Community-based Care (2012) define institutions for children "as residential setting that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc)".

<sup>4</sup> Lerch, Véronique and Nordenmark Severinsson, Anna (2019). "Target Group Discussion Paper on Children in Alternative Care", *Feasibility Study for a Child Guarantee (FSCG)*, Brussels: European Commission. <https://ec.europa.eu/social/BlobServlet?docId=22049&langId=en> [accessed 18 September 2020]

<sup>5</sup> Ibidem; Csáky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, *Save the Children*, p. vii

<sup>6</sup> Williamson, J., and Greenberg, A. (2010), Families, not orphanages, Better Care Network working paper, p. 8.

<sup>7</sup> Csáky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, *Save the Children*; Chiwaula, L. et al. (2014). Drumming together for change: A child's right to quality care in Sub-Saharan Africa. The Centre for Excellence for looked after children in Scotland (CELCIS).

his/her in alternative care. In some cases, this might result in children being placed in institutions.

Research has repeatedly demonstrated that institutions do not protect children, but harm them,<sup>8</sup> threatening their development and exposing them to increased risk of violence<sup>9</sup> and abuse.<sup>10</sup> Children who grow up in institutions can experience substantial developmental delays and deviations, such as delays in physical growth, brain development, cognitive development and attention.<sup>11</sup>

Moreover, the COVID-19 pandemic and its socio-economic consequences are having a dramatic impact on children in vulnerable conditions as well as on their families and communities. Responses to the pandemic are compounding structural weaknesses in child protection and welfare systems, and testing the capacity of vulnerable families to care for their children.<sup>12</sup> Ultimately the number of children at risk of separation from their families, in need of additional support, or in alternative care is likely to increase.

We are therefore in support of the European Commission's intention to adopt a European Child Guarantee in 2021, which should help ensure that every child at risk of poverty or social exclusion has access to the "most basic of rights like health care and education".<sup>13</sup> In doing so, a European Child Guarantee is indispensable to implement the European Pillar of Social Rights (in particular Principle 11), the upcoming comprehensive EU Strategy on the Rights of the Child, and the UN's Sustainable Development Goals.

**Following the European Commission's President Ursula von der Leyen's<sup>14</sup> ambition to break the cycle of child poverty and social exclusion, we recommend that the Council Recommendation on the European Child Guarantee, and accompanying Staff Working Document:**

**1. Encourages Member States to identify children in institutional care or at risk of family separation as a priority target group for their Child Guarantee National Action Plans**

We support the intention to have Member States identify the children in need concerned by the Child Guarantee Recommendation in their National Action Plans. Given the risks children in institutions face, and the link between poverty and social exclusion and institutionalisation, the European Child Guarantee should recommend including children in institutions and children at risk of family separation as specific target groups. However, the objective should

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<sup>8</sup> Browne, K. (2009) [The Risk of Harm to Young People Children in Institutional Care](#)

<sup>9</sup> UNICEF, "[Violence against Children in Care and Justice Institutions](#)," undated

<sup>10</sup> United Nations General Assembly (2006) [Report of the independent expert for the United Nations study on violence against children](#). A/61/299, 2006

<sup>11</sup> Marinus H van Ijzendoorn, Bakermans-Kranenburg, J., et al. (2020) "Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development", *The Lancet Psychiatry*, DOI: [https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2).

<sup>12</sup> See: Covid-19: Call to action to protect vulnerable families and children in alternative care across Europe, [https://lumos.contentfiles.net/media/documents/document/2020/08/Covid-19\\_European\\_CTA\\_v7.pdf](https://lumos.contentfiles.net/media/documents/document/2020/08/Covid-19_European_CTA_v7.pdf).

<sup>13</sup> Ursula von der Leyen (2019), A Union that strives for more. My Agenda for Europe, p. 10, [https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission\\_en.pdf](https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission_en.pdf).

<sup>14</sup> [A Union that strives for more My agenda for Europe: POLITICAL GUIDELINES FOR THE NEXT EUROPEAN COMMISSION 2019-2024](#)

not be to provide children access to services in the institutions. Instead, **it is essential that this target group is identified with a view to reform the system away from institutions towards family- and community-based care, so that they are given access to the full set of services within their communities.**

Other vulnerable groups of children, such as children with disabilities (in particular with complex support needs), children in migration or Roma children, are overrepresented in institutions<sup>15</sup>. As a result, they should also specifically be identified and prioritised in the National Action Plans. When identifying children living in precarious family situations, the National Action Plans should include children reintegrated in their families of origin and children deprived of parental care living in family-based care.

## **2. Sets minimum targets for the EU in universal access to services, accompanied by a set of possible actions to address the barriers in access to these services.**

Access to quality services in the community can be hindered by a multitude of sometimes overlapping factors. For children in precarious households, children with disabilities and children in institutions, these barriers might include:

- **Availability of services:** Services are not always available for all children. This might be due to the uneven territorial distribution of services (e.g. rural areas, informal settlements, deprived neighbourhoods). This could also be due to the shortage of staff to run the services.<sup>16</sup>
- **Discrimination:** Discrimination affects children's and their families' access to a whole range of basic services, and may also lead to the overrepresentation of some children in institutions and other forms of alternative care, such as children with a Roma background<sup>17</sup> and children with disabilities.<sup>18</sup>
- **Physical accessibility of services:** Physical access to buildings and other spaces that are used by the public are often not accessible to children with disabilities and their families that accompany them. Physical access includes things like accessible routes, curb ramps,

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<sup>15</sup> Anghela, R., Herczog, M. & Dima, G. (2013) The challenge of reforming child protection in Eastern Europe: The cases of Hungary and Romania. *Psychosocial Intervention*. 22: 239-249. <http://psychosocial-intervention.elsevier.es/en/the-challenge-reforming-child-protection/articulo/S1132055913700279/#.WRsQvmjys2w> [accessed 16 May 2017]; Lerch, Véronique and Nordenmark Severinsson, Anna (2019) "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission. <https://ec.europa.eu/social/BlobServlet?docId=22049&langId=en> [accessed 01 July 2020] p.22

<sup>16</sup>Xenia Scheil-Adlung and Catharina Kuhl (2011) Addressing inequities in access to health care for vulnerable groups in countries of Europe and Central Asia. International Labour Organisation. Social Security Department. - Geneva. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---soc\\_sec/documents/publication/wcms\\_secsec\\_25201.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secsec_25201.pdf)

<sup>17</sup> Though overall research and data is limited, some research shows that, while only 10% of the population in Hungary, Bulgaria and Romania is Roma, up to 60% of children in State care are of Romani origin in the former ones and up to 20% in the latter. See: European Roma Rights Centre, Bulgarian Helsinki Committee, Milan Šimečka Foundation and Osservazione (2011), Life Sentence: Romani Children in Institutional Care, [http://www.errc.org/uploads/upload\\_en/file/life-sentence-20-june-2011.pdf](http://www.errc.org/uploads/upload_en/file/life-sentence-20-june-2011.pdf); European Commission (2018) [Mapping of research on Roma children in the European Union](#)

<sup>18</sup>Data from 2007 in Central and Eastern Europe/Commonwealth of Independent States (CES/CIS) countries suggests that children with actual or perceived disabilities face a greater risk than others of being institutionalized and of staying so for long periods, accounting for 316 per 100,000 children aged 0 – 17. See: UNICEF (2010) At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia; UN Secretary-General (2019). [Status of the Convention on the Rights of the Child](#). New York, USA: United Nations, p13/17.

parking and passenger loading zones, elevators, signage, entrances, and restroom accommodations.

- **Financial resources and affordability of services:** Marginalised and poor families often lack the financial means to access the services.<sup>19</sup>
- **Services not adapted to the children's needs:** Services are not always tailored to individual needs of children and their families. To move away from institutional care, child-centred family- and community-based support is needed.
- **Spatial and educational segregation:** Some members of marginalised groups (e.g. Roma,<sup>20</sup> children with a migrant background,<sup>21</sup> children with disabilities) face spatial and educational segregation. As explained in the *Guidance for Member States on the use of European Structural and Investment Funds in tackling educational and spatial segregation*,<sup>22</sup> “segregation is caused by a number of factors, including discriminatory actions, economic and demographic mechanisms. It is characterised by the physical and social separation of members of a marginalised group from members of non-marginalised groups and unequal access to mainstream, inclusive and high-quality services. In other words facilities in segregated settings provide lower quality services”. This may lead to the development of parallel services. For instance, children with complex support needs, such as dyslexia, dyscalculia, and behavioural problems are sometimes relegated to segregated classes or schools, which reflects the lack of capacities, of appropriate support and training of the teachers in mainstream schools within the community to cope with learning disabilities. The European Commission has noted that segregation of Roma pupils in education has increased over the past 10 years.<sup>23</sup>
- **Lack of identification cards:** Access can be hindered by the lack of identification cards and/or birth certificates, which excludes children and families from social services and benefits. For instance, in Romania, many Roma cannot fulfil the conditions for acquiring an ID card because the legislation requires among other things a document showing the applicant's housing status.<sup>24</sup> The Roma can find themselves in a vicious circle. If the

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<sup>19</sup>Xenia Scheil-Adlung and Catharina Kuhl (2011) Addressing inequities in access to health care for vulnerable groups in countries of Europe and Central Asia. International Labour Organisation. Social Security Department. - Geneva. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---soc\\_sec/documents/publication/wcms\\_secSOC\\_25201.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secSOC_25201.pdf)

<sup>20</sup>There are ongoing infringement proceedings against Czechia, Slovakia and Hungary with regards to discrimination of Roma children in education. The *mid-term evaluation of the EU Framework for national Roma integration strategies up to 2020* found segregation of Roma communities, as one of main obstacles of Roma integration. <https://op.europa.eu/en/publication-detail/-/publication/a1e33b4f-17af-11e9-8d04-01aa75ed71a1/language-en>

<sup>21</sup> School segregation of children with a migrant background has been noted in at least half of the Member States. See European Union Agency for Fundamental Rights (2017) 'Together in the EU Promoting the participation of migrants and their descendants' <http://fra.europa.eu/en/publication/2017/migrant-participation>.

<sup>22</sup>European Commission (2015) *Guidance for Member States on the use of European Structural and Investment Funds in tackling educational and spatial segregation* [https://ec.europa.eu/regional\\_policy/sources/docgener/informat/2014/thematic\\_guidance\\_fiche\\_segregation\\_en.pdf](https://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_segregation_en.pdf)

<sup>23</sup>Communication from the Commission to the European Parliament and the Council, A Union of Equality: EU Roma strategic framework for equality, inclusion and participation, COM(2020) 620 final [https://ec.europa.eu/info/sites/info/files/union\\_of\\_equality\\_eu\\_roma\\_strategic\\_framework\\_for\\_equality\\_inclusion\\_and\\_participation\\_en.pdf](https://ec.europa.eu/info/sites/info/files/union_of_equality_eu_roma_strategic_framework_for_equality_inclusion_and_participation_en.pdf)

<sup>24</sup>Hope and Homes for Children Romania experiences. See also: European Roma Rights Center (2006) Ambulance not on the way: The disgrace of health care for Roma in Europe (Budapest <http://www.errc.org/reports-and-submissions/ambulance-not-on-the-way-the-disgrace-of-health-care-for-roma-in->

parents lack ID cards, the children when reaching the age of 14 will also not be able to obtain a card. Without ID cards they are also deprived of social rights.

- **Lack of awareness / insufficient information:** A major issue in relation to access to services can be the lack of awareness or accessible information about the services available.
- **The lack of coordination between the different services concerned by the protection and wellbeing of the child and his/her family,** such as social services, child welfare, and migration services, which does not enable a comprehensive and efficient response.

Taking these barriers into account, the European Child Guarantee should contribute to ensure equal access to essential non-segregated, quality and affordable services for children, and set minimum universal targets for the access to these services. In ensuring access to services, there should be a particular focus on reducing social and territorial inequalities, such as segregated and deprived areas.

In view of the needs of children in precarious households (including deprived or at risk of losing parental care), children with disabilities and children in institutions, and their families, please consider the following services and actions:

|                   | Services <sup>25</sup>   | Actions  |
|-------------------|--|--|
| <b>Healthcare</b> | <ul style="list-style-type: none"> <li>- Pre-natal care</li> <li>- Yearly check-up with the paediatricians</li> <li>- Mental health, including perinatal and infant, and rehabilitation services</li> <li>- Basic amenities (water, sanitation, electricity, heating)</li> <li>- Specialist professionals in the community (e.g. to support parents at home)</li> <li>- Services based in hospitals or health centres to support new parents</li> <li>- Services around sexual and reproductive health, including family planning</li> </ul> | <ul style="list-style-type: none"> <li>- Reforming the healthcare system to improve availability and accessibility of healthcare services</li> <li>- Combating discrimination in access to services, for instance through training programmes for healthcare workers, providing information materials, etc.</li> <li>- Supporting the transition from institutional to family and community-based care, ensuring that Health is an integral part of the process</li> </ul> |

europa.eu/~/text=04%20September%202006-,Ambulance%20Not%20on%20the%20Way%3A%20The%20Disgrace%20of,Care%20for%20Roma%20in%20Europe&text=Racial%20discrimination%20against%20Roma%20magnifies,not%20covered%20by%20health%20insurance.  
<sup>25</sup>the European Expert Group on the Transition from Institutional to Community-based Care (2012) [Common European Guidelines on the Transition from Institutional to Community-based Care](#); European Expert Group on the Transition from institutional to Community Based Care and Hope and Homes for Children (2019) [Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services](#)

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|-------------------------|--|--|
| <p><b>Education</b></p> | <ul style="list-style-type: none"> <li>- Inclusive and non-segregated education, including services for home education, and various other options (e.g. second chance schools, afterschool activities, etc)</li> <li>- Distance learning</li> <li>- Yearly health and dental screenings in schools</li> <li>- Extracurricular activities to compensate for linguistic, cognitive and educational gaps</li> <li>- Sexual education</li> </ul> | <ul style="list-style-type: none"> <li>- Reforming educational system, aiming for inclusion and desegregation of education, both on the national and local level</li> <li>- Facilitate reform of enrolment mechanisms and policies<sup>26</sup></li> <li>- Introduction of innovative pedagogical tools and methods including active and collaborative approaches which allow adaptation to individual needs</li> <li>- Provide individual support for students (e.g. mentors, social assistants) including supporting the students' transitioning between different education levels</li> <li>- Provide IT equipment</li> <li>- Provide financial support for low-income families, targeted at defraying the cost of Internet connection and IT equipment</li> <li>- Invest in teacher training in mainstream schools</li> <li>- Support children with disabilities and complex support needs as reasonable accommodation to ensure their education in inclusive settings</li> <li>- Support children with other disadvantages (e.g. poor language skills), to compensate for linguistic, cognitive and educational gaps</li> <li>- Community building and empowerment actions to better establish the environment for inclusive education</li> </ul> |
| <p><b>Housing</b></p>   | <ul style="list-style-type: none"> <li>- Supervised independent living<sup>27</sup></li> <li>- Non-segregated, inclusive and accessible social housing for vulnerable families</li> <li>- Housing adaptations</li> <li>- Basic amenities (water, sanitation, electricity)</li> </ul>   | <ul style="list-style-type: none"> <li>- Developing the provision of housing. These should be accessible, inclusive and affordable</li> <li>- Desegregation through relocation. Supporting the provision of housing facilities in non-segregated areas may comprise elements of relocation from segregated neighbourhoods to</li> </ul>  |

<sup>26</sup>European Commission (2015) *Guidance for Member States on the use of European Structural and Investment Funds in tackling educational and spatial segregation*

[https://ec.europa.eu/regional\\_policy/sources/docgener/informat/2014/thematic\\_guidance\\_fiche\\_segregation\\_en.pdf](https://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_segregation_en.pdf)

<sup>27</sup> Following the Common European Guidelines on the transition from institutional to community-based care (p.29) 'supervised independent living arrangements' involves only children aged 16 or older. These are settings where children and young people are accommodated in the community, living alone or in a small group home, where they are encouraged and enabled to acquire the necessary independent living skills.

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|  |  | <p>mixed urban and rural neighbourhoods.</p> <ul style="list-style-type: none"> <li>- Addressing housing discrimination. Early detection of discriminatory treatment and processing legal cases requires capacity-building measures. These may consist of training stakeholders in the anti-discrimination legal environment, pro-bono legal service, organisation of seminars, workshops, conferences, etc.</li> </ul>   |
| <b>Nutrition</b>   | <ul style="list-style-type: none"> <li>- Free and healthy meals in early childhood development services, schools, etc.</li> </ul>  |   |
| <b>Childcare</b>   | <ul style="list-style-type: none"> <li>- Early childhood education and care (ECEC)</li> <li>- Yearly health and dental screenings in schools in ECEC</li> <li>- Early intervention including: early social and emotional development, and early language and communication development</li> <li>- Inclusive pre-school and child-care facilities</li> </ul>  | <ul style="list-style-type: none"> <li>- Develop the provision of childcare services for all children</li> <li>- Provide financial support for low-income families, targeted at defraying costs of ECEC (including indirect)</li> <li>- Ensure effective linkage between parents and professionals (active parental involvement in early childhood facilities and schools)</li> </ul>   |
| <b>Community-based services to prevent institutionalisation of children and support reintegration/independent living</b> | <ul style="list-style-type: none"> <li>- Support for enhancing life skills and autonomy, such as self-advocacy, peer support, circles of support, in particular for children leaving the care system and/or institutions</li> <li>- Personal assistance</li> <li>- Day care, including activity and leisure centres in inclusive, community settings</li> <li>- Technical aids and assistive technologies (e.g. wheelchairs, social alarms, hearing and visual aids, communication aids etc.)</li> <li>- Family support (practical and material), including specialised support for children with disabilities and their families</li> <li>- Support services to prevent all forms of child maltreatment, such as support services for parents struggling with mental illness or trauma</li> </ul> | <ul style="list-style-type: none"> <li>- Prevent institutionalisation of children and unnecessary family separation in line with the safety and best interest of the child</li> <li>- Provide support for children leaving institutions and/or the care system, to become financially independent, develop independent living skills and build up support networks in the community</li> <li>- Develop the methodology for individual needs assessments of children</li> <li>- Supporting the transition from institutional to community, family-based care.</li> <li>- Leveraging community resources and supporting the creation of community mechanisms for deploying community resources</li> </ul> |



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|--------------------------------|---|--|
|                                | <ul style="list-style-type: none"> <li>- Early diagnosis and intervention services for children with disabilities</li> <li>- Therapy and rehabilitation services such as physiotherapy, occupational therapy and speech and language therapy</li> <li>- Child and adolescent mental health services for young people with mental health support needs.</li> </ul> |  |
| <p><b>Alternative care</b></p> | <ul style="list-style-type: none"> <li>- Foster care</li> <li>- Support to care leavers and those preparing to leave care, to become financially independent, develop independent living skills and build up support networks in the community</li> </ul>   | <ul style="list-style-type: none"> <li>- Developing the foster care network, including recruitment of foster parents according to the individuals needs of the children (e.g. children with disabilities, children with siblings, etc), training and support.</li> <li>- Programmes to support care leavers</li> </ul> |

### 3. Ensure Member States design evidenced-based multi-annual Child Guarantee National Action Plans.

Member States should design Child Guarantee National Action Plans **based on a thorough needs analysis of the children concerned and an assessment of the available services in the country.**<sup>28</sup> This should include both an infrastructure mapping (e.g. childcare, institutional care, family- and community-based care, social housing, etc) and human capital mapping (e.g. number, structure and quality of workforce in institutional care, numbers and structure of workforce in family-based and community-based services, capacity of deinstitutionalisation coordination structures, relevant networks and organisations, etc).

The analysis must look beyond the numbers of people residing in institutions and also address the factors that drove separation, the state of current services in the community, the behaviour change that is needed to tackle resistance, the capacity of Member States and civil society to plan, manage and achieve the transition to community-based care, and crucially, the ability to secure sustainable funding.<sup>29</sup> The measures and actions addressing the needs of children in institutions should focus on transitioning children out of institutions, reintegrating them in their families when this is in their best interest or supporting placement into family- and community-based care, and not on perpetrating institutional care.

<sup>28</sup>European Expert Group on the Transition from Institutional to Community-Based Care with Hope and Homes for Children (2019) *Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services* [https://www.hopeandhomes.org/wp-content/uploads/2016/12/EEGHHC\\_Checklist\\_onlineoffice.pdf](https://www.hopeandhomes.org/wp-content/uploads/2016/12/EEGHHC_Checklist_onlineoffice.pdf)

<sup>29</sup>Neil Crowther, Gerard Quinn & Alexandra Hillen-Moore (2017), *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*, Community Living for Europe: Structural Funds Watch, p. 9. [https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw\\_opening-up-communities-november-2017\\_final.pdf](https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf)



**4. Encourage Member States to use their Child Guarantee National Action Plans as an entry point for structural reform in public services, and thus coordinate with other broader national/regional strategies that cover and impact the transition from institutions to community-based care.**

To support the closure of institutional care facilities, Member States should be supported to develop and implement long-term strategies to support the transition from institutional to family- and community-based care, ensuring they include measures to prevent institutionalisation and family separation.

The legislative and financial responsibility for the delivery of services for children is often divided among several ministries, such as the Health, Social Affairs and Education ministries, as well as the ministries of Interior. The Child Guarantee is an opportunity to identify the gaps in the provision of essential services for children in need and launch structural reform of public services. It is essential for Member States to thus ensure coordination among different ministries, and link the Child Guarantee Action Plans with other broader national/regional strategies (e.g. health, education, social protection, housing, migration) that cover and impact the transition from institutions to community-based care. The child guarantee should also be aligned to the national Recovery and Resilience Plans.<sup>30</sup>

This should include the thematic and horizontal enabling conditions requirements for the EU Cohesion Policy Funds (in particular the European Regional Development Fund, European Social Fund Plus) namely: the Strategic Policy Frameworks for Social Inclusion and Poverty Reduction, the Strategic Policy Framework for Health and the National Roma Integration Strategy, as well as measures for the effective application and implementation of the EU Charter of Fundamental Rights and the UN Convention on the Rights of Persons with Disabilities.

**5. Encourage Member States to allocate an adequate budget to match the ambitious goals of the Child Guarantee National Action Plans.**

To reach the goal of providing all vulnerable children at risk of poverty or social inclusion with access to adequate services, the European Child Guarantee needs to be adequately financed by allocating both national and EU funds. We welcome the proposal of the European Parliament to allocate 5% of the budget for the European Social Fund+ to be allocated for child poverty, and encourage Member States to include this in their operational programmes. Given the socio-economic impact of the COVID-19 pandemic on Member States should also use the funds from the new Recovery and Resilience Facility to support the implementation of the child guarantee.<sup>31</sup>

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<sup>30</sup> European Commission proposal for a Regulation of the European Parliament and of the Council establishing a Recovery and Resilience Facility. COM(2020) 408 final

<sup>31</sup> European Commission proposal for a Regulation of the European Parliament and of the Council establishing a Recovery and Resilience Facility. COM(2020) 408 final

## **6. Encourage Member States to collect data on all children in, or at risk of, poverty and social exclusion.**

In order to help all the vulnerable children in need, it is important to have a good overview of all the children in, at risk of, poverty and social exclusion and their needs. The Feasibility Study of the first phase of the Preparatory Action for a Child Guarantee has identified poor implementation and enforcement of existing child-related provisions at Member State level, which was partly due to a lack of data and monitoring of the children concerned.

The European Child Guarantee should therefore contain a recommendation to Member States to collect data on children living in vulnerable conditions, including on children in institutions, children in migration, and other groups of harder-to-reach children. When collecting data, they should use standardised indicators which would allow an analysis across Member States and ensuring that the data is sufficiently disaggregated with respect to age, gender, disability, migration status, etc.

## **7. Set up a strong implementation mechanism which can be monitored both at EU and National level.**

The Feasibility Study found that Member States so far have not always been able to properly implement and monitor existing child-related provisions.<sup>32</sup> To ensure that the Child Guarantee is successful, proper implementation and monitoring are key.

Therefore, in their National Action Plans, Member States should identify their priorities, set targets, and present actions they will take to implement the Council Recommendation, as well as how different actions will be financed. A robust monitoring mechanism with clear success indicators, measuring the outcomes for children and their families, should be linked to the European Semester process, the European Pillar of Social Rights and the social scoreboard poverty indicator.

To support implementation, all Member State should nominate a contact point in the relevant line to coordinate the planning, implementation and monitoring of the European Child Guarantee.

## **8. Ensure that the views and opinions of children and young people, including those living in institutions or who have lived in institutions (care leavers) are included in the design and implementation of the European Child Guarantee and the National Action Plans.**

Moreover, we recommend developing a sustainable mechanism to ensure the participation of children at all stages of the implementation of the Child Guarantee and at all levels. This mechanism should ensure children's and young people's (including children with disabilities and care leavers) meaningful involvement with the Strategy's monitoring and evaluation.

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<sup>32</sup>Final Report of the Child Guarantee Feasibility Study Phase I <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

## 9. Ensure the participation of civil society organisation in the design and implementation of the European Child Guarantee and the National Action Plans.

Civil society organisations representing children, persons with disabilities of all ages, families, etc, should be involved in all stages of the design, implementation and monitoring of the European Child Guarantee and the National Action Plans. This includes in actions that are currently on-going, such as the pilot programme launched in 7 Member States by the European Commission and UNICEF in 2020.<sup>33</sup> To ensure participation, civil society focal points should be established.

The development of the joint recommendations were coordinated by Hope and Homes for Children and Lumos and have been endorsed by the following organisations:



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<sup>33</sup>UNICEF (8 October 2020) *European Commission and UNICEF launch pilot programme in 7 Member States to break the cycle of child poverty and social exclusion*. Press Release. <https://www.unicef.org/eu/press-releases/european-commission-and-unicef-launch-pilot-programme-7-member-states-break-cycle>