



Deep Dive Analysis of Policies, Programs, Services, Sources of Financing and Mechanisms Aimed at Preventing Poverty and Social Exclusion of Children in Croatia

The Basis for the Development of the National Action Plan for the Implementation of the European Child Guarantee in Croatia

Zagreb, January 2022

© UNICEF, 2022

This analysis has been prepared for the needs of the Government of the Republic of Croatia and the European Commission.

The information and views in the analysis do not necessarily reflect the official views of the Government of the Republic of Croatia, the European Commission, or UNICEF, and these institutions shall not be liable for the use of the information in the analysis.

The analytical basis for this analysis was prepared by a research team composed of: Ivana Dobrotić, Olja Družić Ljubotina, Marijana Kletečki Radović and Nikola Buković. Significant contributions to individual chapters were made by: Martina Štabi, Melani Marković, Ivana Ćosić, Marijana Šalinović, Petra Palej, Daniel Molinuevo, Anja Teltschik, Stela Grigoras, Đurđica Ivković, Lili Retek Živković, Andrea Krznar, Jessica K. Brown and Martina Tomić Latinac.

The UNICEF Country Office for Croatia thanks all the experts who contributed to the content and helped in drafting this analysis, especially the UNICEF Regional Office for Europe and Central Asia for its support during the preparation of this document.

Contents

1. Introduction: context, objectives and methodology, and structure of the deep dive	7
2. Access to early childhood education and care	9
2.1. State of play in the ECEC system in the RC	9
2.1.1. Key challenges within the existing ECEC system.....	9
2.1.2. Access and barriers to ECEC for children at risk	15
2.2. Proposal of objectives and measures in the area of ECEC within the framework of the European Child Guarantee	22
3. Access to education	32
3.1. Key challenges in the field of free and affordable education in the RC	34
3.1.1. Access and barriers to education for children at risk.....	36
3.2. Proposal of objectives and measures in the field of access to education within the European Child Guarantee	50
4. Access to quality nutrition	55
4.1. Access of children to quality nutrition in the RC – state of play.....	56
4.1.1. Key challenges related to breastfeeding and the system of organizing and funding school meals	56
4.1.2. Access and barriers to quality nutrition for children at risk	58
4.2. Proposal of objectives and measures in the area of access to quality nutrition under the European Child Guarantee	62
5. Access to health services.....	67
5.1. Access of children to health services in the RC – state of play	68
5.1.1. Key challenges in the field of health services	68
5.1.2. Access and barriers to health services for children at risk	71
5.2. Proposal of objectives and measures in the area of access to health services within the European Child Guarantee	78
6. Access to adequate housing	84
6.1. Access of children to adequate housing in the RC – state of play.....	84
6.1.1. Key challenges in the field of housing.....	84
6.1.2. Access and barriers to housing for children at risk.....	88
6.2. Proposal of objectives and measures in the area of access to adequate housing within the European Child Guarantee	97
7. Social and other services in the community aimed at children at risk of poverty and social exclusion	101
7.1. State of play of SSC aimed at children in the RC	103
7.1.1. Key challenges of SSC aimed at children at risk.....	103
7.1.2. Access and barriers to SSC for children at risk.....	110
7.2. Proposal of objectives and recommendations in the area of child-oriented SSC within the European Child Guarantee	123
Literature.....	1485
Appendix 1: Qualitative section of the deep-dive.....	151
Appendix 2: Summary of objectives and indicators related to ECEC	152

Appendix 3: Summary of objectives and indicators related to accessing free and affordable education	157
Appendix 4: Summary of objectives and indicators related to accessing quality nutrition	163
Appendix 5: Summary of objectives and indicators related to the area of health	166
Appendix 6: Summary of objectives and indicators related to the area of housing	172
Appendix 7: Summary of objectives and indicators related to SSC	178

Abbreviations

BD – Behavioural disorders
CBS – Croatian Bureau of Statistics
CDD – Children with Developmental Disabilities
CES – Croatian Employment Service
CHIF – Croatian Health Insurance Fund
CHIS – Central Health Information System
CIPH – Croatian Institute of Public Health
CPII – Croatian Pension Insurance Institute
CQF – Croatian Qualifications Framework
Cro-COSI – Childhood Obesity Surveillance Initiative
CSO – Civil Society Organizations
CSODY – Central State Office for Demography and Youth
CSODY interlocutor – Central State Office for Demography and Youth interlocutor
DD – Developmental delay
ECEC – Early Childhood Education and Care
ECG – European Child Guarantee
ESF – European Social Fund
ESF+ – European Social Fund Plus
ESPAD – European School Survey Project on Alcohol and Other Drugs
ETTA – Education and Teacher Training Agency
EU – European Union
EU-SILC – EU Statistics on Income and Living Conditions
FEAD – Fund for European Aid to the Most Deprived
GMB – Guaranteed Minimum Benefit
GRC – Government of the Republic of Croatia
HBSC – Health Behaviour in School-aged Children
ICESCR – International Covenant on Economic, Social and Cultural Rights
IEA – International Association for the Evaluation of Educational Achievement
L(R)SGU – Local and Regional Self-Government Unit
LSGU – Local Self-Government Unit
MDFYSP – Ministry of Demography, Family, Youth and Social Policy
MESD – Ministry of Economy and Sustainable Development
MH – Ministry of Health
MI – Ministry of the Interior
MJA – Ministry of Justice and Administration
MLPSFSP – Ministry of Labour and Pension System, Family and Social Policy
MPPGID – Ministry of Physical Planning, Construction and State Assets
MRDEUF – Ministry of Regional Development and European Union Funds
MSE – Ministry of Science and Education
MSE interlocutor – Ministry of Science and Education interlocutor
NAPIECG – National Action Plan for the Implementation of the European Child Guarantee
NCEEE – National Centre for the External Evaluation of Education
NEET – Not in Education, Training or Employment
NPSECEC – National Pedagogical Standard for Early Childhood Education and Care
NRIP – National Roma Integration Plan
NRIS – National Roma Integration Strategy

NRRP – National Resilience and Recovery Plan

OECD – Organization of Economic Cooperation and Development

OHRRNM – Office for Human Rights and Rights of National Minorities

PS – primary school

RC – Republic of Croatia

REACT-EU – European Regional Development Fund, the Recovery Assistance for Cohesion and the Territories of Europe

RNM – Roma National Minority

ŠeR – Školski Rudnik application

SRSP – Structural Reform Support Programme

SS – Secondary School

SSC – Social Services in the Community

SWC – Social Welfare Centre

TALIS – Teaching and Learning International Survey

TU interlocutor – trade union interlocutor

UEMC – Union of Education, Media and Culture

1. Introduction: context, objectives and methodology, and structure of the deep dive

At the level of the European Union (hereinafter: EU), building on the European Pillar of Social Rights and the Recommendation on Child Poverty "Investing in children — breaking the cycle of disadvantage", on 14 June 2021 the Council of the EU adopted a recommendation on establishing a European Child Guarantee (hereinafter: ECG). This recommendation seeks to ensure that every child has access to basic rights and services. The emphasis is on free and effective access to quality services in early childhood education and care, education (including extracurricular activities) and healthcare, as well as effective access to healthy (school) nutrition and adequate housing. The proposal focuses mainly on children at risk, primarily highlighting children at risk of poverty and social exclusion. It envisages additional investment by EU Member States in the development of children's services and additional support mechanisms aimed at children at risk of poverty and social exclusion. It also foresees the establishment of an adequate system for monitoring the rights of children and their access to services. It is important to point out that for this purpose the EU will make additional funds available to Member States in the 2021–2027 programming period under the European Social Fund Plus (hereinafter: ESF+), where Member States recording rates of poverty and social exclusion of children higher than the EU average (in the 2017–2019 period) will need to direct 5% of funds towards tackling poverty and the social exclusion of children. Additional resources focusing on the development of services can also be sought within the European Regional Development Fund, the Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU) initiative, the InvestEU programme, the Recovery and Resilience Facility and the Technical Support Instrument.

The ECG represents an opportunity for the Republic of Croatia (RC) to develop an integrated set of measures and policies aimed at children and to prevent and eliminate numerous sources of inequality among children through appropriate measures. What follows is a deep dive into the areas of public policy essential to achieve the objectives of the ECG: i) early childhood education and care (ECEC); ii) education; iii) nutrition; iv) health; iv) housing. Additionally addressed is the area of vi) social services in the community (SSC) aimed at children at risk of poverty and social exclusion. The emphasis of the deep dive is on the organization, structure, financing and provision of services. Special attention is given to the indicators of children's involvement in risk and the structural and institutional barriers to accessing services for children at risk in order to develop policies and institutional elements that are currently missing or are underdeveloped in Croatia, and are important for achieving the ECG objectives. It is important to say that the primary focus is on children at increased risk of poverty, with the inclusion of certain critical elements related to the broader concept of social exclusion (such as access to quality education). The analysis is based on: i) available empirical research in the field of child poverty and access to services of different groups of children at risk of poverty and social exclusion in the Republic of Croatia; ii) available public statistics; iii) a review of legislation, strategic and other policy documents; and iv) the results of (official) evaluation reports. These sources are complemented by the findings of a qualitative section of the survey that includes interviews with key experts in the two areas analysed – ECEC and SSC (see Appendix 1).

The analysis is primarily aimed at the interested professional public, and especially decision-makers, and explicitly aims to qualitatively improve the current processes of development of the National Action Plan for the Implementation of the European Child Guarantee in the Republic of Croatia (hereinafter: NAPIECG). Consideration of each area begins with an analysis of the state of play. As the ECG is primarily aimed at children at risk of poverty and social exclusion (hereinafter: children at risk), special attention is paid in each area to

identifying groups of children at risk and the barriers to accessing the services in each of these areas. The ECG emphasizes that special attention needs to be paid to groups of children such as: 1) homeless children and children with severe housing deprivation; 2) children with developmental disabilities; 3) children with a migrant background; 4) children belonging to national minorities (particularly Roma); 5) children in alternative care; and 6) children in a precarious family situation. However, it is important to point out that the Member States are given the chance to determine and to address individual groups of children at risk by way of specific measures, and this analysis was guided by this principle.

After analysing the state of play and identifying groups of children at risk and the barriers to accessing services, the report proposes several public policy objectives that could be achieved in each area by implementing the ECG in the RC, and these are accompanied by a number of recommendations to provide the basis for planning specific measures and activities. Finally, the document contains two groups of indicators. The first group relates to recommendations developed as part of public policy objectives and the monitoring of their implementation. The second group aims to monitor the broader effects of the ECG implementation in the RC. These are usually standardized indicators that are continuously or periodically monitored (usually by Eurostat), with some suggestions on how to further break down the data.¹ It is important to say that these indicators cannot serve as unambiguous measures of the success of ECG implementation in the Croatian context, given that this is a programme that will primarily include interventions targeted at different groups of children at risk. In order to isolate possible intervening influences on the value of these indicators and the achievement of the corresponding target values (such as the expansion of universally oriented interventions that include groups of children at risk or overall changes in socio-economic circumstances), additional mid-term evaluations and a final summative evaluation are needed. This will allow for the appropriate triangulation and contextualization of findings collected from different sources. The selection of objectives and recommendations is explained in individual chapters, while the indicators, together with the corresponding target values until 2030, are explained in more detail in the Tables in Appendices 2–7.

¹ A process of agreeing on common indicators to monitor the ECG at the level of all Member States is underway. As the chapter on community-based social services does not exist as a separate area within the ECG implementation framework, a second set of indicators has not been proposed for it. This is not really a thematic area, but rather an approach to the provision of social services that can be thematically located in each of the other areas of the ECG (such as education or health). Therefore, the broader effects of the interventions proposed in the chapter on social services in the community are included in the indicators within the other chapters, i.e., the thematic areas of the ECG.

2. Access to early childhood education and care

The ECEC system in the Republic of Croatia is an integral and fundamental part of the education system, which children are not obliged to attend. The only exception is a short preschool programme, which is compulsory and organized for between 150 and 250 hours in the year before starting primary school (aged 5 or 6), and which in practice is often implemented for a minimum duration that is insufficient for children at risk. The ECEC system is fully decentralized, i.e., the responsibility for financing and providing regular ECEC programmes almost solely lies with municipalities/cities. At the central (national) level, pedagogical standards are set, guidance is given, and specialists are accredited, and the implementation of preschool programmes is monitored. Territorial fragmentation (556 municipalities/cities in the RC) accompanied by weak fiscal capacities of certain environments and combined with three years of no central government investment in new capacities has led to a poorly developed network of services accompanied by large regional inequalities in availability, affordability, and quality of the programmes (Dobrotić et al., 2018). Investments from three years ago came from EU funds and were primarily justified as one of the demographic measures aimed at improving the availability of ECEC to employed parents to balance their family and professional lives and to revitalize rural environments, rather than assisting families at risk of poverty and social exclusion. The following analysis first highlights the key challenges of the ECEC system and the barriers to access faced by children at risk. This part of the analysis concludes with the key objectives and recommendations that need to be implemented within the ECG.

2.1. State of play in the ECEC system in the RC

The presentation of the current situation in the ECEC system is presented in two parts. First, the key challenges of ECEC are pointed out, which are the result of both the lack of systematic planning of future system development and the existing regulatory framework, and which generally hinder the expansion of what is now a spatially underdeveloped and unbalanced network of services. This is due to the lack of necessary staff to work in the system and the existing framework of financing ECEC. It is then pointed out how difficult it is to access the services of ECEC for certain groups of children at risk, while identifying the main barriers to access.

2.1.1. Key challenges within the existing ECEC system

The network of ECEC services in the RC is insufficiently developed and there is a clear consensus of all interlocutors involved in this analysis on the issue of **insufficient spatial capacities**. Although the coverage of children with ECEC programmes is gradually increasing, data from the EU-SILC survey indicate that in 2020 only 20.4% of children under 3 years of age and 54.4% of children from 3 years of age to the minimum compulsory school age attended formal ECEC programmes, of which 0.2% of children under 3 years of age and 6.9% of children aged 3 years to the minimum compulsory school age attended programmes lasting fewer than 30 hours per week (Eurostat, 2021.b). In the case of both age groups, the attendance rate is significantly below the EU-27 average. Administrative data indicate that 24.7% of children of nursery age (0–2) and 61.6% of children of kindergarten age (3–6) attended regular programmes in 2018, which did not reach the EU Barcelona targets (33% and 90% of children, respectively).² The coverage of children of nursery age varies from 9.8% in

² The objective in the field of education has not been achieved either. At the EU level, the RC has the lowest level of coverage of children aged 4 to primary school – 81.8% in 2019 compared to the EU-27 average of 95.3% (Eurostat, 2021a). In addition, these data overestimate the coverage of children included in regular preschool programmes in the RC, since the calculation includes short programmes and some children are counted twice, as well as the mandatory short preschool programme (cf. Dobrotić et al., 2018; UNICEF, 2020a).

Virovitica–Podravina County to 39.3% in the City of Zagreb, and children of kindergarten age from 31.3% in Brod–Posavina County to 78.6% in Istria County. The situation is heterogeneous within counties as well, and the coverage of children is significantly lower in sparsely populated areas and less developed municipalities.³ It is important to point out that the coverage of children of kindergarten age in the City of Zagreb fell from 85.1% in 2012 to 76.8% in 2018 (Matković, 2020; UNICEF, 2020a), which can be attributed to the introduction of the parent–educator measure (cf. City of Zagreb, 2020). The interlocutor from the Ministry of Science and Education (hereinafter: MSE interlocutor) pointed out that their analysis at the level of the entire system in the last year indicated a certain surplus of available places, although this was not spatially adequately distributed to address locally conditioned demand.

After the issue of insufficient spatial capacities became more politically important three years ago and when increased infrastructural investments of the central government began (mostly using EU funds), other challenges in the system that could slow down the development of the network became more prominent. These are primarily challenges related to (i) the unfavourable staffing situation, and (ii) the system of financing ECEC, which were highlighted as central challenges for the future development of the system by all interlocutors involved in this analysis.

Challenges related to the current staffing situation within the ECEC system

Among the main challenges in the development of ECEC, the staffing situation and its impact on programme development stand out. While the comparative advantage of the ECEC system is the fact that educators are highly qualified,⁴ as evidenced by the trade union interlocutor (hereinafter: TU interlocutor) and the MSE interlocutor, one of the main challenges is the **mismatch of supply and demand of qualified educators**, which in the medium term could result in their structural deficit in the labour market:

We are constantly monitoring the number of educators in the labour market, and according to the latest indicators, there are about 300 of them at the CES. But, of course, the problem is that they may be located where there is currently no demand, and, for example, in rural areas where the need exists, they are lacking. However, if the plans for the construction of new kindergartens are realized in the coming years, it is certain that we will have the problem of a lack of educators (MSE interlocutor).

The fact that the lack of educators might slow down the development of the system – both in terms of new capacities and the quality of programmes – was also indicated in the projections of Dobrotić et al. (2018), who emphasized that a growth in the retirement of existing educators from 2021 to 2026 would contribute to a further slowdown in the expansion of the network of services, and thus to an increase in employment required to maintain the existing number of educators (from 100 to 300 educators per year). Looking at the entire territory of the Republic of Croatia, the projections indicate that just to achieve the National Pedagogical Standard for Early Childhood Education and Care (hereinafter: NPSECEC), 3,303 educators are missing within the existing capacities, while in order to achieve the Barcelona objectives by 2030, an additional 9,148 educators should be employed – mostly in less developed areas.

³ In 2018, 13.7% of children in sparsely populated areas attended nursery school programmes, and 41.7% attended kindergarten programmes (compared to 23.7% and 77% in more densely populated areas, respectively). In the areas of the 1st to 4th development groups, 2.5–9.9% of children attended nursery and 14.8–30% kindergarten programmes (compared to 20.8–27.9% and 58.2–77.4% of children in the areas of the 6th to 8th development groups, respectively) (Matković, 2020; UNICEF, 2020a). Detailed data on coverage at the level of cities and municipalities can be found in Dobrotić et al. (2018).

⁴ The minimum level of the required qualification in ECEC (or education) for educational staff in institutions of ECEC in 2018/2019 was the bachelor's level (ISCED 6) (Eurydice, 2019).

Job uncertainty within the ECEC system is also on the rise. According to a survey of working conditions on a representative sample of employees in the ECEC system (Matković et al., 2020), **one fifth of employees in the system (predominantly young ones) work on the basis of fixed-term employment contracts**, which significantly exceeds the usual situation in the public sector in the RC, where the average number of employees with fixed-term employment contracts is significantly lower – between 6 and 7%. Precarious employment is equally present in public and private/religious kindergartens. It is important to point out that 41% of fixed-term employment contracts in kindergartens are concluded with the return of the person whom the employee replaced (i.e., without a defined duration), which further contributes to job insecurity. Half of the fixed-term contracts last up to six months, and they are shorter for educators than for professional staff (Ostojić, 2020).

One of the specifics of the system – closely related to the high share of precarious employment contracts – is the significant **seasonality of employment in kindergartens**, which the TU interlocutor points out, emphasizing that it is particularly noticeable in areas with fewer children. This specifically means that some educators are temporarily fired on the eve of the summer when the kindergarten administration expects a reduced number of children, while the new employment of these same workers usually occurs in the autumn when things "get back to normal".⁵ Dobrotić et al. (2018) indicate that this is a phenomenon that has intensified in the past decade and that the number of unemployed educators during the summer months (June to August) increases by an average of 500–700 (about 6% of employed educators). In addition, the TU interlocutor points out that while EU funding has led to valuable strides forward in infrastructure development, in improving kindergarten equipment and in enriching the programme, it has also deepened the existing problems with precarious employment within the system. It is important to emphasize here that the seasonality of employment, accompanied by the frequent merging of educational groups, the simultaneous annual leave of all educators from one educational group and the closure of certain facilities during the summer months, disrupts the stability of the educational environment, which is extremely important for preschool children. For these children, the creation of a relationship of attachment and trust is crucial, and interaction with the child must include a good level of familiarity with each child by the educator and the assistant (see Melhuish, 2014).

From the perspective of the TU interlocutor, the lack of professional staff and discontinuity in their work due to the growing practice of temporary employment is the main cause of systematic non-compliance with the NPSECEC provisions in the part relating to the ratio of educators and children in nurseries and kindergartens. It is the size of educational groups, i.e., the ratio of the number of children to educators, that is the key dimension of ECEC, with which both parents and educators most often express dissatisfaction. This is most pronounced in children of nursery age (Dobrotić, 2013, 2021, Matković et al., 2020), which can also be read from the structural quality indicators. Specifically, in 2016, 76.9% of children of nursery age and 29.7% of children of kindergarten age formed part of educational groups that were too large, i.e. groups whose size exceeded even the most modest criterion in terms of the allowable size of the group determined by the NPSECEC (Dobrotić et al., 2018).⁶ An analysis by Matković et al. (2020) also pointed out that only a fifth of educators in

⁵ Such practices not only violate the fundamental social rights of educators, who, due to interruptions in their careers, run the risk of not being able to exercise certain rights pertaining to employment (e.g. the right to full compensation based on maternity/parental leave or sick leave, cf. Dobrotić, 2021), but also create difficulties in reconciling family responsibilities and the paid work of parents who are often under (in)direct pressure not to use kindergarten services during the summer months for longer periods, which cannot be "covered" by their own annual leave.

⁶ While there are regional differences and while the average size of nursery groups ranges from 12.2 (Međimurje County) to 19.3 children per group (Dubrovnik–Neretva County), and kindergarten groups from 20.4 (Zadar County) to 24.8 children per group (Virovitica–Podravina County), no systematic differences have been recorded with regard to the level of development of a particular local area (Dobrotić et al., 2018).

the RC worked in groups whose size ranged within the NPSECEC, and that in each of the age categories of children (except in groups of six-year-olds) the number of enrolled children was on average higher than the target provided by the NPSECEC. The average size of the nursery group is from 4.1 to 8.0 children larger than the limit allowed by the NPSECEC. Thus, up to twice as many children are often enrolled in nursery groups. It should also be taken into account that there are few days when all children enrolled in the group are actually physically in the kindergarten, so it would be important to make an in-depth analysis of group size and the required number of educators to determine the capacity of educators needed to work with assigned groups of children. The situation with professional staff and the lack of planning are best seen in the measure *Kindergarten for a More Harmonious Life* implemented by MLPSFSP(MDFYSP)/CSODY.

Then we have the ESF that financed the construction of additional capacity for two-shift work. Given the situation in the labour market and the fact that many parents work afternoon and night shifts, we need to develop a system that will support this. Funds for two-shift work have been provided through the ESF, but no staff has been considered at all, i.e., the fact that we currently have a serious deficit of educators at the CES. It is a huge problem with ESF when we are trying to implement two-shift work and we do not have the capacity to cover even the basic programmes (TU interlocutor).

In addition to the lack of educators, the interlocutor from the Central State Office for Demography and Youth (hereinafter: CSODY interlocutor) pointed to **the mismatch in supply and demand of other professionals (e.g., speech therapists and other experts in education and rehabilitation)**. In addition to assistants, they are key to providing additional support to children with developmental disabilities (see 2.1.2). Research by Matković et al. (2020) shows that in **three quarters of cases, educators did not have an assistant in groups** attended by children with significant difficulties (the situation is less favourable in less developed environments). In addition, **the position of assistants for children with developmental disabilities and professional communication mediators and cultural facilitators for children of the Roma national minority (Roma assistants) remains unregulated and depends on local/project funding**, so the MSE interlocutor pointed to the need to amend the incomplete framework related to the regulation of these jobs. The TU interlocutor indicates that the position of such staff is particularly unfavourable due to the extremely low pay and an even higher prevalence of employment based on fixed-term contracts than in the case of educators.

Improving the employment status of assistants/communication mediators should be included in the forthcoming amendments to the Act on Early Childhood Education and Care, which plans to introduce assistants for children with developmental disabilities and professional communication mediators in the categorization of jobs within the education system (Erst & Young Savjetovanje, 2021; cf. Ministry of Science and Education, 2021). In addition, the MSE interlocutor pointed out that one of the planned measures aimed at strengthening the staffing situation in the ECEC system was to increase enrolment quotas for educators, which were planned together with higher education institutions, as well as a programme to acquire additional competencies for primary school teachers, i.e., those holding an MA degree in primary education. This measure is generally supported by all interlocutors, with a remark by the TU interlocutors on the assumption that these are programmes of appropriate duration and coverage, which should adequately train teachers to work in the ECEC system.

Challenges related to the current ECEC funding framework

An additional major challenge is related to the current **ECEC funding framework**. In general, considering the three public sources of financing of ECEC in the RC (state budget, EU projects and funds of local self-government units, hereinafter: LSGUs), there is a high level of consensus among all interlocutors involved in this analysis: funding from the state budget is considered insufficient, EU funding (with some shortcomings) is

seen as a significant impetus for the development of the system, and the fact that the system is financed **predominantly by LSGUs funds is considered the main source of regional/territorial inequalities at the level of implementation**. Specifically, all interlocutors agree that there are significant regional differences in the financing of ECEC, which materialize in almost all the important components of the existing system: spatially uneven distribution of the network and availability of places in kindergartens, the state of the infrastructure and its equipment, availability and quality of personnel, indicators of structural quality (e.g., the size of educational groups), as well as the level of parental participation in the cost of the programme and thus the affordability of the programme, as indicated in previous studies (cf. Dobrotić et al., 2018; Matković et al., 2020; UNICEF, 2020a).

As a general, overarching cause of unequal funding of ECEC at the local level, which is reflected in regional differences in accessibility, affordability and quality of programmes, all participants explicitly and implicitly recognize **the existing legislative framework which governs decentralized ECEC and whose main feature is an insufficiently developed national framework for action**. For example, it does not regulate the obligation to provide ECEC programmes in each LSGU and for each child or a uniform framework for defining the amount of subsidies and parental participation in the cost of the programmes, or the mechanism of transferring state funds to LSGUs for ECEC (cf. Dobrotić et al., 2018; UNICEF, 2020a). At the same time, there is a difference between the average income of parents, the fiscal capacity of LSGUs and the (political) interest in investing in ECEC programmes in Croatia (Pećnik and Dobrotić, 2013; Dobrotić et al., 2018; UNICEF, 2020a). For instance, while at the level of the country as a whole LSGUs allocate on average 10.2% of their budgets for the function of ECEC, these expenditures vary from less than 1% (in 14% of LSGUs) to less than 6% (in 42% of LSGUs) up to more than 15% of allocations from local budgets (in 8.2% of LSGUs; UNICEF, 2020a). Pointing out the high degree of inequality in the capacity of LSGUs to allocate funds for the function of ECEC, the MSE interlocutor emphasized that the situation was especially critical for children of nursery age since such programmes required greater space and additional staff. He also pointed out that the lack of awareness of some LSGUs about the value and importance of investing in ECEC was an obstacle to larger investments, especially in areas with a smaller number of children:

Differences in coverage are primarily due to decentralization and differences in the capacity to invest in ECEC. We have the majority of children involved in preschool education, but fewer of them involved in early childhood education and care. We also know why – early education programmes need more space (children from 6 months, so they must have their own cots, space to move), then you must have nurses whom we also do not have enough of in the RC. Therefore, most founders decide to include children in preschool education... Our goal is to include as many children as possible in ECEC, but we have the problem that in certain areas with fewer children the founders have not even recognized the value of including children in ECEC (MSE interlocutor).

It is important to point out that there is some divergence in the interpretation of such an outcome. From the perspective of the TU interlocutor, this is a consequence of structural and regulatory shortcomings of the decentralized system (including the fact that the central government does not "shift" additional funds to the LSGU level for the decentralized function of ECEC, while this is true for other decentralized functions such as education):

Let's start with the legal framework: this system is decentralized, its financing is left to the LSGUs while the MSE standardizes it, i.e., it prescribes the curriculum and sets the framework for this professional-pedagogical and educational work. But the problem is that material rights, infrastructure, technical and financial conditions are the basis for quality educational work and for the implementation of these programmes. That is, the implementation of curricula as prescribed by the MSE. In addition to technical

conditions, working conditions are also an important indicator of the quality of the system of education and care, which refers primarily to the rights of employees. Here, too, given the level of decentralization, there is a discrepancy between what the MSE prescribes, that is, what things should look like, and what they really look like in practice. At the same time, the state has no responsibility for the financing (TU interlocutor).

From the perspective of the MSE interlocutor, the decentralized system should not be an obstacle to ensuring sufficient capacity within the ECEC system, and better cooperation between different stakeholders is crucial:

We cannot solve the problem of a lack of funds if we do not cooperate with the Ministry of Finance, other ministries, the founders themselves. I must repeat, most of the funds at the moment for the preschool education programme are provided by the founder, and the smallest part is provided from other sources. This decentralization of resources must not be an obstacle to accessing early childhood education and care (MSE interlocutor).

The only exception, i.e., the segment of the system where there is a clearly defined responsibility of the state regarding the financing of the ECEC programme, is the compulsory preschool programme and certain programmes for children at risk (e.g., programmes for children belonging to ethnic minorities). However, this is a minimum of central government funding and the funding from local budgets remains dominant (Dobrotić et al., 2018).⁷ Specifically, the reference rulebook regulating the amounts of (co-)financing of compulsory preschool and certain programmes for children at risk has not changed since 1997, which was confirmed by the MSE interlocutor, further emphasizing that a correction of these amounts is planned. The TU interlocutor also pointed out the very low co-financing of the compulsory preschool programme⁸ by the central government, which in practice leads to the fact that **some of the LSGUs shorten the duration of the compulsory preschool programme from the prescribed 250 to the minimum (and, as per regulations, exceptional) 150 hours prior to the enrolment of the child in primary school.**⁹ This is common practice in less developed areas (Dobrotić et al., 2018), and is enabled by an legal norm that regulates in more detail those situations in which it is exceptionally possible to organize preschool programmes with a lower number of hours – with the specific criterion "due to an exceptionally small number children – up to five". This is also possible when there are "difficult conditions for the arrival or stay of children and due to some other objective difficulties". In the context of the ECG, it is important to emphasize that the full duration of compulsory preschool in the RC is insufficient for many children at risk, as short programmes fail to alleviate initial inequalities and equalize educational outcomes. Such children should attend these programmes at least two years before starting primary school (Bouillet, 2018). The ECEC system recognizes certain specifics in this regard and, as the MSE interlocutor pointed out, finances programmes such as participation in ECEC for children belonging to the Roma national minority from the state budget (cf. MSE, 2021). However, a similar support system does not exist for other groups at risk, such as children growing up in poverty or children in alternative care. Finally, the aggravating circumstance of including children in rural and less populated areas (especially children of lower socioeconomic status) in the compulsory preschool programme is caused by the legal provision pursuant to which municipalities are obliged to provide preschool programme in an area within 20 kilometres of the child's residence,¹⁰ and this is generally hampered by a lack of organized (free) transportation to the preschool institution (Bouillet, 2018).

⁷ If we exclude investments from EU funds, funding from local budgets accounts for more than 99% of public expenditures for financing ECEC (Dobrotić et al., 2018).

⁸ According to the 1997 ordinance, it amounts to HRK 20 per month per child (OG 134/1997).

⁹ More details in the Ordinance on the content and duration of the preschool programme (OG 107/2014).

¹⁰ This is significantly more than the NPSECEC-recommended distance of one kilometre from the kindergarten to the child's place of residence.

In the past three years, **the uneven opportunities of individual communities to invest in new (and existing) ECEC capacities have begun to be resolved by investments from EU funds**, primarily intended for the construction and reconstruction of kindergartens. In this regard, the CSODY interlocutor states that since 2018, about HRK 1.4 billion has been invested in the ECEC system, of which about HRK 1.1 billion refers to investments in infrastructure, i.e., improvement of material conditions, and HRK 300 million for the improvement of services for children (e.g., two-shift work of kindergartens). The CSODY interlocutor and the MSE interlocutor point out that interest in the ESF call aimed at the two-shift working of kindergartens was not great, noting that it is not known how the interests of the target group of parents who could benefit from this service were examined. This measure primarily targeted children of employed parents who were already attending kindergarten. In addition, CSODY emphasizes as one of the important existing measures within its competence the co-financing of the operational costs of ECEC services in municipalities of the 1st to 4th levels of development in the amount of HRK 500 per month per child. Despite significant investments in the improvement of services, the question arises about their sustainability after the expiration of project financing, especially in the context of smaller, rural areas with weaker fiscal opportunities, which are usually faced with a shortage of staff, as well as with the issue of the additional increase in the previously highlighted temporary employment.

It is important to point out that with the need to programme new investments in the system, the issue of **cross-sectoral cooperation and coordination** in the field of ECEC has also arisen, i.e., **cooperation of the education system with the health system, social welfare system, demography, and regional development**. The CSODY and MSE interlocutors recognize the importance of coordination and generally assess it as good, supporting this assessment with examples such as agreements on avoiding double funding in calls for proposals focused on programme development and the participation of MSE in the working group for the drafting of the Island Development Strategy, coordinated by the Ministry of Regional Development and EU Funds (in the component of the design of measures in the area of ECEC on island areas). The CSODY interlocutor considers it important to continue such practice of cross-sectoral reflection on the development of the ECEC system, which began in the past, but has not continued in the current term of the Government:

Towards the end of the last term of office, a working group was established in the MSE to improve the ECEC system. I was in one or two meetings and I don't know if it has continued to work since then. But the intention was to improve the system (the CSODY interlocutor).

Thus, in addition to the need for further investment in the kindergarten network, future reforms should address primarily the shortage of staff needed to work in the ECEC system (including growing job uncertainty), as well as the funding framework that has led to regional disparities in the availability, quality, and affordability of services. Within the existing framework, access to ECEC is hampered mostly for children at risk, which is discussed in more detail in the following section.

2.1.2. Access and barriers to ECEC for children at risk

All interlocutors pointed out that there was significant **territorial/regional inequality** when it comes to including children at risk in ECEC programmes. The MSE interlocutor indicated that the emphasis on the inclusion of vulnerable groups was the strong point of the Croatian ECEC system and that this was an element of the existing system on the subject of which a large number of LSGUs were quite sensitized, which is then also reflected in the elements of positive discrimination in the enrolment criteria. However, the results of mapping the local criteria for enrolling children in ECEC in the RC showed that in practice, due to a poorly developed network, only a small number of municipalities/cities (17%) applied priority enrolment for all groups of children prescribed by law. The law in this regard provides the kindergarten founder with autonomy when prioritizing children upon enrolment. Most municipalities/cities respect the legal provision giving priority to the children

of employed parents (81%), followed by groups of children such as those of single parents (66%), children of Homeland War victims and of those disabled in the Homeland War (62%), children from families with three or more children (60%), children in the year before starting school (59%), children with developmental disabilities (52%), children in foster families (52%) and children of parents receiving child allowance (50%). At the same time, the number of priorities that are applied on average is higher in cities than in municipalities, and in LSGUs at a higher level of development (for more detail, see Dobrotić et al., 2018, Chapter 8).

At the implementation level, **certain groups of children at risk have particularly difficult access to ECEC**, as the TU interlocutor points out, emphasizing specifically the difficult access of **children of one or more unemployed parents**, and describing them as "victims" of the insufficient number of available places and of the unfavourable staffing situation. The TU interlocutor emphasizes that such a situation often leads existing educators to become reluctant to include children of unemployed parents in their groups, encouraging them to understand that "their parents are at home anyway" and thus their participation in ECEC is not crucial. A similar situation arises with children from single-parent families who often cannot earn enough points to get a place in the kindergarten, since the enrolment criteria strongly favour the employment criterion. Finally, both the MSE and TU interlocutors find it most difficult to assess the situation **with children of the Roma national minority**, despite the considerable efforts of the central government (e.g., by providing funds in the state budget for their preschool programmes) and some LSGUs to include them in preschool programmes. Key challenges include cultural practices and lack of information on the benefits of ECEC, but also the fact that in the study programmes of ECEC, topics related to children belonging to national minorities, but also other groups of children (e.g., children growing up in poverty, migrants, and refugees) are underrepresented. Concepts such as multiculturalism and human rights are extremely rare in teaching materials and contents (Bouillet et al., 2021). Difficult access to ECEC by these groups of children is also evidenced by data showing that, for example, in 2016 only 1.9% of children whose parents were both unemployed and 15.4% of children with one employed parent attended preschool programmes (Dobrotić et al., 2018). Only 13–17.7% of children of the Roma national minority attended preschool programmes (Kunac et al., 2018).

When it comes to **children from families at risk of poverty**, the MSE interlocutor estimated that in comparative terms the situation in Croatia was better than in many other European countries, pointing to the existence of regulatory mechanisms to facilitate access to ECEC (e.g., the legally prescribed possibility of prioritizing certain groups of children when enrolling in kindergartens owned by local and regional self-government units or the state).¹¹ However, in Međimurje County, for example, a large number of kindergartens are privately owned (45% in the 2019/20 pedagogical year; CBS, 2020) and are therefore not subject to these provisions, although their work is co-financed by local and regional self-government units. In addition, it is important to re-emphasize the implementation gap, i.e., regional differences in the application of such mechanisms and the fact that due to insufficient preschool capacity, **children of lower-income parents most often remain outside the system**. Thus, from a comparative perspective with EU countries, the RC is at the very top of the list of countries characterized by high social inequalities in access to ECEC, and preschool programmes are rarely attended by children from lower-income families (cf. EC, 2019, Figure 2; EC, 2020a Figure 3.11).¹² If we focus on children

¹¹ Pursuant to Article 20 of the Act on Early Childhood Education and Care (OG 10/97, 107/07, 94/13 and 98/19), priority in enrolment in kindergartens owned by local and regional self-government units or by the state is given to children of Homeland War victims and of those disabled in the Homeland War, children from families with three or more children, children of employed parents, children with developmental disabilities, children of single parents and children in foster families, children one year before starting primary school and children of parents receiving child allowance.

¹² A 2017 survey of the school population found 33% of children from households benefiting from GMB (Stubbs et al. 2017).

at greatest risk of poverty, research on preschool-age children growing up in poverty in the RC shows that only one quarter (24%) of children of beneficiaries of the guaranteed minimum benefit (hereinafter: GMB), i.e., children in severe poverty, attend kindergarten (Šučur et al., 2015). An additional obstacle both for families at risk of poverty and for families of the Roma national minority is the fact that most cities are switching to an online kindergarten enrolment system. This poses an additional challenge for families with poorer access to the internet and computers or other devices (see Chapter 3) when enrolling children in kindergarten. Another challenge related to the enrolment of children in kindergartens is that in some areas applications for enrolment are submitted once a year, which can make it more difficult for parents of lower socioeconomic status, and especially for parents working with occasional and temporary employment contracts (Dobrotić, 2021).

An important barrier to accessing ECEC programmes for families of lower socioeconomic status, and especially for children growing up in poverty, lies in the fact that the programme can hardly be afforded. Thus, the CSODY and TU interlocutors warn that in many areas, high levels of parental participation in the cost of the programme (colloquially: "kindergarten prices") represent a significant barrier to the participation of children from families of lower socioeconomic status. The poor affordability of ECEC services in the RC is generally indicated by the data from the EU-SILC ad-hoc module of 2016, which showed that only 26% of families found ECEC services (very) easily affordable (Eurostat, 2021c). Previous research also shows that the problem of affordability is primarily related to households with incomes below the threshold for exercising the right to child allowance, while in a 2013 survey, 66% of parents receiving GMB indicated that they could not afford ECEC for their children, while 86% of them considered it was necessary for child development (UNICEF, 2020a). Later research with parents of children growing up in poverty showed a similar situation – 44% (Šučur et al., 2015) or one third of parents (Stubbs et al., 2017) pointed out that they could not afford ECEC programmes.

These data are not surprising considering the arrangement and the amount of parental participation in the cost of the programme in the RC. As **the legal framework does not prescribe uniform standards to define the economic price of preschool programmes or the (maximum) amount of parental participation throughout the RC**, determination of the economic price and of parental participation is left to local communities and founders. Research therefore also points to **regional inequalities in the affordability of ECEC** (Dobrotić et al., 2018; UNICEF, 2020a). The amounts of parental participation range up to HRK 1,100 per month per child (in 80% of communities they amount to HRK 400–720). In most counties, the basic amount of parental participation is a share of 9 to 12% of the average monthly net salary per child, and programmes are the least affordable for parents in Krapina-Zagorje County (15.6% of the average monthly net salary per child). Increased subsidies for children at risk exist only in a small number of municipalities/cities. For example, 48% of communities offer an increased subsidy for single-parent families, 30% for children receiving social assistance, 25% for children with developmental disabilities, 13% for children in care, 2% for children of the Roma national minorities and beneficiaries of child allowance and less than 1% for child victims of domestic violence. Again, the average number of criteria applied for increased subsidies to at-risk groups is higher in cities than in municipalities and in more developed LSGUs (more in Dobrotić et al., 2018). It is important to point out that from 2012 to 2018, new preschool capacities predominantly came through private kindergartens (76%; UNICEF, 2020a), which some communities did not subsidize or subsidized to a lesser extent (Dobrotić et al., 2018). Therefore, such services are unaffordable or barely affordable for many parents. The unaffordability of ECEC also has a negative effect on the (continuous) employment of women as it reduces the disposable income of families who are thus at higher risk of poverty, which is further expressed by parents in atypical and/or unstable employment (Dobrotić, 2021). Employment is an important preventive risk factor of poverty in the RC, where the high poverty

rates of households with children with lower work intensity support this (e.g. 78% in households with very low work intensity compared to 2.4% in households with very high work intensity; Eurostat, 2021d).

A barrier to accessing ECEC can also be found in the fact that some parents still do not sufficiently recognize the importance of preschool programmes or believe that the programmes are of poor quality and therefore organize childcare within the family. While Eurostat data (2021e) show that 60.8% of children of nursery age are cared for exclusively by their parents (26.4% of children of kindergarten age), which places the RC at the top of the EU list, the reasons for this remain insufficiently researched. In addition to the already mentioned insufficient number of places in the ECEC system and the difficulties in affording the programme, research indicates that parents are concerned about certain aspects of the quality of the programme (especially the size of educational groups) and the fact that fewer parents do not see the need for their child to attend a preschool programme – most often inactive parents or parents who have the support of grandparents in organizing child care (Dobrotić, 2013, 2021). Surveys with members of the Roma national minority show that almost half of the representative sample of Roma parents (49.4%) do not send their children to kindergarten because they believe that their children are too young to be in kindergarten, while 17% of parents do not see the need to send their children to kindergarten because someone can look after the child at home (Kunac et al., 2018).

Finally, although there are no estimates of ECEC coverage for **children with developmental disabilities**, research and analysis indicate barriers to both enrolment in and attendance of the ECEC programme. Children with developmental disabilities often do not have the opportunity to enrol in kindergarten in their community or cannot receive support in the form of an assistant, and many kindergartens are insufficiently prepared for the inclusion of children with developmental disabilities (e.g., due to the insufficient number of professionals, and lack of preparation for working with children with developmental disabilities; Bouillet, 2014). Regarding the provision of support to assistants/professional communication intermediaries in kindergartens (or a third educator), the problem of continuous financing of this service (but also the availability of assistants for all children in need) is particularly noticeable. This is primarily due to the fact that "new" services related to inclusive education and deinstitutionalisation are not adequately regulated, are predominantly provided on a project basis and are largely funded by European funds without an elaborate sustainability model, which leads to their instability and uncertainty, especially between public calls or programming periods (Bežovan and Matančević, 2017). In addition, children with developmental disabilities whose parents obtain the status of parent-carer within the social welfare system, due to legal restrictions related to the recognition of such status, can attend kindergarten for only up to four hours a day.

This analysis therefore indicates that the inadequate regulatory and financial framework in the field of ECEC, accompanied by an underdeveloped and spatially uneven network of quality and affordable services of ECEC, primarily hinders access to ECEC programmes for children at risk. Children of unemployed parents (especially single-parent families), children at risk of poverty or from families of lower socioeconomic status, children of the Roma national minority, children growing up in less developed and populated areas and children with developmental disabilities are the most affected. The main barriers for them in accessing ECEC are summarized in Table 1. Finally, it is important to point out that all these groups are generally associated with a lower family income status and an increased risk of poverty, while for certain groups of children at risk (e.g., asylum seekers, children in alternative care) there are no estimates of ECEC coverage or analyses of the obstacles they face.

Table 1: The main barriers to accessing ECEC for children at risk

Groups of children at risk	Population estimate	Estimates of involvement in ECEC programmes	The main barriers to access stemming from the presented analysis	Data availability
Children of unemployed/ one unemployed parent	<ul style="list-style-type: none"> 38.1% of children aged 0 to 14 in households with at least one working adult and at least one non-working adult in 2018 (OECD Family Indicators Database; OECD, 2021) 7.7% of children aged 0 to 14 in jobless households in 2018 (OECD Family Indicators Database; OECD, 2021) 	<ul style="list-style-type: none"> 1.9% of children with both parents unemployed in the total number of children attending kindergartens (2016; Dobrotić et al., 2018) 15.4% of children with one employed parent in the total number of children attending kindergartens (2016; Dobrotić et al., 2018) 	<ul style="list-style-type: none"> Insufficient places in kindergartens Insufficient number of educators Enrolment criteria give priority primarily to the employment criterion Unaffordability – high levels of parental participation in the cost of the programme and in many areas they are not a group to which increased subsidies are provided Insufficient awareness of the benefits of the ECEC programme Reluctance of individual educators to include children of unemployed parents 	There is no systematic monitoring of data on the coverage of ECEC programmes (only data on the number of children of unemployed parents in kindergartens are collected via the <i>DV-PO</i> form, but they are not processed for the purposes of annual reports)
Children at risk of poverty	<ul style="list-style-type: none"> 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under the age of 18 in 2020 (Eurostat, 2021f) 13,977 child beneficiaries of GMB at the end of 2020, of whom 2,397 children aged 0–4 and 3,617 children aged 5–9 years and 1,469 children from single-parent families (MLPSFSP, 2021a). 	<ul style="list-style-type: none"> 24% of children of GMB beneficiaries (2014, Šučur et al., 2015) 33% of children from GMB beneficiary households (2017, Stubbs et al. 2017) 	<ul style="list-style-type: none"> Insufficient places in kindergartens Insufficient number of educators Locally defined enrolment criteria often do not see children at risk of poverty as a priority group Unaffordability – high levels of parental participation in the cost of the programme and in many areas, they are not a group to which increased subsidies are provided 	There is no systematic monitoring of data on the coverage of ECEC programmes (nor data on the household income of children who attend kindergartens)
Children of the Roma national minority	<ul style="list-style-type: none"> 12,920 children under 16 (Kunac et al., 2018) 	<ul style="list-style-type: none"> 13–17.7% (2018; Kunac et al., 2018) 	<ul style="list-style-type: none"> Insufficient places in kindergartens 	There is no systematic monitoring of data on the coverage of children with ECEC programmes

			<ul style="list-style-type: none"> • Insufficient number of kindergartens in the immediate vicinity of Roma settlements • Insufficient education of experts in kindergartens on the topic of diversity and social justice and the Romani language • Lack of culturally appropriate programmes (programmes in the Romani language, etc.) • Lack of legal framework for the work of Roma assistants in kindergartens • Cultural practices and insufficient information on the benefits of the ECEC programme • Unavailability of public transportation to kindergarten 	
Children in rural (and less developed) areas	<ul style="list-style-type: none"> • 36.5% of the total population in the RC live in rural areas; 8.8% of the population in rural areas were at risk of poverty in 2020 in the RC (compared to 4.2% in cities) (data are not disaggregated by age and there is no estimate of the number of children; Eurostat, 2021) 	<ul style="list-style-type: none"> • The coverage of children with nursery programmes in municipalities is 8.2% (cities 20.4%), and kindergarten programmes 32.5% (cities 62.5%) (2016; Dobrotić et al., 2018) • the coverage of children with nursery programmes in communities at the 1st level of development is 0.5%, at the 2nd level of development it is 6.2% (vs. the fifth level where it is 38.8%); and kindergarten programmes 7.5% (first group) and 25.4% (second group; vs. 82.2% in the fifth group) (2016; Dobrotić et al., 2018) 	<ul style="list-style-type: none"> • Insufficient places in kindergartens (more noticeable in children at risk, e.g., children of unemployed parents, children with developmental disabilities) • Shorter duration of the obligatory preschool programme • Locally defined enrolment criteria are less likely to favour children at risk or children from rural areas • Locally defined subsidies are less likely to provide increased subsidies for children at risk • Restricted access to kindergartens (transportation) • More noticeable lack of professional staff 	<p>There is no systematic monitoring of data on the coverage of ECEC programmes (The <i>DV-PO</i> form collects data on the number of children in kindergartens in the entire territory of the RC, but they are not processed to show the coverage rates in rural/urban areas or by level of development)</p>

<p>Children with developmental disabilities</p>	<ul style="list-style-type: none"> 8.2% of children with disabilities (developmental disabilities) in the total population of children 0–19, or a total of 64,063 (39,259 M, 24,804 F) on 9 September 2021 (CIPH; 2021) 	<ul style="list-style-type: none"> There are no estimates of programme coverage 	<ul style="list-style-type: none"> Inability to enrol in kindergarten in their community Inability to receive support in the form of an assistant Insufficient readiness of kindergartens to include children with developmental disabilities (e.g., due to the insufficient number of skilled workers/funding, unwillingness to work with children with developmental disabilities, including non-stigmatizing practices) Lack of staff needed to work with children with disabilities Lack of a legal framework for the work of assistants for children with disabilities in kindergartens Insufficient connection of kindergarten services and early intervention services Inability to include children whose parent has the status of a parent-carer in the programme for more than 4 hours 	<ul style="list-style-type: none"> There is no systematic monitoring of data on the coverage of children with ECEC programmes There is no systematic monitoring of the inclusiveness of these services There is no systematic monitoring of service quality
--	--	--	---	--

2.2. Proposal of objectives and measures in the area of ECEC within the framework of the European Child Guarantee

Starting from the general objective of the ECG, i.e., how to ensure that every child – especially children growing up at risk of poverty and social exclusion – has access to basic social services (including ECEC services), national strategic documents (National Development Strategy of the Republic of Croatia until 2030 and the National Recovery and Resilience Plan 2021–2026) and the analyses presented here and taking into account the recommendations of previously conducted studies (Dobrotić et al., 2018; UNICEF, 2020a) and the perspectives of experts working in the ECEC system, the following three objectives stand out:

- Ensure the right of access to quality ECEC for every child in the RC from the age of 3 by 2030, and for children from 0 to 3 years of age increase the coverage of ECEC programmes to over 50% in all parts of the country.
- Improve the budgetary and legislative framework to ensure a regionally balanced approach to affordable and quality ECEC.
- Develop additional support mechanisms within the education system and funding mechanisms aimed at ensuring access to ECEC for children at risk and their families, especially children of lower socioeconomic status, in order to address the "hidden" costs of regularly attending kindergarten.

OBJECTIVE 1: By 2030, ensure the right of access to quality ECEC for every child in Croatia, and for children from 0 to 3 years of age, to increase the coverage of ECEC programmes to over 50% in all parts of the country

An insufficiently regulated and fully decentralized ECEC system in combination with territorial fragmentation and weak fiscal capacities of certain areas leads to large regional inequalities in the availability, affordability and quality of programmes, which was recognized in the report of the European Commission for Croatia (EC, 2020b). Barriers to accessing kindergartens are primarily faced by children at risk who need access to kindergarten the most, and research suggests that these children particularly benefit from the positive effects of attending quality preschool programmes such as better educational outcomes and alleviating social inequalities. The involvement of children of lower socioeconomic status in quality ECEC programmes has a significant effect on children's cognitive, social and emotional developmental outcomes, better success in primary school and later educational and professional careers. Positive outcomes are manifested in achieving higher levels of education, finding better jobs with higher wages, and reducing socioeconomic inequalities (Melhuish, 2014; Barnett, 2011; Heckman, 2006; Sylva et al. 2004, according to EC, 2021a). Positive outcomes are primarily related to quality programmes, while investments in professional staff and their continuous professional development play a highly important role. Thus, and to achieve better outcomes from the inclusion of children at risk, it is especially relevant to focus on training staff for different needs and methods of work with children at risk (Eurofound, 2015).

As one of the key barriers to accessing ECEC in the RC is the lack of preschool capacity, especially in less developed areas, but also the "overcrowding" of existing capacities, it is necessary to continue investing in a service network, to strive to expand quality programmes, and ultimately to **guarantee a place in ECEC for each child**. The importance of each child's access to ECEC is increasingly being recognized among strategic priorities at the European level. In addition to the previously adopted Barcelona objectives (33% of children of nursery age and 90% of children of kindergarten age), new strategic priorities in the field of education have also been adopted. The aim is to have 96% of children between the age of three and the starting age for primary school covered by ECEC by 2030 (Council Resolution 2021/C66/01). In addition, the new EU Roma Strategic Framework for Equality, Inclusion and Participation 2020–2030 indicates that the gap in the coverage of Roma national minority children in ECEC needs to be bridged and that at least 70% of Roma children should participate in ECEC by 2030 (European Commission, 2020a). The same is therefore recognized within the National Recovery and Resilience Plan, which provides a guaranteed place for children from the age of four to the starting age of primary education, which should be achieved through infrastructure investments, investments in human resources and increased co-financing of programmes for children of lower socioeconomic status and in less developed communities (GRC, 2021). It should be emphasized that the Council of the EU (2019) points to the importance of investing in high-quality ECEC systems and investing in the professionalization of staff and addressing numerous barriers to accessing ECEC services, including costs, poverty-related barriers, geographical location, inflexible working hours, barriers related to the inadequate provision of services for children with developmental disabilities, cultural and linguistic barriers, discrimination, and lack of information.

Achieving these objectives should **avoid the practice of offering only short programmes for children at risk**, which often fail to alleviate initial inequalities and fail to equalize educational outcomes (Bouillet, 2018), which do not allow the (continuous) employment of women, and which lead to the deepening of gender and social inequalities. Specifically, it is primarily women who withdraw from the labour market in the absence of care services, especially for children of nursery age (cf. Dobrotić, 2013, 2021), while households with children of lower work intensity are primarily at increased risk of poverty in the RC (Eurostat, 2021d). It is necessary to further develop and improve the availability of short-term and informal programmes such as "playrooms" organized by individual kindergartens, which are a kind of preparation for involving children in all-day programmes and providing additional support to children. However, such programmes must be implemented along with the comprehensive programme.

Given that one of the obstacles to accessing ECEC in the RC is the size of the educational groups (especially nursery groups in which up to twice as many children are often enrolled as there should be, cf. Dobrotić et al., 2018; Matković et al., 2020; EC, 2021a), an **analysis of the current pedagogical standard should be made with special reference to the relationship between the quality of work of educators and the size of the group**. This is especially important from the perspective of the child's wellbeing, since the positive outcomes of attending ECEC are primarily related to quality programmes (cf. Baran, 2013; Matković et al., 2019). It is important to monitor the quality of the programme in

relation to whether educational inclusion actually occurs in practice, i.e., no groups are segregated on the grounds of national minority affiliation or the like. In addition to building new capacities, it is possible to use the infrastructure and human resources of primary schools in areas with declining numbers of children, and in smaller areas efforts can be made to develop integrated services as a more effective solution for children in relation to their number (e.g., multifunctional educational, cultural, and social support centres for early development and parenthood).

RECOMMENDATIONS FOR OBJECTIVE 1:

- Introduce a guaranteed place in ECEC after reaching the age of 3, along with funding for the most vulnerable groups of children through the European Child Guarantee (Ministry of Science and Education, hereinafter: MSE, to be regulated in the Act on Early Childhood Education and Care)
 - Introduce two-year long compulsory preschool (proposal to spend over 3 hours a day for 38 weeks) (MSE, to be regulated in the Act on Early Childhood Education and Care)
 - Invest in infrastructure development and equipment in the form of constructing new and reconstructing and upgrading existing kindergartens, addressing the problem of regional differences in the availability of quality kindergartens, and developing innovative and efficient models of service provision in smaller areas with fewer children (MSE, CSODY, MRDEUF) (National Recovery and Resilience Plan 2021–2026)
 - Adapt the legal framework so that new ECEC programmes can be used more suitably by the network of existing primary schools or other facilities, especially in less developed environments (MSE)
 - Evaluate the occupational standards of employees in kindergartens with regard to competences related to educational inclusion, support of diversity and work with parents, so that these competences can be fostered through the initial and lifelong training of educators and all other kindergarten employees (MSE in cooperation with universities, the Association of Cities, the Croatian Union of Municipalities, and trade unions that bring together employees of ECEC; ensure systematic funding through ESF+)
 - Improve the employment status and material rights of assistants, communication intermediaries and Roma assistants through amendments to the Act on ECEC by the end of 2022 (MSE, to be standardized within the Act on Early Childhood Education and Care)
-

INDICATORS FOR THE RECOMMENDATIONS FOR OBJECTIVE 1:

- Adopted amendments to the legislative framework that introduce a guarantee for access to kindergarten for every child from the age of 3, which are accompanied by a cost plan
 - An adopted funding and staffing model to provide mandatory two-year preschool lasting at least 570 hours (3 hours per day)
 - Number of newly opened kindergarten places through construction, upgrading or adaptation of facilities
 - The share of children covered by ECEC programmes, especially children of unemployed parents, children at risk of poverty, children of the Roma national minority, children in rural/underdeveloped areas, children with developmental disabilities, disaggregated for nursery and kindergarten programmes and for municipalities and cities (the latter without children in the compulsory preschool programme); source of data: CBS – calculation based on data collected from kindergartens through the *DV-PO* form and data on the population of preschool-age children in the RC (see calculation methodology in Dobrotić et al., 2018 and UNICEF, 2020a) or EU-SILC – estimates based on data of the survey monitored by Eurostat
 - Children by household type, income status, and the main reason for not meeting the need for ECEC services; data source: consider continuous monitoring of such an indicator within the EU-SILC as it is an indicator that was part of the 2016 ad-hoc module "Access to services" within the EU-SILC (but with the possibility of calculating indicators using the preschool population, rather than only the 0–12 population) or consider collecting data on LSGU estimates on the number of children aged 3 to 6 who are not enrolled in kindergartens
 - Finalized legal framework that facilitates coordination between local communities for the effective provision of ECEC services
 - Consider collecting data on the number of educators who have improved their competencies in inclusive practices and diversity through initial or lifelong learning (ETTA, MSE)
 - Consider collecting data on the number of educators who have improved their competencies in cooperation with parents of vulnerable groups through initial or lifelong learning (ETTA, MSE)
 - An analysis made for the development of the ECEC Service Quality Framework, which takes into account staff competencies and group size
 - Average size of educational groups, disaggregated for nursery and kindergarten programmes; source of data: CBS – calculation based on the data collected from kindergartens through the *DV-PO* form (see calculation methodology in Dobrotić et al., 2018 and Matković et al., 2020)
-

- The ratio of the number of children and educators, disaggregated for nursery and kindergarten programmes; source of data: CBS – calculation based on the data collected from kindergartens through the *DV-PO* form (see calculation methodology in Dobrotić et al., 2018)
- Adopted changes to the legal framework leading to the professionalization of teaching assistants, communication mediators and Roma assistants.

OBJECTIVE 2: Improvement of the budgetary and legislative framework to ensure regionally uniform access to affordable and high-quality ECEC

This plan would monitor the relationship between the level of child coverage of ECEC, the development categories of municipalities/cities and the need for additional investments to increase the coverage of children with ECEC. The legislative framework needs to consider and monitor support for priority groups of parents such as unemployed parents. Specifically, the current public policy framework in the field of ECEC provides great autonomy to the founders in defining the criteria for access to ECEC programmes and the amount of parental participation in the cost of the programme, which leads to large regional inequalities at the implementation level and in the unequal position of children. Therefore, it is necessary to improve the legal framework in the field of ECEC, to ensure regionally uniform implementation and equal access to quality and affordable ECEC programmes for all children in the RC. In this regard, in addition to the previously mentioned guaranteed place for each child (see Objective 1), special attention should be paid to **equalizing subsidies for programmes throughout the RC**.

ECEC programmes are (very) easily affordable for only 26% of families in the RC (Eurostat, 2020c), while the unaffordability of programmes is one of the important obstacles to accessing ECEC for children of lower socioeconomic status (Dobrotić, 2013; Šučur et al., 2015). It is important to say that research suggests that the mere increase in allocations for ECEC or the greater physical availability of programmes does not necessarily lead to lower inequalities in access to preschool programmes (cf. Abrassart and Bonoli, 2015; Van Lancker, 2017); children of lower (and middle) socioeconomic status are more likely to attend programmes in areas where subsidies are more abundant, and a progressive scale in determining the level of subsidies contributes to lower social differences in accessing ECEC programmes (Abrassart and Bonoli, 2015). Besides, higher costs of preschool programmes have a negative impact on women's employment and deepen gender inequalities, but also make it more difficult for single-parent families to participate in the labour market (see Dobrotić, 2015). These categories are already at increased risk of poverty and social exclusion. Research indicates that maternal employment is important from a gender and socialization perspective, as children of working mothers show more gender-egalitarian attitudes in adulthood, and, for example, sons of working mothers are more involved in private care (e.g., Sieverding et al., 2017; McGinn et al., 2018). Finally, and importantly, the CSODY and TU interlocutors agree that the objectives they propose **cannot be achieved within the existing legal framework**. They state that the desired changes in the

legal framework should aim at strengthening the role of the central government, partly through regulation, and partly (especially according to the TU interlocutor) through significant financial investments of various stakeholders. We emphasize the perspective of the CSODY interlocutor:

Based on this cost analysis done for UNICEF, I believe that nothing important can be done within the existing framework, some things need to be slightly changed, and maybe go so far as to include other departments that could take over some activities. For example, we are not in charge of ECEC although we have taken some things upon ourselves. It would also be good to put it in the legal framework – which of us who are at the service of citizens can intervene in this system (CSODY interlocutor).

RECOMMENDATIONS FOR OBJECTIVE 2:

- Develop a unique methodology for calculating subsidies for the ECEC programme, which will take into account the socioeconomic status of the family, the distance of the kindergarten from the place of residence and prescribe the share in the cost of the programme covered by parental participation (MSE, LSGU, to be standardized within the Act on Early Childhood Education and Care)
- As envisaged by the National Recovery and Resilience Plan, conduct additional analysis of the network of accessibility and the needs for kindergartens and develop and implement an infrastructure investment plan to ensure the availability of ECEC services in the immediate vicinity of the child's home (MSE, CSODY, MRDEUF)
- Develop models of human and financial support to LSGUs whose coverage of children by ECEC falls below 60% (MF, MSE)
- Based on the analysis and expert public consultation, establish a mechanism to ensure that each local government adequately invests in ECEC (MF, MSE, the Association of Cities, the Croatian Union of Municipalities)

INDICATORS FOR THE RECOMMENDATIONS FOR OBJECTIVE 2:

- As envisaged by the National Recovery and Resilience Plan, a financing model has been developed that addresses the issue of regionally unequal accessibility and affordability of ECEC and establishes a system of subsidies and mechanisms for transferring funds to LSGUs.
- The share of parental participation in the cost of the ECEC programme, in relation to the LSGU development index; data source: calculation based on the MSE *e-vrtići* application
- A developed system for monitoring the network of kindergarten availability or use proxy: density of the network of kindergartens (number of km² of territory per kindergarten by counties/municipalities/cities); source of data: CBS – calculation based on data

collected from kindergartens through the *DV-PO* form and the area of counties/municipalities/cities (see calculation methodology in Dobrotić et al., 2018)

OBJECTIVE 3: Develop additional support mechanisms in the educational system and funding mechanisms aimed at ensuring access to ECEC for children at risk and their families, in particular children of lower socioeconomic status, in order to address the “hidden” costs of regular attendance of kindergarten

The analysis indicates that children at risk of poverty, children with developmental disabilities, children of the Roma national minority, children in rural areas and children of unemployed parents face additional barriers to accessing ECEC (e.g., lack of assistants and other professionals, distance to kindergarten, inability to cover the (in)direct costs of participating in ECEC programmes, Table 1) and there is a need for additional support programmes to achieve the ECG objectives. While barriers to participation in ECEC have been identified to some extent when it comes to the Roma minority children and additional measures have been developed under the National Roma Integration Plan 2021–2027 (see MSE, 2021), other children at risk of poverty and social exclusion are significantly less recognized. The National Recovery and Resilience Plan 2021–2026 (GRC, 2021a) thus explicitly emphasizes only the need for additional financial support for families of lower socioeconomic status. However, it fails to address the need for the specific mechanisms required to include other groups at risk or for additional professional support for different groups of children at risk, or the need for better integration of different systems (e.g., early intervention services and kindergartens) and the need to raise awareness of the importance of including each child in ECEC.

It is important to deepen understanding of the needs of children and parents at risk of poverty and social exclusion at all levels of the system: from educators and kindergarten professional services through LSGUs to the central government that formulates the categories for monitoring data on children's and parents' needs. Additional activities also need to be undertaken to improve the work of educators and professional services with children and parents from excluded groups, as well as the flexibility of LSGUs in planning for the needs, so that kindergartens can be adequately supported in the integration of excluded groups. In addition, the competent ministry will need to develop indicators and mechanisms to monitor the success of the inclusion of excluded groups of children in ECEC and devise a flexible plan that accompanies the legislative framework to support kindergartens and LSGUs. In this regard, it will be important to systematically monitor and analyse the reasons for not attending the ECEC programme to address these in a targeted manner. In addition, it will be important to consider the practice according to which children can apply for enrolment in kindergarten only once a year, which is especially unfavourable for parents who do not have a permanent job. Switching to e-enrolment only puts parents of lower socioeconomic and educational status in a disadvantaged position, as they have less access to the internet and often do not have computers or other devices to allow them to access enrolment applications. The general barriers to access that we already have (e.g., insufficient places, lack of resources in kindergartens to work with

children with disabilities, financial reasons, distance, language barriers) should be monitored more systematically and precisely, to establish and fund targeted support mechanisms for children at risk.

Exchange of experience between municipalities/cities in the RC, and especially implementing the models of the more successful ones, can be an important source of learning regarding the inclusion of children at risk. For example, the TU interlocutor points out that one of the most important development measures is ensuring access to kindergarten programmes without paying a parental share (so-called "free kindergartens"), which is currently being put into practice in four cities in the RC. In addition, it is necessary to work on the obstacles that currently exist in certain areas, which will actually prevent the achievement of the ECG objectives. This is primarily the parent-educator right of parents with three or more children (whose abolition is underway in the City of Zagreb, while a similar measure is being implemented in Makarska and the municipality of Klis), which functions as an alternative to including a child in regular ECEC programmes. Therefore, if the parent is a beneficiary of this measure, the child cannot attend a public ECEC programme. While, for example in Makarska, such a measure is provided for children of nursery age, this is not the case in the City of Zagreb, which pays compensation until the 15th year of age of the youngest child in the family, and in fact children of beneficiary parents do not attend regular ECEC programmes. This practice will change in May 2022, and the benefit will be paid until the child's 7th year, with the important novelty that parents will be able to receive the benefit at the same time and enrol children aged 3–6 in kindergartens (City of Zagreb, 2021). This means that it is recognized as a measure that directly conflicts with the child's right to ECEC and the benefits that attending ECEC brings for children, while research has also shown that it has a negative effect on women's participation and position in the labour market (Sipilä et al., 2010; Giuliani and Duvander, 2017).

RECOMMENDATIONS FOR OBJECTIVE 3:

- Ensure coverage of the (in)direct costs of the participation of children from families of lower socioeconomic status in ECEC programmes (e.g. transport costs to the ECEC institution, day trips/theatre visits, etc., parental subsidies, special programme costs) (MSE)
 - Develop a plan with a cost estimate to provide support for every child in need in the form of an assistant, a professional communication mediator, a Roma assistant, or an additional educator in the educational group (MSE)
 - Adapt infrastructure, didactic equipment and working methods for the specific needs of children with developmental disabilities (MSE)
 - Strengthen the staffing structure of kindergartens attended by a large number of children at risk of poverty, children of the Roma national minority, children with developmental disabilities so that kindergartens can respond to the specific needs of children and parents at risk of poverty and social exclusion (MSE, ETTA in cooperation with universities)
-

-
- Continuously train educators, professional associates, and assistants to work with children at risk of poverty and social exclusion according to a specially designed curriculum within the initial and lifelong education of educators (MSE, ETTA in cooperation with universities)
 - Monitor the data on children of GMB beneficiaries who attend kindergartens through programmes in the social welfare system (*SocSkrb* application) (MLPSFSP)
 - Continuously monitor the reasons why children over 3 years of age are not in the ECEC system, establishing indicative categories of barriers to access (financial reasons, distance, insufficient places in kindergartens, parents do not want to enrol the child, kindergartens delay enrolment because the child has developmental difficulties, language barriers, digital barriers – the parent does not have access to e-enrolment) (MSE, LSGU)
 - Develop a research strategy and conduct continuous research in the field of ECEC in order to improve the quality and access to services for children at risk (e.g. assess the needs and barriers to accessing ECEC programmes for certain groups of children such as children in alternative care or migrants, persons seeking international protection and asylum seekers; assess the need to organize services that work in appropriate working hours and provide the necessary capacities in each community; map collective agreements, employment rights and wage levels; join comparative research such as ECES research conducted by the International Association for the Evaluation of Educational Achievement (IEA) or the International ECEC Staff Survey (OECD))
 - Carry out direct activities in the field with the aim of raising awareness among parents of the importance of attending preschool programmes (MSE in cooperation with kindergartens, associations, and universities)
 - Implement public awareness programmes on the importance of investing in ECEC (targeting local decision-makers) and children's participation in ECEC programmes (with special emphasis on rural areas and other physically and culturally isolated communities)
 - Develop integrated services to enable more efficient services (e.g., attending kindergarten can be part of an intervention targeted at families at risk of institutionalization; parenting support programmes; stronger integration of early intervention services and kindergarten services) in cooperation with MLPSFSP and MH)

INDICATORS FOR THE RECOMMENDATIONS FOR OBJECTIVE 3:

- The share of children covered by ECEC programmes, especially children of unemployed parents, children at risk of poverty, children of the Roma national minority, children in rural/underdeveloped areas, children with developmental disabilities, disaggregated for nursery and kindergarten programmes and for municipalities and cities (the latter without children in the compulsory preschool)
-

- programme); source of data: CBS – calculation based on data collected from kindergartens through the *DV-PO* form and data on the population of preschool children in the RC (see calculation methodology in Dobrotić et al., 2018 and UNICEF, 2020a); EU-SILC – estimates based on survey data monitored by Eurostat; MSE *e-vrtiči* application
- Number of kindergartens with adapted infrastructural and didactic conditions for the inclusion of children with disabilities in which children with disabilities are enrolled; source of data: MSE
 - The gap/difference in the attendance of ECEC for children in the first and fifth income quintiles (Eurostat based on EU SILC or the share of children at risk of poverty and social exclusion covered by regular ECEC programmes, disaggregated for nursery and kindergarten programmes (CBS based on EU- SILC methodology, i.e. to segregate the basic indicator "children in formal ECEC by age group" based on the income situation of the family, where the income situation is to be determined according to established practice in relation to risk of poverty: separate value of indicators for children growing up in families with less than 60% of median income and more than 60% of median income)
 - Share of Roma national minority children included in ECEC (estimate based on data from the MSE *e-vrtič* application and the number of preschool children of the Roma national minority in the RC obtained by the 2021 census)
 - Proportion of children with developmental disabilities covered by ECEC (MSE based on the *e-vrtič* application).
 - Number of additional employments (professional associates, educators, assistants, drivers) in relation to the number of children belonging to the category of social exclusion in kindergartens in which over 50% of children belong to that category (children at risk of poverty, children of unemployed parents, children with developmental disabilities, children of the Roma national minority, children in rural areas); source of data: MSE
 - Share of parents of children with disabilities, children of the Roma national minority, children of unemployed parents and children of parents at risk of poverty and parents of children living in sparsely populated areas who are actively involved in programmes that promote cooperation between kindergartens and parents (MSE and MLFSP).

Achieving the proposed objectives (and applying the proposed recommendations) by 2030 should contribute to increasing the proportion of children aged 0–2 covered by regular ECEC programmes to 50% (2020: RC: 20.4%; EU-27: 32.3%) and to 96% for children aged 3–6 years (2020: 54.4%; EU-27: 80.5%) (Eurostat, 2021b). A summary of the proposed objectives and indicators with additional arguments in favour of the importance of monitoring each is provided in Appendix 2.

3. Access to education

The right to education is a fundamental human right and should be free of charge and equally accessible to everyone (Universal Declaration of Human Rights, Article 26; Government of the Republic of Croatia, 2009). Consequently, the Convention on the Rights of the Child (1990) emphasizes the right of every child to free and compulsory primary education and equal access to secondary education (Article 28). In addition, according to the Charter of Fundamental Rights of the European Union (CFR, 2012), everyone has the right to education and access to vocational and continuing training, including free compulsory education, and accordingly one of the principles defined by the European Pillar of Social Rights (2017) relates precisely to education. In accordance with the first principle of the European Pillar of Social Rights, everyone has the right to quality and inclusive education, training, and lifelong learning to maintain and acquire skills that enable them to participate fully in society and move successfully in the labour market. In addition, Principle 11 of the European Pillar of Social Rights emphasizes that children from disadvantaged backgrounds are entitled to special incentives for equal opportunities (Council of the EU, 2021a). Education as a fundamental value of society is emphasized by the International Covenant on Economic, Social and Cultural Rights (Article 13, ICESCR, 1967), where the need for compulsory and free primary education for all, as well as accessible secondary education, which should also be free, is particularly highlighted. The European Strategy for the Rights of the Child 2021–2024 emphasizes that every child has the right to quality education, regardless of their background and place of residence, and that children at risk of poverty and social exclusion are more likely to face difficulties in accessing basic services, especially in rural and remote areas.

The Council of the EU (2021b) in its Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030) emphasizes the importance of ensuring equal opportunities and inclusive education, with particular attention to disadvantaged groups and investing in reskilling and upskilling. Accordingly, the first strategic priority to be covered over the next decade is to *improve quality, equity, inclusion and success for all in education and training*. Under this priority, it is stated that by ensuring quality and inclusive education and training for all, Member States can further reduce social, economic and cultural inequalities. However, across the EU, students with lower socioeconomic status are over-represented among students with lower scores, and the COVID-19 pandemic has further emphasized the importance of equity and inclusion in education and training (Council of the EU, 2021b). Consequently, in order to ensure a truly inclusive education, as well as equal opportunities for all students at all levels and in all forms of education and training, the level of education acquired, and educational attainment should be detached from social, economic and cultural status or other personal circumstances.

The European Commission (EC, 2021b) in its Annual Sustainable Growth Survey 2022 emphasizes the role of education, training and skills development as key determinants of social inclusion. It highlights the negative and long-term consequences of the COVID-19 crisis in education due to unequal access to online learning, which could have long-term consequences – including low basic skills and poorer educational outcomes – which will only deepen the existing inequalities in education. It further states that Member States will need to intensify their efforts to improve learning outcomes in their educational and training systems. In this context, the need for reforms to reduce inequalities in the educational system is highlighted, in particular by emphasizing the problem of urban-rural inequalities and inequalities in digital connectivity, and thus the risk of early school leaving and school failure. Recovery and resilience plans, therefore, include measures aimed at improving access to quality education and training at all levels, including digital education.

Under the ECG, Member States are called upon to guarantee children in need (i.e., at risk of poverty or social exclusion) effective and free access to education and school activities. In doing so, all measures aimed at this goal should be equally accessible to minority groups, children with developmental disabilities and young people with disabilities and at socioeconomic disadvantage and must not lead to discrimination or segregation (Council of the EU, 2021a). Looking at the RC, already within the European Semester for 2019, as part of its recommendations, the Council of the EU (2019a) emphasized that Croatia should reform the education system in 2019 and 2020 and improve access to education and training at all levels and raise their quality and labour market relevance. Although the National Recovery and Resilience Plan of the Republic of Croatia 2021–2026 (Government of the RC, 2021a) does not specifically target children at risk in terms of education, it emphasizes the importance of establishing equality of educational opportunities throughout the educational process. It is stated that the reform of education in Croatia should contribute to the construction of an educational system that enables each person, regardless of their socioeconomic origin, age and other circumstances, to acquire knowledge and skills relevant for personal development and successful labour market integration, which is in line with the UN's 2030 Agenda for Sustainable Development, which provides for inclusive, high-quality and equitable education and learning for all.

Education is recognized as one of the development priorities in the 2030 National Development Strategy of the Republic of Croatia (OG 13/2021). This document emphasizes the reform processes aimed, among other things, at creating equal pedagogical conditions for the achievement of educational goals, respect for the right to education under equal conditions and inclusion of all in education. Some of the priorities in the field of education stated in this strategy are ensuring equal conditions for systematic education and care by gradually introducing full-time classes for primary school children, as well as developing comprehensive support for children and students and preventing dropping out of school and entering the NEET group (Not in Education, Training or Employment), with an emphasis on vulnerable groups and children and students with developmental disabilities. Ensuring free education for all children is one of the key mechanisms for preventing poverty and social exclusion and is therefore one of the important measures advocated within the ECG, especially in relation to

children at risk. It is emphasized that primary education should be free for all children, while secondary education should be free for children at risk of poverty (EC, 2021a). However, although in most EU countries, including the RC, compulsory schooling is free in terms of tuition fees, families still cover a number of education-related costs from their budgets, including books, school equipment, school trips, school meals, transport to school, etc. (EC, 2020a).

3.1. Key challenges in the field of free and affordable education in the RC

Eight-year primary education in the RC is compulsory for all children and usually lasts from 6/7 to 15 years of age, and for students with multiple developmental disabilities up to the age of 21. In accordance with the Constitution of the RC (Article 66), compulsory education should be free of charge. The same does not apply to secondary education, but the majority of students in the RC attend secondary schools that are predominantly organized within the network of public schools (96.2% of them; CBS, 2020). The rate of early school leaving is the lowest in the EU (2.2% in 2020 compared to the EU average of 10.1%; Eurostat, 2021h).

Textbooks for all primary school students in the RC are free and are provided from the state budget. In addition, the Government of the RC may, in accordance with available funds, (co-)finance the purchase of textbooks for secondary school students and it accordingly **provides compulsory textbooks for secondary school students who are members of a household that receives GMB** (Government of the RC, 2021b). In addition, the social welfare system grants children in foster families a one-off fee for the purchase of compulsory school textbooks. The legal provision of 2018, which provides for free primary school textbooks for all children in primary schools, has significantly improved equal access to education for all children, regardless of their material status. Specifically, before this provision was made, research indicated that **the money for providing textbooks represented a significant financial burden for the budget of families** of lower financial status, which significantly affected the educational process of their children. Parents at risk of poverty provided textbooks for their children through one-off assistance from social welfare centres or through programmes of individual local communities, which recognized this problem to varying degrees and provided funds for free textbooks for all children or for children of lower financial status (Družić Ljubotina et al., 2017; Kletečki Radović and Družić Ljubotina, 2021; Družić Ljubotina et al., 2021).

The Croatian system of compulsory education covers a small number of teaching hours. For example, at the level of primary education, the number of teaching hours in the RC is more than half lower than the European average (1,890 teaching hours in the RC compared to the European average of 4,062 hours; MSE, 2020), which is a challenge for both educational outcomes and the ability of parents to participate in the labour market. The involvement of children in after school and extracurricular activities, including the access of lower primary school children to the extended stay service, is not systematically monitored. Mapping conducted in 2015/2016 indicates regionally unequal access to the extended stay service in primary schools, which was available in 43% of cities and 10% of municipalities in the RC and most often

covered the first two grades of primary schools and less often older children (Bertek and Dobrotić, 2016). Parents also pointed out the difficulties related to the availability, but also the affordability, of these services (Pećnik, 2013). Extended stay programmes are most often attended by children of employed parents, and parents usually spend between HRK 350–500 per month for this service (Eurofound, 2020).

One of the key challenges related to the Croatian education system is the affordability of education. In the general population of households with children under 18, the share of those who find it difficult to meet educational needs is 40%. On the other hand, as many as 70% of low-income households in the RC with children under the age of 18 find it very difficult to meet their children's educational needs, making the RC one of the top EU countries compared to other EU members in terms of the poor affordability of education (it is ranked second compared to other EU Member States). In addition, the share of single-parent families that find it difficult to cover costs related to the needs of their children's education is above 50%, which puts the RC also among the top EU countries (EC, 2020a). Data from the EU-SILC ad-hoc module of 2016 also show that 89% of households at risk of poverty with dependent children participating in the payment of formal education have difficulty meeting the costs associated with formal education, with the risk being more noticeable in rural communities (92.9%) and large cities (96.5%) (Eurostat, 2021i).

The study on the ECG Economic Implementing Framework (EC, 2021a) highlighted the basic costs of primary education for children in EU Member States, which include basic educational materials, textbooks, clothing, computer equipment, sports, and music equipment, as well as extracurricular activities. It also states the amount of subsidized costs of the state for children living in poverty. The data show that the RC does not differ significantly from other countries in covering some basic costs for children in primary education (e.g., textbooks) and that the annual costs of education for primary school children in the RC to be met by parents amount to EUR 200. There are no data on the total amount of state subsidies for the coverage of the costs of education per child of lower socioeconomic status. The same parameters are listed for secondary education, with the parameter of costs for practice based on workplace learning (equipment, etc.) added. It is evident that the RC subsidizes the costs of education for secondary school students to a significantly lesser extent, with the average annual amount to be allocated by a parent for one secondary school child being EUR 580, or EUR 700 for vocational secondary school (EC, 2021a). It is important to emphasize that children of poorer socioeconomic status are more likely to attend vocational programmes. In this analysis, we look at the additional costs that a family of school-age children may incur – primarily to participate in extracurricular and after-school activities. Consequently, it is not surprising that the key challenge for the RC in providing free education for children at risk is affordability, as these are amounts that parents/guardians of children at risk of poverty find difficult to meet (EC, 2020a).

Primarily due to financial constraints, children growing up in poverty are largely directed to vocational occupations that enable faster entry into the world of labour, which is a significant financial relief for these families (Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017;

Stubbs et al., 2017). Scholarships for low-income secondary school students, provided by individual local communities, give some children of lower financial status easier access to the educational process (Stubbs et al., 2017; Kletečki Radović et al., 2017). However, the key problem is that the scholarship system for secondary school students is regionally or locally conditioned, with some local communities providing significant funds from their budgets for scholarships for students of lower financial status, while many do not have such a measure. The Ministry of Science and Education provides scholarships for secondary school students of the Roma national minority, but Kunac et al. (2018) emphasize that although these scholarship programmes are important and useful, they need to be improved as they are not sufficient in the current form (or in the amount of scholarships) to eliminate financial reasons for not attending or for dropping out of secondary school.

Secondary school students living in poverty, from poorer communities, point to the problem of the extremely small number of available educational programmes in their communities and the inability to choose the desired secondary school. Therefore, poor young people enrol in spatially accessible secondary school programmes, although they are generally not intrinsically interested in the profession they will acquire on finishing school (Kletečki Radović et al., 2017). These are often occupations that are not in demand in the labour market. This is especially true for vocational education and vocational programmes that are not harmonized with the labour market (Miličević and Dolenc, 2009). In this way, poor young people who complete such programmes are not competitive in the labour market, are at high risk of unemployment in the future, and thus of remaining in poverty, and are at high risk of dependence on the social welfare system. While the National Strategy for the Rights of the Child 2014–2020 (MSPY, 2014) warned of the described situation, emphasizing "the current centralized management of schools with decentralization in funding, negative effects were seen precisely when it comes to ensuring equal access to education, which is why, as a result, we have an unequal position of students studying in different municipalities, cities and counties". At the same time, the operationalization and full implementation of the strategy were lacking (Ajduković et al., 2017).

3.1.1. Access and barriers to education for children at risk

Research shows that **children at risk in the RC have difficulty participating in primary and secondary education**, especially children growing up at risk of poverty, recipients of GMB and one-off financial assistance, children of the Roma national minority and children with developmental disabilities (Šućur et al., 2015; Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017; Ombudsperson for Children, 2020; Ombudsperson, 2020). There are also a significant number of families who are not beneficiaries of GMB and are also at risk of poverty, such as children who are beneficiaries of child allowance. As a rule, they fall into the category of families of lower socioeconomic status but are not covered by subsidy measures for textbooks or work materials provided by the Government of the RC.

Some of the problems that children at risk of poverty face are **the unaffordability of educational materials and the provision of funds for various educational contents** (for example, school meals, physical and musical education equipment, equipment for vocational school practice,

visits to cultural and artistic institutions, day trips, schools in nature, graduation trips, instructions, paid extracurricular activities, etc.), the unaffordability of computers and the internet and, as noted earlier, the unavailability of desired secondary school educational programmes in poor communities and the inability to ensure access to higher education.¹³ It is important to note that secondary school students living in poverty highlight the lack of computers and the internet in their households as a special problem and a limiting factor in the education process (Kletečki Radović et al., 2017). This problem has become more apparent with the implementation of distance learning in primary and secondary schools, which, due to the pandemic, was carried out for two academic years (Ajduković et al., 2020). Apart from the fact that parents living in poverty are unable to pay for an internet connection, the RC is one of the five EU countries where internet coverage depends on the level of urbanization of the location, and households in rural areas (in which considerably more children live in conditions of poverty compared to cities) are more poorly covered by internet services (Eurostat, 2021j). Finally, although the National Strategy for the Rights of the Child in the RC for the period from 2014 to 2020 (MSPY, 2014) set out the provision and subsidization of services for children from poor families such as learning support services and leisure activities to equalize opportunities, the implementation of such programmes was primarily left to the initiatives of individual associations and project financing (Dobrotić et al., 2015).

If access to education were to provide equal opportunities for effective learning, this would be reflected in the distribution of educational outcomes that is independent of the social status of children (EC, 2020a). Available data show that **education partially reproduces existing social inequalities**. PISA tests, which are taken every three years, showed in 2018 that students aged 15 with lower socioeconomic status had poorer educational outcomes than their better-off peers (EC, 2020a). Although the RC, according to PISA research, ranks among the EU countries with the smallest differences in educational attainment in terms of the socioeconomic and cultural status of the child, it is still evident that children living at risk of poverty perform worse than children of higher material status. In other words, socioeconomic-cultural status is positively correlated with children's educational achievements.

Children at risk of poverty, beneficiaries of GMB, are one of the most educationally deprived groups of children. Parent and child beneficiaries of GMB especially emphasize the difficulty in affording educational materials and the problem of ensuring funds for various educational content, both in primary and secondary school (Šučur et al., 2015; Družić Ljubotina et al., 2017; Kletečki Radović and et al., 2017). These are, for example, textbooks, workbooks, art education equipment, physical education equipment, money for school trips and graduation trips, equipment for practice based on workplace learning in vocational schools, visits to cultural and artistic institutions, transport to school,

¹³ Specifically, one of the key elements of the (in)accessibility of higher education are the material conditions of studying. The affordability of studying and the delay in entering the world of labour for students from different walks of life is unequal. Students of lower socioeconomic status cannot afford long-term education due to the material and financial needs of the primary family, and their only option is to study while working, which significantly reduces study commitment and chances of completion (Rimac et al., 2019).

computers, the internet, etc. This risk is partly addressed because other educational materials for primary school children of families receiving GMB are also provided for from the state budget (Government of the RC, 2020c). In addition, research shows that secondary school students emphasize **the problem of attending and engaging in extracurricular activities due to their parents' inability to finance these activities**. They believe that the problem of the inability to attend extracurricular and after-school activities should be systematically solved in a way that allows them free participation (Kletečki Radović et al., 2017). To be precise, for most of these activities (learning a foreign language, music, and sports activities, etc.) it is necessary to allocate a certain amount of money, which most families living at risk of poverty cannot do. These problems are differently recognized in different local communities and we can see regional inequalities in the approach to providing educational materials and unhindered schooling of children at risk (children receiving GMB or child allowance, children of the Roma minority, children with developmental disabilities).

There are local communities that pay for all educational materials for children at risk every year (Kletečki Radović and Družić Ljubotina, 2021; Družić Ljubotina et al., 2021), while a significant number of communities do not participate in the costs of educating children at risk, which primarily applies to rural municipalities and local communities with low budgets. In such cases, some parents of children growing up in poverty meet their educational needs within the social welfare system through the one-off assistance measure (Šučur et al., 2015; Družić Ljubotina et al., 2017), which is granted in limited amounts, while some parents are not aware of this assistance mechanism and do not even apply for it. Although children whose families are GMB beneficiaries are ensured textbooks and educational materials for both primary and secondary school (Government of the RC, 2020, 2020a), they still need to cover the previously mentioned so-called hidden costs of education, such as: equipment for physical education, school trips and graduation trips, equipment for practice based on workplace learning in vocational schools, visits to cultural and artistic institutions, computers, the internet, etc. (Kletečki Radović et al., 2017). For children of GMB beneficiaries who are placed in student dormitories, the amount of GMB for the household is increased only by the costs of accommodation in the student dormitory during the school year (Act on Social Welfare, OG 157/13, 152/14, 99 / 15, 52/16, 16/17, 130/17, 98/19, 64/20 and 138/20).

When it comes to transportation costs in the education system, according to Art. 69 of the Act on Primary and Secondary School Education (OG 152/14), the transport of students is provided by the founder for children attending primary school: for children from the 1st to 4th grade, the distance from the residential address to the school should be at least three kilometres, and for children from the 5th to 8th grade five kilometres. However, if children attending primary school enrol in a school outside their enrolment area, the founder is not obliged to bear the costs of transportation. For children with developmental disabilities, the founder is obliged to provide transportation regardless of the distance of the residential address to the school. The transport of secondary school students is regulated by decisions on the criteria and method of financing the costs of public transport of regular secondary school students, which are adopted for each school year. In accordance with the Decision on the criteria and method of financing the costs of public transport of regular secondary school students for the school

year 2021/2022 (Government of the RC, 2021d), a student who in the school year 2021/2022 enrolls and regularly attends secondary school in the RC is entitled to 100% coverage of the price of a monthly student ticket for local and long-distance public transport if the child belongs to a household that is a beneficiary of GMB or if the child is without parental care or is in care.¹⁴ What is known from practice is that although transportation costs for at-risk children attending primary and secondary school are subsidized by the founders, transportation problems are related to the inability of children to attend extracurricular or after-school activities, for example, because bus lines are often unavailable at that time (e.g. only one bus line is available in a municipality or rural area) or parents cannot set aside money for transport so that their child can attend certain extracurricular or other activities in a nearby municipality/city. For the same reasons, extracurricular activities that take place on school premises or leisure activities are not available to secondary school students from rural areas and smaller towns. This directly puts them at a disadvantage compared to children from urban areas, for whom such activities are significantly more accessible because they generally do not need to allocate money for transportation to these (Knezić and Opačić, 2021).

Children receiving child allowance can also be counted among children at risk of poverty. To be specific, child allowance in the Republic of Croatia is provided to families with dependent children whose average monthly income per household member does not exceed 70% of the tax base (HRK 2,328.20), which is quite low. According to the latest data for November 2021 (CPII, 2021), 268,436 children in the RC were covered by this measure. Although children covered by this pecuniary benefit are at risk of poverty, they are generally not recognized in the targeted measures related to children at risk. They are, for example, recognized as a target group for subsidized primary school meals through the FEAD fund, but their needs are often unrecognized, and they do not stand out as a target group that needs special support and assistance in the education system. Surveys of children receiving child allowance are rare and there are no data on the problems and obstacles they face in the education system. However, the finding of research by Bagić et al. (2017) indicates that child allowance is a necessary source of income for the entire household in work inactive households with a larger number of children, which is not the primary purpose of this measure. Its key purpose is to support the maintenance and upbringing of children, rather than the maintenance of the whole household. It is all the more important to accept the specific needs of these children at risk of poverty in relation to education and the costs it entails.

It is especially necessary to emphasize the educational deprivation of children of the Roma national minority who face general obstacles related to the affordability of school material and activities, as well as other challenges connected to participation in the educational process. A survey of base data on Roma inclusion in Croatian society (Kunac et al., 2018) shows that 95% of children belonging to the Roma national

¹⁴ The right to free transport is not exercised by a student who is accommodated in a student dormitory located in the same place as where he or she is educated and by a student whose transportation costs are fully financed from other sources (student who resides on an island, programmes of local and regional self-government units, etc.).

minority (RNM) regularly attend primary school, although a significantly lower percentage of young Roma attend secondary school – only 31% between the ages of 15 and 18 (although 91% of surveyed parents whose children attend primary school strongly want their children to continue their education). Looking at the overall picture of the achieved level of education among members of the Roma national minority (Potočnik et al., 2020), it was found that most members of the Roma national minority completed primary education (28.4%). As many as 56% of RNM members have not completed compulsory education, i.e., 62.5% of Roma women and 49.6% of Roma men. A total of 15.1% of the Roma, i.e., 11.4% of Roma women and 18.7% of Roma men, completed secondary school, with vocational schools being predominant. Only about 0.4% of respondents had completed three years of college or some form of academic education. In 2020, there was an increase in the number of students belonging to the Roma national minority in primary education: 5,047 compared to 4,637 in 2019, with the number of children included in extended stay in 2020 being slightly lower – 468 children compared to 565 children in 2019. The number of students attending secondary education also increased: in 2020 there were 772, while in 2019 there were 721 (Government of the RC, 2021 e).

The Ministry of Science and Education is implementing certain measures to overcome financial and other barriers to the participation of Roma children in education. For example, in 2020 it provided monthly secondary school scholarships for 630 students, the same as in 2019 (628 students) and special assistance in learning the Croatian language for 477 students, which is slightly more than in 2019 (435 children) (Government of the RC, 2021 e). In order to ensure social integration and encourage the further education of students belonging to the Roma national minority, in June 2020 the MSE adopted a Decision on the criteria for the disbursement of one-off financial assistance to regular students belonging to the Roma national minority who completed a secondary education programme in 2020 (Government of the RC, 2021 e). The MSE also provides funds for the work of Roma assistants, the implementation of school in nature/extracurricular activities and co-finances graduation trips. It is also necessary to provide transportation from home to kindergarten/school for children and students belonging to the Roma national minority living in remote, isolated settlements. However, the co-financing of transport by school founders has not proven to be a sufficient solution, which is reflected in the fact that LSGUs that did not have the means to pay for the transport sporadically reported to the NRIP Monitoring Commission and if their request was approved, they received funds from the state budget (Government of the RC, 2018). Therefore, the MSE has secured funds for the next three-year period (2021–2023) for the measure of co-financing special transport from home to kindergarten/school for children and students belonging to the Roma national minority living in isolated and segregated settlements (MSE, 2021 a).

The importance of the support programme for members of the Roma national minority provided by the MSE is indicated by the research of Kunac et al. (2018), which found that **the main reasons for not attending secondary education among children of the Roma national minority are financial reasons, previous poorer educational outcomes, and marriage and pregnancy/becoming a parent**. Data from the same study further show that 31% of children of the RNM are covered by secondary education, with a lower coverage of girls (36% of boys compared to

26% of girls), which reduces the chances of girls entering the labour market (Kunac et al., 2018). At the same time, 20.2% of the Roma minority girls, compared to only 5.6% of boys, cite marriage as one of the key reasons for dropping out of school, which is confirmed by interviews with representatives of relevant institutions. According to the data provided in the National Roma Integration Plan for the period from 2021 to 2027 (Government of the RC, 2021f), there is a wide gap in the completion of secondary education between boys and girls. For 42% of the Roma girls aged 14–29 who have started some level of education, dropping out of secondary school happens for reasons such as: marriage, pregnancy and motherhood. According to the OHRRNM data provided on request, of the 4,882 Roma children attending primary school in the 2019/2020 school year, 161 were repeating a grade and 105 children dropped out of school. At the same time, out of 700 RNM children who attended secondary school in the same year, 68 of them were repeating the grade, and 103 of them dropped out of further education. Most children of the Roma national minority between the ages of 14 and 18 are neither in school nor working and are deprived of certain income (e.g. scholarships for education) and the only source of income available to them is social benefits. However, 9.9% of Roma boys of that age are (informally) employed, while this is the case with 1.2% of girls (Kunac et al., 2018).

In addition, the analysis of the state of schools with a larger number of members of the Roma national minority (Government of the RC, 2021f) highlights the difficulty of working with students due to poor fluency in the Croatian language, the need to hire additional Roma assistants, non-enrolment of the majority population as per allocated enrolment areas (potentially leading to the risk of segregation) and difficult work with parents in raising awareness of the importance of education. **Ensuring Roma assistants is an extremely important aspect of the integration of Roma minority children in the education system**, which is particularly emphasized by the parents of Roma national minority children attending primary school. They especially highlight the importance of Roma assistants – and there are not enough of them – in the better educational integration of Roma children and better school success, given that the lack of fluency in the Croatian language is one of the key problems children face (Kunac et al., 2018). Roma assistants, 23 of whom work in schools, acquired the right to employment for an indefinite period of time under the previous legislative framework (Act on Early Childhood Education and Care), but this has been amended.¹⁵ Thus, since 2014, there is no legal basis for hiring Roma assistants as school staff and they can be employed as non-professionals based on the decision of the school board in agreement with the school principal. In these cases, Roma assistants are employed on a contract that is terminated when there are no classes, which not only hampers the continuity of providing this service but also potentially restricts the access of Roma assistants to basic social rights stemming from their continuous employment status (e.g., parental benefits, right to sick leave). The consequence of all of the above is still the significant presence of segregated "Roma classes", with as many as 45% of Roma children in Međimurje attending classes in which the majority or all students are Roma (Government of the RC, 2021f).

¹⁵ Data not publicly available, received upon request from the Government Office for Human Rights and the Rights of National Minorities.

In her report, the Ombudsperson (2021) stated that 83% of Roma minority children **lost various forms of support such as meals, psychological support or learning support due to the closure of schools** that occurred during the pandemic. The Ombudsperson for Children (2020; 2021) also highlighted **the problem of a lack of computers and the internet** among children living in poverty, especially members of the Roma national minority, which prevented them from having equal access to education. The Ombudsperson (2020) pointed out that most students from families living in poverty or at risk of poverty could not afford IT equipment, and only 19.6% of Roma children in a household had a personal computer, laptop or tablet.

Migrant children also belong to the group of children at risk in terms of education and are particularly highlighted by the ECG as a group of children at risk in the context of access to education. Minors who are applicants for international protection are entitled to primary and secondary education under the same conditions as Croatian citizens, with the aim of more successful integration. Continuous efforts are being made to include minors who are applicants for international protection in the education system as soon as possible after their applications have been received (within 30 days from the date of the application). In this respect the cooperation has been established with primary schools in Zagreb and Kutina, as well as with competent state and city authorities (European Integration Network, 2021). During 2020, the integration of underage beneficiaries of international protection into Croatian society was achieved within the project that included the Croatian Language, History and Culture Learning Programme for Asylum Seekers and Aliens under Subsidiary Protection for Inclusion in Croatian Society (OG 154/14). The programme envisaged a minimum of the total number of hours of Croatian language lessons – 280. All minors who are seeking international protection and underage beneficiaries of international protection who were in the process of inclusion in the education system were provided with support in primary and secondary schools by having preparatory and supplementary classes approved in accordance with the Act on Primary and Secondary School Education (OG, No. 87/08, 86/09, 92/10, 105/10–corr., 90/11, 16/12, 86/12, 94/13, 152/14, 7/17, 68/18, 98/19, 64/20; Articles 43, 45 and 46). In order to effectively integrate students, schools are obliged to provide special assistance to children who have the right to study in the RC in the form of conducting preparatory and supplementary Croatian language classes for 35 or 70 hours.

According to the European Integration Network (2021), in 2020 the inclusion of 61 students with regulated status in primary education was approved, of which 32 in Sisak–Moslavina County, 6 in Karlovac County, 1 in Zagreb County and 22 in the City of Zagreb. In general, every request for inclusion in the Croatian education system is approved. As part of the children's playroom, the Croatian Red Cross held IT workshops for children to encourage the acquisition of new skills, knowledge, language learning, social network expansion and intercultural learning, and in 2020 the workshops were attended by 646 users, 258 of whom were minors applying for international protection (European Integration Network, 2021). Employees of the Croatian Red Cross in reception centres continued to provide support during the enrolment of children in the primary school curriculum. They not only helped prepare children for school and provided assistance with enrolment, but they

continued to monitor their schooling, helped with online education and writing homework, and provided support for parents and teachers during the process of adapting children to school. During 2020, the Croatian Red Cross provided support for 258 minors seeking international protection (European Integration Network, 2021). Since March 2020, the services have been provided by the Centre for Cultural Dialogue.

According to the report of the Ombudsperson for Children (2021), which refers to children on the move in 2020, procedures have started for the inclusion of 107 children in primary and secondary education, and 13 children in the preschool programme. Most of these children left the Reception Centre for Asylum Seekers before entering the education system. During 2020, 26 children seeking international protection attended primary school, one child secondary school, while one child seeking international protection was included in the preschool programme. The Ombudsperson emphasized that the problem of not including unaccompanied children in school still existed, citing as reasons the older age of the children and the inability to determine what level of education they had completed, the children's lack of interest and leaving the institution arbitrarily. She also pointed out that educational institutions did not work on the systematic inclusion of children seeking international protection and children who had been granted protection, and the process of organizing preparatory classes was extremely long and children often waited months before they were granted preparatory classes. When organizing preparatory classes, access to learning the Croatian language is limited to 70 + 70 hours of preparatory classes, which is insufficient for most children to learn the Croatian language well enough to attend and follow classes. The language barrier also makes it difficult to communicate with other students on a daily basis and to create peer relationships at school. It is therefore recommended that additional and structured support be provided for this group of children. Besides, schools are often not informed about the rights of children under international protection and they need more support from the MSE in terms of training to work with foreign children and students under international protection, which would be targeted at all staff working with this population. This way, teachers, educators and other staff would be provided with adequate tools and knowledge. Support is only provided from other schools and civil society organizations. Another problem related to the inclusion in primary school of children of applicants and children granted international protection is that there are no standardized procedures, so the methods and procedures of assessing a child to determine the grade level differ greatly and often the staff need to improvise. Therefore, it happens that two children with a similar situation are assigned to two different classes, and the Ombudsperson pointed out that such an assessment procedure needed to be standardized at the level of the entire RC. The Covid-19 pandemic has significantly affected the lives of children with a migrant background due to the increased risk of exclusion, poverty, stigmatization and neglect. During the lockdown, 88 children seeking international protection who arrived at the Reception Centre during the period did not have access to classes. During distance learning, no preparatory distance learning of the Croatian language was organized, which slowed down the integration of children into the educational system. The lack of educational support in the Reception Centre for Asylum Seekers was also affected by the measures taken to combat the spread of Covid-19, as all providers, i.e. all organizations except the Croatian Red Cross and Médecins du Monde, were banned from entering

the Reception Centre. Due to the lack of Wi-Fi, the activities that were otherwise carried out by other organizations could not be performed online (Ombudsperson for Children, 2021).

The number of children granted international protection who are included in the educational system is not reported, and the data received by OHRRNM from MSE show that 31 children were included in primary education in 2018, 101 in 2019, and 74 in 2020. There are no data on the number of these children involved in secondary education (MSE has "no data available"), as well as other data on the forms of support provided (for example, the number of registered assistants and education and care services provided to persons granted international protection, training of educators and the implementation of intercultural education projects, the number of children granted international protection included in extracurricular activities, etc.). From the above, it is clear that there is a significant gap in the education system in keeping records of this group of children at risk.

According to the MIPEX index for 2019, which measures policies to integrate migrants in various areas, including in the education system in EU countries, the RC is one of the countries with the lowest index, which means that an inclusive approach in education policies is extremely rare. In the RC, the integration of children into the education system is achieved mainly through the involvement of the civil sector (Sirius, 2020). According to the MIPEX index, the situation in Croatia in relation to education policies towards migrants is "mostly unfavourable", which is explained by the fact that all children with a migrant background legally residing in the RC can enrol in compulsory education where they receive language support but schools receive poor support from the system to create an intercultural environment. An intercultural educational environment implies the education of teachers to work in this context and a sufficient number of cultural mediators or assistants as support in the process of educating children with a migrant background. Therefore, one of the recommendations for the RC is to ensure access to intercultural education for all students through curricula by developing a systematic national educational framework (MIPEX, 2020).

Children with developmental disabilities face limitations in exercising their rights to education, especially those living at additional risk of poverty (Ombudsperson for Children, 2020). A total of 458,522 students, 28,399 of whom are students with developmental disabilities, which is slightly more than 6% of all students, are educated in 1,329 educational institutions, 35 of which are institutions with special conditions. A total of 2,976 students are educated in schools with special conditions for students with developmental disabilities (Ombudsperson for Persons with Disabilities, 2021). According to CBS (2021), 1,697 children with developmental disabilities attend primary schools for children and youth with developmental disabilities, while 1,150 children attend secondary schools for youth with developmental disabilities (CBS, 2020). Children with developmental disabilities from remote areas, including the Croatian islands, are often among those who have to move to other areas to have access to education. According to the MLPSFSP (2020), in 2019, 111 children with developmental disabilities were placed in institutional care outside their place of residence due to the need for education under a special programme (and because schooling

could not be provided in their own area). According to Bouillet's study (2014), as many as a quarter of children with developmental disabilities were institutionalized for their education. The weaknesses of the education system significantly contribute to this, shown for example in the vagueness of legislation, which is especially evident in the lack of attention to the needs of children with developmental disabilities when education policy is formed (Bouillet, 2014). The importance of teaching assistants for some children with developmental disabilities has been highlighted in several studies conducted in Croatia (Drandić, 2017; Romstein and Velki, 2017; Zrilić and Nenadić-Bilan, 2019), as their involvement contributes to the better integration and success of the child in school. Although the Ordinance on Teaching Assistants and Professional Communication Mediators (OG 102/18, 59/19, 22/20) was adopted in 2018, attempting to regulate their status and thus enable better availability of such professionals to children with DD, their needs have still not been met. Thus, the Ombudsperson for Children has consistently highlighted the "unavailability of teaching assistants for children with developmental disabilities" as a problem in the education system for many years (Ombudsperson for Children 2016; 2017; 2018; 2019; 2019; 2020). The status of teaching assistants for children with developmental disabilities has still not been systematically resolved within Croatian legislation, which means that such assistants do not have the chance of permanent employment, but work under a contract that is terminated at the end of each school year. This results in children not having continuity in working with an assistant. At the same time, it is very difficult to find a person who would agree to work as a teaching assistant, given that this is an insecure and poorly paid job. Practice shows that it is often difficult to find a teaching assistant, and parents struggle to find such a professional for their child on their own, while parents who have the financial means often finance the service for their child from their own resources.

In the latest report for 2020, the Ombudsperson for Persons with Disabilities (2021) emphasized the importance of educational inclusion which ensures equal opportunities for students with developmental disabilities in the RC and that this form of teaching came to life largely through legislation. She also noted that the entire education system needs to be further strengthened for the actual implementation of inclusive education. The Ombudsperson advocated the institutional and professional strengthening of the education system and urged that support centres be established and professional mobile teams formed as soon as possible to support educational institutions in the implementation of an inclusive approach to teaching. She emphasized that the strengthening of staff of educational institutions by hiring the necessary number of professional associates and the spatial and didactic adaptation of schools were areas that still needed work, including the systematic education of teaching staff. The evident problem of insufficient support for educators and teachers in the process of inclusion, as well as the inadequate education of educators and teachers for teaching children with developmental disabilities, which often results in insufficient individualization of models and forms of education and groups of children, is particularly underscored by Bouillet (2014). These long-standing barriers to the smooth and inclusive education of children with developmental disabilities were recognized by the MSE which, in 2021, adopted Guidelines for working with students with disabilities (MSE, 2021 b).

Following the analysis, Table 2 summarizes the main barriers to accessing free and affordable education related to groups of children at risk. Particularly highlighted are *child beneficiaries of the guaranteed minimum benefit* (beneficiaries in the social welfare system), *children of the Roma national minority*, *children with developmental disabilities*, *children with a migrant background* and *child beneficiaries of child allowance*.

Table 2: The main barriers to accessing free and affordable education for children at risk

Groups of children at risk	Population estimate	Assessing access to education	The main barriers to access stemming from the presented analysis	Data availability
Child beneficiaries of GMB	<ul style="list-style-type: none"> On 31 December 2020, there were 13,977 children from families receiving GMB; of whom children aged 5–14 – 8,013 and children aged 15 to 19 – 3,485 (MLPSFSP, 2021a) 	<p>No disaggregated data are collected for children receiving GMB. In principle, there are no formal barriers to their accessing primary and secondary public education because it is free, but there are barriers to equal participation in the educational process (described in the next column) that can negatively affect the quality of outcomes.</p>	<ul style="list-style-type: none"> They are not able to cover the "hidden" costs related to primary and secondary school education (physical education equipment, money for school trips and graduation trips, visits to cultural and artistic institutions, equipment for practice based on workplace learning in secondary vocational schools, school transport, computers and the internet etc.) Unavailability and unaffordability of extended school stay Impossibility to choose the desired secondary school programme due to unavailability and affordability (primarily the cost of transportation to a place outside their place of residence), which is especially true of children from rural areas 	<p>MSE has data on children of GMB beneficiaries in the system, but does not publish them</p>
Children of the Roma national minority	<ul style="list-style-type: none"> 12,920 children under 16 (Kunac et al., 2018) 	<ul style="list-style-type: none"> 95% of children enrolled in primary school; 31% of children attend secondary school (Kunac et al., 2018) In primary education in 2020, there were 5,047 children (2,550 male 	<ul style="list-style-type: none"> Lack of fluency in the Croatian language and lack of Roma assistants Unavailability and unaffordability of extended school stay Unavailability of various forms of support such as meals for children, psychological support or learning support Unaffordability of computers and the internet 	<p>MSE Directorate for National Minorities monitors data on the involvement of RNM children and shares data on request. Some data are collected and processed by the</p>

		<p>and 2,497 female); in secondary education in 2020, there were 772 students (382 male and 390 female) (Government of the RC, 2021e)</p>	<ul style="list-style-type: none"> • Inability to cover the "hidden" costs of education • Reasons for not attending secondary school: lack of money, previous poor school performance, marriage, pregnancy and parenthood • Underdeveloped inclusive approach – significant representation of segregated classes in Međimurje County 	<p>Office for Human Rights and Rights of National Minorities of the Government of the Republic of Croatia. Data from the research of base data on the inclusion of the Roma in Croatian society are also available (Kunac et al., 2018)</p>
<p>Children with developmental disabilities</p>	<ul style="list-style-type: none"> • 8.2% of children with disabilities (developmental disabilities) in the total population of children 0–19, or a total of 64,063 (39,259 M, 24,804 F) on 9 September 2021 (CIPH; 2021) 	<ul style="list-style-type: none"> • In 2020, 28,399 students with developmental disabilities were in the education system (6% of the school child population) (Ombudsperson for Persons with Disabilities, 2021) • 2,976 students were educated in schools with special conditions for students with developmental disabilities (Ombudsperson for 	<ul style="list-style-type: none"> • Institutionalization of children – children from remote areas do not have access to basic services and often have to move to other areas to exercise their right to education • Insufficient number of teaching assistants – the problem of inclusive education 	<p>MSE CBS Ombudsperson for Persons with Disabilities</p>

	<p>Persons with Disabilities, 2021)</p> <ul style="list-style-type: none"> • 1,697 children attended primary schools for children and youth with developmental disabilities (CBS, 2021) • 1,150 children attended secondary schools for young people with developmental disabilities (CBS, 2020).
<p>Children with a migrant background</p>	<ul style="list-style-type: none"> • In 2020, 186 unaccompanied minors, applicants for international protection; 169 males and 17 females (MI, 2021) • In 2020, 61 students were included in primary education (European Integration Network, 2021) • In 2019, MSE approved the inclusion of 43 foreign students with no or insufficient knowledge of the Croatian language in preparatory and supplementary classes of the Croatian language (European Integration Network, 2020) <ul style="list-style-type: none"> • Untimely involvement in the educational process • Schools do not receive sufficient system support to create an intercultural environment • Insufficient number of Croatian language lessons (according to the needs of the child) • Insufficient number of cultural mediators/teaching assistants • Insufficient number of teachers trained to work in an inclusive school environment <p>There is no systematic monitoring of data on children with a migrant background within the education system. MI – number of unaccompanied children European Integration Network – annual reports on unaccompanied children: number of children, number of children included in the education system</p>

Child beneficiaries of child allowance	<ul style="list-style-type: none">• In November 2021, 268,436 children were covered by the right to child allowance (CPII, 2021)	<ul style="list-style-type: none">• Data on the number of children receiving child allowance in the education system are not systematically monitored	<ul style="list-style-type: none">• There are no analyses to provide a more detailed insight into the barriers to accessing education for this group of children, but given the level of the census and the fact that research shows that child allowance is a necessary source of income for the entire household in inactive households with more children, it is to be assumed that these families face similar barriers as child beneficiaries of GMB (row 1 in this table)	There is no systematic monitoring of data on beneficiaries of child allowance within the education system
---	--	---	---	---

3.2. Proposal of objectives and measures in the field of access to education within the European Child Guarantee

Based on the presented analysis and the basic principles of the European Pillar of Social Rights, the EU Recommendation on Child Poverty “Investing in children — breaking the cycle of disadvantage” 2013/112, the European Strategy on the Rights of the Child 2021–2024, and the sustainability study that accompanies the ECG, objectives are set to create a framework for ensuring free, affordable and inclusive education for children at risk. The importance of establishing equal education opportunities throughout the education process is especially emphasized in two national documents: the National Recovery and Resilience Plan (Government of the RC, 2021a) and the 2030 National Development Strategy of the Republic of Croatia (OG 13/2021). The latter document emphasizes the priority of inclusion in the education process for all groups of children. Accordingly, two key overarching objectives stand out:

- Provide affordable and free primary and secondary education for children at risk of poverty
- Promote inclusive educational practices and build a culture of diversity.

OBJECTIVE 1: Provide affordable and free primary and secondary education for children at risk of poverty

One of the key measures within the ECG Recommendation is the provision of free compulsory (primary) education for all children, as well as secondary education for children at risk. Although education in the RC is without tuition fees, it entails many visible and so-called “hidden” costs necessary for the unobstructed education of children (EC, 2020a). Research in the RC shows that GMB beneficiaries especially emphasize the problem of being able to afford educational materials and the lack of funds for various educational content, such as workbooks, art education equipment, physical education equipment, money for school trips and graduation trips, equipment for practice based on workplace learning in secondary vocational schools, visits to cultural and artistic institutions, transport to school (e.g. for attending extracurricular activities), unaffordability of computers and the internet, etc. (Šučur et al., 2015; Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017; Stubbs et al., 2017; Ombudsperson for Children, 2020; Ombudsperson, 2020). Lack of affordability implies the impossibility of allocating money from the family budget to cover the above costs of education, which means that these costs are significantly above the ability of families of children at risk to cover such costs. Therefore, the ECG emphasizes the importance of free education for these children. The costs of textbooks for primary school for all children in the RC are covered from the state budget, while the Government of the RC decides on financing or co-financing the purchase of textbooks for secondary school students (Act on Textbooks and Other Educational Materials for Primary and Secondary Schools, OG 116/2018). Thus, in accordance with the available financial resources for each school year, the Government of the RC decides on financing or co-financing the purchase of educational materials for primary school and compulsory secondary school textbooks for GMB beneficiaries (Government of the RC, 2021c, 2021b), and a significant number of non-GMB beneficiaries are also in need of this measure. For example, children receiving child allowance in the RC also generally fall into the category of families of lower socioeconomic status, but they are not covered by these subsidy measures provided by the Government of the RC. Different local communities have different practices regarding the reimbursement of education costs, leading to unequal access to education for children at risk, especially within secondary education, where the state reimburses textbook costs only for GMB beneficiaries. The City of Zagreb, for example, has for many years covered the cost of textbooks for all secondary school students (City of Zagreb, 2021, City of Zagreb, 2021a), regardless of financial status, which greatly facilitates access to education also for other children at risk of poverty, such as, for example, beneficiaries of child allowance, single-parent families, or families with three or more children who would not

otherwise be subsidized in the cost of education by the state. Children from the families of beneficiaries of both GMB and child allowance are mostly children of the Roma national minority, so the above recommendations also apply to them.

RECOMMENDATIONS FOR OBJECTIVE 1:

- Conduct a comprehensive analysis of the hidden costs of participation in education for children at risk of poverty and social exclusion, which will analyse in detail the structure of financial and other material support for children at risk of poverty at the level of primary and secondary education, with special emphasis on various sources of funding and the structure of the "hidden costs" (MSE with the support of UNICEF)
- Provide for free "other educational materials" for children at risk of poverty in the primary and secondary school system from families of beneficiaries of the guaranteed minimum benefit and child allowance, broken down for children from single-parent families and families with three or more children (MSE, MLPSFSP, CSODY)
- Provide for free secondary school textbooks for children at risk of poverty from families of beneficiaries of the guaranteed minimum benefit and child allowance, broken down for children from single-parent families and families with three or more children (MSE, MLPSFSP, CSODY)
- Provide a fee for meeting the "hidden costs" of education such as equipment for art education, equipment for physical education, money for school trips and graduation trips, visits to cultural and artistic institutions, equipment and the internet for participation in distance learning, equipment for practice based on workplace learning in secondary vocational schools, school transport, computers, etc. for children at risk of poverty (beneficiaries of GMB, child allowance, broken down for single parents and families with three or more children) (MSE, MLPSFSP, CSODY)
- Develop within the MSE a set of indicators within the application *ŠeR (Školski e-Rudnik)*, Vol. 4, to refer to the socioeconomic characteristics and rights of children in the social welfare system, which will enable the monitoring of children at risk in the education system (e.g. beneficiaries of GMB, child allowance, single-parent families, families with three or more children, etc.)
- In cooperation with social welfare centres and the healthcare system, identify children who are not included in the compulsory education system (5% of children of the Roma national minority) and provide targeted support for both children and parents so that they can be included in the education system (MLPSFSP, MH, MSE)

INDICATORS FOR THE RECOMMENDATIONS FOR OBJECTIVE 1:

- Comprehensive study on the structure of financial and other material support for children at risk of poverty at the level of primary and secondary education; findings and recommendations used in (re)defining the criteria for awarding grants
- Proportion of 15-year-olds with lower achievement in reading, maths and science literacy (ratio of the first and last quartiles by socioeconomic status)
- Educational achievements of children in schools on islands, in mountain areas or with developmental difficulties by grades in relation to the Croatian average (source *Školski e-Rudnik*)
- Proportion of members of the Roma national minority aged 18–25 with completed 4- or 5-year secondary school

- Proportion of children of beneficiaries of the guaranteed minimum benefit with secured secondary school textbooks, broken down by number of children in the family, single parent status, age, sex of children (MSE, MLPSFSP *SocSkrb* application)
- Proportion of child beneficiaries of the guaranteed minimum benefit with secured so-called other educational materials in primary and secondary school, broken down by number of children in the family, single parent status, age, sex of children (MSE, MLPSFSP *SocSkrb* application)
- Proportion of child beneficiaries of the guaranteed minimum benefit who receive compensation for covering hidden costs of education in primary and secondary school, broken down by single parent status and families with three or more children (MSE, MLPSFSP *SocSkrb* application)
- Proportion of child beneficiaries of child allowance with secured secondary school textbooks, broken down by number of children in the family, single parent status, age, sex of children (MSE)
- Proportion of child beneficiaries of child allowance with secured so-called other educational materials in primary and secondary school, broken down by number of children in the family, single parent status, age, sex of children (MSE)
- Proportion of child beneficiaries of child allowance who receive compensation for hidden costs of education in primary and secondary school, broken down by single parent status and families with three or more children (MSE)
- Developed system for monitoring the socioeconomic status of children in the education system within the *ŠeR* application, which includes at least the following indicators: family beneficiary of GMB, beneficiary of child allowance, single-parent family, family with three or more children, other rights from the social welfare system pertaining to socioeconomic status
- Proportion of children not included in compulsory education, covered by targeted support programmes (MSE, MLPSFSP *SocSkrb* application)
- Proportion of children covered by extended stay for children from the 1st to 4th grade of primary school, broken down by grades and schools; data source: introduce in *Školski e-Rudnik (ŠeR)* based on data collected from schools
- Proportion of children at risk involved in extracurricular activities in the school year, broken down by grades, schools and the number of programmes in which each child is included; by type of programme (foreign language, IT, robotics, sports, art, psychosocial (educational) programmes); and groups of children (children from the family of beneficiaries of GMB, beneficiaries of child allowance, children with developmental disabilities, children belonging to the Roma national minority); data source: introduce in *Školski e-Rudnik (ŠeR)* based on data collected from schools

OBJECTIVE 2 Promote inclusive educational practices and build a culture of diversity

Inclusive education as a concept is based on the Statement and Framework for Action (UNESCO, 1994) which promotes the right of every child to be included in regular schools and classes, regardless of their physical, intellectual, emotional, social, linguistic, or other conditions. It is based on the right of all to quality education and focuses in particular on vulnerable groups of children, with the ultimate goal of reducing the segregation and exclusion of these children from the education system. Among the ECG recommendations, some of the key ones are those related to the development of inclusive education, where it is necessary to develop teacher education programmes and invest in capacity building in order to develop more inclusive education (EC, 2020a). It is stated that more attention should be paid to the social and intercultural education of teachers and to raising awareness of the issues of discrimination and work with children at risk. This resonates especially in

the context of the fact that as part of the international TALIS survey, Croatian teachers and educators highlighted the need for professional development in the field of working with students with developmental disabilities as a priority among everything offered: as many as 36% stated this compared to those in OECD member countries (22%) (OECD, 2019). At the same time, in the same context, one of the ECG's recommendations is that EU funds should not be used to maintain educational segregation for children at risk, such as Roma children, children with a migrant background and children with developmental disabilities (EC, 2020a). School segregation has negative implications not only for minority or vulnerable students, but it also threatens the overall success of education. Addressing segregation in school, therefore, is not only necessary as a guarantee of the right to education and equality in the education system but is also key to improving the efficiency and outcome of the education system as a whole (Council of Europe, 2018).

Children of the Roma national minority, in addition to living in extremely difficult financial conditions and having a much harder time integrating into the education system, also due to their ethnicity and mother tongue, are subject to segregation by the majority society and are often educated in segregated Roma classes, which is contrary to the inclusive approach to education advocated in the ECG (EC, 2020d). Their poor involvement in the system of preschool education (only 31.1%) adds to the problem of further education and participation in educational processes due to poor knowledge of the Croatian language. The problem of an unsystematic inclusive approach in education towards children of a migrant background, as well as towards children with developmental disabilities, is something that the Ombudsperson for Children and various expert analyses point out, given that inclusive education policies in Croatia are still underdeveloped.

RECOMMENDATIONS FOR OBJECTIVE 2:

- Professional development of teachers, professional associates, and principals with innovative and inclusive methodological approaches in face-to-face teaching and online teaching (MSE, ETTA)
- Professional training in encouraging diversity and cooperation with parents of children with developmental disabilities, parents of children of the Roma national minority and parents of children in poverty or at risk of poverty (MSE, ETTA, OHRRNM)
- Professional development of teachers, professional associates and principals on the Roma culture and language and the needs of students with specific developmental disabilities (MZO, ETTA, OHRRNM)
- Develop, propose, and ensure the entry of standards for the professions of Roma assistant and intercultural assistant in the CROQF Register and ensure that both professions are recognized within the Act on Primary and Secondary School Education (MSE, OHRRNM, UNICEF)
- Invest additional human and material resources in schools that have segregated Roma classes in order to make them attractive in terms of content for members of the majority population (MSE, OHRRNM)
- Encourage the participation of RNM children, children with a migrant background and children with DD in student representative bodies, extracurricular activities, and other activities in the school environment (MSE)
- Promote positive and successful educational stories of students with disabilities, students living in poverty and students of the Roma national minority (UHRNM, CSOs)
- Encourage the equipping of schools with innovative methodological and didactic tools to improve the learning of students with disabilities and neurodiversity (MSE, the Association of Cities, the Croatian Union of Municipalities, the Croatian County Association)

- As part of the reform of full-time education, in terms of infrastructure and human investments, give priority to schools attended by a larger number of children belonging to one of the categories of social exclusion (e.g, through the development index, percentage of Roma national minority members in the school)
- Implement comprehensive mapping of the availability and quality of extracurricular and out-of-school activities for the most vulnerable children to contribute to the better design and targeting of programmes and subsidies within the area (the scheme could be funded by EU funds, especially ESF+; MSE, CSODY)
- Provide more extracurricular activities in schools with greater coverage of school children and youth at risk and programmes that will follow modern learning methods and the needs of children and youth (e.g., learning support programmes, foreign languages, IT and robotics, sports, arts, and others; MSE, LSGU)
- Provide adequate human resources (competent teachers and other professionals such as psychologists, speech therapists, rehabilitators or teaching assistants) in educational institutions with the aim of early identification, planning, and adaptation to the specific needs of children with developmental disabilities (MSE)
- Regulate the status of Roma assistants and assistants for children with disabilities (MSE)
- Provide more high-quality education for professional teachers in an integrative approach to community-based services for children and the role of the school; consider the possibility of measuring the effects of this training through the processes of self-evaluation and external evaluation of schoolwork (MSE, NCEEE)

INDICATORS FOR THE RECOMMENDATIONS FOR OBJECTIVE 2:

- Proportion of children in need of teaching assistants or cultural mediators (MSE, ŠeR)
- Proportion of children from groups at risk (Roma national minority, migrants, developmental difficulties) who participate in student representative bodies, extracurricular activities, and other activities in the school environment (MSE, ŠeR)
- Proportion of principals, professional associates, teachers who have acquired knowledge and skills on innovative methodological approaches for teaching face to face and online (MSE, ŠeR)
- Proportion of principals, professional associates, teachers who have acquired knowledge and skills in fostering diversity and cooperation with parents of different groups of children at risk
- Proportion of principals, professional associates, teachers who have undergone training on the Roma languages and culture and specific developmental difficulties
- Percentage of Roma children in Međimurje County who attend classes where most or all students are Roma (indicator from the Action Plan for the Implementation of the National Roma Integration Plan)
- Professions of Roma assistant and intercultural assistant registered in the CROQF Register; included in the text of the Act on Primary and Secondary School Education
- Proportion of schools equipped with innovative methodological and didactic tools to improve the learning of students with disabilities and neurodiversity (MSE, ŠeR)

Achieving the proposed objectives (and applying the proposed recommendations) by 2030 should contribute to the following changes in the field of education:

- Proportion of persons who experience great difficulty in meeting the costs of formal education reduced to 6.5% (2016: 13.5%; EU-27: 6.7%)
- Proportion of 15-year-olds who underperform in reading literacy reduced to 15% (2018: 21.6%; OECD average: 23%); mathematical literacy to 15% (2018: 31.2%; OECD average: 24%), scientific literacy 15% (2018: 25.3%; OECD average: 22%)
- Average school achievement of children among children with developmental disabilities graded at 4.2 (2021: 3.9%)
- Proportion of members of the Roma national minority aged 18–25 who have completed 4-year, or 5-year schooling is increased to 10% (2017: 4.4%)

A summary of the proposed objectives and the indicators highlighted here is provided in Appendix 3.

4. Access to quality nutrition

Access to quality nutrition is essential for the optimal development of children, starting from birth and later during schooling. One of the key measures advocated within the ECG which can have multiple benefits for the welfare of children, and especially children at risk, is access to nutritional meals for all children. For example, research and the experience of EU countries suggest that access to quality nutrition organized under the education system can nutritionally improve children's diets, boost their physical development and health (e.g. reducing malnutrition or obesity, fostering healthy eating), as well as educational outcomes (e.g. the possibility of better concentration and participation in the teaching process, and improved educational outcomes, preventing "dropping out" of the education system), but it can also reduce financial expenditures for families with children. Besides, additional efforts are necessary for children growing up in poverty to ensure that they have access to adequate nutrition within the family, while attending preschool and primary school programmes, but also outside the school environment and during weekends and school holidays (EC, 2021).

The analysis presented below indicates that while the Republic of Croatia has a tradition of programmes aimed at promoting and encouraging breastfeeding, there are no mechanisms to ensure access to adequate nutrition for children at risk in general, that is, outside the educational environment. In addition, the primary school nutrition system faces a number of challenges. The lack of adequate support in the field of a nutritionally balanced diet and the system of organized primary school nutrition, as well as the fact that secondary schools are not obliged to provide student nutrition at all actually represents **a missed opportunity to respond to the needs of children and young people for a healthy and regular diet**. Particularly disadvantaged are secondary school students living in conditions of poverty who say they "*give up on meals*" when they are at school and rationalize existential needs, saying that they "*... can do without snacks*" (Kletečki Radović et al., 2017). The importance of a school meal for young people is also shown by the fact that just over 50% of pupils aged 11/13/15 have breakfast at home. The situation is significantly less favourable among 15-year-old schoolgirls who least have breakfast (only 38%). As for 15-year-old boys, 50% of them have breakfast (CIPH, 2020). The 2017/18 International HBSC Survey also showed that children/young people from families of lower socioeconomic status have worse eating habits and that the Republic of Croatia is **one of the countries where children eat the smallest amount of vegetables per day** (HBSC, 2020). In addition, **the number of overweight children has increased continuously** in the Republic of Croatia. The results of monitoring the state of child weight for 2018/2019 show that 33.1% of girls and 37% of boys aged 8–8.9 years are overweight or obese. At

the national level, the problem of being overweight is higher in boys (17.8%) than in girls (11.9%), where the highest proportion of overweight and obese boys is recorded in the Adriatic region (CroCOSI, 2021) which has the lowest number of primary schools with a school kitchen. An increase in obesity is also indicated among older children (11/13/15 years), and the 2017/18 HBSC survey shows that 31% of boys and 21% of girls are overweight or obese (CIPH, 2020). Adolescents from poorer families are more likely to be overweight or obese and are significantly more likely to have a negative body image (HBSC, 2020).

4.1. Access of children to quality nutrition in the RC – state of play

Access to quality nutrition in the RC will be discussed in two parts. First, the analysis highlights the key challenges related to breastfeeding support and the school nutrition system, which result from both an inadequate regulatory framework and spatially underdeveloped, underequipped and understaffed school kitchen networks and the existing school nutrition funding framework.¹⁶ Then, based on the very limited data available in this area, individual groups of children at risk are identified who are known to face difficulty in having a regular and nutritionally adequate diet. Finally, the main barriers to accessing quality nutrition for children growing up in poverty are summarized.

4.1.1. Key challenges related to breastfeeding and the system of organizing and funding school meals

Breastfeeding challenges

The World Health Organization and UNICEF **recommend starting breastfeeding immediately at birth and exclusive breastfeeding in the first six months of the baby's life with the gradual introduction of solid food while continuing breastfeeding until the second year of the baby's life and longer.** Exclusive breastfeeding implies exclusively a diet of breast milk with the possible addition of medically prescribed vitamin preparations, and without the introduction of any foods, including water. Breast milk is the first and most appropriate food for a child, and breastfeeding is also a unique measure of preserving the health of children from an early age. Breastfeeding stimulates the physical, emotional, sensory and cognitive development of the child and also has a defensive function against infectious and chronic non-communicable diseases. Exclusive breastfeeding reduces infant mortality rates and contributes to the faster recovery of infants after illness. Breastfeeding also has a positive effect on maternal health by downsizing the risk of developing ovarian and breast cancer, does not put additional strain on family finances and is safe for the environment. In addition to all its positive effects on mother and child in the early, most vulnerable period, breastfeeding in accordance with the recommendations also has long-lasting effects reflected in the lifelong health of the individual (WHO and UNICEF, 2018).

According to the Annual Implementation Plan of Statistical Activities of the Republic of Croatia in 2020 (OG 12/20), data from certain activities of primary care institutions (general/family medicine, healthcare of preschool children, women's healthcare and dental medicine) that have a contract with the Croatian Health Insurance Fund are collected through the communication message "Report after each examination" from the Central Health Information System of the Republic of Croatia (CHIS). However, this report does not contain information on the diet of infants and young children and the **indicator of exclusive breastfeeding can no longer be traced from the annual reports of activities for health protection of preschool children and general/family**

¹⁶ Kindergartens are also obliged to organize adequate nutrition for children in accordance with the NPS and the Programme of Child Health Care, Hygiene and Proper Nutrition of Children in Kindergartens (OG 105/2002, 55/2006, 121/2007) and nutrition is provided for all kindergarten children. We do not have analyses of the state of nutrition of children in kindergartens.

medicine. Therefore, it is impossible to obtain data on the number of exclusively breastfed children or on any other type of diet of the youngest children in the RC. In terms of breastfeeding, we only have data collected from research of a slightly older date. For example, a representative survey of parents of preschool children conducted in 2012 showed that about **20% of children were breastfed for one or two months, and between 35 and 40% of children until the fourth month of age, with mothers of lower socioeconomic status** breastfeeding less frequently (Grgurić and Pećnik, 2013). In addition to socioeconomic status, important factors that influence the length of exclusive breastfeeding, as well as the length of breastfeeding with solids, are the age of the mother upon delivery and the mother's level of education. In particular, women over the age of 25 and those with a college and higher education degree breastfeed longer. Both factors point to the greater maturity of the mother, which may also indicate other positive sociodemographic indicators (financial stability, settled housing, a healthy approach to pregnancy, etc., Čatipović and Hodžić, 2019). Finally, a survey of 822 women who gave birth in Split found that 96% of mothers started breastfeeding, but also that **women who did not take antenatal classes or attend breastfeeding** support groups were less likely to breastfeed and that not taking an antenatal class was associated with the lower likelihood of breastfeeding after six months. In this regard, it is important to point out that in some communities a **fee is charged** for antenatal classes, but there is no systematic analysis of the extent to which this is so (Zakarija-Grković and Pavičić Bošnjak, 2018). Given the proven importance of these classes, charging a fee can be an important factor in lower breastfeeding rates for mothers of lower socioeconomic status, as indicated by previous studies (Grgurić and Pećnik, 2013).

Finally, since 1994 (with a break from 2001–2006), **a global World Health Organization and UNICEF “Baby-Friendly Hospital Initiative” has been implemented in the Republic of Croatia.** The criteria for the evaluation of health institutions are based on the “Baby-Friendly Hospital” standards which aim to increase the proportion of infants exclusively breastfed in the first six months, which is an important factor in the prevention of numerous health problems and obesity in children. As part of this programme, hospitals provide counselling for mothers on how to breastfeed, as well as breastfeeding training for their staff. **However, accreditation based on these standards is voluntary and there is no systematic monitoring of compliance with the criteria after accreditation.**

Challenges related to organizing school nutrition

One of the key challenges related to the school nutrition system in the RC lies in the fact that according to the existing legal framework, it is only in primary schools that school nutrition must be organized. Consequently, **there is no system of organized or subsidized school nutrition for secondary school children.** Moreover, secondary schools usually do not even have canteens and children can usually get food during the school day from bakeries or fast-food restaurants located close to the school. If we look at this regulatory framework in a broader context where it is widely known that there is a system of subsidized and organized student nutrition in the RC, we come to the paradoxical situation where children at the age of adolescence, which is characterized by high nutritional risks and is most critical for maintaining healthy eating habits, fall outside the support system. In addition, in the RC, secondary school children are at the highest risk of poverty (Eurostat, 2021.d).

At the same time, the system of organized primary school nutrition faces organizational, infrastructural and staffing difficulties. Specifically, the organization and funding of school nutrition is left to the founders of primary schools, resulting in uneven practices and regional differences in children's access to nutrition. Differences already exist in the equipping of primary schools with kitchens where 85.3% of primary schools have a school kitchen (only 42.3% of district schools; Ombudsperson for Children, 2020). In this regard, it is important to stress that district schools are mainly located in rural areas, where child poverty is also the most

prevalent (Šučur et al., 2015). In only six counties (Varaždinska, Koprivnica–Križevci, Bjelovar–Bilogora, Virovitica–Podravina, Požega–Slavonia and Istria) do all main schools have school kitchens, while the situation is much worse in Dubrovnik–Neretva (28.1%), Split–Dalmatia (41%) and Zadar (65.8%) counties. Therefore, a large number of schools in Dalmatia do not offer cooked and therefore nutritionally adequate meals in schools for all children, and in some areas hot meals are not offered even by schools that have a kitchen. Some of the latter schools face difficulties related to necessary staff (e.g. they do not have the permission or necessary resources to recruit the required number of chefs or other staff) or have inadequately equipped kitchens and dining rooms. Due to the pandemic, school kitchens stopped working in some schools and children were given dry meals (Ombudsperson for Children, 2020). Consequently, **the nutritional quality of school meals is very uneven**, and it is the exception rather than the rule that schools apply *the National Guidelines for the Nutrition of Pupils in Primary Schools* (MH, 2013) developed with the aim of safeguarding children's health.

The Ombudsperson for Children (2020) also pointed to **regional differences in co-financing primary school nutrition**, explaining that access to free nutrition in schools was not the same for all children in the RC and was primarily determined by their place of residence. For the majority of students (50.9%), parents participate in funding nutrition, while in some counties (e.g., Osijek–Baranja) all students are entitled to free nutrition. As for the financing of school nutrition programmes for children growing up in poverty, practices vary and depend on the fiscal capacities of a particular local community. In addition, in this regard, a large number of primary schools rely primarily on co-financing school meals through the Fund for European Aid to the Most Deprived (hereinafter: FEAD), which funds meals for child beneficiaries of child allowance in less developed areas. After the FEAD funds were reduced in 2020 (the maximum amount available per applicant was HRK 1 million compared to the previous HRK 1.5 million, FEAD, 2021), there have been implementation difficulties. In addition to delays in public calls and uncertainties related to the continuity of funding in certain communities, due to the high needs in certain areas, schools have approached the additional targeting of beneficiaries covered by the measure of free school meals in different ways (e.g., co-financing meals for only one child in an eligible family, non-inclusion of new beneficiaries or children in the first grade). Such practices have led to the fact that **not all children in need are eligible for free school meals** (Kletečki Radović and Družić Ljubotina, 2021). Therefore, the Ombudsperson for Children (2020) also pointed to **the violation of children's right to privacy and dignity** precisely because of the difficulties in providing free school meals and the denial of meals for children whose parents were unable to meet the cost of school meals. Besides, the evaluation report indicates the need to **reduce the administrative burden** when implementing the FEAD programme in the RC (EC, 2019a).

4.1.2 Access and barriers to quality nutrition for children at risk

Systematic data are not available to monitor children's access to (free and good-quality) school nutrition and the nutrition of children at risk in general, nor is there research to give a more detailed insight into barriers preventing children from accessing a nutritionally adequate diet. However, from the previously presented review of data on nutritional practices and childhood obesity and the state of school nutrition, it is quite evident that the absence of a systematic and, at the level of implementation, a uniform and coordinated approach to organizing and financing school nutrition primarily affects children growing up in poverty with poorer access to adequate nutrition, especially children growing up in rural or less developed communities where the school infrastructure is less developed (Table 3). In this regard, it is also important to point out that in the RC **on days when children are outside the educational system (e.g. at weekends, in the weeks/months of holiday) and for children outside the educational system, there are no additional nutrition assistance programmes for children at risk, which are extremely important for children growing up in poverty.** Children (through family beneficiary

status) may be involved in local soup kitchen programmes or in the allocation of humanitarian food packages, which are unevenly distributed. Besides, soup kitchen programmes can lead to violations of children's right to privacy and dignity, and the suitability of such programmes for children is questionable (Kletečki Radović et al., 2017).

The fact that **a significant number of children in the RC do not have access to adequate nutrition** is indicated by 19.3% of households at risk of poverty with dependent children who cannot afford one meal with meat, fish or a vegetarian substitute every other day. This risk is far higher for single-parent families (37%, Eurostat, 2021.k). The first representative survey of child poverty in the RC conducted in 2014 also highlighted the significant difficulties of parents at risk of poverty with dependent children in providing adequate nutrition: almost half of children with developmental disabilities and children of the Roma national minority and more than 40% of children from families receiving financial social assistance (children in extreme poverty), parents of whom live in conditions of poverty, cannot afford one meal with meat, fish or a vegetarian substitute every other day (if they wish). In addition, 22% of parents belonging to the Roma national minority, 12% of parents of children with developmental disabilities and 10% of parents receiving occasional financial assistance within the social welfare system (living on the edge of poverty) do not have the opportunity to provide their child with three meals a day. The consumption of fresh fruit and vegetables once a day cannot be afforded by 35% of children with developmental disabilities, 48% of children of the Roma national minority and 32% of children from families receiving social welfare. Ensuring optimal nutrition for children is much more difficult in single-parent families, families with three or more children and those in urban communities (Šučur et al., 2015). Recent data also indicate a high proportion of low-quality food and drink for children of the Roma national minority. More than 60% of Roma households drink fizzy drinks and eat chocolate/sweets several times a week or every day. As many as 21.9% of Roma households never eat fish, and 29.6% only once a month or less often. The only positive aspect is the relatively high consumption of fruit and vegetables – 23% of households consume fruit and vegetables several times a week, and 50.9% every day or almost every day (Kunac et al., 2018). **Secondary school students growing up in poverty and facing the risk of social exclusion indicate the negative experience of hunger** ("*...food, for a while we had nothing at all, virtually nothing to buy, it was the same with grandparents... It was the worst thing for me... one of the worst periods for me...*") and (bad-)quality nutrition ("*... we have a meagre and low-quality diet*", "*... oranges are bought, and it will be once every two weeks, a month, but you definitely cannot have any quality nutrition, that's 100% sure, but essentially there is something to eat. As for a healthier diet, we are deprived*", Kletečki Radović et al. 2017).

This analysis suggests that the existing regulatory and financial framework governing the issue of school nutrition, as well as the underdeveloped infrastructure within schools (e.g., the existence or equipping of school kitchens, staff shortages) are what primarily hampers access to adequate nutrition for children at risk of poverty. The risk of parents' not being able to provide children with a regular and nutritionally appropriate diet increases in children outside the educational system and in children exposed to multiple risk factors. Thus, the limited data at our disposal primarily highlight children at risk of poverty who are beneficiaries of GMB (children in extreme poverty), children in single-parent families, members of the Roma national minority or children with developmental disabilities. It is important to stress that while access to primary school nutrition is difficult for children growing up in less developed and less populated areas where the necessary infrastructure is more often missing (especially when it comes to district schools), the inability of parents at risk of poverty to provide children with adequate nutrition is more pronounced in urban areas. Since the primary risk to which all these groups of children are exposed is poverty, and given that the known barriers faced by these groups do not

differ greatly, Table 3 summarizes the main barriers to accessing quality nutrition for children growing up in poverty.

Table 3: The main barriers to accessing quality nutrition for children at risk of poverty

Groups of children at risk	Population assessment	Assessments of inadequate access to nutrition	The main barriers to accessing nutrition arising from the analysis presented	Data availability
Children at risk of poverty	<ul style="list-style-type: none"> 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under the age of 18 in 2020 (Eurostat, 2021.f) 	<ul style="list-style-type: none"> 19.3% of households at risk of poverty with dependent children cannot afford one meal with meat, fish or a vegetarian substitute every other day (Eurostat, 2021.k) The risk is increased in children at risk of poverty who are exposed to additional risk factors: 1/2 of children with developmental disabilities and children of the Roma national minority and more than 40% of children from families receiving financial social assistance, parents of whom live in conditions of poverty and cannot afford one meal with meat, fish or a vegetarian substitute per day (Šučur et al., 2015) 	<ul style="list-style-type: none"> Lower breastfeeding rates in mothers of lower socioeconomic status and level of education Parents cannot afford regular meals and a nutritionally adequate diet (more pronounced in urban areas) Lack of nutrition assistance programmes outside the educational system and in secondary schools Regionally uneven infrastructure (in terms of being equipped and staffed) of primary school kitchens (more pronounced in rural areas) Inability to afford school meals – parents cannot participate in the cost of school meals The high administrative burden of the existing targeted programmes and problems in identifying the target population (e.g., FEAD) Locally defined criteria for access to free school meals do not cover all children in need Nutritionally inadequate school meals 	<p>There is no systematic monitoring of data on breastfeeding, nutritionally adequate diets of children and coverage of school nutrition programmes</p>

4.2. Proposal of objectives and measures in the area of access to quality nutrition under the European Child Guarantee

Starting from the analysis presented here and the general objective of the ECG that each child needs to be provided with at least one nutritionally balanced meal per day, as well as the priority activities of "providing free school meals", highlighted within the sustainability study accompanying the ECG, the following three objectives are set:

- Develop a comprehensive system of promoting and encouraging breastfeeding at the national level.
- Provide free and nutritionally balanced school meals for the most vulnerable groups of primary and secondary school children.
- Provide access to a regular and nutritionally balanced diet for children from families of lower socioeconomic status.

OBJECTIVE 1: Develop a comprehensive system of promoting and encouraging breastfeeding at the national level.

The RC does not systematically monitor the eating habits of infants and young children, while data from the survey of a slightly older date indicate low rates of exclusive breastfeeding, especially in mothers of lower socioeconomic status (Grgurić and Pećnik, 2013). As the 11 key indicators of the health status of mothers and children of the World Health Organization include the percentage of exclusively breastfed children aged 0 to 5 months (WHO, 2021), the data on the diet of infants and young children, in accordance with the definition of nutrition of the World Health Organization, should certainly be included in the communication message "Report after each examination" sent from the healthcare activities of preschool children and general/family medicine into CHIS (Rodin, 2021). Besides, in order to strengthen the network 'Baby-Friendly Hospitals' and other efforts aimed at increasing the rates of exclusive breastfeeding in the first six months of the child's life and the continuation of breastfeeding after the introduction of solids (e.g. availability of antenatal classes) and with the aim of increasing the rate of exclusive and overall breastfeeding, the priority is to adopt a new National Breastfeeding Protection and Promotion Programme for the period from 2022 to 2025, which will be based on national strategic documents and on international documents of the World Health Organisation. This requires preventive action on a wide range of potential health problems and obesity in children, especially those living in a less favourable socioeconomic environment. According to the Global Targets of the World Health Organization for improving nutrition by 2025, the global goal of increasing the frequency of exclusive breastfeeding in the first six months of the baby's life has been set at 50%.

The measures to be taken in this regard should be aimed at **ensuring the sustainability of programmes for the protection, support and promotion of breastfeeding** in maternity wards and in units of intensive neonatal care and treatment and at creating preconditions for the consistent application of the International Code on Marketing Breastmilk Substitutes of the World Health Organization in the RC. This is especially significant for mothers living in poverty who buy expensive substitute milk for their children's diet. **In addition to encouraging breastfeeding in children's wards of hospitals and in the community, work needs to be done to improve the system of monitoring breastfeeding and nutrition rates for infants and young children.** Special attention should be given to the work of the human milk bank in the RC and to the continuation of the collection and distribution of donated human milk.

RECOMMENDATIONS FOR OBJECTIVE 1

- Develop national breastfeeding targets through the National Breastfeeding Protection and Promotion Programme 2022–2025, based on the World Health Organization’s 2025 Global Nutrition Goals (MH)
- Develop a system of monitoring and evaluating the implementation of all specific objectives of the National Breastfeeding Protection and Promotion Programme (in preparation) from 2022 to 2025 (MH)
- Introduce monitoring of the percentage of exclusively breastfed children aged 0–5 months, in accordance with the definition of the World Health Organization (MH)
- Adapt national legislation to ensure the consistent application of the International Code on Marketing Breastmilk Substitutes (MH)
- Re-evaluate and strengthen the network of Baby-Friendly Hospitals (including the setting of binding measures to ensure the consistent implementation of the initiative) including the sustainability of the breastfeeding promotion programme in the health system (maternity wards and intensive neonatal care units, according to the globally revised Neo-BFHI initiative) by developing binding measures, in order to ensure the consistent implementation of this initiative in the RC (MH)
- Establish a national reference centre for the planning, implementation and coordination of the education of health professionals and parents during pregnancy, but also before a planned pregnancy, in connection with the nutrition (breastfeeding) of the youngest children (MH)
- Conduct a public campaign and develop educational materials on the importance and benefits of breastfeeding (MH in cooperation with the MSE and NGOs)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 1

- National breastfeeding targets set on the basis of the WHO’s global goals; data source: MSE
- Developed system for monitoring and evaluating all specific objectives of the National Breastfeeding Protection and Promotion Programme (in preparation) from 2022 to 2025.
- Consistent monitoring introduced of the percentage of exclusively breastfed children aged 0–5 months, in accordance with the definition of the World Health Organization; data source: CIPH.
- Relevant laws and bylaws adopted to ensure the consistent application of the International Code of Marketing of Breastmilk Substitutes
- Re-evaluated network of Baby-Friendly Hospitals
- Number and percentage of reassessed health facilities named Baby-Friendly Hospital, including those that have units of neonatal intensive care and therapy
- Established national reference centre for planning, implementation, and coordination of the education of healthcare professionals and parents (before and during pregnancy) regarding the diet (breastfeeding) of the youngest children.
- Public campaign conducted and the development of educational materials on the importance and benefits of breastfeeding.

OBJECTIVE 2 Provide free and nutritionally balanced school meals for the most vulnerable groups of primary and secondary school children

There is no single and regionally balanced school nutrition system in the RC, and access to (quality) school nutrition is particularly difficult in rural areas and in the Adriatic region, where childhood obesity is the most common (cf. CroCOSI, 2021; Ombudsperson for Children, 2020). In addition, it is children in rural areas who are at heightened risk of poverty (Šučur et al., 2015). As a result, children, and in particular children at risk of poverty, remain deprived of a fundamental right – the right to adequate nutrition — guaranteed by numerous international documents such as the UN Convention on the Rights of the Child (Art. 24 and 27) and the

International Covenant on Economic, Social and Cultural Rights (Art. 11; ICESCR, 1967). More broadly, the child's right to adequate nutrition is also enshrined in the EU Charter of Fundamental Rights, which highlights the inviolability of human dignity and that every child has the right to the protection and care necessary for his or her well-being (EC, 2021a). Increased intervention by EU Member States in this area is also called for in the Council Conclusions to contribute to halting the rise in childhood overweight and obesity (Council of the EU, 2017). They particularly highlight the need for cross-cutting policies and measures throughout life to provide better access to healthy eating, as well as the creation of an enabling environment in educational institutions to foster healthy child nutrition and the developing of guidelines on child nutrition. The latter will provide better access to healthy diets for children and will guide parents and suppliers of food products in educational institutions. As a result, further efforts should be made to ensure that all children at risk have access to a nutritionally adequate diet.

In this regard, the study providing insight into the economic implementation framework and the financial bases for the ECG (EC, 2021a) highlights in particular **the multiple benefits of universal school nutrition programmes, as they avoid the risk of "excluding" children in need and stigmatising children growing up in poverty and the administrative burden associated with targeted programmes** (EC, 2021a). This is especially the case in the RC, which has 556 municipalities/cities and faces a high administrative burden of subsidized school meals, as well as cases of children in need "falling out" of the current system of subsidized nutrition. Besides, universal programmes are a key mechanism for social inclusion and an educational process in which children learn about healthy and sustainable diets, as well as other social skills (Schwartz and Rothbart, 2019; Van Lancker and Parolin, 2020; EC, 2021a). Children living in poverty are more likely to experience a lack of (adequate) nutrition, which can have a negative impact on their physical development and health (Šučur et al., 2015). School meals are extremely important for these children, especially since it can be the most important and only quality meal of the day. Daily quality school nutrition is associated with the intake of healthy food in children living in poverty, a positive body mass index, and it also has a partial effect on their socioeconomic status (Vik et al., 2019).

As a result, the government should make further efforts to establish the right of every child to **a free school meal, through a combination of budgetary (state and local) and European funding, and measures should be provided within this programme (ECG) to primarily target children at risk of poverty and social exclusion**. It is also important to stress that this objective is closely linked to the measures envisaged in the National Recovery and Resilience Plan 2021–2026 (GRC, 2021), in the component "construction, upgrading, reconstruction and equipping of primary schools for the purposes of single-shift work and full-time teaching" (C3.1. R1–I2), where it is envisaged that all students will have lunch at school and where emphasis is placed on a healthy and balanced diet.

Secondary schools are not obliged to provide nutrition during the school day and most often do not have canteens, while it is secondary school students who are at heightened risk of poverty. As the analysis has shown, children and young people from families with lower socioeconomic status also have poorer eating habits, more problems with being overweight or obese, and are unable to afford a meal during the school day. As a result, **a mechanism for ensuring access to adequate nutrition during secondary education should be developed and implemented, especially for children at risk of poverty**. Taking into account that the construction and equipping of secondary school canteens is a lengthy process that will necessarily progress at an uneven pace in geographical terms, a transitional solution is proposed in the form of providing funds for free nutrition of secondary school students growing up in conditions of poverty (beneficiaries of GMB and child allowance)

through, for example, the subcontracting of local restaurants that offer adequate nutrition and meet other regular conditions of orderly business.

RECOMMENDATIONS FOR OBJECTIVE 2

- Elaborate and legally regulate the public financing model of free school nutrition and provide funding for the most vulnerable children of primary school age within the ECG (MSE, to be standardized within the Act on Primary and Secondary School Education) (NRRP; C3.1. R1)
- Invest in the development of infrastructure in the form of building and equipping school kitchens and providing the necessary staff to prepare school meals or develop “alternative” programmes for the supply of quality school meals by relying on local resources (e.g., in the form of catering) (MSE, MRDEUF, LSGU) (NRRP; C3.1. R1)
- Develop and regulate a free school nutrition programme for the most vulnerable secondary school students by relying on local resources (MSE, to be standardized within the Act on Primary and Secondary School Education)
- Improve nutritionally the quality of school meals by implementing the *National Guidelines for School Meals in Primary Schools* in all schools (MSE)
- Design and conduct educational activities within the school system (with children, teachers, and parents) and develop educational materials on the importance of a healthy and nutritionally balanced diet adapted to different groups of children (MSE in cooperation with healthcare institutions and NGOs)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 2

- Adopted amendments to the Act on Primary and Secondary School Education, which regulate the free school nutrition programme, and which are accompanied by a clear financial framework to provide funding for school meals for the most vulnerable children of primary and secondary school age
- Number of schools involved in providing free school meals; data source: imported into *ŠkolskiRudnik (ŠeR)* based on data collected from schools
- Share of primary school children covered by the free school meals programme, broken down by class, municipality and city; data source: imported into *SchoolRudnik (ŠeR)* based on data collected from schools
- Satisfaction of parents and children with the content of meals (school research)
- Share of secondary school children having access to organized school nutrition, broken down by municipality and city; data source: MSE administrative data
- Share of secondary school child beneficiaries of GMB who exercise the right to subsidized school nutrition; broken down by municipality and city (*SocSkrb* application or *ŠkolskiRudnik (ŠeR)*)
- Number of educational activities carried out on a healthy and nutritionally balanced diet in schools, and produced and distributed educational materials on the importance of a healthy and nutritionally balanced diet adapted to different groups of children; data source: MSE administrative data; data source: MSE administrative data

OBJECTIVE 3: Provide access to a regular and nutritionally balanced diet for children from families of lower socioeconomic status

Providing meals within the educational system is not enough to ensure that every child at risk of poverty has access to at least one nutritionally appropriate meal per day. However, in the Republic of Croatia, there are currently no additional nutrition assistance programmes aimed at children who are outside the educational system and for the days when the educational process does not take place (e.g. weekends, weeks/months of

school holidays) (except the soup kitchen programmes in larger urban areas for families who receive the GMB) For children growing up in conditions of poverty, it is therefore necessary for further efforts to be made **to ensure that they have access to adequate nutrition both outside the educational setting and during the school holidays** (EC, 2021a). Ultimately, this has proven to be an extremely important measure in a large number of European countries during the closure of schools caused by the pandemic (Koslowski et al., 2020; EC, 2021a). Further efforts in this regard should also be directed towards preschool children.

RECOMMENDATIONS FOR OBJECTIVE 3

- Provide additional allowances or “vouchers” for nutrition or distribute food packages to school-age children in poverty during weekends or school holidays (when schools are closed) (MLPSFSP)
- Provide additional allowances or “vouchers” for nutrition or distribute food packages to preschool children in poverty (MLPSFSP)
- In the framework of the parenting support programme and/or antenatal classes, pay attention to the topic of a healthy and nutritionally balanced diet (MH in cooperation with NGOs)
- Develop educational materials for parents on the importance of a healthy and nutritionally balanced diet that will be distributed when visiting nurses visit families (MH)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 3

- Proportion of child beneficiaries of GMB who exercise the right to additional allowance or “vouchers” for nutrition or food packages, broken down by age, municipality and city (*SocSkrb* application)
- Number of parenting support programmes and/or antenatal classes that address the topic of healthy and nutritionally balanced diets; data source: MH administrative data
- Educational materials for parents on the importance of a healthy and nutritionally balanced diet, which are distributed on a regular basis during the visit of the visiting community nurse to families; data source: MH administrative data

Achieving the proposed objectives (and applying the proposed recommendations) by 2030 should contribute to the following changes, observed at the level of overall access to quality nutrition for children at risk (Appendix 4):

- The proportion of households at risk of poverty with dependent children unable to afford one meal of meat, fish, or a vegetarian substitute every other day reduced to 2.7% (2019: 19.3%; EU-27: 16.8%)
- Reducing the proportion of children aged 8–8.9 years (2018/2019 baseline values) who are overweight:
 - Overweight girls from 21.2% to 16%, and overweight boys from 19.2% to 14%;
 - Obesity in girls from 11.9% to 7%, and from 17.8% to 12% in boys.

A summary of the proposed objectives and the indicators highlighted here can be found in Appendix 4.

5. Access to health services

The right of the child to the highest possible level of health is a fundamental right recognized in international frameworks under the Convention on the Rights of the Child. Protecting children's physical, mental and social health is a key resource to ensure the well-being and development of potential, i.e. the productive life of each child (WHO/Europe, 2020). Healthcare is one of the principles highlighted in the European Pillar of Social Rights (2017), where it is stated that everyone has the right to timely access to affordable and good-quality healthcare. The EU Strategy on the Rights of the Child and the 2013 European Commission Recommendation "Investing in children: breaking the cycle of disadvantage" are strategic documents that recognize children's health as a leading resource that is a factor, indicator and goal of social development. They take as a premise the understanding that the preservation and improvement of health is a fundamental value for every child, but also the basis of economic and social development and the prerequisite for growing up where children can develop their potentials so that they can participate productively in society now and in the future. Therefore, in order to protect the rights and well-being of children, but also to reduce social inequalities and ensure equal opportunities and break the cycle of child poverty, health policies and programmes that provide regular, free, continuous healthcare and treatment for every child are being strongly advocated at the European level (EC, 2020c; EC, 2021a).

Access to healthcare and health services is particularly important for children at risk given that children growing up in conditions of poverty and social exclusion are more exposed to negative impacts that increase the risk of the impairment of physical and mental health (Brooks-Gunn and Duncan, 1997; Jovančević, 2008; Currie and Lin, 2007; Šućur et al., 2015). Poor children are more likely to be born more sensitive due to the influence of prenatal factors (inadequate maternal nutrition during pregnancy, more signs of stress and harmful habits during pregnancy, poorer antenatal care, etc.). Poverty also has a particularly negative effect on the early development of children (from 0 to 3 years) when nerve structures important for the physical, cognitive and psychosocial development and developmental perspectives of the child are formed and strengthened. It poses the risk of infant mortality, more frequent hearing or vision impairment, exposure to hunger and malnutrition and is associated with developmental delays in children (Walker et al., 2011, UNICEF, 2017, UNICEF, 2020b). Healthy children from poor families become more easily health-vulnerable and are more likely to suffer from deficiency diseases such as anaemia, rickets, malnutrition or obesity, respiratory diseases and diarrhoea, and are more likely to suffer from injuries and poisoning. Asthma, anaemia and diabetes are chronic diseases that children living in poverty are more likely to be exposed to (American Academy of Pediatrics, 2016).

Starting from the benefits of available and free access to child health protection throughout the entire period of growing up, the ECG Study on the Economic Implementing Framework (EC, 2021a) highlights the need to create a national framework and draw up health policies, as well as implementing instruments within which children at risk of poverty and social exclusion can be provided with free postnatal examinations, home visits by community nurses, regular health checks during the first year of the child's life, the monitoring of children's health through systematic examinations, vision and hearing controls (including through the education system) and dental healthcare. Access to regular health checks and the availability of child health protection until the age of 18 ensures early detection of physical and mental health problems, chronic diseases, dental problems, risky lifestyle habits (diet, physical activity, addictions), speech difficulties, learning difficulties, neglect and exposure to domestic violence, prevention, and preserving future health.

In this sense, the healthcare system of the RC is based on compulsory health insurance thanks to which almost every citizen has access to primary healthcare. All children under 18 years of age, and older if they are included in the regular education system, have free access to health services and healthcare (Zrinščak, 2007, 2019). Within the European Semester, the RC has received specific recommendations (CSRs, 2020) related to improving and adapting access to health services in new circumstances. The CSRs for Croatia point out that the COVID-19 epidemic was a test of the resilience of the Croatian health system. It indicated that although access to healthcare in the RC is generally good (based on the principle of universality), unmet health needs due to distance (unequal regional distribution of health services) are among the greatest in the EU. **The recommendations stress that a more balanced geographical distribution of healthcare facilities and medical professionals would allow easier access to health services.** The distribution of responsibility for health facilities between the central government and county authorities leaves room for improvement. The use of e-health tools is particularly highlighted, as these allow for reducing direct contacts between healthcare professionals and patients, and also reduce the risk of infections. Therefore, the key recommendations (CSR) for the RC are: to increase the resilience of the health system, to promote the balanced geographical distribution of healthcare professionals and institutions, and closer cooperation between all levels of administration and investments in e-health. These challenges for the health system of the RC are embedded in the reforms defined in the National Healthcare Development Plan for the period 2021–2027 and are complementary to the strategic plans of the National Recovery and Resilience Plan from 2021 to 2026. The latter highlights in particular the objective of strengthening primary healthcare and pharmacy care in order to ensure the better availability of services throughout the territory of the RC, especially in isolated and rural areas, and strengthening the capacity of medical teams in primary care (Government of the RC 2021a).

Below is an analysis on key health outcomes and challenges related to the health system of the RC and the "hidden" barriers to accessing services for children at risk. It is important to look at this in the context of the new circumstances caused by the COVID-19 epidemic and the EU's objectives aimed at recovering from the pandemic and ensuring health equity within the structural reforms envisaged by the EU Recovery and Resilience Facility (RRF) and national strategic documents and plans (Government of the RC, 2021a).

5.1. Access of children to health services in the RC – state of play

Children's access to health services in the RC is discussed in two parts. First, we point to the key features in the field of health characterized by a universal healthcare system in the RC, which represents a significant mechanism for achieving access to health services and preserving the health of all children, including children at risk of poverty and social exclusion. Then, based on the available data, health features are listed and the difficulties of children at risk in accessing health services are identified.

5.1.1. Key challenges in the field of health services

A key feature of children's healthcare in the RC is **the right to compulsory health insurance for all children up to the age of 18 and older if they are included in regular education with residence or approved permanent residence in the RC.** Although in the RC there is a model of participation in the costs of health services and medicines (so-called participation), children up to 18 years of age and those older in the regular education system do not pay participation and have free access to hospitals and specialist examinations. Healthcare for children and young people includes regular preventive examinations of the general health of infants, children aged 1 to 6 and school children. Mandatory vision checks of children aged 4 are ensured by the National Preventive Programme of Early Amblyopia Detection 2018–2028, while hearing screening is not included in the

mandatory preventive screening programme (EC, 2020a). Control of the health status of children's teeth is ensured through the National Dental Passport programme, which is intended to improve oral health and health behaviour of preschool and school children aged 6 and 12. Health activities at the level of primary care of children up to 18 years of age are performed by specialist paediatricians until the child starts school (6/7 years) and then by family doctors and doctors of medicine. Preventive healthcare of children is provided by specialists in school medicine. Dental healthcare is provided by dental practices specializing in children.

The universal system of protection of children's health in the RC is a significant mechanism for gaining access to health services and preserving the health of children at risk. In the last 20 years or so, there has been a significant decrease in infant mortality in the RC – from 11.1/1000 live births in 1991, to 5.7/1000 in 2005 and then down to 4/1000 in 2019 (CBS, 2019; cf. EU average 3.4/1000 in 2018). Regarding the vaccination of children, as one of the key indicators of the level of preventive healthcare, in the RC the statutory minimum (95% vaccination) has not yet been achieved with any vaccinations except BCG vaccinations and vaccinations against hepatitis B. However, research on aspects of health of preschool children growing up in poverty has shown that almost all children born in the maternity ward have health insurance and are mostly regularly vaccinated (97%; and 98% of them are in possession of a vaccination booklet). A higher proportion of unvaccinated children belong to the Roma national minority (Šučur et al., 2015). The data also point to **difficulties in accessing health insurance for the Roma population.** Although the percentage of children without coverage is falling, research shows that 7.2–17.5% of the Roma population (depending on the data source) are not covered by health insurance (Zrinščak, 2014; Kunac et al., 2018). Still, it is not known if or how this affects the access of Roma children to healthcare.

When analysing health indicators, there are limitations in relation to children at risk since databases very often do not focus on a child, but rather on a phenomenon or activity of a particular system. Only available are the data from the EU–SILC ad-hoc modules from 2017 (Eurostat, 2021.) that showed that **0.4% of children in the RC were not able to meet the need for treatment and the need for dental care** (in the EU-27, 1.5% of children in need of treatment and 3.6% in need of dental care). The risk was more pronounced in smaller cities of the Republic of Croatia (0.6% for the need for treatment, 0.9% in dental care), and most of all in children at risk of poverty growing up in smaller cities (1.8% of these children could not meet the need for treatment, and 2.4% for dental care).

According to the subjective assessment of children, the health of girls and boys aged 11/13/15 years in the RC is relatively good (about half of the children assess their health as excellent). The proportion of girls with excellent subjective health at the age of 11 years is 56.6%, at the age of 13 it is 43.6% and at the age of 15 years 33.1%. However, the data point to a significant decline in the assessment of subjective health with age in girls, which indicates the need for significant health support in adolescent girls. In boys, the situation is somewhat better and the data do not show such significant differences in the assessment of subjective health with regard to age. The proportion of boys with excellent subjective health at the age of 11 years is 55.7%, at the age of 13 it is 55.4% and at the age of 15 47.8% (CIPH, 2020). Group international data on the subjective health of children have shown that **adolescents from families of higher socioeconomic status are more likely to express life satisfaction and report excellent subjective health and lower levels of multiple health problems.** Furthermore, one in four adolescents each week reports feeling nervous, irritable or having difficulty sleeping. The data also indicate that there was a small increase in multiple health complaints across all age and sex groups between 2014 and 2018 (HBSC, 2020). Although we do not have systematic data on the state of the physical and mental health of children in the RC, it is worth mentioning the COVID-19 pandemic and the earthquakes that hit the RC in 2020 and contributed to the worse mental health status of children and young

people (UNICEF, 2021, Buljan Flander et al., 2021, Jokić Begić et al. 2019). According to available data, the incidence of mental disorders in the 10–19 age group in the RC is 11.5%, that is, it is estimated that about 49,272 girls and boys live with some mental disorders. The frequency is slightly higher in boys (12.1%) than in girls (10.9%) (UNICEF, 2021).

One of the indicators of the health of children and young people is involvement in physical activities. Physical activity is recognized as a significant instrument in the prevention and correction of chronic non-communicable diseases. Physical inactivity with an improper diet poses an increasing problem today and a risk for the development of excessive weight and obesity, which are a significant risk for the development of today's leading chronic non-communicable diseases, such as heart and circulatory diseases, chronic obstructive lung disease, type 2 diabetes mellitus, mental disorders and some tumours. Regular physical activity is extremely important for the proper growth and development of children and young people (CIPH, 2020). When comparing Croatian girls and boys with peers from the other 45 countries included in the HBSC survey 2017/18, the RC is within a third of the countries with the highest level of physical activity of children and adolescents (HBSC, 2020). But the proportion of girls and boys engaged in moderate to intense physical activity declines with age, for both sexes equally. The proportion of 30.9% of children aged 11 years who are physically active for at least 60 minutes a day decreases to 27.5% and to 21.4% at the age of 13 and 15 respectively. Girls see a decrease in daily moderate physical activity from 25.1% at the age of 11, to 21.6% at the age of 13 and to 13% at the age of 15 (CIPH, 2020).

There is no systematic monitoring of data on the healthcare of certain groups of children at the national level, i.e., disaggregated by basic socioeconomic indicators (cf. Ajduković and Šalinović, 2017). There are no data on the state of health and health protection of children with a migrant and refugee background. Unaccompanied children are entitled to a medical examination with the prior written consent of the child and the special guardian until their intention to seek international protection is expressed. People who have been granted asylum and persons under international protection are entitled to basic healthcare, but complex administrative procedures restrict access to legally guaranteed free healthcare. The Ombudsperson for Children (2020) warns that not all children temporarily residing in the RC enjoy the same standard of healthcare and that it is necessary to allocate funds in the state budget for the healthcare of children of foreigners who have a regulated temporary residence in the RC. Furthermore, there is no systematic monitoring of nutrition indicators of children and young people in the RC (see Chapter 4). The Global Nutrition Report warns of the lack of monitoring of key indicators in the RC to allow progress to be assessed in achieving globally set targets in respect of nutrition and nutrition-related children's health. This applies, for example, to the monitoring of data on child stunting, diet-related non-communicable diseases, breastfeeding of children, overweight children, etc. (GNR, 2021). The RC also does not have a well-developed register and monitoring system for children with neuro risks from 0 to 5 years. There is no national screening system for newborns to accurately indicate the proportion of children who face neurodevelopmental risks from an early age, leaving many children unrecognized and their developmental needs unmet (Matijević and Marunica Karšaj, 2015). As mentioned above, poverty increases the risk of developmental delays in children and thus the need for adequate healthcare and early intervention for children at risk of poverty (UNICEF, 2020b). Systematic monitoring of neuro risks in children and sociodemographic characteristics would provide insight into aspects of the early development of children at risk of poverty and the possibility of timely involvement in early intervention (UNICEF, 2020b).

Healthcare professionals in the health system are insufficiently sensitive to the recognition of social risks in children and young people and their impact on developmental outcomes, health and the well-being of children in general. This is indicated by the MLPSFSP data for 2020 (MLPSFSP, 2021a) on the applicant and the number

of reported cases of violation of children's rights. For comparison, in 2020 there were 288 cases of violations of children's rights by health institutions, and 1,017 by schools, 2,728 by the police, 761 by citizens, 176 by kindergartens, 123 by the court or the state attorney's office. This highlights the need to adopt additional competences and skills of healthcare professionals, which are also called for by the conclusions of the Council of Health Ministers (2013) on the process of considering modern, responsive and sustainable health systems, ordering investment in and strengthening the effectiveness of the health system on the principles of multisectoral cooperation and a holistic approach in viewing health risks, in particular when this relates to children's health (ECG, 2021a).

Taking into account the UN report of 23 April 2020 entitled "COVID-19 and human rights: We are all in this together" and the report on the "Protection of children during the COVID-19 virus pandemic" of the Alliance for Child Protection in Humanitarian Actions (2020), it is necessary to address the **impact of the COVID-19 epidemic on access to health services for children and young people in the RC**. The available analysis of the comparison of data for 2019 and 2020 (by month) on the number of preventive health examinations of infants and children aged 0 to 6 years and vaccination in paediatric offices in primary care in the RC showed a significant decrease in visits (examinations and vaccinations) of young children. On an annual basis, there was a 5.9% drop in preventive screenings of infants and children aged 0 to 6 years, with the largest drop in visits of 42.6% during March 2020. As for vaccination, in 2020 there was an increase of 9.8% compared to 2019, but the largest drop in vaccinations of 26.1% was recorded during March 2020. The onset of the COVID-19 epidemic therefore caused a large drop in the number of preventive health visits and vaccinations from as early as March 2020 and this is certainly due to the lockdown, adapting to it, the restriction of entry into healthcare facilities and the fear of parents. A slightly lower, second round of the decline in preventive visits and the number of vaccinations was observed during autumn and winter 2020 and is interpreted by an increase in the number of people testing positive for SARS-CoV-2, including children, self-isolation and possible delays of vaccination after the child recovers from COVID-19 (Draušnik et al., 2021). It would be useful to have data on the access of infants and preschool children to preventive examinations and vaccinations in family and general medicine outpatient clinics in primary care in the RC, taking into account the challenges they faced in treatment and care during the epidemic, and in general the problems of the geographical availability of health services.

5.1.2. Access and barriers to health services for children at risk

Despite the universal system and in principle free healthcare of children in the RC, in practice all children, especially children at risk, face barriers in accessing health services and exercising their right to health. The difficulties are primarily reflected in the **unequal regional availability of health services**. This – both due to the more difficult accessibility and/or isolation, as well as the lack of paediatricians and doctors – is something primarily faced by children on the islands and in less developed areas. The results of the research suggest that the lack of paediatricians and other professionals and the lack of access to adequate public transport limits the availability of health services in remote areas, primarily for children from poor families which rarely have their own car and therefore depend on inadequate/non-existent public transport (Šučur et al. 2015:155; cf. Grgurić and Pećnik, 2013). Research shows that for about 50% of children growing up in poverty, in the community in which they live, seven basic healthcare services are not available (defectologist-rehabilitator, psychiatrist, physiotherapist, child psychologist, child psychiatrist, speech therapist and ophthalmologist). Most often, these health services are not available to underprivileged children living in the countryside and in areas that are remote from city centres. At the same time, the largest share of poor children (65%) lives precisely in a rural type of settlement (Šučur et al., 2015). The ECG Study on the Economic Implementing Framework (EC, 2021a)

cites the RC as an example of an EU country where there are significant regional differences in the availability of preventive and routine health checks for children precisely because of spatially inaccessible health services. Reform goals and operational plans in the field of the health system of the RC are aimed at addressing these challenges and ensuring conditions in which health services will be available to all children (and citizens) equally (National Health Development Plan 2021–2027, National Recovery and Resilience Plan 2021–2026).

The lack of availability of adequate health services in the local community particularly affects children with developmental disabilities who have significantly higher needs for healthcare and medical rehabilitation (Bouillet, 2014). A third of parents of children with developmental disabilities living in conditions of poverty cite financial expenditure (e.g., travel costs to hospitals/rehabilitation centres, medical supplies, special medicines) as an obstacle to accessing health services (Šućur et al., 2015). The Ombudsperson for Children (2020) also warns of the problem of insufficient accommodation in hospitals for the treatment and/or medical rehabilitation of children with developmental disabilities, which consequently leads to limited provision of health services to children. The problem is also the lack of child psychiatrists for the diagnosis and treatment of children with multiple disabilities.

Timely recognition of developmental delays and disabilities in children is one of the key elements for the success of early-intervention procedures and the prevention of secondary disabilities and disabilities in adulthood (Košiček et al. 2009). An important role in the early recognition of developmental delays as part of regular systematic examinations of infants and young children is played by paediatricians and the primary healthcare of family or general medicine. However, **primary care facilities do not use standardized instruments to assess and identify children's developmental delays early enough**. Diagnostic and therapeutic procedures of primary care physicians do not provide for the implementation of a screening developmental scale on the total population of children resulting in the late entry of children into early intervention programmes (early intervention is aimed at children from 0 to 3 years of age). The lack of standardized versions of the tests in Croatian is also an obstacle. Primary healthcare is also aimed exclusively at the biomedical causes of delays and disabilities in children. Therefore, the Analysis of the State of Early Intervention in the RC (UNICEF, 2020b) points to the challenge faced by the health system, which does not have mechanisms for the timely recognition of developmental risks of young children, nor programmes to prevent the transformation of risks into delays also in relation to children at risk of poverty and children at risk of developmental delays in general.

The lack of resources for monitoring the health and treatment of children/young people is also reflected in the problem of **waiting lists for specialist examinations and medical treatment, which remain a major challenge due to the lack of funding and a dysfunctional health system** (Stubbs and Zrinščak, 2018). For example, speech therapy treatment or eye examinations for children need to be scheduled up to a year in advance. There is also a falling trend in the number of doctors in primary care, so in 2019 the number of paediatricians was down by 7.1%, and family medicine specialists by 4.7%, compared to 2018 (CIPH, 2020a). There is a shortage of 74 paediatricians in the RC, which requires 330 paediatric teams, and where the figure currently stands at 282 (Government of the RC, 2021a). The Implementation Programme of the Ministry of Health 2021–2024 stresses the need to invest further in diagnostics and experts in order to provide all children with access to quality and timely healthcare. In addition, Directive 2011/24/EU and the EU Communication on Effective, Accessible and Resilient Health Systems (COM(2014) 215) highlight in particular the obligation of states to improve the responsibility of the health system for access to care by increasing the transparency of the concept of "unnecessary delay" when waiting for treatment, investments in the health system and human resources with a focus on raising the level of expertise and skills of healthcare professionals and addressing the challenges of labour shortages through solutions that take into account the right of free movement within the EU.

Estimates of the Croatian Society of Preventive and Social Paediatrics (Croatian Society of Preventive and Social Paediatrics, 2021) and an analysis of the National Recovery and Resilience Plan (Government of the RC, 2021a) show that **there is a shortage of 48 paediatric teams in the RC**, mostly in Dalmatia where the largest number of unvaccinated and overweight children can be found. Although in the RC, healthcare stemming from compulsory health insurance for preschool children (0–7) should be carried out by specialist paediatricians, when children do not have the opportunity to choose a paediatrician in their area, they can exercise the right to healthcare under the scope of general/family medicine. Specifically, doctors have the right to enter into a contract for the provision of healthcare stemming from compulsory health insurance for children over four years of age and exceptionally for children up to four years of age. It is recommended by the European Paediatric Association (as well as the Croatian equivalent) to ensure and provide children with healthcare through medical doctors specialized in paediatrics (EPA/UNEPSA, 2008). This takes into account the developmental specificities of the child as a patient and ensures a high level of health protection, but also supports the role of doctors through a holistic approach to health, which includes both the preventive and advisory work of paediatricians with parents and children, which is also in line with the ECG (EC, 2020a; ECG, 2021a). The paediatrician's service is more often inaccessible and financially unaffordable to children who do not have such a service in their community because they live in remote or less developed areas (Šučur et al. 2015). In addition to the shortage of paediatric teams, there are 191 teams missing in family (general) medicine, especially in rural and more isolated areas (Government of the RC, 2021a).

In addition to the lack of doctors and paediatricians (Zrinščak, 2019), the distance of services and the inadequacy of public transport, other restrictions to access to health services for children from families at risk of poverty are **financial barriers and "hidden" health-related costs**. **Although in principle healthcare for children should be free of charge, in practice, for children growing up in poverty, the problem arises when it comes to paying for transport to the health service, for medicines/preparations, or the stay of parents with children who are in the hospital, which are not covered by health insurance**. Due to the financial situation, children are unable to afford medicines/preparations recommended by a paediatrician or general practitioner that are not provided on prescription, which calls into question the same level of quality of healthcare for children at risk (Šučur et al. 2015; Kletečki Radović et al. 2017). Parents who are GMB beneficiaries with children under hospital treatment, and especially those undergoing long-term hospital treatment, pointed to additional financial expenditures (e.g. special food for children, travel expenses to hospital, equipment for children), the inability to afford a place to stay (accommodation) with children in hospital, and feeling discriminated against in the health system due to poverty (*... When it comes to children, there should be no difference in hospitals... other parents sleep in an apartment, those who have the money to pay... and those of you who don't, eat rolls and that's it... when it suits them, they drive you out of the room like you're no better than an animal...*; Šučur et al., 2015).

Some aspects of the health of children at risk of poverty and social exclusion (child beneficiaries of GMB, children at risk of developmental delay, children of the Roma national minority) are particularly highlighted in national research. Parents of children growing up in conditions of poverty are less satisfied with the health of their child. The worst health status of the child is assessed by parents of children with developmental disabilities living in conditions of poverty (almost 45%). In addition, children of the Roma national minority and those living in the countryside are more likely to suffer from colds, and all children living in poverty from respiratory diseases (Šučur et al., 2015). Some analyses also point to a higher infant mortality rate among Roma children, especially due to sudden infant death syndrome and respiratory diseases (Šikić-Mičanović et al., 2015:37), mainly related to the residential and sanitary conditions in which these children grow up. A significant share of

unvaccinated children belong to the Roma national minority, and these children also less often possess hygiene items (such as a toothbrush, shampoo, body cream, wet wipes, etc.) suitable for children (Šučur et al., 2015). According to subjective assessment, the general health status of children of the Roma national minority is good or very good. A total of 5.3% of children of the Roma national minority up to the age of 7 and 6.1% of children aged 8 to 15 years report some form of long-term illness (longer than 6 months). The most prevalent diseases of children of the Roma national minority aged up to 14 years are influenza, chickenpox and diarrhoea. Diarrhoea is most often caused by various infections and food poisonings, so it is possible to associate this phenomenon with the fact that a large number of members of the Roma national minority live in poor and unsanitary conditions. There is no difference in the proportion of the most prevalent diseases between girls and boys. According to data published in 2018, 95.5% of Roma children were vaccinated against infectious diseases, and 96.2% of children under 7 had a paediatrician, with no differences between girls and boys (Kunac et al. 2018).

Although it is known that children of the Roma national minority are significantly more likely to enter into marriage, data on the occurrence of the prevalence of child marriage in the Roma community in the RC are unknown. The available data on child marriages in the EU are most often associated with the Roma community, as confirmed by the available data of regional surveys (UNICEF, 2014, Kutnjak Vrtarić and Družić Ljubotina, 2021). From an earlier, wider survey on the position of Roma women in the RC, it can be seen that more than half of the Roma women surveyed entered into marriage between the ages of 15 and 18, but also that 7% of them entered into a marriage before the age of 14 (Baranović, 2009). These data highlight the need to protect the well-being, especially the health, of children of the Roma national minority and to invest more significantly in raising awareness and knowledge of sex education, and the prevention of teenage pregnancy and child marriage among members of the Roma national minority.

The problem of protecting children's mental health and underdevelopment and the regional availability of mental health support services is also increasingly highlighted. Due to the COVID-19 pandemic and the earthquakes that hit the RC, special attention should be paid to ensuring professional psychological and psychiatric assistance to affected children (Ombudsperson for Children, 2020; Alliance for Child Protection in Humanitarian Actions, 2020). The problems of protecting children's mental health have long existed, and are primarily manifested in the insufficient number of mental health professionals working with children and the unavailability of professional psychological assistance to children living outside major cities. Children's mental health support services are missing, in particular easily accessible community mental health services and quality multidisciplinary services with sufficient resources to ensure good assessment and adequate treatment, support and assistance to children with mental health problems (MSPY, 2014; Ombudsperson for Children, 2020). Children should also be provided with systematic psychological support within the education system. It is also important to point out that children with mental health disorders are not adequately treated because children's psychiatric services are not sufficiently developed as a separate service and there are no specific guidelines and standards for treatment. According to available data (HBSC, 2020, UNICEF, 2021) mental health problems of children/young people are becoming more common, while the RC has not had a National Mental Health Strategy since 2016.

Table 4 summarizes the main barriers to accessing health services for children growing up at risk of poverty and social exclusion.

Table 4: The main barriers to accessing health services for children at risk of poverty and social exclusion

Groups of children at risk	Population assessment	Assessment of health and access to health services	The main barriers to accessing health services resulting from the analysis presented	Data availability
Children at risk of poverty	<ul style="list-style-type: none"> • 126,000 children at risk of poverty and social exclusion, i.e., 18.4% of the total population under the age of 18 in 2020 (Eurostat, 2021.f) • 13,977 child beneficiaries of GMB in 2020; number of children aged 5–14 years – 8013; number of children aged 15–19 – 3485 (MLPSFSP, 2021a) 	<ul style="list-style-type: none"> • 0.4% of children at risk of poverty are not able to meet the need for treatment and 0.6% have their dental care needs unmet (cf. EU–27 2.8% of children in need of treatment and 7.8% in need of dental care; 2017; Eurostat, 2021.l) • the risk is more pronounced in children at risk of poverty growing up in smaller towns (1.8% of children could not meet the need for treatment and 2.4% for dental care; 2017). 	<ul style="list-style-type: none"> • Unequal regional availability of health services (primarily faced by children in less developed areas and islands) • Long waiting lists for specialist appointments and medical treatment • Insufficient number of doctors in primary and paediatric health care • Insufficient number of mental health professionals working with children and underdeveloped children's psychiatric services (greater unavailability of professional psychological and psychiatric assistance to children living outside major cities) • Poor affordability of health services, i.e., dealing with financial barriers and "hidden" costs related to health and access to health services (e.g., transport to a child's health service, medicines/preparations that are recommended but are not provided on prescription or the stay of parents with children in hospital) (the risk is more pronounced for children from families who are GMB beneficiaries) • Inadequate/non-existent/expensive public transport to health services mainly located in major cities or county centres (community health centres, hospitals, Public Health Institutes) (the risk is more pronounced for children from families who are GMB beneficiaries) 	Eurostat, EU–SILC, 2017 ad-hoc module

Children of the Roma national minority	<ul style="list-style-type: none"> • 12,920 children under the age of 16 (Kunac et al. 2018) 	<ul style="list-style-type: none"> • About 5% of Roma children under 7 years of age are not vaccinated against infectious diseases • Research shows that 7.2–17.5% of the Roma population (depending on the data source) are not covered by health insurance (Zrinščak, 2014; Kunac et al., 2018). • About 4% of children of the Roma national minority up to 7 years of age do not have a paediatrician (Kunac et al. 2018) 	<ul style="list-style-type: none"> • Higher proportion of unvaccinated children • Difficulties in accessing health insurance for all children of the Roma national minority • Early marriage and underage pregnancy more common in the Roma population 	<p>There are no administrative data on the number of children of the Roma national minority who do not have access to health insurance.</p> <p>Data on RNM are collected and processed by the Office for Human Rights and Rights of National Minorities of the Government of the Republic of Croatia: Available data from research on the inclusion of the Roma in Croatian society (Kunac et al., 2018)</p>
Children with developmental disabilities	<ul style="list-style-type: none"> • 8.2% of children with disabilities (developmental disabilities) in the total population of children 0–19, i.e., a total of 64,063 (39,259 M, 24,804 F) as of 9 September 2021 (CIPH; 2021) 	<ul style="list-style-type: none"> • The most prevalent disorders of voice–speech communication and learning disabilities (37.9%) and damage to the central nervous system (20.7%) (CIPH, 2020) • In 2019, there was a significant increase in mental and behavioural disorders (from 10.1 to 19.5%). Mental health difficulties of children with developmental disabilities caused by the consequences of the COVID–19 pandemic, earthquakes and difficulties arising from the closure of educational institutions and the restriction of children's participation in everyday activities can be expected to 	<ul style="list-style-type: none"> • Insufficient availability of adequate health services in the local community • Difficulties in affording health services for poor parents of children with developmental disabilities (e.g., travel costs to hospitals/rehabilitation centres, medical supplies, special medicines) • The problem of insufficient accommodation capacities in hospitals for the treatment and/or medical rehabilitation of children with developmental disabilities, which consequently leads to limited provision of health services to children 	<p>CIPH</p>

		increase (Ombudsperson for Children, 2020)	<ul style="list-style-type: none"> Lack of child psychiatrists for the diagnosis and treatment of children with multiple disabilities 	
Children with a migrant background	<ul style="list-style-type: none"> In 2020, 2,522 children of irregular migrants (foreigners who did not apply for international protection), under the competence of the MI, of whom 348 were unaccompanied children (Ombudsperson for Children report, 2021) In 2020, 942 children of applicants for international protection were registered, of whom 186 were unaccompanied (94 children were placed in social welfare institutions and the other 92 were placed in Reception Centres for those seeking International Protection; a total of 17 requests for international protection were granted to children and no requests for international protections were granted to unaccompanied children (Ombudsperson for Children, 2021) 	<ul style="list-style-type: none"> Assessment is not possible due to the lack of data on the state of health of unaccompanied children in the RC 	<ul style="list-style-type: none"> Complex administrative procedures restrict access to legally guaranteed free healthcare for migrant children All children on temporary stay in the RC do not enjoy the same standard of healthcare 	There is no disaggregated data on children's health status and access to health services that include basic sociodemographic characteristics

5.2. Proposal of objectives and measures in the area of access to health services within the European Child Guarantee

Starting from the presented analysis and the fundamental principles of the European Pillar of Social Rights (2017), Directive 2011/24/EU, the EC Communication on Effective, Accessible and Resilient Health Systems (COM(2014) 215), on which the National Health Development Plan of the RC for the period 2021–2027 and the strategic plan in the National Recovery and Resilience Plan 2021–2026 rely, as well as from the EU Recommendation on investing in children 2013/112, the European Strategy on the Rights of the Child 2021–2024, relied upon by the ECG (2020) and the sustainability study accompanying the ECG (EC, 2021a), the following objectives aimed at improving the universal healthcare system and ensuring an adequate health framework and access to health services by children at risk of poverty and social exclusion are set:

- Ensure access to health services for children at risk of poverty and social exclusion.
- Provide support for the mental health protection of children at risk.

Although the RC has effective and in principle free access to health services for children, the analysis presented indicates that there is scope for improving the health protection system and ensuring equal access to health services, especially for children at risk. The health system faces challenges such as a shortage of healthcare professionals, in particular paediatricians and specialist doctors, regionally unequal availability of primary and preventive healthcare, waiting lists for specialist examinations and treatments, insufficient accommodation in hospitals for treatment and/or medical rehabilitation, the underdevelopment of mental health protection services that primarily affect children in less developed areas and on islands, and those at risk of poverty and social exclusion, the affordability of health services and medicines due to 'hidden costs' (e.g. transport, non-prescription medicines), and complex administrative procedures in the case of a recognised right to healthcare without health insurance.

Although the emphasis of this analysis is on targeted interventions for children at risk, it is important to highlight the recommendation concerning the need to improve the prevention and health protection system for all children, specifically the universal system of protection of children's health by introducing and expanding mandatory preventive examinations (e.g., hearing and vision). Compatible with this is the need to set up a system of early detection of developmental delays in children of a young age (screening) using standardized instruments. Furthermore, one of the overall objectives of improving the health system should be to improve the existing and to collect new indicators for monitoring the state of children's health that will be more sensitive to sociodemographic characteristics and will enable the creation of evidence-based measures and access to health services. This includes a system of monitoring children at risk at an individual level that allows timely early intervention if certain undesirable outcomes are detected. The general recommendation also concerns the development of an integrative approach to combating child poverty and social exclusion and integrated services that imply better connectivity and coordinated action of health and other systems (e.g. social welfare, education and care). The health system is extremely important as it covers the care of the health of all children from birth to 18 years of age. Strategic documents within the health system should more systematically address social inequalities in access to health services and introduce additional measures at the implementation level aimed at mitigating or combating such inequalities. Emphasis should be placed on integrated services, which start from a holistic approach to intervention (cooperation between schools and the health system) and which can overcome difficulties in the management and procedures of ensuring children's rights such as the

fragmentation of responsibilities between different administrative levels and services, and prevent the risk of the (multiple) exclusion of children from the support system and society (Council of Europe, 2010).

OBJECTIVE 1 Ensure timely detection of health risks and access to health services for children at risk of poverty and social exclusion

A key challenge in the access of children at risk to health services in the RC is the distance of services and the inadequacy of public transport. Access to healthcare is one of the fundamental principles set out in the European Social Charter of the Council of Europe, which emphasizes the obligation of states to create systems that do not exclude parts of the population from receiving healthcare. On this basis, Directive 2011/24/EU, the EC Communication on Effective, Accessible and Resilient Health Systems (COM(2014) 215) and recommendations to increase the availability of health services and build more efficient health systems were adopted at the EU level (EC, 2014). The right to affordable and timely healthcare is one of the founding principles of the European Pillar of Social Rights (2017). The ECG Study on the Economic Implementing Framework (EC, 2021a) highlights in particular the problem of the geographical unavailability of services for children at risk and stresses the importance of finding a national policy framework that provides a solution to ensure free access to health services for children at risk. The priority in building the capacity of health teams in primary care and investing in the system in order to improve the availability of health services throughout the territory of the RC are strategic objectives set out in the National Health Development Plan 2021–2027 and the National Recovery and Resilience Plan 2021–2026.

Available research on child poverty in the RC has pointed to the problem of parents at risk of poverty who have to pay for transportation to the health service for the child, for medicines/preparations, or for their stay with their children in the hospital, which is not covered by health insurance (Šučur et al. 2015, Družić Ljubotina et al. 2017). In order to achieve the well-being of the hospitalized child, the parent support system should recognize and take into consideration the heterogeneity of the needs of poor families, and in particular generally high exposure to the lack of formal and informal support (Dobrotić et al., 2015), and thus support relative to the provision of healthcare for the child (Šučur et al., 2015). Access to health services is limited for children at risk also due to the shortage of healthcare professionals, in particular in the field of paediatrics and mental health protection of children, which is manifested in an insufficient number of paediatric teams, the exercise of the right to primary care of children up to 7 years of age in general or family medicine, and the necessity to travel to primary care, for which, as a rule, families at risk do not have sufficient financial resources. Children with developmental disabilities, especially with multiple disabilities, have limited access to health services in particular due to the lack of child psychiatrists, diagnostics and accommodation for treatment and/or medical rehabilitation, while complex administrative procedures restrict access to health services for children of migrant background.

RECOMMENDATIONS FOR OBJECTIVE 1:

- Establish a national system of early detection, i.e., timely identification of children at risk of developmental delay or disabilities (0–3 years) under primary care, on the basis of a standardized instrument and ensure timely inclusion of children in appropriate early intervention programmes (MH, CIPH, CHIF)
- Establish early detection systems for serious child health problems or child-find programmes in poorly developed and isolated areas (MH, CHIF, CIPH, MLPSFSP, L(R)SGU)

- Establish a national system for monitoring children at risk of developmental delay or disabilities and exchange data with the social welfare and education systems for children involved in early intervention programmes (one family=one plan) (MLPSFSP, MSE, MH, CHIF)
- Strengthen the network of paediatricians and primary care physicians and non-medical professionals (speech therapists, psychologists, rehabilitators, etc.) and create conditions for providing high-quality and specialized healthcare services for children at risk, and especially children living in remote (islands), rural and poorly developed areas (MH, CIPH, CHIF)
- Develop new models of providing primary and preventive healthcare through mobile teams in poorly developed and isolated areas (rural areas, islands) (MH, CHIF, CIPH)
- Reduce waiting lists for specialist examinations and medical rehabilitation to a maximum of 30 days for children and young people, especially children with developmental disabilities (MH)
- Introduce additional support mechanisms for children of lower socioeconomic status in order to remove "hidden" financial barriers to accessing health services: develop and regulate a free transport programme for child beneficiaries of GMB, children with developmental disabilities from families of low income, and other children at risk (e.g. children with a migrant background, children with recognized international protection in the RC), for the purpose of using health services for treatment or rehabilitation, especially those outside the place of residence of the child (MLPSFSP, MH, MI)
- Develop and regulate a financial support system aimed at parents-GMB beneficiaries to exercise their right to a free stay with their child undergoing hospital treatment; implement legal changes ensuring that costs are directly covered from the funds of the Croatian Health Insurance Fund (MLPSFSP, MH, CHIF)
- Ensure a more efficient and faster system for the exercise of the right to monetary compensation to cover the costs of medicines for child beneficiaries of GMB in the event of illness; consider the possibility of replacing the allowance with direct subsidization through the existing *e-Dječja kartica - Mudrica!* which users can use directly when buying (or collecting for free) medicines; this would reduce not only the level of stigmatization, but also the administrative burden (MLPSFSP, CSODY, MH, CHIF)
- Conduct continuous training on reproductive health, especially for children and parents of the Roma national minority, in order to prevent teenage pregnancy and child marriage (monitor the trend of the number of teenage pregnancies) (MLPSFSP, MSE, MH, CIPH)
- Enhance the monitoring of health status and habits as well as the determinants of the health of children at risk in order to improve health outcomes and reduce inequality: the indicators collected by the CIPH, HBSC, ESPAD, CroCOSI are to be monitored and processed in the national context according to sociodemographic and socioeconomic features, and the findings are to be regularly updated (MH, CIPH, CBS)
- Conduct a comprehensive analysis of the barriers (spatial and financial barriers and the quality of services provided) faced by children at risk in accessing health services in order to contribute to the better design of programmes and interventions aimed at such children (MH, CIPH, MLPSFSP, research institutes and faculties, CSOs)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 1:

- Number of children with developmental delays or disabilities 0-5 years (data broken down by age, gender, type and kind of developmental delay, city/county, socioeconomic status (MH, CHIF)

- Number of children (0–7 years) in early intervention programmes within the health system (broken down by age, gender, type and kind of developmental delay, city/county, socioeconomic status) (MH, CIPH, CHIF)
- Proportion of children under 7 years of age who have a paediatrician (healthcare is provided in paediatric clinics) (data broken down by age, gender, city/county) (CIPH, MH, CHIF)
- The system of early detection of serious health problems or child–find programmes in poorly developed and isolated areas is established and is functional (MH, CHIF, CIPH, MLPSFSP, L(R)SGU)
- Number of mobile teams for the provision of primary and preventive healthcare for children living in poorly developed and isolated areas, the total and average number of children per mobile team (MH, CHIF, CIPH)
- Average waiting time for specialist examinations and medical rehabilitation for children (MH)
- Number and average fee paid for transport costs for the purpose of using health services for the treatment or rehabilitation of children (MSE; CHIF)
- Developed system of exercising the right to compensation to cover the costs of medicines outside the list of approved medicines for child beneficiaries of GMB in the event of illness (MH, CHIF, MLPSFSP)
- Legislative amendments regulating the right to the free stay of parents of GMB beneficiaries whose child is undergoing hospital treatment; costs are directly covered from the funds of the Croatian Health Insurance Fund (MH, CHIF)
- Number and average duration of reproductive health training sessions, total and average number of users (MLPSFSP, MSE, MH, CIPH)
- Base analysis conducted on the health status and habits as well as determinants of the health of children at risk by sociodemographic and socioeconomic characteristics; findings updated on a three-year basis (CIPH)
- Base analysis conducted on the barriers faced by children at risk when accessing health services; findings updated on a three-year basis (CIPH)

OBJECTIVE 2 Provide support for the mental health protection of children at risk

Mental healthcare is an important aspect of child healthcare (ECG 2021, EC, 2021a, UNICEF, 2021) and one of the priority areas highlighted in the Report on the State of Health in the EU (2018, 2020), as well as in the National Strategy for the Rights of the Child of the RC (2014–2020) and the recommendations of the Ombudsperson for Children of the RC (2020). According to available data (HBSC, 2020, UNICEF, 2021), mental health problems for children/young people are becoming more common. In the 10–19 age group, 11.5% of children and young people suffer from some mental health problems. It is estimated that about 49,272 girls and boys in the RC live with some mental health disorder, with the incidence being slightly higher in boys (12.1%) than in girls (10.9%) (UNICEF, 2021). Due to the COVID–19 pandemic and the earthquakes that hit the RC, the Ombudsperson for Children (2020) stressed the importance of providing professional psychological and psychiatric assistance to affected children, especially children at risk. The RC does not have a sufficiently developed system or regional availability of mental health support services. Problems in the protection of children's mental health are primarily reflected in the insufficient number of mental health professionals working with children and the inaccessibility of professional psychological assistance to children living outside major cities. Children's mental health support services are missing, in particular easily accessible community mental health services and high–quality multidisciplinary services with sufficient resources to ensure good

assessment and adequate treatment, support and assistance to children with mental health problems (MSPY, 2014; Ombudsperson for Children, 2020). Relying on the UN Convention on the Rights of Persons with Disabilities and the World Health Organisation's Global and European Mental Health Action Plans, the European Framework for Action on Mental Health and Well-being (2016) calls on all EU governments to bring mental health issues into the focus of health and other public policies, especially in the context of the COVID-19 pandemic (Report on the State of Health in the EU, 2020).

RECOMMENDATIONS FOR OBJECTIVE 2:

- Adopt a national strategic framework for the protection of children's mental health with special focus on children at risk (MH, MLPSFSP, MSE, professional associations of assistance professions, CSOs)
- Develop targeted programmes for the prevention and protection of the mental health of children at risk and develop guidelines for work (MH, MLPSFSP, MSE)
- Develop mobile teams to provide mental health support for children living in remote (rural) areas and islands, and especially for children at risk (MH, CIPH)
- Improve access to children's psychiatric services at all county hospital centres (MH, L(R)SGU)
- Conduct regular screening aimed at the early detection of mental health difficulties, as well as specific research in target populations, especially children at risk (suicide attempts, anxiety, depression, young people in conflict with the law, those with a tendency to addictive behaviour, etc.), with the aim of identifying risk and protection measures (MH, CIPH, MLPSHSP, research institutes and universities)
- Provide more high-quality training for health professionals and professional associates related to an integrative approach to health services for children, the specifics of children at risk, in particular the risk of poverty and social exclusion and mental health of children and young people, for the purpose of the early recognition of difficulties and providing timely and effective support (MH, CIPH, MLPSFSP, MSE, CSO)
- Conduct training in the field of mental health protection of children at risk for all professionals working with children (educators, teachers, psychologists and pedagogues in kindergartens, schools, social welfare systems, social workers) on the growing challenges of mental health and the implementation of anti-stigma programmes to combat prejudice towards children with mental health problems (MH, CIPH, MLPSFSP, MSE, CSO)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 2:

- National Strategy for Mental HealthCare of Children adopted, with special focus on the mental health of children at risk (MH)
- Number of developed programmes for the prevention and protection of mental health of children at risk; number of children included in the programmes (data broken down by age, gender, type and kind of programme, city/county, socioeconomic status) (MH, CIPH)
- Number of mobile teams for mental health support for children living in remote (rural) areas and on islands, total and average number of children per mobile team (MH, CIPH)
- Share of county hospital centres with children's psychiatric services (MH)
- Share of children aged 7–18 who have undergone screening aimed at early detection of mental health problems (data broken down by age, gender, city/county, socioeconomic status) (MH, CIPH)

- Number and average duration of training sessions carried out for healthcare professionals and professional associates on an integrative approach to health services for children, the specifics of children at risk, in particular the risk of poverty and social exclusion, and mental health of children and young people; total and average number of participants in training sessions (MH, CIPH)
- Number and average duration of training sessions conducted in the field of mental health protection of children at risk for all professionals working with children; average number of participants in training sessions (MH, CIPH)

Achieving the proposed objectives and implementing the proposed recommendations by 2030 should contribute to the following changes at the level of access to quality health services for children at risk:

- 0% of parents and caregivers of children under 16 years of age who assess their children's health status as poor or very poor (2017: 0.9%; EU-27: 0.8%)
- 0% of children whose participation in activities is limited by health problems (2017: 0.8%; EU-27: 0.8%)
- 0% of children under 16 years of age who have not been able in the last year to meet the need for medical or dental treatment/examination (2017 0.4% in both categories; EU-27: 1.6% medical examinations/treatment, 2.6% dental examinations/treatment)
- Over 95% of children under 2 years of age who have received vaccines under the Compulsory Vaccination Programme for Children up to the Age of 2 (1. Diphtheria, tetanus, pertussis, 2. Measles, 3. Hepatitis B; 2018: 93% for all three categories; EU-27: 94% for diphtheria, tetanus, pertussis, 94% for measles, 93% for hepatitis B)
- Infant mortality rate reduced to 2.8/1000 from 4/1000 (2019); EU-27: 3.4/1000)

A summary of the proposed objectives and indicators can be found in Appendix 5.

6. Access to adequate housing

The right to decent housing is a fundamental human right (Universal Declaration of Human Rights, Art. 25, Government of the RC, 2009), and having a roof over your head and living in suitable housing conditions is one of the fundamental social rights on which a number of other rights depends in practice, such as safety, health and education, and this especially refers to children (EC, 2020a). Ensuring access to adequate housing for all children is one of the key mechanisms for preventing social exclusion and the risk of homelessness, and is one of the key measures advocated in the ECG, particularly in relation to children at risk. Poor housing quality and a crowded home can have negative consequences on health, educational outcomes, intergenerational transmission of poverty and child well-being (Friedman, 2010; EC, 2020). Living in an overcrowded space can harm relationships in the family and cause depression, stress and anxiety (EC, 2020a). Children growing up in poverty are significantly more at risk of living in inappropriate housing and of homelessness, especially those living in extreme poverty (absolute poverty) (FEANTSA, 2021, Šučur et al. 2015, Kunac et al., 2018). The European Pillar of Social Rights (European Commission, 2017), the 2013 European Commission Recommendation "Investing in children: breaking the cycle of disadvantage" and the European Strategy on the Rights of the Child 2021–2024 are important tools to reduce child poverty and improve the well-being of children. The ECG relies on these documents also in the area of adequate housing.

The ECG Study on the Economic Implementing Framework (EC, 2021a) highlights the importance of general European recommendations and documents to ensure adequate housing and to prevent the homelessness of children at risk, and emphasizes the need to create a national framework and develop national policies aimed at improving the availability and affordability of quality housing for all, especially vulnerable groups of people. In this regard, the RC faces a special challenge, given that there is no strategic framework or national housing policy programme for accommodating vulnerable groups, including children at risk (Beige, 2019; Zrinščak, 2019). Consequently, the analysis below focuses primarily on the key challenges related to the development of the housing policy system in the RC with an emphasis on the development of the social housing programme and the prevention of homelessness of children and young people.

6.1. Access of children to adequate housing in the RC – state of play

Access to adequate housing is discussed in two parts. The first points to the key features of housing in the RC, which is characterized by a high share of private housing property and by the absence of a systematic housing policy and social housing programmes. Then, based on the available data, individual groups of children at risk living in financial and hence housing deprivation are identified, as well as those children at risk who, due to specific circumstances, are at increased risk of homelessness (children coming out of care, orphaned children who do not have secure housing, children with a migrant background, children living in extreme poverty, most often children of the Roma national minority, which is associated with precarious and inadequate housing).

6.1.1. Key challenges in the field of housing

The RC is characterized by a high share of private residential property (Stubbs et al., 2018; Zrinščak, 2019). There are 89.7% of Croatian citizens living in their own apartment or house compared to the EU average of 69.8% (2019; Eurostat, 2021.m). This is the result of the privatization of socially owned apartments in the early 1990s. However, due to poor socioeconomic status, people do not have the means to invest in housing or in the substantial improvement of housing conditions. Therefore, **although a higher proportion of citizens live in**

their own apartment or house (89.7% in 2019; Eurostat, 2021.m), **they significantly face the problem of housing overcrowding**. Data for 2020 show that 36.2% of all citizens and 38% of poor households in Croatia live in overcrowded housing, which is significantly higher than the EU average (17.8% of the general population and 28.7% of households at risk of poverty). Furthermore, in 2020, as many as 49.2% of children aged up to 17 years lived in overcrowded housing, compared to the EU-27 average of 25.9%. The risk of housing in overcrowded accommodation is significantly higher for children living in poverty. The overcrowding rate in the RC for 2020 for children living in poverty was 61.7% compared to the EU-27 average of 41.7% (Eurostat, 2021.n).

Severe housing deprivation is far more pronounced in people at risk of poverty, 11.6% compared to 5.9% in the general population in 2019, as well as in single-parent families (12.1%). In 2019, the rate of severe housing deprivation of children living at risk of poverty in the RC was 19.8%, compared to the EU-27 average of 14% (Eurostat, 2021.o). (These are people/children living in overcrowded apartments and/or in a leaky house, without a bathtub/shower or indoor toilet within the housing space or in a house/apartment that is considered too dark, or with insufficient light). Poor young people aged 15–24 are at highest risk of precarious housing (housing deprivation). In 2019, almost 19% of them in the RC had a serious problem of ensuring adequate housing. Households at risk of poverty are also more likely to face difficulties when paying rent (FEANTSA, 2021). These data point to a generally **lower standard of housing for citizens in the RC, especially those living in poverty and those who are beneficiaries of GMB**.

On the other hand, it is important to highlight the protective factor of ownership of a residential property as opposed to housing in a rented space. Studies have shown that ownership of housing indirectly affects the well-being of the child (Haurin et al., 2003, according to Babić, 2015). Apartment owners are more willing to invest more in housing maintenance, which affects the quality of housing. Owners move less frequently, which indirectly has an effect on more stable social contacts in the community for the child and contributes to better knowledge and use of resources in the community. It has been shown that children growing up in a property owned by their parents achieve better educational results than children whose parents do not own the apartment or house in which they live (Haurin, Parcel and Haurin, 2003, according to Babić, 2015). In addition, the risk of housing deprivation is somewhat more pronounced among tenants who rent an apartment at a reduced price (10.1% in 2019), which in the RC is often associated with the beneficiaries of so-called social housing (compared to 8.7% for tenants who rent an apartment at the market price and 4.5% for homeowners who have a housing loan (Eurostat, 2021.p).

One of the key challenges in the field of housing in the RC is **the lack of an integrated approach and of national housing programme for vulnerable groups**. There are no national housing schemes for vulnerable groups such as families with children living in conditions of poverty, homeless people, people with disabilities, young people leaving institutional accommodation, or migrants (Bežovan, 2019). In addition, there is no framework for understanding what an appropriate housing policy should be for certain groups of children at risk (Zrinščak, 2019). The RC does not have a comprehensive programme for subsidizing rents and housing costs, or a programme of social measures granted to lower-income individuals or families so they can secure adequate housing (Bežovan, 2019).

Energy poverty is also one of the key problems related to housing, affecting families living at risk of poverty, but also beyond that, households that have low incomes and high energy costs caused by the low energy efficiency of the building in which they live. There is no definition of energy poverty in the RC, nor have general criteria or methodology for determining energy poverty been established, but energy poverty exists as a term in the Energy Efficiency Act (OG 127/14, 116/18, 25/20, 32/21, 41/21). In the absence of a definition, energy

poverty can also be measured using replacement indicators. The EU-SILC data include three variables commonly used to describe and measure energy poverty in the EU: the inability to adequately warm the home; overdue unpaid liabilities on energy bills; and the presence of a leaky roof, damp walls, floors or foundations, or rot in window frames or floor.

The Integrated National Energy and Climate Plan for the RC for the period 2021–2030 and the Energy Development Strategy of the RC until 2030, with a view to 2050, foresee the development of a comprehensive Programme for Combating Energy Poverty, which will consist of three components: a single model for meeting the energy costs of energy-poor households; energy advice for energy-poor households; energy renovation measures and energy efficiency improvements in energy-poor households. Given that the comprehensive Programme for Combating Energy Poverty has not yet been developed, the eligibility criteria for applying for a public call for groups of citizens at risk of energy poverty have so far been defined for the purpose of applying for the Programme for Energy Renovation of Family Houses. In doing so, the most vulnerable groups of citizens who can participate in the said programme (owners of a family house or a member of the household in the family house) are considered beneficiaries of GMB. In the coming period, this criterion should be revised in accordance with the criteria already mentioned for describing and measuring energy poverty, which also occurs in households that do not necessarily receive GMB but face difficulties in ensuring adequate living conditions for children.

Along these lines, a draft Programme for energy renovation of multi-apartment buildings for the period up to 2030 (version December 2021) has also been developed, an integral part of which is the chapter concerning the alleviation of energy poverty. As part of this document, an analysis is envisaged that will clearly determine how many citizens are at risk of energy poverty in multi-apartment buildings, starting with the category of GMB beneficiaries, and then expanding the criteria of energy poverty in line with the Long-Term Strategy for the Reconstruction of the National Building Stock by 2050 (OG 140/20), which has identified the following possible criteria for determining energy poverty: household income, energy class of the building, square footage per household member, total energy costs in relation to total household income, other categories of social status (disability benefits, child allowance, pensioners with a minimum pension, social health threshold, property-ownership threshold, etc.).

The Social Welfare Act **regulates the right to housing allowance and the right to fuel allowance**, the financing of which is provided from the income of the LSGUs (municipalities and cities) (Table 5). This right is recognized for GMB beneficiaries who can also exercise the right **to allowance for vulnerable energy buyers** in the form of a subsidy for electricity costs amounting to HRK 200 per month. This right may also be exercised by all beneficiaries of the right to personal disability benefit. The total number of entitlements to allowance for a vulnerable buyer in 2020 was 58,304, of which 31,943 were households and 26,361 were singles. This measure addresses only the poorest beneficiaries in the social welfare system and beneficiaries of the right to personal disability benefits, and the existing criterion for exercising the right to the status of vulnerable energy buyer does not take into account that energy poverty can also affect people who do not live in the deepest poverty but are at risk of poverty (e.g. lower-income families that are only slightly above the income threshold and also face difficulties in meeting energy costs and thus ensuring adequate housing conditions for the growth and development of children).

Table 5: Number of beneficiaries of housing and fuel allowances in Croatia from 2017 to 2019*

	2017	2018	2019
--	------	------	------

Housing allowance	36.875	22.768	**
Right to fuel allowance	40.331	47.136	27.215

*Housing allowance is financed from the budget of municipalities, cities and the City of Zagreb. The right to fuel allowance is funded by counties. The data were collected from local self-government/regional self-government units, the City Office for Social Protection and People with Disabilities of the City of Zagreb and the state administration offices in the counties.

**Due to the digitalization process, i.e. the transition to a different way of collecting data (previously tables sent by e-mail and now through web application entries) and methodology (ESSPROS methodology) of collecting data for 2019, the data on the number of beneficiaries of housing allowance in accordance with Art. 41 and 42 of the Social Welfare Act (OG 157/13, 152/14, 99/15, 52/16, 16/17, 130/17, 98/19, 64/20) cannot be displayed.

Source: Ministry of Labour, Pension System, Family and Social Policy (2019)

The amount of housing allowance depends on the autonomous decision of each local government, and can be no higher than the amount of half of the guaranteed minimum benefit (HRK 400). This approach does not ensure the same minimum standard in the amount of housing allowances for GMB beneficiaries across the RC. This approach confirms the residual principle in the meeting of this social need. The right is intended exclusively for people in extreme poverty, i.e., those who have the status of beneficiary in the social welfare system, and, for example, it cannot be used by tenants or families of lower income status who are not in the social welfare system, but who have high housing costs (Bežovan, 2019). The exceptions are individual LSGUs, whose financial capabilities and budget allow for more generous investments in social programmes, including in the housing allowance scheme. This means that some LSGUs take decisions and measures that ensure housing allowance more broadly in relation to the status of beneficiary in the social welfare system. For example, this right may be exercised by individuals or families of lower income status who are unemployed (or a member of the household), have an established disability, have a higher number of children, single-parent families or tenants. It is important to point out that most often the amount of housing allowance is inappropriate given the housing costs and the situation in the case of renting apartments. This is especially true in urban areas where rental prices are significantly higher compared to the rest of the country or in the area of the Adriatic region where in the summer months (tourist season) there are no apartments for rent at all, or the rental prices of apartments are in line with the rental prices for tourist purposes. The draft Social Welfare Act (Government of the RC, 2021) focuses on the consolidation of housing and fuel allowances into a single allowance and the introduction of an obligation of a minimum amount of housing allowance in the amount of 30% of the GMB base amount, up to the full amount of the base amount. This change is aimed at reducing the risk of energy poverty and securing the right to housing allowance for all GMB beneficiaries and is being redefined in such a way that the allowance covers all sources and methods of heating, not just wood (firewood), which has been the case so far. The electricity subsidy, as a measure to alleviate energy poverty for the poorest (GMB beneficiaries) will continue to be settled through an allowance for vulnerable energy buyers.

Housing programmes targeting people at risk of precarious and inappropriate housing are developed and implemented differently at the level of cities and municipalities (Stubbs et al., 2018). Some cities have housing insurance schemes for vulnerable groups of citizens, typically GMB beneficiaries, with families with children taking precedence. Some cities also have social rental programmes for apartments through a socially stimulating apartment construction programme (e.g. Zagreb; Social picture of the City of Zagreb, 2020). In addition to the fact that local housing programmes vary widely, **there is no systematised and available data to clearly determine the extent to which children at risk benefit from them.**

As a specific challenge related to the development and implementation of programmes aimed at restoring the housing stock and protecting the right to adequate housing of vulnerable groups of citizens, as well as children at risk, it is worth noting the response to natural disasters that the RC faced in 2020. In March 2020, in the midst of the COVID-19 pandemic, the capital of the RC, Zagreb, was hit by an earthquake, and then in December 2020, the second devastating earthquake of a magnitude of 6.2 on the Richter scale hit the area of Sisak-Moslavina, Karlovac and Zagreb County. Of the 70,000 people affected by the quakes, 13,750 were children. Two children lost their lives in the earthquakes. The earthquakes caused significant and progressive damage to infrastructure and residential buildings, of which the latter were the most affected. By the end of February 2021, damage to about 43,000 buildings had been reported, and 15,000 people had been temporarily displaced in the aftermath of the Banija earthquake. On 1 March 2021, a total of 3,599 people were registered leaving their place of residence due to the earthquake. Currently, 695 people are temporarily housed in 16 organized container settlements and group accommodation in alternative locations in the earthquake-hit area, and 2,883 in other parts of the RC (Government of the RC, 2021.h; Coordination of humanitarians of Sisak-Moslavina County, 2021).

6.1.2. Access and barriers to housing for children at risk

The average number of members of a household in the RC is 2.7. Most households with children have only one child (47.3%), followed by households with two children (38.5%), and with three children (11%), and 3.2% of all households with children have four or more children (Eurostat, 2020.r). The latest available data (2014) indicate that 22.1% of children in the RC live in material deprivation, with children aged 6 to 11 years (24%) and children aged 12 to 15 (23.8%) (Eurostat, 2021.s) being more materially deprived. As for specific indicators in the field of housing, in 2020 in the RC 8.1% of children aged 0 to 17 years lived in a damp space, in an apartment/house with a leaky roof, rotten windows or doors, 3.6% in a space without enough light, 0.3% of children did not have a bathroom, and 0.8% a toilet in the house where they lived (Eurostat, 2021.t; 2021.in; 2021.v; 2021.z). As mentioned earlier, children in the RC face the risk of living in overcrowded housing, with children living in poverty being at greater risk. Thus, 50% of poor households in the RC live in overcrowded apartments, with this being especially pronounced for children of the Roma national minority (Kunac et al. 2018). Research on the subjective well-being of children in the RC also indicate that almost half of the children did not have their own room (Ajduković et al., 2020), which is a more common situation for children living at risk of poverty (Šučur et al. 2015). Poor families often cannot provide adequate heating, and keeping the home warm is a problem for 19.1% of people at risk of poverty and for 39.4% of poor single-parent families (compared to 6.6% of the general population; Eurostat, 2021.x).

The absence of a systematic and regionally uniform housing policy primarily affects children growing up in poverty, i.e. beneficiaries of GMB, as further indicated by research conducted in the RC. Although the RC is at the very top of EU countries according to housing owned by citizens (89.7%), available data from a survey conducted in 2014 indicate that only 40% of families receiving GMB own their own apartment. Families with children who are GMB beneficiaries thus have a lower housing status compared to other categories of the population and are more likely to live in rented apartments, with parents or with acquaintances (Šučur et al., 2015). If they rent an apartment, they pay the full economic price of the rental, which represents a significant financial burden for them. As previously stated, GMB beneficiary families are entitled to housing and fuel allowances (for those using wood for heating) and allowance for vulnerable energy buyers.

Families with children living at risk of poverty can hardly afford to pay for housing maintenance, or to buy or repair household appliances (Šučur et al., 2015) and also rely on a one-off (cash) allowance, provided within

the social welfare system and with limited scope, to meet these needs. This is not surprising in the context of data that show that the overload of housing costs is more pronounced in the population at risk of poverty (20.5% in 2020 versus 4.2% in the general population). This also increases the risk for children at risk of poverty (16.4% compared to 3% in the general population of children and 0.3% in children who are beyond the at-risk-of poverty threshold; Eurostat, 2021.y). Consequently, the results of surveys showing that the housing problems faced by families of pre-schoolers living in extreme poverty (GMB beneficiaries) are more pronounced compared to families with children who do not live in poverty are not surprising. The problem of lack of space was expressed by 62% of GMB beneficiaries (significantly more by Roma national minority families, 76%) compared to 39% of families with both parents working. As many as 39% of GMB beneficiaries with children (the Roma national minority, 49%) live in a damp apartment compared to 5.6% of families with both parents working; 27% of GMB beneficiaries (the Roma national minority, 36%) live in an insufficiently warm apartment/house compared to 1.5% of families with both parents working; 30% of GMB beneficiaries (the Roma national minority, 34%) live in an apartment/house with a leaky roof compared to 2% of families with both parents working (Šučur et al. 2015). Almost a quarter of parents of social welfare beneficiaries cannot afford for their children to have their own bed (Stubbs et al., 2017). The same survey found that just under a third of children growing up in conditions of poverty, characterized by adverse housing conditions, state that they have no place to study at home, which hampers their education and affects their educational outcomes. The housing conditions in which children at risk live have an impact on other aspects of their well-being, in particular on their health (respiratory and other health problems) and education (inadequate conditions for studying).

In the RC, **children of the Roma national minority live in the most unfavourable housing conditions.** Children of the Roma national minority are exposed to the greatest housing deprivation, i.e. living in inappropriate and inadequate housing conditions characterized by overcrowding and a very low standard of housing quality, all of which have negative effects on their well-being (Šučur et al., 2015). A total of 69% of Roma are without housing compared to 13.9% of people in the general population and as many as 85% of Roma (compared to 8.2% of people in the general population) live in overcrowded spaces. Further, 23% of Roma live without enough light in their apartment compared to 5.5% of the general population in the RC. As many as 43% of the Roma (compared to 11.7% of people of the general population) live in an apartment/house with a leaky roof, damp walls or rotten floors (FRA, 2016). In comparison with the general population (86%), 66% of households of the Roma national minority are connected to the public water supply system (Government of the RC, 2021b). According to the data of the base survey conducted in 2017 (for the purpose of monitoring the implementation of the National Roma Integration Strategy), 56.7% of Roma households received water through the public water supply system. However, a large portion of the Roma national minority live in Roma settlements, most often in rural areas, that is, in areas where there is no sewage system and/or where it is not possible to connect to it due to the generally poor development of the community infrastructure. Although in rural areas connection to the sewage system is not always possible, it is replaced by a septic tank, which is not the case in locations inhabited by the Roma population where 73.3% live without a sewage system, and 68.4 % without a septic tank (Kunac et al., 2018).

Although Roma families in the RC are to a large extent owners of the properties in which they live (81.6%), they are much more likely to be exposed to living in poverty and inappropriate housing conditions, which significantly affects the well-being of children. A comprehensive and representative survey of the Roma population in the RC conducted in 2017 shows that no progress has been made in terms of housing conditions. Of all Roma households, 11.2% live without electricity, 43.3% do not have running water, 73.3% do not have access to a sewage system, 49.9% do not have a bathroom with a shower, and 53.9% do not have a toilet in

their home (Kunac et al., 2018). Roma households with children have only 0.36 rooms and 9.8m² of housing per household member, which is significantly below the recommended threshold of 14m² per household member necessary to prevent the negative health and social effects of living in an overcrowded area. In addition, 52% of Roma households do not have a separate bed for each family member (Dobrotić, 2014). The children of GMB beneficiaries of the Roma national minority are significantly more exposed to the surroundings where physical attacks and violence occur, as well as the risks of dangerous animals that threaten the environment (Šučur et al., 2015). Observed with regard to the proportion of the population living in a particular locality, dislocated settlements stand out for their adverse environmental conditions. Thus, as much as 91.9% of the population of settlements dislocated from towns or villages in separate locations face the problem of polluted air, 78.9% the problem of contaminated water, and 72.2% of the Roma population in dislocated settlements live with garbage in the streets or next to their houses in the yards (Lucić et al., 2020).

In the context of the unfavourable housing conditions in which the children of the Roma national minority live, it is important to point out that since 2019 the Central State Office for Reconstruction and Housing Care has been adopting the Annual programme for housing and improving the living conditions of members of the Roma national minority on the basis of which members of the Roma national minority can apply for the allocation of equipment/materials that can contribute to improving living conditions. The implementation model is determined separately for each year of implementation, from the allocation of building materials for the renovation or construction of a family house, to the allocation of home appliances and furniture, bathroom and sanitary block equipment, exterior woodwork and flooring. This programme is implemented on the basis of the Operational Programmes for National Minorities of the Government of the RC, specifically the Operational Programme for the Roma National Minority, which stipulates that the Government of the RC will continuously implement annual programmes for improving the living conditions of members of the Roma national minority through the aforementioned Central State Office. In addition, the National Roma Integration Plan for 2021–2027 (Government, RC, 2021) in the field of housing detected the following measures to be implemented: reducing the gap in housing deprivation and overcrowding between the Roma and the general population; reducing environmental and infrastructural inequalities in the Roma communities (localities) in relation to the communities inhabited by the majority population; and ensuring access to water for human consumption in the household.

Children leaving alternative care are also at risk of precarious housing and homelessness (children's homes, correctional institutions, foster families), which is described in more detail in Chapter 7, *Social and other services in the community aimed at children at risk of poverty and social exclusion*, but here we take a closer look at their access to housing. Specifically, although the state recognizes the importance of supporting children and young people after leaving care by, for example, providing study fees and social counselling and assistance service, as well as the possibility for children to stay in foster care for up to a year after completing their education and making available the service of organized housing with occasional support in preparation for leaving care (Social Welfare Act, OG 157/13, 152/14, 99/15, 52/16, 16/17, 30/17, 98/19, 64/20, 138/20; Foster Care Act, OG 115/18), no additional measures and programmes have yet been developed to support housing for young people after leaving care. Young people aged 15–24 are at the highest risk of housing deprivation and thus homelessness (FEANTSA, 2021). The risk is increased for children coming out of care (Mlinar and Kozar, 2012; Ombudsperson, 2019), while in the RC there is no adequate systematic professional and financial support for children leaving care. It is therefore necessary to improve and develop the accommodation service through residential communities, as well as social mentoring for young people who come out of care and who have not resolved the housing issue. Accordingly, each local community should

determine the type and amount of support for young people leaving care (accommodation, money for utilities, etc.) and such support should last for three years continuously after young people leave the care system (Miharija and Belamarić, 2020).

Access to housing for unaccompanied children (children on the move) or migrants in the RC is ensured through the social welfare system. However, it insufficiently responds to the needs of children with a migrant origin. Unaccompanied children are primarily accommodated in social welfare homes for children and young people (homes providing accommodation for children with behavioural problems) or Reception Centres for Foreigners. Therefore, the Ombudsperson for Children (2020) warns of inappropriate accommodation of children with a migrant background who are restricted from freedom of movement by being placed in the Reception Centre for Foreigners, which goes against the best interests of the child. She also points out that the conditions of social welfare institutions do not correspond to the specific needs of unaccompanied children, since they do not provide adequate protection for children, or a sufficient number of professionals specially trained to work with child foreign nationals and who are familiar with specific tools for working with this group of children or a sufficient number of translators. According to a report by the Ombudsperson for Children (2021), out of 942 children seeking international protection, 186 of whom were unaccompanied children, 94 of them were placed in social welfare institutions for children and young people, and 92 of them in Reception Centres for Asylum Seekers. The decision on accommodation for persons with approved international protection is made by the SWC and provided by the Central State Office for Reconstruction and Housing Care. For those who do not have their own funds or are not able to meet the costs of accommodation, these costs are met from the state budget (Act on International and Temporary Protection, OG 70/15, 127/17). A foreigner under subsidiary protection and asylum seekers exercise all rights under the Social Welfare Act and the Child Allowance Act, including the right to the guaranteed minimum benefit and child allowance, which puts children under subsidiary protection and asylum seekers who are beneficiaries of these rights under a number of risks relating to the beneficiaries of these rights.

Consequently, when it comes to access to adequate housing in the RC, child beneficiaries of GMB, child beneficiaries of GMB who live in single-parent families and families with three or more children, children of the Roma national minority and children coming out of care and unaccompanied children/children with a migrant background are at particular risk. The risks they face are summarized in Table 5.

Table 5: The main barriers to accessing adequate housing for children at risk

Groups of children at risk	Population assessment	Assessment of access to housing	The main barriers to access resulting from the presented analysis	Data availability
Children at risk of poverty	<ul style="list-style-type: none"> 126,000 children at risk of poverty and social exclusion, i.e., 18.4% of the total population under the age of 18 in 2020 (Eurostat; 2021.f) 	<ul style="list-style-type: none"> 38% of households at risk of poverty live in overcrowded housing (EU-27, 28.7%); 61.7% of children aged up to 17 living at risk of poverty live in overcrowded housing (EU-27, 41.7%) (2020, Eurostat, 2021.n) 8.1% of children between the ages of 0 and 17 live in a damp space, apartment or house with a leaky roof and rotten windows or doors; 3.6% of children live in a space without enough light; 0.3% of children do not have a bathroom, and 0.8% do not have a toilet in their home (2020, Eurostat, 2021.t, 2021.in, 2021.v, 2021.z) 19.8% of children and 6.4% of single-parent families with dependent children live with severe housing deprivation (EU-27, 2019: 6,5%); 4.8% of families with two adults and two children (EU-27, 2019: 3,3%); 7.6% of families with two adults and three or more children/EU-27, 2019: 9.6% (2020; Eurostat) 	<ul style="list-style-type: none"> Lack of an integrated approach to housing policy and any national housing programme for vulnerable groups Living in tenancy as an unsafe form of housing (especially for single-parent families and families with three or more children) Housing deprivation and inadequate living conditions (humidity, leaks, insufficient heat, overcrowding) 	EU-SILC, CBS MLPSFSP data on the number of beneficiaries of housing allowance

Children from families of GMB beneficiaries	<ul style="list-style-type: none"> On 31 December 2020, there were 13,977 children from families of GMB beneficiaries; of which the number of children aged 5–14 years – 8,013 and the number of children aged 15–19 years – 3,485 (MLPSFSP, 2021.a) 	<ul style="list-style-type: none"> 53–76% of families of beneficiaries from the social welfare system face problems of lack of space, 36–49% with the humidity in their apartment, 15.8% – 27% with insufficient light, 20–36.9% with insufficient heat, 34.6–44.6% with the wear and tear of the building, 30.8–52.3% with the humidity of the apartment, walls and floor, and 26.3–35.4% with a leaking roof (Šučur et al., 2015). 	<ul style="list-style-type: none"> Housing and fuel allowances of GMB beneficiaries are financed from the LSGU budget according to the uneven criteria and financial means of each LSGU The low level of housing allowance (maximum 50% of the GMB base) and in most cases significantly lower Allowance for vulnerable energy buyers covers only electricity Life of families of GMB beneficiaries in tenancy as an unsafe and expensive form of housing (especially poor single-parent families and families with three or more children) Housing deprivation and inadequate living conditions (humidity, leaks, insufficient heat, overcrowding) 	<p>No disaggregated data on families with child beneficiaries of GMB by housing status</p>
Children of the Roma national minority	<ul style="list-style-type: none"> 12,920 children under the age of 16 (Kunac et al., 2018) 	<ul style="list-style-type: none"> 69% of Roma are deprived of housing 85% live in overcrowded accommodation 66% connected to the public water supply system 11.2% of all the Roma households live without electricity, 43.3% do not have running water, 73.3% do not have access to a sewage system, 68.4% do not have a septic tank, 49.9% do not have a bathroom with shower/bath in the house/apartment, 53.9% do not 	<ul style="list-style-type: none"> High level of housing deprivation (wear and tear of buildings, inability to keep the home warm, without access to a sewage system, no bathroom or toilet in the apartment, lack of light, no basic infrastructure) Living in overcrowded accommodation Living in Roma settlements away from villages/towns often without basic infrastructure and in a polluted and unsafe environment for children (garbage, dogs, polluted air) 	<p>There are no systematic data on the housing deprivation of children of the Roma national minority</p> <p>Data on RNM is collected and processed by the Office for Human Rights and Rights of National Minorities of the Government of</p>

		<p>have a toilet in their home (Kunac et al., 2018).</p>		<p>the Republic of Croatia: Available data from the research of databases on the inclusion of the Roma in Croatian society (Kunac et al. (2018))*</p>
<p>Children leaving alternative care</p>	<ul style="list-style-type: none"> • 3,487 children in care (MLPSFSP, 2021) • During 2020, there were 84 male and 13 female minors in correctional institutions due to the enforcement of the order of committal to a correctional institution; at the end of 2020, 44 male and 7 female minors were under the order of 	<ul style="list-style-type: none"> • 3,487 children (1,260 children in institutional care (24% of children with developmental disabilities and 16% aged up to 7 years, with significant gender differences in children with developmental disabilities – 97 F and 210 M, as well as in children with behavioural problems – approx. 51 F and 153 M), 2,214 foster care (12% of children with disabilities and 42% up to 7 years of age; no gender data). The proportion of children (16–18) and young people (18–26) in care compared to the total number of children in care in this age group is approximately 4–5%, while the number of child beneficiaries of organized housing with occasional support in 2020 was 12 children (16–18), and 45 young people (19 to 26) (MLPSFSP, 2021). • According to data previously collected, 250–290 children leave care annually 	<ul style="list-style-type: none"> • Underdeveloped housing capacity for systematic support for children without secured accommodation when leaving care • Lack of systematic support for children and young people when leaving care 	<p>There are no data on the number of children/young people leaving care who do not have secure housing</p>

	<p>committal to a correctional institution.</p> <ul style="list-style-type: none"> On 31 December 2020, there were 11 prisoners (all male) in youth custody; in 2021, the number of minors who did not have post-penal reception (Turopolje Correctional Home) was 5 (the expected number of minors in 2022 without post-penal reception for the same institution is 9; MLPSFSP, 2021.a) 	<p>(292–2015, 246–2016, 253 – 2017 (MLPSFSP, 2016, 2017, 2018).</p>	
<p>Children with a migrant background</p>	<ul style="list-style-type: none"> In 2020, 2,522 children of irregular migrants (foreigners who did not apply for international protection) under the competence of the MI, of whom 348 were unaccompanied children (Ombudsperson for Children report, 2021) In 2020, 942 children of applicants for international protection were registered, of whom 186 were unaccompanied (94 children were placed in 	<ul style="list-style-type: none"> The risk is increased as a result of living in refugee reception centres in extremely modest conditions, or in correctional homes (in the case of unaccompanied children) where they are placed with young people with behavioural problems. Accommodation in correctional homes – inappropriate accommodation for the specific needs of children on the move/children with a migrant background There is no developed adequate accommodation system for children on the move/children with a migrant background 	<p>MI, MLPSFSP</p>

social welfare institutions and the other 92 were placed in Reception Centres for Those Seeking International Protection; a total of 17 requests for international protection were granted to children and no international protection granted to unaccompanied children (report of the Ombudsperson for Children, 2021)

- in 2020, there were 385 unaccompanied children – foreign nationals who were granted the right to temporary accommodation in crisis situations, none of whom were put in foster care, 217 were put in a social welfare home, while 168 were placed in a different type of accommodation (MLPSFSP, 2021a)

* The National Roma Integration Plan for the period 2021–2027 in the field of defining housing objectives states the following indicators: housing segregation; access to basic infrastructure; housing in illegal facilities; exposure to environmental living conditions that are dangerous and related to health risks – once finalized, these will be included at the EU level

6.2. Proposal of objectives and measures in the area of access to adequate housing within the European Child Guarantee

Starting from the presented analysis and the fundamental principles of the European Pillar of Social Rights, the EU recommendation on investing in children 2013/112 and the European Strategy on the Rights of the Child 2021–2024, which the ECG and the sustainability study accompanying the ECG rely on, the following objectives are set to create a framework for ensuring adequate access to housing for children at risk and for preventing homelessness:

- provide adequate housing for families with children at risk of poverty
- provide access to adequate housing for young people coming out of care.

The approach of developing policies to support adequate housing based on the ECG recommendations is advocated:

(a) ensure that homeless children and their families receive adequate housing, a rapid transfer from temporary accommodation to permanent accommodation and the provision of relevant social and advisory services;

(b) assess and revise, if necessary, national, regional and local housing policies and take measures to ensure that the interests of families with children in need are properly taken into account, including addressing energy poverty and preventing the risk of homelessness; such assessment and revision should also include social housing or housing assistance and housing benefit policies and further improve accessibility for children with developmental disabilities;

(c) ensure priority and timely access to social housing or housing assistance for children in need and their families;

(d) take into account the best interests of the child, as well as the overall situation of the child and individual needs when placing children in institutions or foster care; ensure the transition of children from institutional or foster care to quality care in the community or family and support their independent life and social integration.

Given the specific requirements of this analysis, emphasis is placed on targeted interventions aimed at children at risk, but the basic precondition for the successful application of such interventions is the development of a comprehensive housing policy strategy. In accordance with the aforementioned National Development Strategy of the Republic of Croatia until 2030, it foresees the adoption of the Housing Policy Strategy of the Republic of Croatia by 2030, which must focus significantly on social housing.

OBJECTIVE 1 Provide adequate housing for families with children at risk of poverty

In the RC there is no integrated approach to housing policy or any type of national social housing programme for vulnerable groups. At the LSGU level, there are certain housing programmes aimed at people at risk of precarious and inadequate housing that are developed and implemented differently. Social housing programmes are mainly targeted at families at risk, especially those with children. However, given the lack of a strategic and holistic housing policy of social housing at the national level, the different level of development of individual LSGUs and investments in social housing, and the availability of and access to social housing, support in providing adequate housing for families with children at risk is limited and modest.

It is a recommendation of the ECG, as well as the economic study accompanying the ECG, that mechanisms be developed in the area of adequate housing to provide a broader coverage framework for children at risk relative to housing policy and social housing and that mechanisms for their operationalisation be implemented. Such schemes should not only ensure access to adequate housing for children at risk, but should rely on non-stigmatizing approaches to support. Emphasis is placed on adopting a model of support for adequate housing that best responds to children's needs, ensures well-being and prevents homelessness (EC, 2021). In this regard, below are the key recommendations for the development of a social housing programme that focuses on preventing homelessness and ensuring adequate living conditions for children and families with children at risk. They broadly go in the direction of a more active role of central government in regulating the minimum standard of social housing at the local level, but also in creating an enabling environment for those communities that are ready to take strides forward in this area.

RECOMMENDATIONS FOR OBJECTIVE 1:

- Conduct a comprehensive situation and needs analysis in the field of social housing for families and children at risk of poverty (Ministry of Physical Planning, Construction and State Assets (MPPCSA), Central State Office for Reconstruction and Housing Care)
- Develop evidence-based measures aimed at social housing for families and children at risk of poverty as one of the areas of the Croatian Housing Policy Strategy until 2030 (MPPCSA, MLPSFSP and Central State Office for Reconstruction and Housing Care)
- Disaster risk assessment also includes a component of housing care in crisis situations that threaten families and children, especially those at risk of poverty (Ministry of the Interior, hereinafter: MI, Civil Protection Directorate)
- Prescribe a minimum housing allowance to which GMB beneficiaries have the right, and legally oblige local communities to enforce this provision (MLPSFSP, L(R)SGU);
- Establish monitoring and evaluation mechanisms for the implementation of the housing allowance measure for GMB beneficiaries (MLPSFSP, L(R)SGU)
- Create an incentive mechanism for those LSGUs willing to extend the coverage of the minimum benefit for the costs of housing in sublet accommodation to other groups of families with children at risk of poverty, who are not recipients of the guaranteed minimum benefit and child allowance (MLPSFSP, L(R)SGU, Association of Cities and the Croatian Union of Municipalities, Central State Office for Demography and Youth)
- Identify simple, applicable, and provable criteria to classify a household as energy-poor, which will then be eligible to obtain appropriate assistance from the targeted energy poverty suppression programme (MPPCSA, MLPSFSP)
- Ensure access to targeted energy poverty mitigation programmes for families with children at risk of poverty (MPPCSA)
- Create an incentivizing environment for the stay and for improving the living conditions of young people and families (specific objective 4, measure 1 of the Action Plan for Combating Poverty and Social Exclusion for the period 2021–2024) (Central State Office for Reconstruction and Housing Care)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 1:

- Availability of a comprehensive situation and needs analysis in the field of social housing for families and children at risk of poverty

- Measures aimed at social housing for families and children at risk of poverty embedded in the Croatian Housing Policy Strategy until 2030.
- Availability of disaster risk assessment, which also includes a component of housing care in crises that threaten families and children, especially those at risk of poverty
- The proportion of GMB beneficiary families with children receiving a minimum housing allowance, broken down by allowance level, number of children in the family, single-parent status, age of children (LSGU, MLPSFSP *SocSkrb* application)
- A mechanism in place to monitor the effectiveness of measures for providing housing allowance to GMB beneficiaries
- Number of single-parent families of lower income status who receive compensation for subletting costs, broken down by number and age of children, municipality/city (LSGU, MLPSFSP *SocSkrb* application)
- Number of families with three or more children of lower income status who receive compensation for subletting costs, broken down by number and age of children, municipality/city (LSGU, MLPSFSP *SocSkrb* application)
- Number of households and housing units with children (0–18) who are beneficiaries of schemes aimed at alleviating energy poverty
- Number of households and housing units with children (0–18) who are beneficiaries of activities aimed at improving living conditions, broken down by number and age of children and model of assistance/activity, OI.02.13.21 (Central State Office for Reconstruction and Housing Care)

OBJECTIVE 2 Provide access to adequate housing for young people coming out of care

Children coming out of care, in particular children without adequate parental care, children with behavioural problems and children leaving judicial institutions and children whose parents are in prison, are at highest risk of precarious and inadequate housing and homelessness. Although the RC has mechanisms to support children and young people in care and those who come out of care, they are limited in range and most often associated with the support of children who are in the regular schooling programme even after the age of 18. The capacity of residential communities for children and young people is underdeveloped and in some regions there is no cover. These residential communities are related geographically to areas where providers of social services for children traditionally exist. Besides, there are no residential communities for children with developmental disabilities, and capacities for children with behavioural problems are equally negligible. According to the 2016 Ombudsperson's Report (Ombudsperson, 2017), a greater reason for the unfilled capacity of residential communities for young people in alternative care is the insufficient emotional and psychosocial maturity of beneficiaries for accommodation in organized housing. Given that after the age of 21 and having left social welfare homes, young people also end up in shelters for the homeless, the Ombudsperson (2018) stresses that they should be provided with accommodation in residential communities for young people until they are employed or capable of living independently. For example, in one Caritas homeless shelter, there are as many as 21% of such users. As these problems have been recurring for many years, the 2016 and 2017 reports recommended that these users be allowed to be accommodated in organized housing beyond the age of 21. There are also no residential communities for children with developmental disabilities, and the capacity for children with behavioural problems are equally negligible.

The particular sensitivity of this group of young people is also indicated by data that it is young people aged 15–24 who are at the highest risk of housing deprivation and therefore of homelessness (FEANTSA, 2021). It is hence a recommendation of the ECG and the accompanying economic study (EC, 2021) to respond more strongly to the needs of children in the field of adequate housing, in order to prevent homelessness. In this regard, the priority is to provide support to particularly vulnerable groups, such as underage parents leaving care and young people leaving care who are not included in mainstream schooling programmes.

RECOMMENDATIONS FOR OBJECTIVE 2:

- Improve and develop accommodation services for children at risk through organized housing with occasional support, with simultaneous emphasis on increasing overall and regional coverage, as well as staffing (MLPSFSP, providers of social services for children, the Croatian County Association, the Association of Cities and the Croatian Union of Municipalities, MPPGID, Central State Office for Demography and Youth)
- When developing measures aimed at developing social housing, categorize young people leaving care, including young people leaving institutions in the justice system, as one of the priority groups, especially underage parents upon leaving temporary crisis accommodation in homes for children without proper parental care (MLPSFSP, the Croatian County Association, the Association of Cities, and the Croatian Union of Municipalities, Central State Office for Demography and Youth)
- Provide temporary organized housing within a timeframe (of 2 years) from the completion of the measure or exit from the institution for young people leaving care, including in particular young people leaving the justice system
- Ensure housing allowance for children/young people leaving care for up to 2 years in accordance with their needs (the amount of allowance should be aligned with the current state of the housing rental market in order to provide them with an adequate standard of housing) (MLPSFSP, LSGU)
- Ensure the right to use the minimum benefit for the costs of sublet housing and for young people who are leaving the alternative care system and institutions in the justice system, especially those who are not in the official education system (MLPSFSP, MPPGID, L(R)SGU, the Croatian County Association, the Association of Cities, and the Croatian Union of Municipalities, Central State Office for Demography and Youth)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 2:

- Average length of stay in care (in temporary/transitional accommodation) for children aged 0–18 years, broken down by age, gender, socioeconomic status of the family, migrant status, type of accommodation, county (LSGU, MLPSFSP *SocSkrb* application)
- The proportion of children (16-18) and young people (18-26) using the organized housing service with occasional support compared to the total number of children and young people (16-26) in care, broken down by age, gender, socioeconomic status, migrant status, county (MLPSFSP *SocSkrb* application)
- The number of children/young people leaving care who use a social housing service to prevent homelessness and support in independence, broken down by age, gender, socioeconomic status, migrant status, county (LSGU, MLPSFSP *SocSkrb* application)
- The proportion of children/young people receiving housing allowance after leaving care in relation to the total number of children leaving care (MLPSFSP *SocSkrb* application; once a year, monitor the proportion of children using allowance when leaving care and one year after leaving care, broken down by age, gender, risk, municipality/city/county and SWC of the child)

- The number of young people coming out of care and using minimum benefits for subletting housing costs, broken down by age, gender, socioeconomic status, migrant status, county (LSGU, MLPSFSP *SocSkrb* application)

Achieving the proposed objectives and implementing the proposed recommendations by 2030 should contribute to the following changes in ensuring adequate housing for children at risk:

- Proportion of children 0-17 at risk of poverty who live in conditions of housing deprivation reduced from 19.8% (2019; EU-27:14%) to 5.7%
- Proportion of children 0-17 at risk of poverty who live in overcrowded housing reduced from 61.7% (2020; EU-27: 41.7%) to 44%
- Proportion of children (16-18) and young people (18-26) using organized housing services with occasional support compared to the total number of children and young people (16-26) in care increased from 4-5% to 30%
- Number of children and young people leaving care who have secure housing compared to the total number of children leaving care increased from 0 to 250

A summary of the proposed objectives and indicators can be found in Appendix 6.

7. Social and other services in the community aimed at children at risk of poverty and social exclusion

Social services in the community (hereinafter: SSC) broadly relate to health, correctional, educational, and social welfare services, as well as other services, when they are in the service of beneficiaries and contribute to the quality of life and inclusion in the community of people at risk. Procedures or activities constituting social services may relate to psychosocial work (counselling, information, advocacy, representation), educational, health, legal, but also artistic, sports and volunteer activities (Opačić, 2020). SSC are multidisciplinary and complex so as to fully respond to the risks to which a person is exposed (according to the Social Service Workforce Alliance). This is especially true of the system of social services for and in relation to children at risk. Children at risk are included in the social welfare system due to specific circumstances and needs, but they are primarily included in the education system and the health system.

One of the key systems involving all children aged 6/7 to 14 in the RC is the system of primary school education. In addition to the exclusively educational component, the education system (as well as the preschool system) should therefore be a place where the needs of children at (potential) risk will be recognized in a comprehensive way. Specifically, the overall population of children is reachable precisely in the primary school system, and, in synergy with the social welfare and/or health system, preventive or other necessary measures could be taken to support and assist children at risk of poverty and social exclusion. Although the role of the educational system is highly important in synergistic action related to children at risk, this system in the RC insufficiently recognizes its role in supporting children at risk, primarily in preventive action, early recognition of difficulties and referral to relevant other social services and cross-sectoral cooperation (Ajduković et al., 2017; Kletečki Radović et al., 2017). One of the experts involved in the interviews warns about the serious separation of SSC

for children from the educational system, pointing out that this problem coincides with the radical reduction of the concept of "community" which defines the scope of this type of intervention:

In the last 10 years or so, schools and kindergartens, as places that nevertheless comprise the largest number of children, have actually ceased to perform any function other than educational. So [SSC] have completely disappeared from schools, including this notion of non-institutional community services. Today, the community has actually turned into a civil society that in fact no longer has the entry into schools it had until 10 years ago. And this cooperation, in fact, there is a big wall between the school as a place of education, and the fact that children with any problems should be treated by someone else and that they should be referred either to the social welfare centre or a polyclinic or the doctor, and that is it. End of story. So, the school focuses very negatively on the educational aspect and drops the care or any other aspect for that matter. Health services and social services, they are no longer as tied as before to school activities, which is actually wrong in my opinion and part of the problem (External Expert).

SSC for children refer to: i) early education and care services; ii) family support services; iii) support services for children without proper parental care; iv) support services for children and non-institutional care providers (e.g., foster families); v) early intervention services; and vi) support services in education (Pinker, 2016; Davies, 2008). SSC should be differentiated with regard to the scale of the problem, i.e., in terms of how urgent an intervention is, and accordingly they can be classified into four levels (Davies, 2008): i) social services of a preventive nature; ii) social services that significantly improve the quality of life of persons exposed to some problem/risk; iii) social services critical to the health and well-being of beneficiaries; iv) social services critical to the life of beneficiaries. In local communities, third and fourth level services should be made available evenly (these would be universally available core SSC or a "basket" of basic SSC), and gradually expand coverage for level one and two services.¹⁷ The universal availability of core SSC relies on the initiatives of the Council of Europe, the United Nations and the EU related to achieving a minimum social standard and investing in children to combat material deprivation and social exclusion. When we talk about a continuum of services, there are a number of accepted classifications, some of which have already been mentioned and most often we are talking about preventive/early intervention, targeted and highly specialized services.

The provision of SSC in the RC is generally decentralized, while their financing is mostly centralized where the level of central government investment varies in their development and functioning. ECEC services are almost entirely fiscally decentralized (see 2.1), while the central government is more involved in funding the school, health, and social welfare systems (Dobrotić, 2020). Local environments play an important role in planning, financing, organizing, and providing services, but investment is low and regionally uneven. Most local social expenditures are intended for monetary benefits (over 87%), and only a small proportion is intended for social services (less than 3% in municipalities and counties; about a tenth of social expenditures in cities). Most local expenditures are focused on family/child functions (45.8%), social exclusion (25.5%), housing (10.2%), old age (9.3%) and disability (5.3%), with less developed areas having less developed services and lower benefits (Šućur et al., 2016). Expenditures from the state budget in the social welfare system are equally focused on benefits and services (State Budget of the RC for 2021 and projections for 2022 and 2023, OG 135/20, 69/21 and 122/21), but the benefits can be used by all citizens under legally prescribed conditions, while the services are provided only to citizens in such communities where there are capacities. Funding for "new" services, in

¹⁷ The project "Communities include – Universally Available Basic Social Services in the Community" is currently being implemented in Croatia, and advocates the introduction of this model.

particular services aimed at people at risk of poverty and social exclusion (e.g. teaching assistant/assistant services, learning assistance, parenting support) is predominantly provided by associations on a project basis, which leads to their instability and uncertainty, in particular between public calls or programming periods (Bežovan and Matančević, 2017). Therefore, it is not surprising that the Report of the European Commission for the RC (EC, 2020.b) points out that family and community care for children and people with disabilities is not yet sufficiently developed.

Consequently, the following section first points to the state of play of SSC in the RC through the presentation of key challenges and barriers to accessing social services faced by children at risk. The key objectives and recommendations to be implemented under the ECG are then set out.

7.1. State of play of SSC aimed at children in the RC

The state of play of SSC is shown in two parts. The first part highlights the key challenges in the availability, development and quality of SSC resulting from the generally weak investment in the improvement and sustainability of the SSC system and the lack of stronger coordination and interdepartmental cooperation. The second part points to barriers to accessing SSC for individual groups of children at risk.

7.1.1. Key challenges of SSC aimed at children at risk

The underdeveloped legislative and fiscal framework related to decentralised SSC in the RC, combined with the fragmented territorial organisation – 556 municipalities and cities of different fiscal capacity and "local social programmes" – results in the fact that not every child is guaranteed access to equal rights independent of their place of residence, which easily leads children to "fall out" of the support system they need (cf. Šućur et al., 2015; Stubbs and Zrinščak, 2015; Ajduković et al., 2017; Dobrotić et al., 2018; Knezić and Opačić, 2021). **The uneven (regional/territorial) availability of SSC in the RC** is primarily manifested in the lack of basic services for children and families in a large number of communities located outside urban centres, but also in some urban areas. This situation particularly affects vulnerable populations in less developed, rural areas. The problem of the uneven availability of services for children and families in different parts of the RC has so far been addressed in the strategic documents aimed at children (e.g., National Strategy for the Rights of the Child of the RC from 2014 to 2020, National Roma Integration Plan for the period from 2021 to 2027, Plan for Deinstitutionalization, Transformation and Prevention of Institutionalization from 2018 to 2020). These strategic documents clearly define the guidelines for the development of the SSC network aimed at children at risk and their families/parents. Nevertheless, **the mechanisms for the implementation of strategic plans and defined priorities, as well as the conditions for the coordinated and efficient provision of a wide range of SSC are still underdeveloped**. Besides, LSGU investments in SSC for children are insufficient and regionally uneven (Babić, 2020). Therefore, the importance of acting with regard to regional differences in the availability of services is highlighted in the area of Social Solidarity and Responsibility of the National Development Strategy of the Republic of Croatia until 2030 (OG 13/21), as well as in strategic documents (National Social Services Development Plan 2021–2027 and National Plan against Poverty and Social Exclusion 2021–2027).

The Ombudsperson for Children (Ombudsperson for Children, 2015, 2017, 2018, 2019, 2020) has been systematically pointing to the poor availability of services for children at risk of poverty and social exclusion. The data show that the system faces unevenly available services, especially in communities with high poverty rates and weaker fiscal capacity to launch SSC projects and development activities for citizens at risk. **In less economically developed, especially rural areas, basic services for children – health, education, social, cultural,**

etc. – are missing (MSPY, 2014; Dobrotić et al., 2018; MH, 2021). For example, a social worker and a social welfare centre, as a basic institution through which people living in extreme poverty exercise their social welfare rights and services, are not available to 42% of preschool children and parents living in poverty (Šučur et al., 2015). It is therefore necessary to ensure their availability to the most vulnerable groups of children and families in local communities by providing a greater range of SSC, ensuring conditions for a greater share of work at the level of LSGUs (human capacity, infrastructure, knowledge, skills, etc.), providing regular working hours in LSGUs, afternoon work of social welfare centres, etc. In addition, the latest representative analysis of the availability of SSC for children and people living in poverty, which included 396 LSGUs, i.e., 70% of all municipalities and cities in the RC, showed that foster care services for children without proper parental care were not available in 40% of local communities, and organized housing for children (up to 18 years) without parental care in 60% of communities. Specialized foster care for children with developmental disabilities is not available in 58% of communities, and organized housing for children (up to the age of 18) with developmental disabilities in 64% of communities. Housing for those in poverty, so-called "social housing", is not available in 56% of local communities. Free school meal services for children in poverty are not available in 13% of local communities (Knezić and Opačić, 2021). The results of the survey have some limitations, since it is an assessment by local stakeholders (employees of municipalities and cities) of to what extent this service meets the needs of the population. There is also a lack of understanding of a particular service by the representatives of the LSGU in the research in question, so, for example, MLPSFSP administrative data indicate that no child with developmental disabilities has used the social service of organized housing or has registered specialized foster parents for children with disabilities who perform foster care as an occupation, but 264 children with disabilities use the service of specialized foster care under the previous Foster Care Act (OG 90/111 and 78/12), which is provided by 78 foster parents (MLPSFSP, 2021.a).

According to the MLPSFSP interlocutors, **the problem of the regional unavailability of services also applies to children with disabilities as a group at risk, for which the largest number of programme providers is in the network of SSC providers.** Although early development services have been included in Croatian legislation for many years, there is still a lack of a national strategic framework for their development and adequate response to existing user needs. The impact of the shortcomings of the strategic framework is evident in **the inconsistency of standards, lack of the coordination of services and lack of cooperation between different sectors.** The latest analysis of the early intervention service¹⁸ pointed to the problem of the unavailability of services for children with disabilities, especially those living outside cities/counties. Out of 24,169 children aged 0 to 5 who are potential beneficiaries of the early intervention service, only one in eight receives this service. In 2019, 47 early intervention programmes provided services for a total of 2,914 children, i.e. only

¹⁸ Early intervention is defined through all forms of child-centred encouragement and parent-centred counselling that are applied as direct and immediate consequences of an identified developmental risk (EURLY AID). Early intervention includes prevention programmes for children at risk of difficulties, and a support system for a heterogeneous group of children in whom delays in communication, motor, socio-emotional, sensory-perceptual or adaptive behaviour are already visible.

12.1% of children who needed early intervention services in childhood. Most early intervention programmes are located in the City of Zagreb and other major cities. Out of a total of 47 programmes, 13 of them (more than a quarter of the programmes) are located in the City of Zagreb. There are few or non-existent early intervention programmes covering remote and rural areas. Only 10% of the families of early intervention beneficiaries live in rural areas. Services for Roma families and families living in remote areas and islands are also insufficient (UNICEF, 2020.b). Most early childhood intervention programmes in the RC do not provide services in the immediate community because there are long waiting lists and insufficient financial support. Early childhood intervention programmes provide services that are unevenly spatially available throughout the RC, which particularly affects families living in poverty or families belonging to ethnic minorities (UNICEF, 2020.b).

Within the programme "Phase III: Testing the Child Guarantee in Croatia", an assessment of the need for early childhood development services in Međimurje County has been developed, i.e. an assessment of the number of children aged 0–7 in need of early intervention services and the number of children to be closely monitored due to exposure to biomedical, social or environmental risks that can lead to developmental risks (such as teenage pregnancy, living in poverty and social exclusion, or parental addiction). It has been shown that in the area of Međimurje County there are between 378 and 547 children at risk of developmental delays or disabilities, or are at risk due to biomedical factors, while early development services cover between 250 and 300 children aged 0–7 years, i.e. only 50% of children. Estimating the number of children at risk of developmental delays and disabilities due to social and environmental factors has been hampered by a lack of data. Therefore, the range of needs assessment is quite large, and a larger number of children certainly fall under more than one risk category: from 201 children exposed to neglect, abuse or violence, over 875 children whose parents due to inexperience and life immaturity may show a lack of parental competence, to as many as 1,640 Roma children living on the edge of or below the poverty threshold. Many of these children, given that their parents are less aware of the possibilities of using early childhood development services and the fact that they face additional aggravating circumstances such as poor traffic connections, poverty, lack of information and discriminatory practices, are not included in any support system. The unknown level of coverage of children at risk of poverty, social exclusion and developmental delays leads to the inability to monitor the developmental outcomes of these children by social and health services and thus prevents timely referral of children to early childhood (early intervention) development services if the need arises.

Finally, the insufficient availability of social services for children with developmental disabilities, i.e. the dominant focus on cash benefits, is indicated by a comparison of data on the number of children receiving benefits in the social welfare system based on disability (allowance for assistance and care – 8,129 and personal disability allowance – 7,746 children) and social services provided to children with disabilities by service providers (4,793 children). In addition, large differences by individual counties can be seen (MLPSFSP, 2021).

The uneven practice of drafting social plans at the county level as basic documents intended for the planning and development of SSC results in significant differences in the levels of investment and development of SSC in local communities.¹⁹ The interlocutors involved in the analysis point out that despite the legal obligation to propose social plans by the Social Welfare Council of regional self-government units, i.e. the City of Zagreb, and their adoption by representative bodies, in many regional self-government units and the City of Zagreb

¹⁹ The preparation and adoption of a social plan is envisaged for each unit of regional self-government (Article 195, Social Welfare Act, OG 157/13; 138/20). Such a social plan should include an analysis of the capacity and availability of the social services network and specific objectives for the development of institutional and non-institutional services, with special focus on services for groups at higher risk of social exclusion.

the plans were not adopted within good time, which resulted in prolonged periods without a valid social plan and no monitoring of their implementation. Neither has a **standardized methodology for their development been developed**, which from the perspective of MLPSFSP interlocutors has led to uneven quality, but also to some major gaps in the logic of individual interventions that are often not organized around social welfare centres (hereinafter: SWC) as key coordinating units at the county level.

The RC, which generally has a good legislative framework related to the development of social plans, therefore faces the challenge of their implementation, but also the introduction of control mechanisms for implementation – including the development and implementation of social plans in local areas. The MLPSFSP interlocutors see the solution to this challenge in the processes started within the Ministry in relation to the adoption of an implementation document for the development of a unique methodology for assessing the needs for drafting county social plans, which will be piloted in Osijek–Baranja County in 2023 within the Support to the Improvement of Social Services in Croatia project (SRSP, 2020). The aim is to **develop a new methodology for assessing the needs in the field of social services**, which will create a comprehensive framework for the further development of social services and the development of quality standards. After establishing such methodology, it is necessary to provide a framework for its adoption in all units of regional self–government, i.e. the City of Zagreb, including the mapping of available services and services to be developed in each county. It is also essential to plan further development and investment in social services at the county level from various sources (state budget, L(R)SGU budgets, revenues from games of chance and EU funds, including ESF +). Within the project "Development of a methodology for calculating the prices of social services" (SRSP, 2019), a methodology for a single calculation of the price of social services was developed, which will primarily enable the more adequate financing of services provided by service providers contracted by the state. Due to the large number of social service providers and a high number of different services, the analysis and calculation of prices without a developed information system would be slow and inefficient. This is why the National Recovery and Resilience Plan 2021–2026, area C4.3 Improving the social welfare system, i.e., measure C4.3 R3–I3 *Improving the digitalization of the social welfare system and implementing the system for the methodology for calculating the prices of social services* plans for the development of this element. These activities are a prerequisite for announcing a public call for all social service providers and equalizing the financing of social services in the social welfare system regardless of the founder (state, non–state, other founders), which has been planned for many years.

The lack of an analytical and theoretical–conceptual basis of many SSC aimed at children is a key challenge in ensuring the quality standards of services for children, which need to be rooted in evidence–based practice. Such a standard implies the continuous analysis of good practice based on theoretical and empirical knowledge. Recognizing the said need, MLPSFSP has been working within the project "Support to the Improvement of Social Services in Croatia" (SRSP, 2020) to improve the quality standards of social services. In addition, the development and establishment of a model for the systematic monitoring and evaluation of interventions and services are recommendations arising from the research and analysis of programmes aimed at children and parents at risk (Ajduković and Radočaj, 2008; Pećnik et al. 2013; Laklija and Sladović Franz, 2013; Bouillet, 2014; Kletečki Radović et al., 2017). The monitoring and evaluation approach provides insight into and assessment of what children at risk receive from services and whether these sufficiently respond to children's needs, i.e. whether they contribute to reducing the negative effects of poverty and preventing social exclusion. When it comes to systematic steps important for establishing effective access to services for children at risk, external experts emphasize the importance of extending contracts with non–institutional external service providers for three years, which they consider a positive investment in programme stability and in the overall

quality of services. However, they also warn of the need for a more robust external evaluation of applications, as there is a trend of uncritical adoption of "imported" ideas and concepts from outside, on which a good part of applicants base their multi-year programme interventions.

In recent years, due to the process of deinstitutionalization, existing service providers in the RC have developed new SSC and adapted them to the needs of beneficiaries, and the number of new social service providers has also increased. Nevertheless, at the end of 2020, 1,260 girls and boys, 307 of whom with disabilities, grew up in residential care (accommodation and organized housing with comprehensive support),²⁰ or 180 children per 100,000 children under the age of 17. Thus, 63.5% of all children in alternative care (accommodation, organized housing with comprehensive and occasional support, and accommodation in foster families) were placed in residential care.²¹ The process of deinstitutionalization in the RC – although it has contributed to an increase in the number of services in the family and community and an expansion of certain providers of social services to user groups of children who were not covered by services up to that point (e.g. the Community Service Centre Happy Bricks House also included children with behavioural problems, Klasje and Lipik Community Service Centres included children with developmental disabilities), has contributed to further deepening inequalities in the availability of services and their quality in different areas of the RC and by various social service providers. In particular, there is a great difference in the diversity and quality of services provided by providers who have transformed services using EU funds and those who have not.²² The National Plan for the Development of Social Services for the period 2021–2027, which is currently being adopted, indicates the unavailability of social services for children without adequate parental care in Bjelovar–Bilogora, Međimurje, Virovitica–Podravina, Varaždin, Zadar and Zagreb counties, the unavailability of social services for children with behavioural problems in Bjelovar–Bilogora, Dubrovnik–Neretva, Koprivnica–Križevci, Lika–Senj, Međimurje, Požega–Slavonia, Sisak–Moslavina, Varaždin and Virovitica–Podravina counties, while the analysis for children with developmental disabilities shows combined data with adults and indicates the unavailability of services for both groups in Lika–Senj and Požega–Slavonia counties. However, additional analyses should be performed just for children with disabilities for the purpose of a comprehensive review of the situation.

Furthermore, the situation analysis of institutions for children and youth with behavioural problems conducted within the program "ISKORAK – the programme for improving assessment and interventions for children and youth with behavioural problems" conducted by the Faculty of Education and Rehabilitation and UNICEF Country Office for Croatia, in cooperation with the MLPSFSP and the Ministry of Justice and Administration, pointed out that a small number of institutions had managed to carry out true transformation and deinstitutionalization. This is evident through the abandonment of old and inefficient forms of work with children and youth and the introduction of new programmes based on a local community needs analysis and social planning. The clearest example of such transformation is the Bedekovčina Correctional Home (UNICEF, 2021) whose services are planned based on an analysis of statistical data on children in the social welfare system, the mapping of available services and discussions with all SWCs in Krapina–Zagorje County. EU funds are aimed at expanding services to include children without adequate parental care, along with children with behavioural problems, as this is a group that has not been covered by services (in Krapina–Zagorje County there is a provider of services

²⁰ Definition of residential care in accordance with the Guidelines for Alternative Care for Children, Article 29, (c) (iv).

²¹ Administrative data of the Ministry of Labour, Pension System, Family and Social Policy for 2020.

²² Report on the analysis of the situation in institutions for children and youth with behavioural problems made within Iskorak – the programme for improving assessment and interventions for children and youth with behavioural problems, Faculty of Education and Rehabilitation and UNICEF Country Office for Croatia, 2021.

for children with disabilities that will in future focus on service development for this group), at building infrastructure and at improving the capacity of professionals (knowledge and skills) to provide such services.

Despite positive examples of good service planning practice, county service data and experience point to **the need for the regional uniformity of access to different social services** through further evidence-based development (assessing user needs, mapping service availability and providing missing services), quality and sustainability. This can also be achieved by providing a wide range of integrated preventive services in the entire social welfare system, including state, non-state and other social service providers, family centres and SWCs, as well as by providing integrated services together with education and health systems and providing high quality and specialized indicated services in the social welfare system for children and families at risk. It is also necessary to define clear measures for the development of foster care in strategic documents related to the development of services, especially specialized foster care for children with behavioural problems and children with developmental disabilities with clear indicators, and children coming out of or who are already out of care.

Furthermore, the previously mentioned situation analysis of institutions for children and youth with behavioural problems also indicates that at the level of all institutions providing services for children with behavioural difficulties, stronger focus is needed on creating clear (theoretically and conceptually designed) treatment work and environments. Work programmes should be clearly linked to the needs assessment of children and young people and should be regularly monitored and evaluated. Work with children and young people should also certainly be more participatory, relying on their strengths and resources. **In the development of new services, it is important to give priority to care and treatment in smaller family-type accommodation units and to abandon pavilion and "dormitory" types of accommodation as far as possible.** Life in organized housing units is more justified from the treatment standpoint and is more professionally grounded, children and young people perceive it as more humane and more focused on their needs, and experts recognize this form of work and their role as significantly more meaningful and purposeful. The large spaces of pavilion and "dormitory" types, in addition to not being a natural living environment and not allowing the normalization of children's lives (in terms of achieving conditions similar to family life), represent a significant financial burden for institutions, especially with the cost of maintenance/renovation (renovation of buildings, roofs, heating large spaces, furniture). It is also highly important to adjust the mechanisms of project applications and selection and to abandon the criterion of "the fastest finger first" and introduce other criteria related to the quality and sustainability of the project (UNICEF, 2021).

When further planning the deinstitutionalization process, attention should also be paid to **preventing the separation of children from biological families and placement in alternative care** through the further development of measures to prevent the separation of children from families and to support families. In 2020 there were 9,130 children whose personal rights were violated, with a significant gender difference in the case of sexual abuse (48 M, 162 F), while 2,351 supervisors of family law protection measures (professional assistance and support in providing care for the child and intensive professional assistance and supervision of child care provision) provided support to families with 6,774 children, and compared to 2015 there is a growing trend in the number of children (5,477 in 2015 to 6,774 in 2020) (MLPSFSP, 2016, 2021). In order to improve the quality of services provided under the initiative "For a Stronger Family", a number of instruments for assessing the safety and well-being of children was developed and integrated into the *SocSkrb* application (a programme owned by the ministry responsible for social welfare issues). Furthermore, training was conducted for case leaders and for the supervisors of the measures in SWCs, and continuous expert supervision was provided. The training sessions in question are additionally adapted to work in a multicultural environment

within the programme "Phase III: Testing the Child Guarantee in Croatia", i.e., the capacities of experts are further strengthened to help them with early identification, referral, effective case management and cross-sectoral cooperation adapted to the multicultural environment (including the Roma population) in Međimurje County. For the purpose of further development, it is necessary to ensure the availability of developed training sessions and continuous supervision for all experts in SWCs and for the supervisors of the measures, to monitor the provision and improve the conditions for providing measures and establish coordination mechanisms in all LSGUs. Furthermore, the capacity of professionals to act in the best interests of the child based on children's participation needs to be strengthened.

In addition, the system of providing social services and interventions in the social welfare system is centralized with large differences in their availability to individual units of regional self-government and insufficient investment in the development of services in the areas where they were not traditionally available. This consequently affects the process of deinstitutionalization and transformation, because investments are increasing in those counties where there are service providers, and are insufficiently developed in the counties where there are no service providers. Besides, often in areas where services are available, they mainly focus on indicated interventions in cases of a need to protect children's rights, i.e. late and ineffective interventions. Preventive work is insufficient at the level of LSGUs, as in most units of regional self-government it is provided only by family centres with an inadequate framework in the field of prevention, prevention of children entering alternative care, and family support. Additionally, services are not integrated between systems, i.e. there is a lack of coordination and cross-sectoral cooperation to enable the development of integrated services for children at risk and for the services to be available within the education and health systems. There is also no adequate system of inspection, monitoring and evaluation in place.

Consequently, new processes of system development, such as the introduction of new programmes and the expansion of the network of service providers, which were highlighted as the priority goals of the National Recovery and Resilience Plan 2021 to 2026 (GRC, 2021), will increasingly require the establishment of new quality control mechanisms for the provision of services at the national, regional and local levels. Therefore, as stated in the interviews, it is necessary to introduce and implement mechanisms for monitoring and evaluating the existing programmes and for conducting an independent assessment of service quality in order to raise the quality of services that meet the requirements and needs of the target groups, i.e., children and parents/families at risk.

Insufficient networking, coordination and cross-sectoral cooperation in the field of SWCs for children. Research and analysis point to insufficient networking, cooperation and coordination among ministries, as well as national and local levels of government, and this is seen as one of the key obstacles to the implementation of measures to combat the poverty and social exclusion of children provided for by strategic documents (Bouillet, 2014; 2018; Stubbs and Zrinščak, 2014, 2015; Ajduković et al., 2017). It is emphasized that this opens space for shifting responsibility for a particular issue from one ministry/level of government to another and for a gap in implementation. Previous strategic documents on the rights of the child in the RC (e.g., National Strategy for the Rights of the Child in the RC for the period from 2014 to 2020) clearly stated that the establishment of effective and sustainable mechanisms for inter-ministerial cooperation and coordination at all levels (from the state level to the local community) is crucial for the provision of integrated and effective social services to enable better outcomes for children at risk. This is so because SSC for children and families are provided by different providers (public, private, civil society organizations) at different levels (local, national) and from different systems (social welfare, education, health). Besides, external experts generally point to the growing procedural rigidity at the sectoral level, which makes cooperation and coordination more difficult. As one

example, they cite the fact that SWCs rarely carry out their activities in educational institutions, while it is certain that such a possibility would make it easier for SWCs to access some beneficiaries who (or whose parents) view going to the premises of such institutions as a stigmatizing experience. Coordination between the systems is a challenge, which is emphasized by the interlocutors of MLPSFSP, stating that it works well between the social welfare system, the judiciary and the police, while the same cannot be said for the education and especially the health system.

In conclusion, the RC lacks integrated and comprehensive policies aimed at children, especially those that would put the preventive approach to poverty at the forefront and generally highlight the child as a rights holder (cf. Ajduković et al., 2017), but the biggest challenge remains their implementation, monitoring and evaluation. The insufficiently developed system of SSC and uneven investments from the state budget, EU funds and local self-government units lead to significant regional inequalities in access to services for children. Children living outside urban centres and in local areas where there is no infrastructure to provide services do not have basic social services. Access to services is particularly difficult for children at risk due to the lack of cooperation and connection between different ministries and the clear mechanisms and support needed to include children at risk. A more detailed overview of barriers to accessing SSC is provided below.

7.1.2. Access and barriers to SSC for children at risk

The key obstacle highlighted in the area of accessing SSC stems from the fact that **assistance and support programmes in the social welfare system intended for people living in poverty, including families with children, are mostly oriented towards the allocation of financial aid** (Action Plan for the Improvement of Social Welfare, National Council for the Development of Social Policies of the GRC, 2021). Strategic documents and recommendations arising from research in the field of child poverty therefore emphasize the need to introduce and develop a wider range of SSC aimed at preventing the risk of poverty, and at empowering and providing support to GMB beneficiaries for social inclusion in the community (Šučur et al., 2015; Družić Ljubotina et al., 2017; Stubbs and Zrinščak, 2014). Previous analyses of the situation and results of research on children living in poverty in the RC (Šučur et al., 2015; Kletečki Radović et al. 2017; Ajduković et al. 2017) show that this is a particularly vulnerable group of children whose needs are not sufficiently identified and visible through the existing assistance and support systems, and that **there is a need to use public policies that advocate children's rights to define concrete measures and services aimed specifically at poor and socially excluded children.**

Regarding the development of SSC for children at risk, the interlocutors of MLPSFSP consider that the biggest steps have been taken in relation to children with developmental disabilities, while the situation with children at risk of poverty is somewhat less favourable. The main reason for this is the activities of civil society organizations, which in the case of representing the interests of children with developmental disabilities are numerous and articulate, which is not the case for children at risk of poverty. They warn that the existing measures to alleviate the risks of child poverty, such as the distribution of free school meals funded by the Fund for European Aid to the Most Deprived (FEAD), free textbooks and child allowances, are too stigmatizing, discouraging full target group participation and not contributing to social cohesion (Odenbring, 2019; Dalma et al., 2018; Kletečki Radović et al., 2017).

On the other hand, external experts believe that **services for children with disabilities are still insufficiently available**, referring to the findings of recent research (cf. UNICEF, 2020.b: in 2019, of the projected needs for early intervention, only 12.1% of children used this service). Assistance to children with developmental disabilities is mainly focused on cash benefits. Of a total of 64,063 children with disabilities under the age of 19 (CIPH, 2021), 15,803 are beneficiaries of disability benefits in the social welfare system (MLPSFSP, 2021).

Furthermore, external experts agree that **measures targeting children from poor families are deficient in terms of social inclusion**. They especially **emphasize the position of children of the Roma national minority**, insisting on the difference between Roma children living in segregated, closed communities and the minority of children whose representatives are integrated into the wider community. In the latter situations, for example, one or two children of the Roma national minority attend a class with children belonging to the general population and are not included in classes attended exclusively by children of the Roma national minority. In terms of access to SSC, **the situation of children of the Roma national minority living in closed communities is assessed as very poor, while in the case of Roma children integrated into the community of the general population, it has been assessed that certain significant steps have been taken**. In this regard, it is important to emphasize that, although strides have been made to support children with developmental disabilities, the situation as a whole is still unsatisfactory (Bouillet, 2014), and the problem is greater when it comes to children belonging to the Roma national minority.

The analysis of the state of early intervention in the RC (UNICEF, 2020.b) points to the problems of children of the Roma national minority who are significantly more often at developmental risk due to poverty and social exclusion or already have certain developmental disabilities. **Early intervention services are often not offered to or used by Roma families**. Parents, experts and other participants involved in the situation analysis reported that they noticed that very few Roma families were enrolled in programmes that provided early intervention services (UNICEF, 2020b). Research within the programme "Phase III: Testing the Child Guarantee in Croatia" on the assessment of the need for early child development services in Međimurje County confirmed that children at risk, especially those of the Roma national minority, remained in most cases not covered by early development services in any system. It has been shown that for most children at risk, a different type of support and treatment programme needs to be devised than those currently provided by service providers or provided within the health system for children with biomedical causes of delays or developmental disabilities. Regarding the availability of early intervention services in the UNICEF (2020) survey, it has been found that there are inequalities between early intervention programmes with regard to the locations and coverage of families living in poverty or belonging to minority ethnic groups. Specifically, most early intervention programmes are grouped in urban areas in the wider area of Zagreb and other large cities. Although there are early intervention programmes in smaller and poorer counties, the coverage of families living in poverty in these programmes is small compared to the needs. Early intervention services are largely unavailable in many rural, remote, island areas as well as in minority groups, and, in particular, as noted earlier, in Roma communities. The same research also shows that early intervention specialists and other professionals are reluctant to provide services in remote rural and island locations because they are underpaid and transport costs are not fully reimbursed.

Furthermore, a particularly vulnerable group of children at risk of poverty is made up of 1,320 **children whose parents are in prison in the RC**. In the RC, almost one third of all prisoners (29.73%) are parents of minor children. According to data from the Ministry of Justice from 2020, 651 parents of minor children were serving a prison sentence, juvenile imprisonment or were subject to a correctional measure of being referred to a correctional institution, of which 598 fathers and 53 mothers. Children whose parents are in prison are at a disadvantage due to the difficulties of maintaining regular family relationships and meetings and are often exposed to the negative consequences of their parents' imprisonment such as stigmatization, emotional difficulties, but also worse socioeconomic conditions due to reduced work intensity in families (Majdak, 2018; Children of prisoners Europe, 2015). It is important to note that in 2018, the Council of Europe issued

recommendations²³ concerning children with imprisoned parents and in relation to the police, probation, prosecutors and judges, the prison system, the social welfare system, the health system, schools, the media and the public. The report of the Ombudsperson for Children for 2020 (Ombudsperson for Children, 2021) emphasizes that in the prison system, children were still not equal in terms of the legal status of the deprivation of liberty of their parents. Prisoners in detention awaiting trial have reduced visits and both children and parents are denied access to the activities of the prison system aimed at improving parenthood. In addition, covering the costs of visits (travel from the place of residence to the penitentiary) is a significant burden for families. On the other hand, positive developments can be seen, with the Ombudsperson highlighting the protection of the rights and interests of children of prisoners, especially in terms of establishing video visits, arranging separate areas for visits by children to encourage child–parent relations, and the training of prison officials and judicial police officers. These activities were implemented in cooperation with the Ministry of Justice and Administration, UNICEF and the Roda Association.

Access to preventive SSC for children

Regarding children at risk of poverty, external experts point to the fact that **parents of children at risk of poverty often see the social welfare system primarily as a source of concrete material assistance** (financial benefits, etc.), **rarely resorting to "real" social services**. The interlocutors of MLPSFSP point out that family poverty often, but not always, comes in a "package" with other risks, which requires sophisticated approaches to assessing and planning appropriate interventions. Research also shows that an effective system of assistance and support for children at risk of poverty and social exclusion is one that allows access to and use of regular and free (universal) services for children (educational, health, sports, cultural), i.e. attending nurseries, kindergartens and schools, participating in leisure activities and inclusion programmes for children aimed at supporting the opinions and attitudes of children and the participation of children at risk in society (Werner, 2005; Boyden and Cooper, 2010; Melhuish, 2014; Pećnik et al. 2013; Šučur et al. 2015). The objectives of support for children through SSC should therefore be aimed at improving the well-being, developmental and educational outcomes and rights of children, mitigating the risks faced by children, encouraging a positive environment for child development and preventing behavioural problems in children.

Interventions and support for children at risk are often closely related to support for families and parenting, which has the ultimate goal of creating a positive effect on the conditions of the child's development (Pećnik and Dobrotić, 2019). Examples of such targeted prevention programmes aimed at supporting parents in the social welfare system in the RC are the parenting support programme for parents raising children in more demanding conditions, "Growing Up Together – Count Us In", and the programme of basic and additional training of foster parents developed within the initiative "For a stronger family"²⁴ (cf. Pećnik, 2019; Pećnik et

²³ Recommendation CM/Rec (2018)5 of the Committee of Ministers to member States concerning children with imprisoned parents (www.coe.int).

²⁴ The "For a Stronger Family" initiative is an initiative implemented by the Ministry of Labour, Pension System, Family and Social Policy and the UNICEF Country Office for Croatia from 2017 to 2021, with the participation of the Croatian Association of Social Workers and in cooperation with implementing partners (Centre for Parenting Support "Growing Up Together", Sirius Centre – Centre for Psychological Counselling, Education and Research, Forum for Quality Foster Care, Society for Psychological Assistance). The initiative consists of components aimed at developing parenting support programmes, foster care development and supporting families at risk. "Growing Up Together – Count Us In" is a programme for supporting parenting, parents who raise children in more demanding conditions, and is developed within the component aimed at developing a parenting support programme. The programme has been developed in cooperation with the Centre for Parenting Support "Growing Up Together" and is implemented by professionals in family centres, or branches of SWCs in county centres. Compared to previously developed parenting support programmes, this programme, in addition to workshops for parents, also includes workshops for children, as well as workshops for parents to play together with their children.

al., 2021). It is important to point out that the evaluation of the programme "Growing Up Together – Count Us In" showed that participation in the programme had a positive impact on both parenting competencies and increasing prosocial behaviour in children who participated in the workshops (Pećnik et al., 2021). This is a programme, which in line with the Guidelines for Professionals of Recommendation 19 (2006) of the Council of Europe on Policy to Support Positive Parenting, evaluated the effects of the work done and which, based on its effective outcomes, was an example of good SSC practice, one that was based on data and for which it was important to find a mechanism for implementation and sustainability in the system, as was particularly highlighted by external professionals. Furthermore, under "Phase III: Testing of the Child Guarantee in Croatia", the programme was adapted so that it could be provided to Roma families in such a way that Roma cultural mediators were included in the provision of the programme and the programme was conducted in the immediate vicinity of Roma settlements. The programme also included the adaptation of materials for parents of the Roma national minority, i.e. the use of visual materials as much as possible. In order for the programme to be more accessible to Roma families, it is necessary to create conditions for its provision in other areas of the RC (education, support to experts and Roma cultural mediators, ensuring the participation of Roma cultural mediators and space for providing services in the vicinity of Roma communities). In this regard, **the backbone of SSC aimed at children at risk in the RC currently consists of support programmes for parents and families**, while in implementation practice **too little emphasis is placed on "real prevention programmes" for children**. Professionals point out that, as a rule, these are programmes aimed at parents, despite the fact that the last programme contains workshops for children, as well as joint play between parents and children. Additional highly specialized and quality programmes for children need to be developed.

As one of the preventive services, professional experts single out **a half-day stay**, but warn that the service is not available for a larger number of children at risk. They believe that the conditions for launching this service should be simplified, given that it is a quality mechanism for preventing the placement of children in alternative care. According to the legislative framework, the half-day service can be provided by other providers in the RC, but due to a number of circumstances (mainly due to insufficiently developed capacities for providing services in local communities and the lack of service providers), it is available only in areas where former social welfare centres (some of which are now centres for providing services in the community) began to provide this service whilst undergoing transformation, in accordance with the implemented Plan of Deinstitutionalization, Transformation and Prevention of Institutionalization 2018–2020 (MDFYSP, 2018.b). It is a service that is provided on the basis of the decision of the SWC and is intended for children aged 7 to 18 years. It is provided to children whose parents are not able to adequately fulfil their parental duty due to certain difficulties (material conditions, illness, addiction, reduced parenting competencies), but clear criteria for providing it are not set. Through this service, the child is able to satisfy basic living and hygiene needs, educational work and leisure time, and can also enjoy transport to the service. A wide range of support provided through this type of service is a good foundation for the prevention of undesirable psychosocial risks in children and the prevention of separation from the family. According to MLPSFSP, a total of 692 children without parents or without adequate parental care have used the half-day service (MLPSFSP, 2019). The interlocutors of MLPSFSP point out that the key to its success lies in timely information obtained from other sectors (education, health), which is the basis for a quick, concrete and proper needs assessment on which other interventions are based. When further improving this service, it is necessary to enable monitoring of data in relation to the intensity of the service (half-day or full-day stay, one or more days a week), age, gender, developmental difficulties, and county, as well as the success of the service in respect of the high degree of focus on children's educational outcomes in practice. The development of this service needs to be evidence-based, and extended school stay for this group

of children should be considered in order to support educational outcomes (instead of this service), and targeted, high-quality and specialized interventions that are evenly available throughout Croatia should be planned for in the social welfare system.

One of the preventive services in the social welfare system is the **service of counselling and assistance to children in biological, foster and adoptive families and to children coming out of care**. It is a service that is mostly provided in families, it is highly individualized and is provided by professionals who specialize in working in this field (social worker, psychologist and social pedagogue). In 2020, a total of 925 counselling and assistance services were provided to biological families, 7 adoptive families, 99 foster families, 33 foster children and 30 children after leaving care (MLPSFSP, 2021). The effects of this service, as well as the previously mentioned half-day stay service, have not been evaluated. Due to the small number of service providers that are able to provide and/or contract this service with the competent ministry, these services are unevenly available to children and families at risk in different areas of the RC. In addition, the service in question is not envisaged in the proposal of the new Social Welfare Act, and some of its contents can be provided through a new psychosocial counselling service (whose duration is limited to 6 months, and experts are given additional training) or through counselling or psychosocial support services (whose duration is also limited).

Access to foster care for children

Regarding the barriers related to **children in alternative care**, the interlocutors in this analysis point out that the **foster care service is a key area in which improvements are needed**. These need to be undertaken within the system of the development of alternative care services for children. They indicate the **gap between the number of nominally available foster parents (colloquially: "the situation on paper") and the actual availability of the service in practice**. As one of the most important causes of this situation, MLPSFSP interlocutors indicate the lack of systematic capacity to support foster parents at times when (the generally expected) problems in the behaviour of children they care for occur, which results in the reluctance of many to decide to engage in foster care. One of the significant obstacles to mobilizing more foster parents is the inability to access EU funds and/or other sources of funds in order to provide adequate housing for the provision of services, cars to transport more children, etc. Another obstacle with regard to the youngest children is ensuring a supporting environment for service provision, including the inability to exercise the right to sick leave due to the illness of the child in foster care, parental leave, etc. External professionals warn of a lack of systematic guidance for children while in the alternative care system, resulting in high risks after leaving, i.e. more efficient case management and more efficient and more individualized and supportive social services, including cooperation with other systems (education, employment, health, local and regional self-government units, etc.). This is primarily due to prolonged unemployment or the inability to find and keep quality jobs, mental health problems and homelessness. They also warn that participating in additional SSC for children from alternative care is sometimes not positive but rather deepens the sense of stigmatization and exclusion, warning of the need for a systematic change of approach.

Although the interlocutors state the problem of the insufficient availability of foster parents and the difference between the nominal and the actual number of foster parents due to the need to match a child with foster parents, the specific needs of the child in the phase of adjustment to the foster family, or short-term difficulties on the side of the foster family (illness, crisis situation of the foster parent and/or family member), as well as the problem of **insufficient systematic support in child care**, the fact is that one of the key **problems related to foster care is the insufficient distribution or non-coverage of this service in a significant part of the RC**. The statements of the interlocutors are partly in line with the identified problems listed in the National Recommendations for Youth Leaving Alternative Care (Miharija and Belamarić, 2020), which highlight numerous

challenges related to the availability, underdevelopment and quality of services for children in alternative care. The problem of lack of services (e.g. kindergartens, speech therapists, paediatricians) in smaller towns and villages from which the largest number of foster parents come was particularly highlighted. Thus, in 2020, a certain number of children (19) were transferred from foster families to institutional care because the foster parents were not able to cope with the difficulties and challenges of caring for children (the total number of children in foster families on 31 December 2020 was 2,214), and in their community they did not have the necessary services to help them. On the other hand, a significant number of children (203) were transferred from institutional care to foster families in the same year. Besides, a considerable number of children were returned to their parents or biological families (80), but no child was returned to biological families with the simultaneous recognition of other social services, while 37 children/young people had their accommodation service terminated due to the completion of education, or one year after. Other challenges are highlighted, such as: significant dependence on institutional care, incoherence and inconsistencies in the implementation of measures, shortcomings in the vertical and horizontal coordination of different bodies, delays in implementing measures, overlapping measures and significant gaps and shortcomings in monitoring and evaluating services.

A recent analysis of foster care in the RC (Vejmelka, 2021.a) states that Croatian legislation is in line with the international standards needed to ensure the rights and protection of children in care. Standards for foster care have also been developed, together with training programmes for educators and foster parents, including the previously mentioned initiative "For a Stronger Family", which included a number of measures to develop foster care and tools for assessing and monitoring foster parents, a competence framework and, based on this, the development of a manual and materials for basic and additional training of foster parents integrated into the *SocSkrb* application, sensitizing the public about foster care through the campaign "Every child needs a family", providing equipment for foster parents of the youngest children, as well as strengthening the umbrella association of foster parents. A formative evaluation of the initiative pointed to the need to promote greater use of developed instruments and educational materials and the need to monitor the effects of the new Foster Care Act, as well as to consider shortcomings in foster care support that require more advocacy and investment. An example of good practice in the field of cooperation with foster parents, public awareness raising to find foster families and to support foster families is the Centre for Community Services "Source" Selce which provides a range of social services for foster parents and children in foster care (counselling and assistance), but also support through supervision. However, the transition to SSC (the deinstitutionalization process) has been slower than expected. The analysis states that the changes should strive for a more even territorial distribution of services for foster families.

The network of services is regionally uneven, i.e. services for children without adequate parental care are not available in some counties (MDFYSP, 2018a; Martinović, 2019). This was confirmed by *SocSkrb* data (which are not publicly available) on 4 March 2021 – the total number of foster parents in the RC was 1,319 (Vejmelka, 2021.b) and as observed by counties there is a geographically uneven distribution of foster care services. Most foster parents are in the City of Zagreb (199), Split–Dalmatia County (138), Osijek–Baranja County (112), Zagreb County (111) and Varaždin County (104), and the least in Lika–Senj County (4), Požega–Slavonija (9), Dubrovnik–Neretva (10) and Šibenik–Knin (17) counties. Laklija (2019) also points to regional differences in the availability of foster care services, advocating the importance of making available other social service providers of different social services where the institutional climate is kept to a minimum. An example would be organized housing in the community when there is no foster care service available, in order to maintain contact and child–parent relationship (where it is assessed that this is in the best interests of the child). SWC professionals who

were included in this analysis point to the difficulty of the child and the parents maintaining their relationship if the child is placed outside the local community or region in which they primarily live. According to them, moving a child to another local community is a significant problem for parents in maintaining contact, because they are generally of lower socioeconomic status and do not have the financial means for regular visits. In addition, the separation of children from their peer group and the local community (kindergarten, school, etc.) further contributes to the development of insecurity in the child. The interlocutors of MLPSFSP point out that the reason for less interest in foster care is the lack of systematic support for foster parents, and a slight decline in the number of new foster families has been observed. According to MLPSFSP, 316 new foster care licences were issued in the period 2017–2019, while in the period 2019–2021, 265 licences were recorded (Vejmelka, 2021.b).

Access to SSC for children coming out of care

Although the legal framework in the RC recognizes the importance of support for children and young people after leaving care, such as tuition fees and social counselling and assistance services, as well as the possibility of children remaining in foster care for up to one year, **no additional measures or housing support programmes for young people leaving care have been developed.** Young people after the age of 21 and leaving a social welfare home or foster family can end up in shelters for the homeless precisely because they do not have a secure support network after leaving care, which includes support in resolving housing status. The Ombudsperson (2019) cautions in particular that 21% of homeless people from one shelter had experienced the childcare system, while in 2012, there were 12% of homeless people in the largest shelter for the homeless in the Red Cross, Zagreb, who had experienced childcare (Mlinar and Kozar, 2012). The interlocutors of MLPSFSP also point out the problem and potential solutions in creating conditions for the development of SSC for children leaving the care system:

What is also important for children coming out of care, there is one small drawback at the moment, because there is no service, when they come out of alternative care they are unfortunately left on their own. We are now planning to prescribe a social mentoring service through the National Recovery and Resilience Plan, but also through the new Social Welfare Act, where young people leaving care will get a social mentor. They will not be left to themselves or to return to the circumstances from which they were once removed... it is important to us that this service be standardized and available at the level of the whole of Croatia so that needs can be met. About 100 children leave the system every year after completing their education, and we have somehow seen the need to protect them from the risk of homelessness. In fact, as a user group, they are perhaps at the highest risk of poverty because they come out of care and are left to fend for themselves (MLPSFSP interlocutor).

External professionals involved in this analysis also assess the situation regarding the availability of SSC aimed at children coming out of care as comparatively the most favourable, citing various models of mentoring and support for organized housing with occasional support for children out of care provided by a large number of providers for children without adequate parental care, but by a very small number of providers for children with behavioural problems. Associations play an important role in providing a variety of services, but even in this case, **uniform spatial accessibility has not been achieved.** Although the opinions of the interlocutors regarding the provision of adequate services to young people in alternative care differ somewhat, the fact is that (as stated earlier in the statement of one of them) **young people leaving alternative care are at high risk of poverty due to a lack of targeted measures and services intended precisely for such a transition.** Due to weak family and other social ties and the absence of a systematic policy, these children do not have the necessary support in the transition from life in the institution to independent living outside the institution. Therefore, they are at

risk of poverty, and some of them end up homeless (Mlinar and Kozar, 2012). For this reason it is important to implement additional programmes of professional development and in the search for employment for young people leaving alternative care up to two years before leaving alternative care so that they can achieve better chances of continuous and stable income after leaving. Research shows that, for example, young people most often need help with housing, employment, health, finance, family relationships and addiction after being released from penal institutions (Markson et al., 2015 according to Jandrić Nišević, 2020).

Access to community services – barriers and challenges

Where overcoming obstacles and improving the SSC system aimed at children is concerned, it is worth mentioning the planned and previously adopted action plans in the field of protection of vulnerable groups, which aim at alleviating poverty and preventing social exclusion. In this sense, the interlocutors commented on the importance of the reform of family centres, i.e., their organizational separation from the CSW, which is expected through the adoption of the new Social Welfare Act, based on the Social Welfare Action Plan (2021) and the National Recovery and Resilience Plan 2021–2026 (GRC, 2021). The key changes relate to investments in the development and improvement of SSC with the aim of preventing poverty and social exclusion through the introduction of new services and the expansion of the network of service providers. The new legislative framework will also enable the introduction of new services in the family and community, social mentoring, counselling, expert assessments, psychosocial counselling, psychosocial treatment to prevent violent behaviour, as well as comprehensive assessment and planning and appropriate support interventions. It is important to point out that the mentioned Action Plan aims to increase compensation for those implementing family law protection measures and to strengthen the social welfare system with newly employed professional staff. Thus, the National Recovery and Resilience Plan 2021–2026 (GRC, 2021) plans to increase the monthly fee for the measure of professional assistance and support in childcare from HRK 400.00 to 600.00, which is still a fee that offers little incentive in relation to the content and intensity of the service, as well as the necessary expertise. In addition, a significant change in the system of providing family law measures is envisaged so that the supervisors of the measure of intensive professional assistance and supervision over childcare are planned to be employed by social service providers (110 supervisors) and will no longer be external associates of SWCs. It is also planned to employ an additional 250 workers in non-institutional services and 40 workers in family centres, but it is not clear how many new experts will be employed in SWCs to reduce the ratio of cases to the number of experts, case managers. Specifically, the formative evaluation of the previously mentioned initiative "For a Stronger Family" pointed to the need for greater investment in increasing funds allocated for social work and for reducing the number of cases per expert. The interlocutors of MLPSFSP also announce a targeted campaign to promote foster care, which should lead to useful changes in the provision of this social service.

The interlocutors of MLPSFSP also recall the ESF calls and part of the calls for programmes aimed at associations, which explicitly targeted the development of the SSC network, with special emphasis on the prevention of institutionalization. In the next financial phase, more such calls are planned in an effort to stabilize the duration of the contract to three years, which is an implementation framework that is most welcomed by external professionals. External professionals also point to support services after leaving care, citing as a good example the Caritas Youth House, which accommodates those leaving the alternative care system, but also students of lower socioeconomic status who have failed to secure a place in student halls of residence. They are also provided with a certain level of support.

Table 6 lists the main barriers to SSC and the groups of children at risk to whom SSC are particularly inaccessible or are insufficiently covered by SSC in the RC. Children of the *Roma national minority* are particularly highlighted – especially those living in closed (segregated) communities in less developed, rural areas and/or children with

developmental disabilities; *children beneficiaries of the guaranteed minimum benefit* (beneficiaries in the social welfare system) – especially children beneficiaries of GMB who, due to poverty, are at additional risk of developmental delays and disabilities and other psychosocial risks (neglect, domestic violence, behavioural problems); *children in less developed, especially rural areas* – particularly children from families of low socioeconomic status and children with developmental disabilities; *children growing up in alternative care* – especially children/young people in foster care and those who do not have accommodation or other subsistence conditions after leaving the social welfare or justice system.

Table 6: The main obstacles to accessing SSC for children at risk

Groups of children at risk	Population estimate	The main barriers to access stemming from the presented analysis	Data availability
Children at risk of poverty and social exclusion and children from the families of GMB beneficiaries	<ul style="list-style-type: none"> 126,000 children, or 18.4% of the total population under the age of 18 in 2020 (Eurostat, 2021.f) On 31 December 2020, there were 13,977 children from the families of GMB beneficiaries, of which the number of children aged 5–14 – 8013 and the number of children aged 15 to 19 – 3,485 (MLPSFSP, 2021.a) 	<ul style="list-style-type: none"> The social welfare system does not recognize social services for children who are GMB beneficiaries (emphasis is on cash benefits) Uneven (regional/territorial) accessibility of SSC The education system does not recognize social services for children who are GMB beneficiaries (emphasis is on cash benefits) Unaffordability of learning support services Unaffordability of extracurricular and out-of-school activities in order to equalize opportunities Unaffordability and regionally unequal availability of extended school stay services 	There are no data on the number of children receiving GMB in need of additional services from the social welfare system and the education system.
Children of the Roma national minority	<ul style="list-style-type: none"> 12,920 children under 16 (Kunac et al., 2018) 	<ul style="list-style-type: none"> The social welfare system does not recognize social services for children of the Roma national minority (emphasis is on cash benefits) Non-inclusion in the service of early intervention due to the unavailability of the service and late identification of developmental risks and difficulties Inability to provide access to secondary education (especially for girls) Dropping out of the education system after the age of 15 due to large differences in the age of children and the grade they attend due to insufficient preparation for school and support during schooling Unaffordability of learning support services Unaffordability of leisure activities in order to equalize opportunities 	There are no data on the number of children of the Roma national minority who need learning support and how many of them cannot afford out-of-school activities.
Children with a migrant background	<ul style="list-style-type: none"> 2,522 children of irregular migrants (foreigners who did not apply for international protection), under the competence of the MI, of whom 348 were unaccompanied children (Ombudsperson for Children report, 2021) in 2020, 942 children of applicants for international protection were 	<ul style="list-style-type: none"> Non-standardized procedures for assessing educational status, and the lack of textbooks for conducting preparatory classes Focus on residential care for unaccompanied children A large number of unaccompanied children leave the service provider soon after accommodation service terminates due to inconsistencies in the reception and integration system 	There is no integrated data on children with a migrant background among sectors; insufficient disaggregation of data by procedure, service, age, gender and county

	<p>registered, of whom 186 were unaccompanied (94 children were placed in social welfare institutions and another 92 were placed in Reception Centres for International Protection Seekers; a total of 17 requests for international protection were granted to children and no international protection was granted to unaccompanied children (Ombudsperson for Children, 2021)</p> <ul style="list-style-type: none"> • 438 unaccompanied children – foreign nationals or stateless children for whom a special guardian was appointed during 2020 (MLPSFSP, 2021.a) • 385 unaccompanied children – foreign nationals were granted the right to temporary accommodation in crisis situations during 2020, none of them were in a foster family and 217 were in a social care home, while 168 were in other types of accommodation (MLPSFSP, 2021.a) 	<ul style="list-style-type: none"> • Prejudice and stigmatization, including prejudice that a large number of children are generally reluctant to stay and attend school or engage in other forms of integration activities • Insufficient capacity of professionals, especially special caregivers appointed by the SWC, to focus only on providing assistance to unaccompanied children due to their regular work responsibilities and lack of knowledge and skills of special and other caregivers for taking decisions in the best interests of unaccompanied children 	
Children in alternative care	<ul style="list-style-type: none"> • 3,487 children (1,260 children in institutional care (24% of children with developmental disabilities and 16% aged up to 7 years, with significant gender differences in children with developmental disabilities – 97 F and 210 M, as well as in children with behavioural problems – (51 F and 153 M), 2,214 foster care (12% of children with disabilities and 42% up to 7 years of age; no gender data), 13 in organized housing with occasional 	<ul style="list-style-type: none"> • Insufficiently developed and inaccessible prevention services in families and the community and mechanisms to prevent entry into alternative care • Investments in the development of family and community services are not in line with the needs of local communities • Insufficient involvement of other systems in the process of deinstitutionalization and prevention of institutionalization (health and education) • An insufficiently supportive framework for the provision of foster care services (inability to take leave and sick leave) • Insufficient number of foster families for children in the RC • Lack of integrated and individualized support for children and young people in alternative care who show multiple difficulties 	<p>Inadequate methodology for monitoring the services provided and the number of children in need of services</p> <p>There are no data on the proportion of children from alternative care with multiple disabilities who need an integrated approach in the provision of support.</p>

	<p>support at the end of 2020 (MLPSFSP, 2021.a)</p> <ul style="list-style-type: none"> • During 2020, there were 84 male and 13 female minors in correctional institutions due to the enforcement of a committal order to a correctional institution; at the end of 2020, 44 male and 7 female minors were under a committal order to a correctional institution. • On 31 December 2020, there were 11 prisoners (all males) in youth custody; in 2021, the number of minors who did not have post-penal reception (Turopolje Correctional Home) was 5 (the expected number of minors in 2022 without post-penal reception for the same institution is 9; MLPSFSP, 2021.a) 	<ul style="list-style-type: none"> • Lack of systematic preparation for exit and support in leaving care (problem of safe housing, lack of social mentoring services), especially for children with developmental disabilities 	
Children in less developed, especially rural areas	<ul style="list-style-type: none"> • In 2020, 36.5% of the total population in the RC lived in rural areas; 8.8% of the population in rural areas were at risk of poverty (compared to 4.2% in cities) (data are not disaggregated by age and there is no estimate of the number of children; Eurostat, 2021.g) 	<ul style="list-style-type: none"> • Lack of basic social services (early intervention services, primary healthcare, preschool education services, choice of secondary school curriculum, etc.) 	<p>There are no data on the children who need social services according to the criterion of belonging to a rural environment</p>
Children with developmental disabilities	<ul style="list-style-type: none"> • 8.2% of children with (developmental) disabilities in the total population of children 0–19, or a total of 64,063 (39,259 M, 24,804 F) on 9 September 2021 (CIPH; 2021) • 15,803 children under the age of 19 who are beneficiaries of benefits 	<ul style="list-style-type: none"> • High focus on cash benefits instead of services • Low level and large regional differences in the availability of social services in the family and community, especially early intervention services • Restrictions on the provision of certain social services for children whose parents have the status of parent-carers • Service delivery is not integrated across systems (health, education, social welfare) 	<p>Insufficiently disaggregated data on the number of children with developmental disabilities who are beneficiaries of social</p>

	<p>based on difficulty/disability in the social welfare system</p> <ul style="list-style-type: none"> 1,056 (700 M, 356 F) children aged 0–7 use early intervention services in the social welfare system (MLPSFSP, 2020) 	<ul style="list-style-type: none"> An insufficiently supportive framework for providing inclusive services, including service provider infrastructure and expert capacity (knowledge and skills) Services based on the medical model, and an emphasis on incapacity rather than on capability 	benefits and services by age, sex and counties
Children whose parents are in prison	<ul style="list-style-type: none"> 1,135 minors whose parents are serving a prison sentence, juvenile imprisonment or are subject to the correctional measure of being referred to a correctional institution (2020; 1,320 on average five years ago)²⁵ 	<ul style="list-style-type: none"> Inability to maintain regular contact with the parent due to the high costs associated with travel from the place of residence to the penitentiary Insufficient support through targeted services in the education and social welfare system. Insufficient capacity of experts (knowledge and skills) to identify needs and provide support to this group of children at risk. 	

²⁵ Data provided by the Ministry of Justice and Administration.

7.2. Proposal of objectives and recommendations in the area of child-oriented SSC within the European Child Guarantee

Based on the ECG's general objective of ensuring that every child – especially children growing up at risk of poverty and social exclusion – has access to basic social services, and the analyses presented here, and taking into account the perspectives of SSC experts, the following five objectives are set:

- Provide universal access to fundamental social and other services for children in the field of education
- Develop a comprehensive and integrated system of social and other services (universal, selective and indicated) in the community in accordance with the needs of children at risk and their families
- Expand the network of foster care services in the RC by ensuring a spatially evenly distributed network, and ensure quality support in childcare for foster parents
- Improve existing and develop new social support services for children coming out of alternative care
- Improve the monitoring of indicators of material and social deprivation of children at risk.

Below, the proposed objectives are further clarified and reasoned, and for each of them, recommendations are proposed with a corresponding set of indicators.

OBJECTIVE 1: Provide universal access to fundamental social and other services for children in the field of education

The universal approach to basic SSC based on the concept of social investment has proven to be the most effective mechanism for mitigating the consequences of and preventing the poverty and social exclusion of children. Research and analysis of the practices of universal models of access to quality services for children (health, education, care) have shown that they bring the most benefits to all children, especially children of low socioeconomic status (Esping-Andersen, 2009; Melhuish, 2014; Pećnik et al., 2013; EC, 2020.a). The universal approach is based on respect for the rights of every child (cf. Convention on the Rights of the Child) and ensures equal conditions for all children regardless of social, economic, cultural and other differences. Thus, the universal system of child health protection in the RC is an important mechanism for gaining access to health services and preserving the health of all children, including those at risk, as evidenced by the fact that 98% of poor preschool children are vaccinated (Šučur et al., 2015) as compared to 95% of the general population of children (CIPH, 2019). Accordingly, it would be extremely important in the education system (especially compulsory primary education) to develop a model of universality that includes and applies to all services aimed at school children, which in addition to the educational aspect contribute to the quality of educational outcomes (e.g. services of school meals, extended stay, school transport, extracurricular activities).

The universality of social and other services in the education system is particularly important because education and the acquisition of higher levels of educational qualifications are the key to escaping poverty (Commission Recommendation 2013/112/EU; Stubbs and Zrinščak, 2014). Although the education system in the RC is in principle universal, it is associated with "hidden" costs. Data from 2020 indicate that 70% of households with dependent children at risk of poverty have difficulty meeting the cost of education (EC, 2020.a). For children at risk, this problem poses a risk of dropping out of school and failing to acquire professional qualifications. Numerous services from the education system (e.g. school meals, extended stay at school, school transport) are decentralized and under the jurisdiction of LSGUs whose financial opportunities and investments are regionally uneven and mostly low (Šučur et al., 2016). Children who enjoy rights from the social welfare system (GMB beneficiaries) only partially and often discontinuously receive certain educational services based on their socioeconomic status (e.g. free school meals and school transport). Furthermore, they do not receive any other

services (e.g. extended school stay, which provides support for learning) as they are inaccessible (especially in rural areas) and cannot be afforded, and in some areas that do not have sufficient capacity these also depend on other preconditions (e.g. the employment status of parents; Dobrotić et al., 2018), which the parents who are GMB beneficiaries do not meet. Many families with school-age children at risk of poverty and social exclusion (children from low-income families) face the problem of affording educational services such as extended stay at school for students from the 1st to 4th grade, school meals, extracurricular activities (Ombudsperson for Children, 2020; Ombudsperson, 2020).

Universal access to education services is complementary to social inclusion and equalization of opportunities for children at risk, which is one of the most important recommendations of the ECG. The interlocutors involved in this analysis also referred to this, pointing out the importance of universal and integrative access to services in education:

If we want to improve the general quality of life of children at risk, then we need to go for universal services. We have a small number of privileged children in a positive sense. Society has become tolerant of lowering the social standards in which children live because most of the plans and analyses were done in big cities, i.e. Zagreb. Any deviation from this shows that this in some way masks the amount of poverty and exclusion of children throughout Croatia (external professional).

Universal programmes and school activities contribute to the greater involvement of all children and reduce the space for the stigmatization of children growing up in poverty, as evidenced by experiences with targeted programmes in Croatia, such as the co-financing of school meals for children where teachers themselves warned of stigma (Kletečki Radović and Družić Ljubotina, 2021). In this sense, the interlocutors included in this analysis emphasize the importance of universal programmes and activities in school that contribute to the greater involvement of all children and reduce the possibility of stigmatization, especially children at risk, and position the school as a key institution in a child-oriented community. Through the programmes of extended stay and extracurricular activities, the education system represents an extremely important and currently insufficiently used opportunity and a preventive space in the RC to support children at risk.

RECOMMENDATIONS FOR OBJECTIVE 1:

- Develop a framework for horizontal and vertical cooperation among educational, social, and health institutions in early identification and in the planning and implementation of adequate support for children at risk under universal educational services (MSE, MH and MLPSFSP)
- Ensure uniform regional coverage of non-institutional education and education of children at risk in school (cultural and artistic, sports and recreational and other educational facilities and activities for children) with an emphasis on children living in smaller (remote) locations, primarily by investing additional funds in the creation of partnerships of service providers from state institutions and civil society organizations (MSE, MLPSFSP, CSODY, LSGU)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 1:

- Adopted amendments to the Act on Primary and Secondary School Education, which explicitly address the issue of SSC in the field of education
- Proportion of children covered by extended stay for children from the 1st to 4th grade of primary school, broken down by grade and schools; data source: introduce in *ŠkolskieRudnik (ŠeR)* based on data collected from schools

- Proportion of children at risk involved in extracurricular activities in the school year, broken down by grade, schools and the number of programmes in which each child is included, by type of programme (foreign language, IT, robotics, sports, art, psychosocial (educational) programmes), and groups of children (children from the family of beneficiaries of GMB, beneficiaries of child allowance, children with developmental disabilities, children belonging to the Roma national minority); data source: introduce in *Školskie Rudnik (ŠeR)* based on data collected from schools

Objective 2: Develop a comprehensive and integrated system of social and other services (universal, selective and indicated) in the family and community in accordance with the needs of children at risk and their families

In the RC, there are no integrated policies aimed at children at risk, especially those that would put the preventive approach to poverty in the foreground and generally highlight the child as a rights holder (Ajduković et al., 2017). Such an approach is recognized at the level of EU policy as the most efficient, but also the most cost-effective, because in the early stages of a child's life it interrupts multigenerational cycles of inequality that only deepen over time (Commission Recommendation 2013/112 / EU). Measures and policies to combat child poverty should therefore be multidimensional, which implies the coordinated action of different systems and stakeholders (social welfare, education, health, justice, and others), from the national to local level, and in different areas of prevention and intervention. As pointed out earlier, "responsibility" for the issues of poverty and social exclusion of children should not remain predominantly within the social welfare system, and a more active role of all ministries is needed, especially the education system.

In improving child-centred SSC, emphasis needs to be placed on integrated services that start from a holistic approach to interventions and that can overcome difficulties in managing and enforcing children's rights (Council of Europe, 2010). For the past 20 years, the RC has been implementing reforms aimed at decentralization of the system, its modernization and focus on providing services in the community, especially in relation to priority groups of children such as children without adequate parental care, children with developmental disabilities and young people with behavioural problems (World Bank, 2019). The process of deinstitutionalization has encouraged the development of prevention and intervention programmes in the community that have shown good results (Pećnik, 2019; Pećnik et al. 2021). However, there is still a big problem of unequal access to services for children and families in different parts of the RC (Pećnik et al. 2013; Šučur et al., 2015; World Bank, 2019; UNICEF, 2020). Therefore, further investment in social services of a preventive nature (early intervention) is needed at the level of local communities throughout the country. The social services system needs to be reconfigured in such a way that most resources at the community level are invested in primary/basic social services aimed at prevention and early identification. Specifically, research shows that with appropriate investments at this level, 70–80% of what is needed can be resolved, which reduces the need for targeted interventions or for specialized and highly specialized services (Fang et al., 2012). Resources should be moved from the state and county level to the local level, where most children and families should be provided with interventions at the earliest possible stage of a child's life and upon the occurrence of risks, i.e. when problems are not acute and easier and cheaper to solve.

Support programmes for children at risk of poverty and social exclusion should cover the range from universal (offered to every child/parent of a child of a certain age), through selective/targeted (intended for children and/or parents in specific circumstances that make parenting difficult), to indicated programmes (intended for children and/or parents with more severe psychosocial difficulties or in parenting), and must be available at the local community level. This is clearly recognized in the RC and is, for example, reflected in the National Roma Integration Plan for the period from 2021 to 2027. The plan highlights that in order to combat poverty

and social exclusion of children of the Roma national minority who are at greatest risk (the risk of poverty for Roma children is 95% and the rate of severe material deprivation of Roma children is 76%), specific measures and activities aimed at this group of children have been adopted.

RECOMMENDATIONS FOR OBJECTIVE 2

- Develop a framework for vertical and horizontal cooperation in the provision of integrated social and other services in the family and community (universal, selective and indicated), including standards, instruments and integrated protocols for early detection, referral, support planning and monitoring of children at risk and their families according to their needs (MLPSFSP, MH, MSE, MJA, L(R)SGU)
- Develop an integrated information system for data exchange with the aim of early detection, referral, planning support and monitoring of the most vulnerable children and their families, as well as the planning and development of social services (MLPSFSP, MH, MSE, Ministry of the Interior, hereinafter: MI)
- Establish a system of social planning and investment in the development of social services based on a needs assessment and mapping of services for children in local communities (MLPSFSP, MH, MSE, MJA, L(R)SGU)
- Establish centres for children and families (community resource centres) in close proximity to multi-deprived communities for the purpose of integrated services provision (MLPSFSP, MSE, MH, MI, Office for Human Rights and Rights of National Minorities, hereinafter: OHRRNM, L(R)SGU)
- Improve capacities (knowledge and skills) of professionals working with children in social welfare, police, health, education and other systems to establish effective and qualitative cross-sectoral and interdisciplinary cooperation (MLPSFSP, MSE, MH, MI, MJA)
- Establish and coordinate cross-sectoral and interdisciplinary cooperation teams at the level of the LSGU (MLPSFSP, SWCs)
- Develop local communication strategies for promoting positive behaviours and addressing negative social norms and behaviours within the framework of social services in the community (MLPSFSP, MH, MSE, associations, OHRRNM)
- Establish an integrated early detection system of children aged 0–5 years at risk of developmental delays due to biomedical and social risks under the health, social and education systems, and develop the service “Team for Early Development in the Community” with the aim of locating, the early detection of, and supporting children at risk of developmental delays in isolated (Roma communities) and rural communities (MLPSFSP, MH, MSE, LSGU)
- Establish an integrated early intervention system for children aged 0–5 years at risk of developmental delays due to biomedical and social risks under the health, social and education system, from early detection and early intervention to transition into the early education and care system (MLPSFSP, MSE, CIPH, MH)
- Enhance the system of early detection of the most vulnerable children in the health, social and education system, and referral to adequate forms of preventive universal programmes (support for positive parenting, prevention of teenage pregnancy, etc.), in accordance with the needs of children and their families (MLPSFSP, MH, MSE, LSGU, OHRRNM)

- Improve the availability of high-quality and evaluated parenting support programmes for parents at risk of poverty and social exclusion, including members of the Roma national minority (MLPSFSP, MSE, ETTA)
- Increase the offer of targeted and indicated support programmes for child beneficiaries of social welfare (children of families receiving GMB, children of parents on whom family-legal protection measures have been imposed, children with behavioural problems) in cooperation with SWCs, family centres, LSGUs, educational and health institutions and associations (MLPSFSP, MH, MSE, SWCs, LSGU, associations)
- Provide learning support programmes, leisure activities, internet access and IT equipment for child beneficiaries of GMB or children at risk of poverty and social exclusion (MSE)
- Support the development of regional multidisciplinary teams to help children with mental health problems, children in crisis situations and the stressful circumstances of growing up to bolster mental health protection (MH, MLPSFSP)
- SSC programmes that are standardized and included in the catalogue to be contracted for a longer period of time (4 to 5 years) (MLPSFSP, MSE)
- Improve the capacity (knowledge and skills) of experts (including supervisory managers) in the social welfare system to ensure high-quality and timely early identification, referral, efficient case management, effective family interventions and the provision of services tailored to a multicultural environment, including supervision (MLPSFSP)
- Improve the implementation of family-legal protection measures (ensuring continuous training, supervision and increasing compensation for supervisory managers, and establishing a quality system for monitoring the performance of measures) (MLPSFSP)
- Increase investment in the social services infrastructure and workforce at the local level, including increasing the number of experts and developing a competence framework for experts in SWC and for social service providers, and establishing a programme for introductory training, continuous training, specialization and professional support for working with children at risk and their families (MLPSFSP, LSGU)
- Improve the digitalization of social welfare systems and connect SWCs and social service providers (MLPSFSP, social welfare centres, social service providers) (NRRP, C4.3. R3-12)
- Develop and implement a comprehensive model of support for children whose parents are in prison in accordance with the Council of Europe Recommendation concerning children with imprisoned parents (MJA and MLPSFSP), which may include, inter alia:
 - Providing professional support for a child whose parent is in prison (preparation and assistance, monitoring, psychological assistance for the child) (MLPSFSP, CSO, MJA)
 - Ensuring an adequate expert within the prison system for child and parent contacts (MJA)
 - Ensuring a healthy and safe non-stigmatizing environment for a child whose parent(s) is(are) serving imprisonment through cooperation with the school (MJA, MSE)
 - Enabling quality contacts of the child with the parent in prison (if it is in the best interest of the child) through material assistance and professional assistance in making contacts (MJA, MLPSFSP)

- Ensure the high-quality participation of children in conflict with the law throughout the process of designing, proposing and implementing correctional measure (MLPSFSP, MJA)
- Ensure expert work with family or parents and other family members while the child is undergoing a correctional measure and while the child is in conflict with the law (MLPSFSP, MJA)
- Improve social services for children in conflict with the law during the implementation of the measure through better multidisciplinary cooperation (education, health, justice) (MLPSFSP, MJA, MSE, MH)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 2:

- A developed framework for vertical and horizontal cooperation in the provision of integrated social services in the community (universal, selective and indicated), including standards, instruments and integrated protocols for early detection, referral, support planning and monitoring of children at risk and their families according to their needs (MLPSFSP, MH, MSE, MJA, L(R)SGU)
- An established integrated information system for data exchange with the aim of early detection, referral, planning support and monitoring of the most vulnerable children and their families, as well as the planning and development of social services (MLPSFSP, MH, MSE, MJA, L(R)SGU)
- The number of trained professionals with increased knowledge and skills for intersectoral and interdisciplinary cooperation (broken down by LSGU, sector and gender) (MLPSFSP)
- Number of LSGUs that have developed communication strategies for promoting positive behaviours and addressing negative social norms and behaviours within the framework of social services in the community (MLPSFSP, MH, MSE, associations, OHRRNM)
- A developed integrated early detection system of children aged 0–5 years at risk of developmental delays due to biomedical and social risks under the health, social and education systems.
- Number of children 0–5 years identified through the integrated system of early detection of children and the service "Team for Early Development in the Community" (broken down by sex, age, municipality/city/county, type of risk, etc.) (MLPSFSP, MH, MSE, LSGU)
- Number of children 0–5 years old users of early intervention services within the health, education and social systems (broken down by sex, age, location, type of risk) (MLPSFSP, MH, MSE)
- Availability of a catalogue of basic and standardized SSC for children at risk with addressed providers and conditions for the provision of social services for children at risk; established clear institutional responsibility for its maintenance, updating and promotion (MLPSFSP, LSGU, associations)
- Proportion of children of the Roma national minority involved in services (programmes) aimed at the prevention of teenage pregnancy (broken down by sex, age, municipality/city/county, type of risk) (data source MLPSFSP, SocSkrb, OHRRNM)
- Proportion of children of the Roma national minority included in the education and care system (broken down by ECEC, PS, SS, gender, age, class, municipality/city/county) (data source OHRRNM, MSE, CBS)
- Proportion of RNM children who dropped out of primary and secondary education (broken down by sex, age, grade, school) (data source MSE, Government Office for Human Rights and the Rights of National Minorities)
- Ratio of professionals providing social services for children at risk in the SWC, family centre and with contracted service providers in relation to the number of beneficiaries they work with (data broken down by counties and type of service provider) (MLPSFSP)

- Number of social service professionals who have successfully completed training, development and professional support programmes to work with the most vulnerable children and their families (data broken down by gender, age, municipality/city/county, job, academic or professional title, etc.) (MRMSOSP)
- Number of evaluated and positively evaluated SSC programmes for children at risk over a period of 3 years, which are financially supported or contracted by MLPSFSP (data source MLPSFSP)
- Satisfaction of users (child at risk, parent) with social services based on records on the evaluation of user satisfaction with social services in the social welfare system (data broken down by gender, age, location, risk, etc.) (data source MLPSFSP)
- Proportion of children whose parents are in prison with access to services provided under the developed model of comprehensive support (data broken down by sex and type of service) (data source MJA, MLPSDFSP)
- Proportion of children in conflict with the law (minors undergoing enforcement of the correctional measure and juvenile imprisonment) involved in the processes of designing, proposing and implementing correctional measures (data broken down by gender) (data source MJA, MLPSFSP)
- Proportion of families whose children were separated from them due to the enforcement of a correctional measure and a sentence of juvenile imprisonment and who were included in professional work programmes (data broken down by sex) (MLPSFSP, MJA)
- Number of existing social services for children in conflict with the law that have been systematically evaluated and qualitatively improved in accordance with the recommendations; the number of newly developed social services based on recommendations (data source MLPSFSP)

Objective 3: Expand the network of foster care services in the RC by ensuring a spatially evenly distributed network, and ensure quality support in childcare for foster parents

Foster care is recognized at the EU level as the most important model of providing extra-institutional care that enables children to develop in an environment close to the family, giving them the opportunity to actively participate in defining its essential determinants (Commission Recommendation 2013/112/EU). The problem of the insufficient number of foster parents, the uneven distribution of foster care networks as an extremely important non-institutional social service, and the lack of services for foster families and children in smaller local communities where the largest number of foster parents come from are some of the key barriers to deinstitutionalization when it comes to children in alternative care (European Commission, 2021; Laklija, 2019; Miharija and Belamarić; 2020; Vejmelka, 2021.a). In addition to the above barriers in the use of foster care for children, there is the problem of a lack of continuous systematic support for foster parents in performing their role, which leads to reduced interest in foster care. Due to foster parents' inability to receive adequate support, children from foster families are compelled to go to an institution which has the capacity to provide support (e.g. when it comes to behavioural problems in children). The document *Feasibility Study for a Child Guarantee* (EC, 2020.a) explicitly states that the key priorities for the RC related to improving the quality of the position of children in alternative care are primarily changes to the deinstitutionalization plan so that the means by which services for the family and children in the community will be developed are clearly determined, especially in regions where there is an urgent need for such services. The same document states that, as a priority, the new Foster Care Act should be accompanied by an action plan with clear objectives and quantified measures for the further development, maintenance and monitoring of foster care. The system of monitoring and

evaluation of foster care services for children has not been developed in the RC, and the document of the European Commission (EC, 2021.a) points to the necessity of monitoring this social service. In addition, a supportive environment needs to be provided in other systems.

RECOMMENDATIONS FOR OBJECTIVE 3:

- Improve conditions for the provision of foster care for children by:
 - o (i) enabling leave, part-time work, non-active status, sick leave, etc., for the care of a foster child (MLPSFSP, MH, CHISF); and
 - o (ii) developing and applying a methodology for the continuous alignment of the amount of foster care stipend for the needs of the beneficiaries with the cost of living and the allowance for the work of foster parents with a budgetary base (MLPSFSP)
- Develop incentive measures, including infrastructural funds and the implementation of regional and local activities aimed at sensitizing the public for the purpose of identifying new foster parents, especially relatives and specialized foster parents, including foster parents to provide temporary accommodation (use of holidays or temporary incapacity to provide care due to the illness of the parent-caregiver, the sick leave of a foster carer who undertakes foster care as an occupation, temporary accommodation during holidays or school holidays, etc.) (MLPSFSP, MRDEUF; SWCs, providers of social services for children, associations)
- Strengthen SWC capacities for the development of foster care and support for foster parents through the establishment of foster-care teams in all SWCs, continuous professional training of experts in teams for foster care and family-legal protection, and ensuring the necessary infrastructure to provide support for families and the local community (cars, spaces in local communities, etc.) (MLPSFSP)
- Improve the quality of basic and additional training of foster parents, especially for working with children with specific needs and developmental challenges through the continuous education of specialists in accordance with the developed competence framework and educational materials (MLPSFSP, SWC, providers of social services for children, associations)
- Provide continuous individual and group support for foster parents (MLPSFSP, SWCs, family centres, providers of social services for children, associations)
- Provide continuous individual and group support for children placed in foster care, including strengthening their "soft" skills, active participation in society, etc. (MLPSFSP, MESD, CSODY, SWCs, providers of social services for children, associations)
- Improve the territorial availability of social and other services in the family and community for children without adequate parental care, children with developmental disabilities, behavioural problems (early intervention, counselling and assistance, psychosocial support, integration, etc.) placed in foster care families (MLPSFSP, MSE, MH)
- Develop a system for the continuous monitoring of the quality of the service provided including the satisfaction of professional SWC workers, foster parents and children in foster families (MLPSFSP)

INDICATORS FOR RECOMMENDATIONS OF OBJECTIVE 3:

- Number of children in foster care (broken down by county, age and risk, such as children with developmental disabilities, children of parents deprived of parental care, children with BD, etc.) (data source *SocSkrb* application, MLPSFSP)
- Number of children in residential care (accommodation with service providers and organized housing with comprehensive support) (broken down by municipality/city/county, sex, age and type of risk) (data source *SocSkrb* application, MLPSFSP)
- Proportion of children in residential care (accommodation with service providers and organized housing with comprehensive support) per 100,000 children (data source *SocSkrb* application, MLPSFSP)
- Proportion of children in family care (foster care and organized housing with occasional support) of the total number of children in all forms of formal alternative care (broken down by municipality/city/county; age, sex, type of risk) (data source *SocSkrb* application, MLPSFSP)
- Ratio of the number of children in care and foster care (broken down by county/municipality/city) (MLPSFSP, *SocSkrb* application, once a year)
- Number of new foster parents in relation to the number of foster parents who stopped foster care (broken down by municipality/city/county) (data source *SocSkrb* application, MLPSFSP)
- Proportion of new foster parents involved in education and support programmes (MLPSFSP, *SocSkrb* application, once a year)

Objective 4: Improve existing and develop new social support services for children coming out of care

Children coming out of care face numerous barriers that prevent them from living independently, for which the precondition is to have adequate housing and employment. Due to the lack of systematic support in the transition from care to independent living, they are often unable to secure basic living conditions so they return to their at-risk families from which they were separated, thus continuing the cycle of unfavourable living conditions. On the other hand, a significant number end up in inadequate living conditions and become homeless, with the Ombudsperson (2019) pointing out that as many as 21% of homeless people from one shelter have experienced alternative care for children, while in 2012 there were 12% of the homeless with the experience of childcare in the largest shelter for the homeless of the Zagreb Red Cross (Mlinar and Kozar, 2012). As a result, they remain "at risk", although they have left the care system, i.e. they become young people at risk of poverty and social exclusion and often users of other services within the social welfare system. The ECG strongly urges Member States to provide children with adequate housing, taking into account the best interests of the child, preventing children from being placed in institutional care and ensuring the transition of children from (especially institutional) care to quality care within the community or family, which will support their independent living and the integration of the child from alternative care into the community.

The problem of the lack of systematic support for young people leaving care is increasingly visible in the social welfare system in the RC, in such a way that it has come into the focus of decision makers. This means that the draft of the new Social Welfare Act plans to introduce a new social service of a social mentor, whose role would be, inter alia, to provide young people leaving care with professional help and support aimed at boosting their strengths and abilities so that they can better cope with the living circumstances ahead of them and can better integrate into the community in which they live. On the other hand, the social service of organized housing, unlike social mentoring, is defined in the Social Welfare Act and is used by a number of young people who are in the process of leaving care. There are no data on the mental health of children in care, but this is a problem

identified by professionals in this field, and one external professional with whom the interview was conducted points out:

One part of the funding should be focused on the quality of services or separate housing units for children with multiple disabilities, children with serious mental health problems, and that part is completely disguised. The number of children who are on certain psycho-pharmaceuticals and who have really serious mental health problems, and whose behaviour further endangers other children in alternative care, either with foster parents or in institutions, is something that is generally taboo in our country. As is the case in general with the mental health of children. And here for children in alternative care it is even more pronounced. For example, I would invest money to provide them with much greater and more individual care, which I think would make life easier for other children in alternative care (external professional).

In addition to social services, children/young people **need material support when leaving care, which would enable them to more easily integrate into the community and become independent.** According to the ECG, the right to adequate housing is one of the five key rights of children at risk. Therefore, it is necessary to provide children leaving alternative care, who, pursuant to the Social Welfare Act are not beneficiaries of any study allowance or organized housing service, with the right to housing through a housing allowance lasting up to two years from the termination of accommodation or organized housing.

RECOMMENDATIONS FOR OBJECTIVE 4:

- Improve the availability of programmes for strengthening knowledge and skills in the field of teamwork, the entrepreneurial spirit, innovation, practical knowledge, analysis and problem solving with mentoring support for young people who come out of care (MLPSFSP, MESD)
- Develop and introduce social mentoring social services to young people leaving care in all counties (MLPSFSP; LSGU) (NRRP C4.3.R2 and C4.3.R2-I1)
- Ensure regional access to the social services of organized housing with occasional support for children who are in the process of leaving alternative care (MLPSFSP; LSGU)
- Provide integrated and individualized support for children and young people who have multiple disabilities (MLPSFSP; MH)
- Provide a social mentor for children in conflict with the law after the execution of the correctional measure/sentence of juvenile imprisonment (MLPSFSP)

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 4:

- Proportion of children leaving care using the social mentoring service in relation to the total number of children leaving care (MLPSFSP *SocSkrb* application; once a year, monitor the proportion of children using the service when leaving care and one year after leaving care, broken down by age, sex, risk, municipality/city/county and the child's SWC)
- Proportion of children out of care who have completed additional programmes to strengthen their knowledge and skills in the field of teamwork, entrepreneurship, innovation, practical knowledge, analysis and problem solving (broken down by age, sex, risk, municipality/city/county and the child's SWC)

- Proportion of children leaving care and using organized housing with occasional support in relation to the total number of children leaving care (MLPSFSP *SocSkrb* application; once a year, monitor the proportion of children using the service when leaving care and one year after leaving care, broken down by age, sex, risk, municipality/city/county and the child's SWC)
- Proportion of children from care ending up homeless (MLPSFSP *SocSkrb* application; once a year, data collection in cooperation with homeless service providers, broken down by age, sex, type of risk, municipality/city/county and child's SWC)
- Proportion of children in conflict with the law (minors undergoing the enforcement of a correctional measure and juvenile imprisonment) who have been assigned a social mentor after the execution of the correctional measure or juvenile imprisonment (data broken down by sex) (data source MLPSFSP)

Objective 5: Improve the system of collecting and monitoring indicators of material and social deprivation of children at risk

In the RC, there is no developed system for collecting and monitoring statistical data that is targeted and "sensitive" to children. As a rule, the child is not a "unit" of statistical analysis, but summary data are used in the presentation of the situation, which cannot be broken down even for simpler analyses to check the connection of some needs or experiences of children with sociodemographic or other family data (Ajduković and Šalinović, 2017). There is no mechanism for the systematic collection of data on the SSC coverage of children at risk (e.g. children who are GMB beneficiaries, children in care, children with disabilities). This makes it impossible to monitor and evaluate the effects of child well-being measures and programmes, including the identification of barriers to accessing services. This is at odds with EU child welfare policies that place strong emphasis on developing robust monitoring and evaluation frameworks, both at the national and European levels (Commission Recommendation 2013/112/EU; 2021/137/EU). Therefore, it is necessary to define comprehensive national indicators for monitoring poverty, social exclusion and material deprivation of all children in the RC, including children at risk. It is necessary to develop a system of collecting and monitoring publicly available data with clearly defined roles and responsibilities of different departments (CBS and relevant ministries) in accordance with the standard EU-SILC methodology, ESSPROSS methodology, and other relevant methodologies. In addition, there is a need to systematically invest in research that will provide a more detailed insight into the specific challenges faced by children growing up at risk of poverty and social exclusion, including various aspects of the effectiveness of individual measures and support systems, which will contribute to the better design of future programmes and subsidies.

RECOMMENDATIONS FOR OBJECTIVE 5:

- Comprehensive analysis of poverty and social exclusion for children (0–17) (MLPSFSP, Action Plan Against Poverty and Social Exclusion 2021–2024, Specific Objective 1, Measure 1)
- Improve the digitalization of the social benefit system between national and local levels for children 0–17 (MLPSFSP, National Recovery and Resilience Plan, C4.3. R1–I1)
- Develop a comprehensive framework for monitoring child poverty and social exclusion, including multidimensional poverty and child well-being (MLPSFSP; CBS)
- Conduct a basic study of child poverty in Croatia as a basis for the establishment of a system for monitoring the material and social deprivation of children at risk (MLPSFSP; CBS).

INDICATORS FOR THE RECOMMENDATIONS OF OBJECTIVE 5:

- At-risk-of-poverty rate for children 0–17 (broken down by age, sex) (CBS, EU-SILC)
- Severe material deprivation by age and sex (for children 0–17) (CBS, EU-SILC)
- Availability of comprehensive data on child poverty and social exclusion which, in addition to existing data on income poverty and material deprivation, include additional relevant indicators of multiple (overlapping) deprivation/multidimensional child poverty
- Data from the basic survey on child poverty in the RC available and suitable for further steps in establishing a monitoring system

Appendix 7 provides a summary of the objectives and indicators related to SSC.

Achieving the proposed objectives (and applying the proposed recommendations) by 2030 should contribute to the following changes in community social services:

- The number of children 0–17 in residential care (accommodation with service providers and organized housing with comprehensive support) reduced from 1,260 (307 children with developmental disabilities) (source: MLPSFSP, 2021) to 1,060
- The proportion of children in residential care (accommodation with service providers and organized housing with comprehensive support) per 100,000 children reduced from 180 to 152
- The proportion of children in family care (foster care and organized housing with occasional support) from the total number of children in all forms of formal alternative care increased from 63.5 to 70

8. Literature

- Abrassart, A., Bonoli, G. (2015). Availability, cost or culture? Obstacles to childcare services for low-income families, *Journal of Social Policy*, 44(4), 787–806.1.
- Act on Child Allowance, *Official Gazette* no. 94/2001, 138/2006, 107/2007, 37/2008, 61/2011, 112/2012, 82/2015, 58/2018.
- Act on Energy Efficiency, *Official Gazette* no. 127/14, 116/18, 25/20, 32/21, 41/21.
- Act on Foster Care, *Official Gazette* no. 115/18.
- Act on International and Temporary Protection, *Official Gazette* no. 70/15, 127/17.
- Act on International and Temporary Protection, *Official Gazette* no. 70/15, 127/17.
- Act on Primary and Secondary School Education, *Official Gazette* no. 87/08, 86/09, 92/10, 105/10, 90/11, 5/12, 16/12, 86/12, 126/12, 94/13, 152/14, 07/17, 68/18, 98/19, 64/20.
- Act on Social Welfare, *Official Gazette* no. 157/13, 152/14, 99/15, 52/16, 16/17, 30/17, 98/19, 64/20, 138/20.
- Act on Social Welfare, *Official Gazette* no. 73/97.
- Act on Textbooks and Other Educational Material for Primary and Secondary Schools, *Official Gazette* no. 116/2018.
- Act on Amendments to the Act on the Execution of the State Budget of the Republic of Croatia for 2021, *Official Gazette* no. 135/20, 69/21, 122/21.
- Ajduković, M., Dobrotić, I., Matančević, J. (2017). Mogućnosti unaprjeđenja socijalne politike u smanjivanju siromaštva djece: perspektiva ključnih dionika, *Annual of Social Work*, 24(2): 309–356.
- Ajduković, M., Radočaj, T. (2008). Pravo djeteta na život u obitelji: stručna pomoć obiteljima s djecom i nadzor nad izvršavanjem roditeljske skrbi kao proces podrške za uspješno roditeljstvo. Zagreb: UNICEF Office for Croatia.
- Ajduković, M., Rajhvajn Bulat, L., Sušac, N., Vejmelka, L. (2020). *Subjektivna dobrobit djece u Hrvatskoj*. UNICEF.
- Ajduković, M., Šalinović, M. (2017). Indicators of child wellbeing – Document proposition. Ministry of Demography, Family, Youth and Social Policy and UNICEF.
- American Academy of Pediatrics (2016). Poverty and child health, <https://www.healthychildren.org/English/family-life/Community/Pages/Poverty-and-Child-Health.aspx>.
- Annex to the Communication from the Commission to the European Parliament and the Council. A Union of Equality: EU Roma strategic framework for equality, inclusion and participation (2020). Brussels: European Commission.
- Babić, Z. (2015). Stambeni uvjeti, obilježja lokalne zajednice i dječja dobrobit. In: Z. Šučur, M. Kletečki Radović, O. Družić Ljubotina, Z. Babić (eds), *Siromaštvo i dobrobit djece predškolske dobi u Republici Hrvatskoj* (pp. 85–99). Zagreb: UNICEF.
- Babić, Z. (2020). Ulaganja u djecu kao visoko isplativa socijalna investicija, *Paediatrica Croatica*, 64(2), 56–64.
- Bagić, D., Dobrotić, I., Lažnjak, J., Rodik, P., Vučković Juroš, T. (2017). Coping strategies of economically (partially) inactive households: The case of Croatia. *Südosteuropa*, 65(3), 542–564.
- Baran, J. (2013). Predškolski odgoj i obrazovanje kao socijalna investicija, *Croatian Journal of Social Policy*, 20(1), 43–63.

- Baranović, B. (2009). Život Romkinja u hrvatskoj s naglaskom na pristup obrazovanju. Association of Roma women in Croatia “Better Future”, http://www.ijf.hr/socijalna_ukljucenost/adminmax/files/Izvjestaj_ZivotiObrazRomkinja.pdf.
- Bertek T., Dobrotić I. (2016). Žena, majka, radnica. Usklađivanje obiteljskih obveza i plaćenog rada u Hrvatskoj, BaBe, Zagreb, https://www.babe.hr/attach/_z/zena_majka_radnica.pdf.
- Bežovan, G. (2019). Stanovanje i stambena politika. In: G. Bežovan (ed), *Socijalna politika Hrvatske* (pp. 399–460). Zagreb: Faculty of Law, University of Zagreb.
- Bežovan, G., Matančević, J. (2017). *Civilno društvo i pozitivne promjene*. Zagreb: Školska knjiga.
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., Grantham-McGregor, S. (2016). Advancing early childhood development: from science to scale: Early childhood development coming of age: Science through the life course. *Lancet*, [http://dx.doi.org/10.1016/S0140-6736\(16\)31389-7](http://dx.doi.org/10.1016/S0140-6736(16)31389-7).
- Bouillet, D. (2014). Nevidljiva djeca – od prepoznavanja do inkluzije, <https://www.unicef.org/croatia/reports/nevidljiva-djeca-od-prepoznavanja-do-inkluzije>. Accessed on 19 August 2021.
- Bouillet, D. (2018). S one strane inkluzije djece rane i predškolske dobi: izvješće o provedenoj analizi pristupačnosti kvalitetnog ranog i predškolskog odgoja i obrazovanja djeci u ranjivim situacijama u Hrvatskoj [data file], https://www.unicef.hr/wp-content/uploads/2018/12/S_one_strane_inkluzije_FINAL.pdf.
- Bouillet, D., Blanuša Trošelj, D., Skočić Mihić, S., Petrić, V. (2021). Inkluzivno obrazovanje odgojitelja djece rane i predškolske dobi: priručnik za sveučilišne nastavnike. Zagreb: UNICEF, <https://www.unicef.org/croatia/media/9121/file/Inkluzivno%20obrazovanje%20odgojitelja%20djece%20rane%20i%20pred%20školske%20dobi%20Priru%C4%8Dnik%20za%20sveu%C4%8Dilic%20nastavnike.pdf>.
- Boyden, J., Cooper, E. (2010). Questioning the power of resilience: Are children up to the task of disrupting the transmission of poverty?. In: T. Addison, D. Hulme & R. Kanbur (eds), *Poverty dynamics: Interdisciplinary perspectives* (pp. 289 – 308). Oxford: Oxford University Press.
- Brooks-Gunn, J., Duncan, G.J. (1997). The effects of poverty on children. *The Future of Children*, 7 (2), 55–71.
- Buljan Flander, G., Mikloušić, I., Redžepi, G., Selak Bagarić, E. and Brezinščak, T. (2021). *Rezultati probira mentalnog zdravlja djece u Zagrebu*. City of Zagreb.
- CFR – Charter of Fundamental Rights of the European Union. *Official Journal of the European Union*, no. 326/2012.
- Children of Prisoners Europe (2015). *Djeca čiji su roditelji u zatvoru. Europska stajališta o dobroj praksi*. Paris: COPE.
- City of Zagreb (2019). Socijalna slika Grada Zagreba, <https://www.zagreb.hr/socijalna-slika-grada-zagreba/36660>. Accessed 10 August 2021.
- City of Zagreb (2020). *Korisnici novčane pomoći za roditelja odgojitelja s kratkom analizom podataka za razdoblje od 2016.-2019. godine* [data file], <https://www.zagreb.hr/userdocsimages/demografija/ZADNJA%20VERZIJA%20KORISNICI%20NOV%C4%8CANE%20POMO%C4%86I%20ZA%20RODITELJA%20ODGOJITELJA%20S%20KRATKOM%20ANALIZOM%20PODATAKA%20ZA%20RAZ%202016%20DO%202019.pdf>.
- City of Zagreb (2021). *Obavijest o nabavi udžbenika koji su besplatni za učenike srednjih škola za školsku godinu 2021./2022.* Zagreb: City of Zagreb – City Office for Education.

- City of Zagreb (2021.a). *Obavijest o nabavi drugih obazovnih materijala koji su besplatni za učenike osnovnih škola za školsku godinu 2021./2022.* Zagreb: City of Zagreb – City Office for Education.
- Commission Recommendation of 20 February 2013. Investing in children: Breaking the cycle of disadvantage. *Official Journal of the European Union*, no. 112/2013.
- Constitutional Court of the Republic of Croatia (1990). *Official Gazette*, no. 56/90, 8/98, 124/00, 41/01.
- Convention on the Rights of the Child (1990), http://www.unicef.hr/upload/file/300/150215/FILENAME/Konvencija_20o_20pravima_20djeteta.pdf.
- Coordination of Humanitarians of Sisak–Moslavina County (2021). Humanitarian needs assessment: Sisak–Moslavina County, chrome-extension://efaidnbmnnnibpcjpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.ombudsman.hr%2Fwp-content%2Fuploads%2F2021%2F12%2FKoordinacija-humanitaraca-Sisacko-moslavacke-zupanije-Procjena-humanitarnih-potreba.pdf&clen=13382011&chunk=true.
- Council of Europe (2018). Fighting school segregation in Europe through inclusive education, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019H0605%2801%29>.
- Council of the European Union (2017). Council conclusions to contribute towards halting the rise in childhood overweight and obesity, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52017XG0629%2801%29> (2017/C 205/03).
- Council of the European Union (2019). Council Recommendation of 22 May 2019 on High-quality early childhood education and care systems (2019). Brussels: Council of the European Union, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019H0605%2801%29>.
- Council of the European Union (2019.a). Council Recommendation of 9 July 2019 on the 2019 National Reform Programme of Croatia and delivering a Council opinion on the 2019 Convergence Programme of Croatia. Brussels: Council of the European Union, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019H0905%2811%29>.
- Council on Community Pediatrics (2016). Poverty and child health in the United States. *Pediatrics*, 137(4).
- Council Recommendation of 29 November 2021 on blended learning approaches for high-quality and inclusive primary and secondary education 2021/C 504/03. Brussels: Council of the European Union, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1214%2801%29>.
- Council Resolution 2021/C66/01. Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030) (2021/C 66/01), https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=uriserv:OJ.C_.2021.066.01.0001.01.ENG.
- Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030) 2021/C 66/01, OJ C 66/01/2021, <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32021G0226%2801%29>.
- Croatian Bureau of Statistics (2019). Communication – Natural movement of the population of Croatia, www.dzs.hr.
- Croatian Bureau of Statistics (2020). Secondary schools end of the academic year 2018/2019 and the beginning of the academic year 2019/2020, https://www.dzs.hr/Hrv_Eng/publication/2020/08-01-03_01_2020.htm.
- Croatian Institute of Public Health (2020). Health Behaviour in School-aged Children – HBSC 2017/2018 [data file], <https://www.hzjz.hr/priopcenja-mediji/medunarodno-istrazivanje-o-zdravstvenom-ponasanju-ucenika-hbsc-2017-2018/>.
- Croatian Institute of Public Health (2018), *Europska inicijativa praćenja debljine u djece, Hrvatska 2015./2016.*, <https://www.hzjz.hr/sluzba-promicanje-zdravlja/infografika-europska-inicijativa-pracenja-debljine-u-djece-hrvatska-2015-2016/>.

- Croatian Institute of Public Health (2020a). *Croatian Health Statistics Yearbook 2019*, https://www.hzjz.hr/wp-content/uploads/2021/02/Ljetopis_Yerabook_2019.pdf.
- Croatian Institute of Public Health (2021). Report on Persons with Disabilities in the Republic of Croatia [data file], https://www.hzjz.hr/wp-content/uploads/2021/10/Bilten-Invalidi-2021_.pdf.
- Croatian Institute of Public Health (2020), Student Health Behaviour Survey – HBSC 2017/2018: Basic indicators of the health and wellbeing of pupils in Croatia, https://www.hzjz.hr/wp-content/uploads/2020/05/HBSC_2018_HR.pdf.
- Croatian Pension Insurance Institute (2021). Monthly overview of the number of child allowance beneficiaries, the number of children, and the calculated sums of child allowances, November 2021, <https://www.mirovinsko.hr/UserDocImages/statistika/doplatak-za-djecu-2021/doplatak-za-djecu-2021-12-za-11-2021.pdf?vel=114896>.
- Croatian Society of Preventive and Social Pediatrics (2021), Network of paediatric offices in the Republic of Croatia, <https://www.pedijatrija.org/index.php/9-razno/5-mreza-pedijatrijskih-ordinacija-u-rh>.
- CroCOSI (2021). Childhood Obesity Surveillance Initiative, Croatia 2018/2019, <https://www.hzjz.hr/wp-content/uploads/2021/03/CroCOSI-2021-publikacija-web-pages.pdf>.
- CSRs (2020). An overview of the 2020–2021 country-specific recommendations (CSRs) in the social field. The impact of Covid-19, <https://www.etui.org/sites/default/files/2020-10/An%20overview%20of%20the%202020-2021%20country-specific%20recommendations%20%28CSRs%29%20in%20the%20social%20field-2020.pdf>
- Currie, J., Lin, W. (2007). Chipping away at health: More on the relationship between income and child health. *Health Affairs*, 26 (2), 331–344.
- Čatipović M. and Hodžić S. (2019). Faktori koji utječu na isključivo dojenje 6 mjeseci i nastavak dojenja. *Paediatrica Croatica*, 63(3), 105–111.
- Dalma, A., Zota, D., Kouvari, M., Kastorini, C. M., Veloudaki, A., Ellis-Montalban, P., Petralias, A., Linos, A. (2018). Daily distribution of free healthy school meals or food-voucher intervention? Perceptions and attitudes of parents and educators. *Appetite*, 120, 627–635.
- Davies, M. (2008). *The Blackwell companion to social work*. Oxford: Wiley-Blackwell.
- Decision on the Programme of Croatian language, history and culture for asylees and foreigners under subsidiary protection for inclusion into Croatian Society, *Official Gazette*, no. 154/2014.
- Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (2011), <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0024&from=HR>.
- Dobrotić, I. (2013). Dostupnost i korištenje usluga predškolskog odgoja i obrazovanja te drugih oblika skrbi. In: N. Pečnik (ed), *Kako roditelji i zajednice brinu o djeci najmlađe dobi u Hrvatskoj* (pp. 166 – 179). Zagreb: UNICEF Croatia.
- Dobrotić, I. (2015). Politike usklađivanja obiteljskih obaveza i plaćenog rada i položaj roditelja na tržištu rada, *Croatian Journal of Social Policy*, 22(3): 353–374.
- Dobrotić, I. (2018). The Croatian welfare system: A lack of coherent policy paradigm followed by inconsistent reforms?. In S. Blum, J. Kuhlmann & K. Schubert (eds), *Routledge handbook of European welfare systems*, 2nd Edition, Routledge.
- Dobrotić, I. (2020). The Croatian welfare system: A lack of coherent policy paradigm followed by inconsistent reforms? In: S. Blum, J. Kuhlmann & K. Schubert (eds), *Routledge handbook of European welfare systems*, Routledge.

- Dobrotić, I. (2021). "Rastuća (ne)vidljiva većina"? Nesigurna i netipična zaposlenost i roditeljstvo. In CARE research report, <https://www.incare-pyc.eu/2021/02/18/incare-istrazivacko-izvjesce-rastuca-neviljiva-vecina-nesigurna-i-netipicna-zaposlenost-i-roditeljstvo/>.
- Dobrotić, I., (2014). Housing. In: D. Bagić, I. Burić, I. Dobrotić, D. Potočnik, and S. Zrinščak (eds), *Romska svakodnevica u Hrvatskoj* (pp. 74 – 84). Zagreb: UNDP / UNHCR / UNICEF.
- Dobrotić, I., Matković, T. & Menger, V. (2018). *Analiza pristupačnosti, kvalitete, kapaciteta i financiranja sustava ranoga i predškolskog odgoja i obrazovanja u Republici Hrvatskoj*, <https://demografijaimladi.gov.hr/UserDocsImages/Direktorij%201/Analiza%20pristupa%C4%8Dnosti%20,%20kvalitete,%20kapaciteta%20i%20financiranja%20sustava%20ranog%20i%20pred%C5%A1kolskog%20odgoja%20i%20obrazovanja%20u%20Republici%20Hrvatskoj.pdf>.
- Dobrotić, I., Pećnik, N., Baran, J. (2015). *Potrebe roditelja i pružanje usluga roditeljima koji podižu djecu u otežanim okolnostima*. Zagreb: The association RODA – Parents in Action.
- Dobrotić, I., Varga, M. (2018). Zašto su važni očevi dopusti i kvote? Komparativni pregled shema dopusta za očeve u europskim zemljama te čimbenika i učinaka njihova korištenja. *Croatian Sociological Review*, 48(2): 209–237.
- Draužnik Ž., Španović Đ., Rodin U., Radman, A. (2021). Preventive health care of children in Croatia during the COVID–19 epidemic. *Archives of Disease in Childhood*, 106(2).
- Družić Ljubotina, O., Kletečki Radović, M., Opačić, A. (2021). Participacija djece romske nacionalne manjine. Participacija djece iz ranjivih skupina. Research report, UNICEF (in press).
- Družić Ljubotina, O., Sablić, T., Kletečki Radović, M. (2017). Kako žive obitelji s djecom u uvjetima siromaštva?: perspektiva roditelja. *Annual of Social Work*, 24(2): 243–276.
- ECG – EU Employment, Social Policy, Health and Consumer Affairs (2021.a). European Child Guarantee, <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>. Accessed on 17 August 2021.
- EPA/UNEPSA (2008). Statement by the European Paediatric Association (EPA/UNEPSA), Congress–Europaediatrics, Istanbul.
- Ernst & Young Savjetovanje (2021). *Završno izvješće u sklopu Ugovora o provedbi evaluacije (vrednovanja) u okviru Operativnog programa Učinkoviti ljudski potencijali 2014. – 2020., Grupa 3: Vrednovanje Prioritetne osi 3 "Obrazovanje i cjeloživotno učenje"*. Ministry of Labour, Pension System, Family and Social Policy. Zagreb (in press).
- Esping–Andersen, G. (2009). *The incomplete revolution: Adapting to women`s new roles*. Cambridge/Malden: Polity Press.
- Eurofound (2015). Early childhood care: Accessibility and quality of services, <https://www.eurofound.europa.eu/publications/report/2015/social-policies/early-childhood-care-accessibility-and-quality-of-services>
- Eurofound (2020). Out–of–school care: Provision and public policy, Publications Office of the European Union, https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef18108en.pdf.
- European Commission (2017). Commission Recommendation (EU) 2017/761 on the European Pillar of Social Rights, <https://eur-lex.europa.eu/legal-content/HR/ALL/?uri=CELEX%3A32017H0761>.
- European Commission (2017). The European Pillar of Social Rights in 20 principles, https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en.
- European Commission (2019). Education and Training Overview 2019, <https://op.europa.eu/en/publication-detail/-/publication/175443a7-3297-11ea-ba6e-01aa75ed71a1/language-en>.

- European Commission (2019). Pregled obrazovanja i osposobljavanja 2019, <https://op.europa.eu/en/publication-detail/-/publication/175443a7-3297-11ea-ba6e-01aa75ed71a1/language-en>.
- European Commission (2020). Commission staff working document: Country Report Croatia 2020 accompanying the document communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup 2020 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011 Brussels: European Commission.
- European Commission (2020.a). Feasibility study for a Child Guarantee, <https://op.europa.eu/en/publication-detail/-/publication/c312c468-c7e0-11ea-adf7-01aa75ed71a1/language-en>.
- European Commission (2020.b), Country Report Croatia 2020, <https://op.europa.eu/hr/publication-detail/-/publication/2868b45e-5944-11ea-8b81-01aa75ed71a1>.
- European Commission (2020.c). Council Recommendation on the 2020 National Reform Programme of Croatia and delivering a Council opinion on the 2020 Convergence Programme of Croatia (2020). Brussels: European Commission.
- European Commission (2020.d). Commission Staff Working Document accompanying the Communication from the Commission to the European Parliament and the Council. A Union of Equality: EU Roma strategic framework for equality, inclusion and participation SWD(2020) 530 final, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020SC0530>.
- European Commission (2021). The EU Strategy on the Rights of the Child, <https://mup.gov.hr/UserDocsImages/2021/11/19-1/EU%20Strategija%20o%20pravima%20djeteta.pdf>.
- European Commission (2021a). Study on the economic implementing framework of a possible EU Child Guarantee Scheme including its financial foundation – Final Report, <https://op.europa.eu/en/publication-detail/-/publication/fb5ea446-ad4e-11eb-9767-01aa75ed71a1/language-cs>.
- European Commission (2021b). Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank, the European Economic and Social Committee, the Committee of the Regions and the European Investment Bank – Annual Sustainable Growth Survey 2022, https://ec.europa.eu/info/system/files/economy-finance/2022_european_semester_annual_sustainable_growth_survey.pdf.
- European Commission / EACEA / Eurydice (2019). Ključni podaci o ranom i predškolskom odgoju i obrazovanju u Europi – 2019. Eurydice report, https://www.eurydice.hr/cms_files/publications/kc-eccec-report-2019-hr.pdf.
- European Commission, Communication from the Commission on effective, accessible and resilient health systems COM/2014/0215, <https://eur-lex.europa.eu/legal-content/HR/TXT/?uri=celex%3A52014DC0215>.
- European Framework for Action on Mental Health and Wellbeing (2016), <https://www.coursehero.com/file/66626569/h2020-SC1-BHC-22-2019-framework-for-action-enpdf/>.
- European Integration Network (2021). Annual Report on Migration and Asylum in Croatia 2020 – Country Report (2nd part) [data file], <https://emn.gov.hr/UserDocsImages/ARM%202020/Godi%20C5%A1n%20izvje%20C5%A1C4%87e%20o%20migracijama%20i%20azilu%20za%20RH%20za%202020.%20godinu.pdf>.
- European Union Agency for Fundamental Rights (2016). Second European Union Minorities and Discrimination Survey Roma – Selected findings, https://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf.

- Eurostat (2021.a). Pupils from age 4 to the starting age of compulsory education at primary level, by sex – as % of the population of the corresponding age group, https://ec.europa.eu/eurostat/databrowser/view/EDUC_UOE_ENRA10__custom_868517/bookmark/table?lang=en&bookmarkId=103e5ce9-ef18-4d3d-8ffa-f7d8570c16f1. Accessed on 19 November 2021.
- Eurostat (2021.b). Children in formal childcare or education by age group and duration – % over the population of each age group – EU-SILC survey, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_caindformal&lang=en. Accessed on 19 December 2021.
- Eurostat (2021.c). Children receiving formal childcare services by household type, income group, degree of urbanisation and level of difficulty to afford formal childcare services [ilc_at03], <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>. Accessed on 19 December 2021.
- Eurostat (2021.d). Living conditions and welfare database, <https://ec.europa.eu/eurostat/data/database>. Accessed on 19 December 2021.
- Eurostat (2021.e). Children cared only by their parents by age group – % over the population of each age group – EU-SILC survey, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>. Accessed on 21 August 2021.
- Eurostat (2021.f). People at risk of poverty or social exclusion by age and sex, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>. Accessed on 19 December 2021.
- Eurostat (2021.g). Distribution of population by degree of urbanisation, dwelling type and income group – EU-SILC survey, https://ec.europa.eu/eurostat/databrowser/view/ILC_LVHO01__custom_1762022/default/table?lang=en. Accessed on 18 November 2021.
- Eurostat (2021.h). Early leavers from education and training, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_leavers_from_education_and_training. Accessed on 18 November 2021.
- Eurostat (2021.i). Persons paying for formal education by household type, income group, degree of urbanisation and level of difficulty to pay /great+moderate+some difficulty, http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_at07&lang=en. Accessed on 18 November 2021.
- Eurostat (2021.j). Digital economy and society statistics – households and individuals, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Digital_economy_and_society_statistics_-_households_and_individuals#Internet_access. Accessed on 19 November 2021.
- Eurostat (2021.k). Inability to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day – EU-SILC survey, https://ec.europa.eu/eurostat/databrowser/view/ILC_MDES03__custom_905672/default/table?lang=en. Accessed on 18 November 2021.
- Eurostat (2021.l). Children with unmet needs for medical examination or treatment by income group, household composition and degree of urbanization, http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_hch14&lang=en. Accessed on 18 November 2021.
- Eurostat (2021.m). Distribution of population by tenure status, type of household and income group – EU-SILC survey, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>. Accessed on 18 November 2021.

- Eurostat (2021.n). Overcrowding rate by age group – EU-SILC survey, <https://ec.europa.eu/eurostat/databrowser/view/tessi171/default/table?lang=en>. Accessed on 18 December 2021.
- Eurostat (2021.o). Severe housing deprivation rate by tenure status – EU-SILC survey, https://ec.europa.eu/eurostat/databrowser/view/ILC_MDHO06C/default/table?lang=en. Accessed on 20 November 2021.
- Eurostat (2021.p). Severe housing deprivation rate by tenure status – EU-SILC survey [ilc_mdho06c], http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=tepsr_lm440&lang=en. Accessed on 18 December 2021.
- Eurostat (2021.s). Child specific material deprivation rate by age (children aged 1 to 15), https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_chmd01&lang=en. Accessed on 19 November 2021.
- Eurostat (2021.t). Children (aged 0 to 17) living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor – EU-SILC survey, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho01c&lang=en. Accessed on 18 December 2021.
- Eurostat (2021.u). Children (aged 0 to 17) not having indoor flushing toilet for the sole use of their household – EU-SILC survey, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho03c&lang=en. Accessed on 18 December 2021.
- Eurostat (2021.v). Children (aged 0 to 17) having neither a bath, nor a shower in their dwelling – EU-SILC survey, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho02c&lang=en. Accessed on 18 December 2021.
- Eurostat (2021.x). Population unable to keep home adequately warm by poverty status, https://ec.europa.eu/eurostat/databrowser/view/sdg_07_60/default/table?lang=en. Accessed on 18 December 2021.
- Eurostat (2021.y). Housing cost overburden rate by age, sex and poverty status – EU-SILC survey [ilc_lvho07a], <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>. Accessed on 18 December 2021.
- Eurostat (2021.z). Children (aged 0 to 17) living in households considering their dwelling as too dark – EU-SILC survey, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho04c&lang=en. Accessed on 18 December 2021.
- EU-SILC, Eurostat, (2020.r) [data file], <https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions>.
- Fang, X., Brown, D.S., Florence, C.S., Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention, *Child Abuse and Neglect*, 36, 156–165.
- FEANTSA (2021). The 6th Overview of Housing Exclusion in Europe 2021, <https://www.feantsa.org/en/report/2021/05/12/the-6th-overview-of-housing-exclusion-in-europe-2021>. Accessed on 17 November 2021.
- FRA (2016). Fundamental Rights Report 2016 [data file], <https://fra.europa.eu/en/publication/2016/fundamental-rights-report-2016>.
- Friedman, D. (2010). Social impact of poor housing, <https://southdevonrural.co.uk/userfiles/file/JC-JC13-Social-impact-of-poor-housing.pdf>. Accessed on 18 August 2021.
- Giuliani, G., Duvander, A. (2017). Cash-for-care policy in Sweden: An appraisal of its consequences on female employment. *International Journal of Social Welfare*, 26(1), 49–62.

- Global Social Service Workforce Alliance (2021). The Social Service Workforce, <https://www.socialserviceworkforce.org/workforce>. Accessed on 19 August 2021.
- GNR (2021). 2021 Global Nutrition Report, <https://globalnutritionreport.org/>. Accessed on 17 November 2021.
- Government RC (2009). Decision on the Universal Declaration of Human Rights, *Official Gazette* no. 12/2009.
- Government RC (2018). Report on the National Roma Integration Strategy Implementation for the period 2013–2020, for 2016 and 2017, <https://pravamanjina.gov.hr/UserDocsImages/dokumenti/Izvje%C5%A1%C4%87e%20o%20provedbi%20Nacionalne%20strategije%20za%20uklju%C4%8Divanje%20Roma.%20za%202016–2017.pdf>.
- Government RC (2021.a). National Recovery and Resilience Plan 2021–2026, https://planoporavka.gov.hr/UserDocsImages/dokumenti/Plan%20oporavka%20i%20otpornosti%2C%20srpanj%202021..pdf?vel=13435491_
- Government RC (2021.b). Decision on financing of compulsory textbooks for secondary school pupils in the Republic of Croatia for the school year 2021/2022 from the State Budget, *Official Gazette* no. 84/2021.
- Government RC (2021.c). Decision on financing of other educational materials for primary school pupils in the Republic of Croatia for the School Year 2021/2022 from the State Budget, *Official Gazette* no. 84/2021.
- Government RC (2021.d). Decision on the criteria and manner of financing the costs of public transport of secondary school students for the school year 2021/2022, *Official Gazette* no. 92/2021.
- Government RC (2021.e). Report for 2020 on the implementation of the action plan for the National Roma Integration Strategy for the period 2013–2020, for 2019 and 2020, <https://pravamanjina.gov.hr/UserDocsImages/dokumenti/Izvje%C5%A1%C4%87e%20za%202020.%20o%20provo%C4%91enju%20AP%20za%20provedbu%20NSUR,%20za%202019.%20i%202020.%20godinu.pdf>.
- Government RC (2021.f). National Roma Integration Plan for the period 2021–2027. Zagreb: Government RC, Office for Human Rights and Rights of National Minorities.
- Government RC (2021.g), Draft Proposal for the Social Welfare Act, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj3vLBg4X1AhXNgv0HHfAiBqIQFnoECCYQAQ&url=https%3A%2F%2Fvlada.gov.hr%2FUserDocsImages%2F2016%2FSjednice%2F2021%2FStudenii%2F85%2520sjednica%2520VRH%2F85%2520-%25203.docx&usq=AOVvaw2wR6ASrM1MGajtH5Sp_xLx.
- Government RC (2021.h). Earthquake in Croatia, December 2020. Rapid assessment of damage and needs, https://mpgi.gov.hr/UserDocsImages//dokumenti/Potres//RDNA_2021_07_02_web_HR.pdf.
- Grgurić, J., Pećnik, N. (2013). Dostupnost i korištenje usluga zdravstvene skrbi za majku i dijete. In: N. Pećnik (ed), *Kako roditelji i zajednice brinu o djeci najmlađe dobi u Hrvatskoj* (pp. 148–165) Zagreb: UNICEF Croatia.
- Haurin, D.R., Parcel, T.L., Haurin, J.R. (2003). Does homeownership affect child outcomes? *Real Estate Economics*, 30 (4), 635 – 666.
- HBSC (2020). Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report [data file], <http://www.hbsc.org/publications/international/>.
- ICESCR – *International Covenant on Economic, Social and Cultural Rights* (1967). New York: United Nations, <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>.
- Jandrić Nišević, A. (2020). Poslijepenalna zaštita u Republici Hrvatskoj. In: S. Crnjak (ed), *Uspješna resocijalizacija i reintegracija mladih počinitelja kaznenih djela: što možemo učiniti?* Centre for Missing

- and Exploited Children, Osijek, <https://cnzd.org/wp-content/uploads/2021/06/Uspjesna-resocijalizacija-i-reintegracija.pdf>.
- Jokić-Begić, N., Hromatko, I., Jurin, T., Kamenov, Z., Keresteš, G., Kuterovac-Jagodić, B., Lauri Korajlija, A., Maslić Seršić, D., Mehulić, J., Mikac, U., Tadinac, M., Tomas, J. and Sangster Jokić, C.A. (2019). *Kako smo? Život u Hrvatskoj u doba korone : preliminarni rezultati istraživačkog projekta*. Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb.
- Jovančević, M. (2008). O važnosti ranog odnosa dojenče – roditelj. In: M. Ajduković and T. Radočaj (eds), *Pravo djeteta na život u obitelji*. (pp. 27–40) Zagreb. UNICEF.
- Kletečki Radović, M., Družić Ljubotina, O. (2021), *Participacija djece s iskustvom siromaštva u zajednicama s visokom i niskom stopom rizika od siromaštva*. Research Report for the UNICEF project "Participation of Children from Vulnerable Groups" (in print).
- Kletečki Radović, M., Vejmelka, L., Družić Ljubotina, O. (2017). Učinak siromaštva na dobrobit i kvalitetu života obitelji iz perspektive djece. *Annual of Social Work*, 24(2), 199–242.
- Knezić, D., Opačić, A. (2021). Dostupnost socijalnih usluga u Republici Hrvatskoj, <https://rctzg.hr/-/wp-content/uploads/2021/10/Dostupnost-socijalnih-usluga.pdf>.
- Košiček, T., Kobetić, D., Stančić, Z. & Joković Oreb, I. (2009). Istraživanje nekih aspekata rane intervencije u djetinjstvu. *Croatian Review of Rehabilitation Research*, 1, 1–14.
- Koslowski, A., Blum, S., Dobrotić, I., Kaufman, G. and Moss, P. (2021). 16th International Review of Leave Policies and Related Research 2021, <https://www.leavenetwork.org/annual-review-reports/archive-reviews/>.
- Kunac, S., Klasnić, K., Lalić, S. (2018). Uključivanje Roma u hrvatsko društvo: istraživanje baznih podataka, https://library.foi.hr/pdf/web/viewere.phpfil=https://www.cms.hr/system/publication/pdf/108/Uklju_ivanje_Roma_u_hrvatsko_dru_tvo_istra_ivanje_baznih_podataka.pdf.
- Kutnjak Vrtarić, M. Družić Ljubotina, O. (2021.). Dječji brakovi u romskoj zajednici u Republici Hrvatskoj. *Croatian Journal of Social Policy*, 28(1), 71–93.
- Laklija, M. (2019). Analiza prava i skrbi za djecu bez roditeljske skrbi i pod rizikom gubitka roditeljske skrbi – za razdoblje 2011–2017 18, <https://sos-dsh.hr/wp-content/uploads/2020/09/Analiza-prava-i-skrbi-klju%C4%8Dni-nalazi-i-peporuke.pdf>.
- Laklija, M. and Sladović Franz, B. (2013). *Individualni plan skrbi za dijete u udomiteljskoj obitelji*. Zagreb: Sirius – Centre for Psychological Counselling, Educational Training and Research.
- Long-term strategy for national building stock renovation by 2050. *Official Gazette* no. 140/20.
- Lucić, D., Vukić, J., Marčetić, I. (2020). Uključivanje Roma u hrvatsko društvo: prostorno uređenje, stanovanje i zaštita okoliša, <https://ukljucivanje-roma.com/assets/other/Uklju%C4%8Divanje%20Roma%20u%20hrvatsko%20dru%C5%A1tvo%20-%20prostorno%20ure%C4%91enje.%20stanovanje%20i%20za%C5%A1tita%20okoli%C5%A1a.pdf>
- Majdak, M. (2018). Zaboravljena djeca – poteškoće vezane uz zaštitu prava djece čiji su roditelji u zatvoru. *Croatian Journal of Social Policy*, 25(1), 67–84.
- Martinović, S. (2019). Seminar on "Children without adequate parental care moving towards life in the community". Thematic Discussion Paper. Zagreb: Directorate-General for Employment, Social Affairs and Inclusion.
- Matijević, V. and Marunica Karšaj, J. (2015). Smjernice (re)habilitacije djece s neurorazvojnim poremećajima. *Fizikalna i rehabilitacijska medicina*, 27(3–4), 302–329.

- Matković, T., Dobrotić, I., Baran, J. (2019). Što vrtić ima s tim? Pristup ranom i predškolskom odgoju i obrazovanju i reprodukcija društvenih nejednakosti u redovnom školovanju: analiza podataka PISA i TIMSS istraživanja. *Croatian Sociological Review*, 49(1), 7–35.
- Matković, T., Ostojić, J., Lucić, M., Jaklin, K. Ivšić, I. (2020). Raditi u dječjim vrtićima: rezultati istraživanja uvjeta rada u ranom i predškolskom odgoju i obrazovanju. Zagreb: Trade Union of Education, Media and Culture of Croatia (UEMC).
- McGinn, K.L., Ruiz Castro, M. Long Lingo, E. (2018). Learning from Mum: Cross-national evidence linking maternal employment and adult children's outcomes. *Work, Employment and Society*, 33(3): 374–400.
- Melhuish, E. (2014). The impact of early childhood education and care on improved wellbeing, <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=2641&context=sspapers>. Accessed on 17 August 2021.
- Migrant Integration Policy Index (2020). Croatia 2019, <https://www.mipex.eu/croatia>. Accessed on 17 August 2021.
- Miharija, M. Belamarić, I. (2020). *Nacionalne preporuke: Proces izlaska iz skrbi mladih iz alternativne skrbi – Hrvatska*. Zagreb: Sirius.
- Ministry of Demography, Family, Youth and Social Policy (2018.a). *Plan for transformation and deinstitutionalization of social welfare homes and other legal entities providing social welfare services in Croatia 2011 – 2016 (2018)*, <http://www.uza.hr/wp-content/uploads/2017/01/plan-deinstitucionalizacije.pdf>
- Ministry of Demography, Family, Youth and Social Policy (2018.b). Plan for deinstitutionalization, transformation and prevention of institutionalization for 2018–2020, <https://mrosp.gov.hr/UserDocsImages/dokumenti/MDOMSP%20dokumenti/Plan%202018-2020.pdf>
- Ministry of Demography, Family, Youth and Social Policy (2021). Social welfare system improvement, action plan (Power Point presentation). Ministry of Labour, Pension System, Family and Social Policy, <https://mrosp.gov.hr/UserDocsImages//dokumenti/Socijalna%20politika/Vijesti//Unaprije%20enije%20sustava%20socijalne%20skrbi%20-%20PREZENTACIJA-v4.pdf>. Accessed on 19 August 2021
- Ministry of Demography, Family, Youth and Social Policy (2021.a). Annual statistical report on applied social welfare rights, legal protection of children, youth, marriage, family and persons without legal capacity, and protection of physical or mental disabilities in the Republic of Croatia in 2020 [data file]. Ministry of Labour, Pension System, Family and Social Policy, <https://mrosp.gov.hr/UserDocsImages/dokumenti/Socijalna%20politika/Odluke/Godisnje%20statisticko%20izvjesce%20u%20RH%20za%202020.%20godinu.PDF>.
- Ministry of Health (2021). Implementation plan of the Ministry of Health 2021–2024. Government of RC.
- Ministry of Labour, Pension System, Family and Social Policy (2021). National plan for development of social welfare services for the period 2021–2027, <https://mrosp.gov.hr/UserDocsImages/dokumenti/Glavno%20tajni%20A1%20tvo/Godi%20A1%20niji%20planovi%20i%20strate%20A1%20ka%20izvje%20A1%20C4%87a/Nacionalni%20plan%20razvoja%20socijalnih%20usluga%20za%20razdoblje%20od%20202021.%20do%202027.%20godine.pdf>.
- Ministry of Labour, Pension System, Family and Social Policy, (2021). National plan for combating poverty and social exclusion 2021–2027, <https://vlada.gov.hr/sjednice/92-sjednica-vlade-republike-hrvatske-33609/33609>
- Ministry of Science and Education (2018). Ordinance on teaching assistants and professional communication mediators. *Official Gazette*, no. 102/2018.

- Ministry of Science and Education (2020). Strategic framework for introducing all-day classes [data file], https://mzo.gov.hr/UserDocsImages/dokumenti/Vijesti/2020/23-6-2020/Strateski%20okvir%20za%20cjelodnevenu%20nastavu_final%2022_6.pdf
- Ministry of Science and Education (2021). Proposal of the Act on the Amendments to the Act on Early Childhood Education and Care <https://esavjetovanja.gov.hr/ECon/MainScreen?entityId=17093>. Accessed 24 August 2021.
- Ministry of Science and Education (2021.a). Programme of support in education and care of the Roma National Minority members 2021–2023, https://mzo.gov.hr/UserDocsImages//dokumenti/Obrazovanje/NacionalneManjine/Program-potpore-romi//program_potpore_u_odgoju_i_obrazovanju_pripadnika_romske_nacionalne_manjine_2021-2023.pdf. Accessed 17 August 2021.
- Ministry of Science and Education (2021.b). Guidelines for working with children with disabilities, <https://mzo.gov.hr/UserDocsImages/dokumenti/Obrazovanje/Smjernice%20za%20rad%20s%20ucenicima%20s%20teskocama.pdf>. Accessed 24 August 2021.
- Ministry of Social Policy and Youth (2014). National strategy on the rights of children in the Republic of Croatia 2014–2020. Zagreb: Ministry of Social Policy and Youth.
- Ministry of the Interior (2021). *Statistički pokazatelji tražitelja međunarodne zaštite za 2020. godinu*, <https://mup.gov.hr/pristup-informacijama-16/statistika-228/statistika-trazitelji-medjunarodne-zastite/283234>.
- Mlinar, Z., Kozar, A. (2012). Prihvatilište za beskućnike Gradskog društva Crvenog križa Zagreb. In: O. Družić Ljubotina (ed), *Beskućništvo: Pogled iz različitih perspektiva*. Zagreb: City Office for Social Protection and People with Disabilities.
- National Development Strategy 2030. *Official Gazette*, no. 13/2021.
- National Healthcare Development Plan 2021–2027 (2020), <https://vlada.gov.hr/sjednice/14-sjednica-vlade-republike-hrvatske-30585/30585>.
- National Roma Integration Strategy 2013–2020 (2012). Zagreb: Office for Human Rights and Rights of National Minorities.
- National Strategy on the Rights of Children in the Republic of Croatia for the period 2014–2020 (2014). Zagreb: Ministry of Social Policy and Youth.
- Odenbring, Y. (2019). The daily life and reality behind child poverty in Sweden: Children's and adolescents' voices. *Child Indicators Research*, 12, 847–859.
- OECD (2019). Results from TALIS 2018 – Croatia, https://www.oecd.org/education/talis/TALIS2018_CN_HRV.pdf
- OECD (2021). OECD Family Database, <https://www.oecd.org/els/family/database.htm>. Accessed on 17 August 2021.
- OECD/EU (2018). Health at a glance: Europe 2018: State of Health in the EU Cycle, [2018_healthatglance_rep_en.pdf \(europa.eu\)](https://europe.europa.eu/2018_healthatglance_rep_en.pdf). Accessed on 17 August 2021.
- OECD/European Union (2020). Health at a glance: Europe 2020: State of Health in the EU Cycle, [2020_healthatglance_rep_en.pdf \(europa.eu\)](https://europe.europa.eu/2020_healthatglance_rep_en.pdf). Accessed on 17 August 2021.
- Ombudsperson (2016). Annual report of the Ombudsperson for 2015, <https://www.ombudsman.hr/hr/download/izvjesce-pucke-pravobraniteljice-za-2015-godinu/?wpdmdl=4741&refresh=610725403606f1627858240>.

- Ombudsperson (2017). Annual report of the Ombudsperson for 2016, <https://www.ombudsman.hr/hr/download/izvjesce-pucke-pravobraniteljice-za-2016-godinu/?wpdmdl=4743&refresh=6107256812c431627858280>.
- Ombudsperson (2018). Annual report of the Ombudsperson for 2017, <https://www.ombudsman.hr/hr/download/izvjesce-pucke-pravobraniteljice-za-2017-godinu/?wpdmdl=4745&refresh=6107258c0559d1627858316>
- Ombudsperson (2019). Annual report of the Ombudsperson for 2018, <https://www.ombudsman.hr/hr/izvjesca-puckog-pravobranitelja/>.
- Ombudsperson (2020). Annual report of the Ombudsperson for 2019, https://www.ombudsman.hr/wp-content/uploads/2020/04/Izvje%C5%A1%C4%87e-pu%C4%8Dke-pravobraniteljice-za-2019._3.pdf
- Ombudsperson for Children (2016). Report on the work of the Ombudsperson for Children for 2015, file:///C:/Users/dljub/AppData/Local/Temp/Izvjesce%202015_ZADNJE_1.4.2016.pdf
- Ombudsperson for Children (2017). Report on the work of the Ombudsperson for Children for 2016, <file:///C:/Users/dljub/AppData/Local/Temp/Izvjesce%20o%20radu%20pravobraniteljice%20za%20djecu%202016.pdf>
- Ombudsperson for Children (2018). Report on the work of the Ombudsperson for Children for 2017, file:///C:/Users/dljub/AppData/Local/Temp/Izvjesce%20o%20radu%20pravobraniteljice%20za%20djecu%20_2017..pdf.
- Ombudsperson for Children (2019). Report on the work of the Ombudsperson for Children for 2018, file:///C:/Users/dljub/AppData/Local/Temp/IZVJESCE_o_radu_pravobraniteljice_za_djecu_2018_web.pdf
- Ombudsperson for Children (2020). Report on the work of the Ombudsperson for Children for 2019, file:///C:/Users/dljub/AppData/Local/Temp/IZVJESCE_2019_O%20RADU%20PRAVOBRANITELJICE%20ZA%20DJECU.pdf
- Ombudsperson for Children (2021). Report on the work of the Ombudsperson for Children for 2020, file:///C:/Users/dljub/AppData/Local/Temp/IZVJESCE%20O%20RADU%20PRAVOBRANITELJICE%20ZA%20DJECU%20_2020_.pdf
- Ombudsperson for Persons with Disabilities(2021). Report on the work of the Ombudsperson for Persons with Disabilities for 2020, <https://posi.hr/izvjesca-o-radu/>
- Opačić, A. (2020). Socijalne usluge u praksi u zajednici. (Teaching material of the course Social Work in Community Organization – presentation), https://www.pravo.unizg.hr/_download/repository/9._Predavanje_2018_19.pdf. Accessed on 17 August 2021.
- Ostojić, J. (2020). Nesigurnost zaposlenja i karijerni obrasci u dječjim vrtićima. In: T. Matković, J. Ostojić, M. Lucić, K. Jaklin, and I. Ivšić (eds), *Raditi u dječjim vrtićima: rezultati istraživanja uvjeta rada u ranom i predškolskom odgoju i obrazovanju* (pp. 55–77). Zagreb: Trade Union of Education, Media and Culture of Croatia (UEMC).
- Pećnik, N. (2013). *Roditeljske potrebe za podrškom i dostupnost usluga za podršku roditeljstvu: perspektiva predstavnika jedinica lokalne i područne samouprave*. Zagreb: UNICEF Office for Croatia.
- Pećnik, N. (2019). Evidencing the value of parenting support as a policy and practice orientation: The case of 'Growing Up Together' in Croatia. In I. Moran, J. Canavan (eds), *Realising children's rights through supporting parents* (pp 61–81). Galway, Ireland: UNESCO Child and Family Research Centre.
- Pećnik, N. and Dobrotić, I. (2019). Usluge podrške roditeljstvu u hrvatskoj: potrebe roditelja i postojeći programi In: V. Puljiz (ed), *Socijalno-demografska reprodukcija Hrvatske* (pp. 125 – 164). Zagreb: Centre for Democracy and Law Mirko Tripalo.

- Pećnik, N., Dobrotić, I. (2013). Roditeljske potrebe za podrškom i dostupnost usluga za podršku roditeljstvu: perspektiva predstavnika jedinica lokalne i područne samouprave. In: N. Pećnik (ed), *Kako roditelji i zajednice brinu o djeci najmlađe dobi u Hrvatskoj* (pp. 241–250). Zagreb: UNICEF Office for Croatia.
- Pećnik, N., Modić Stanke, K., Bušljeta, K. (2021). Dokazi djelotvornosti programa "Rastimo zajedno i mi": Kako smo i koliko zajedno narasli? In: N. Pećnik (ed), *Roditeljstvo u najboljem interesu djeteta i podrška roditeljima i djeci u zahtjevnijim okolnostima* (pp. 97. – 145.). Zagreb: UNICEF Office for Croatia in cooperation with the Centre for Parenting Support "Growing Up Together".
- Pećnik, N., Modić Stanke, K., Tokić, A.M. (2021). Supporting involved fathering of young children in Croatia: Evaluation of the "Growing up together fathers' club". *Društvena istraživanja : Journal of General Social Issues*.
- Pinker, R. A. (2016). Social service. *Encyclopedia Britannica*, <https://www.britannica.com/topic/social-service>. Accessed on 17 August 2021.
- Potočnik, D., Maslić Seršić, D., Karajić, N. (2020). *Uključivanje Roma u hrvatsko društvo – obrazovanje i zapošljavanje* [data file], https://pravamanjina.gov.hr/UserDocsImages//arhiva/Ukljucivanje%20Roma%20u%20hrvatsko%20drustvo_obrazovanje%20i%20zaposljavanje.pdf.
- Programme for energy renovation of multi-apartment buildings 2030 (version December 2021), <http://www.fzoeu.hr/hr/doneseni-programi-energetske-obnove-zgrada-za-razdoblje-do-2030-godine/8838>.
- Recommendation 19 (2006) Council of Europe recommendation on policy to support positive parenting. *Child and Society*, 10(1/2), str. 463 – 470.
- Recommendation 2013/112/EU: Investing in children: breaking the cycle of disadvantage, https://eur-lex.europa.eu/legal-content/HR/ALL/?uri=LEGISSUM%3A1712_2.
- Recommendation for a Council Recommendation on the 2019 National Reform Programme of Croatia and delivering a Council opinion on the 2019 Convergence Programme of Croatia (2019). Brussels: Council of the European Union.
- Rimac, I., Bovan, K. and Ogresta, J. (2019). Socijalni i ekonomski uvjeti studentskog života u Hrvatskoj. National Research Report EUROSTUDENT VI for Croatia [data file], <https://www.eurostudent.hr/userfiles/pdfs/Nacionalno-izvjesce-EUROSTUDENT-VI.pdf>
- Rodin U. (2021). Ministarstvo zdravstva: Nacionalni program za zaštitu i promicanje dojenja 2021–2025.
- Schwartz, A.E. and Rothbart, W.M. (2019). Let them eat lunch: The impact of universal free meals on student performance. *Journal of Policy Analysis and Management*, <https://onlinelibrary.wiley.com/doi/abs/10.1002/pam.22175>.
- Sieverding, M., Roushdy, R. and Gadallah, M. (2017). The effect of mothers' employment on youth gender role attitudes: Evidence from Egypt, <https://erf.org.eg/app/uploads/2017/06/1125.pdf>.
- Šikić-Mićanović, L., Ivatts, A., Vojak, D., Geiger-Zeman, M. (2015), Social inclusion of Roma children (RECI+). Zagreb: The Open Academy "Step by Step".
- Sipilä, J., Repo, K. and Rissanen, T. (2010). *Cash-for-childcare: The consequences for caring mothers*. Cheltenham and Northampton: Edward Elgar.
- Sirius (2020). *Nacionalne preporuke: Proces izlaska iz skrbi mladih iz alternativne skrbi* (2020). Zagreb: Sirius – Centre for psychological counselling, educational training and research.
- Sirius Watch (2020). Taking stock of SIRIUS Clear Agenda and new developments in migrant education, <https://www.sirius-migrationeducation.org/wp-content/uploads/2021/10/SIRIUS-Watch-2020.pdf>.

- Stubbs, P. and Zrinščak, S. (2018). ESPN thematic report on inequalities in access to healthcare – Croatia, <https://ec.europa.eu/social/BlobServlet?docId=20372&langId=en>.
- Stubbs, P., Vukorepa, I. and Zrinščak, S. (2018). ESPN Country Profile: Croatia 2017–2018, EC – Directorate-General for Employment, Social Affairs and Inclusion.
- Stubbs, P., Zrinščak, S. (2014). Investing in children: breaking the cycle of disadvantage. Croatia. Brussels: European Commission, Directorate General for Employment, Social Affairs & Inclusion.
- Stubbs, P., Zrinščak, S. (2015). ESPN thematic report on social investment: Croatia. Brussels: European Commission, European Social Policy Network (ESPN).
- Stubbs, P.; Ledić, M., Rubil, I. and Zrinščak, S. (2017). Dječje siromaštvo i strategije nošenja sa siromaštvom kućanstava u Hrvatskoj, <https://www.eizg.hr/projekti/završeni-projekti/djecje-siromastvo-i-strategije-nosenja-sa-siromastvom-kucanstava-u-hrvatskoj/2388>.
- Šućur, Z., Kletečki Radović, M., Družić Ljubotina, O., Babić, Z. (2015). *Siromaštvo i dobrobit djece predškolske dobi u Republici Hrvatskoj*. Zagreb: UNICEF.
- UNESCO (1994). The Salamanca Statement and Framework for Action on Special Needs Education [data file], http://www.unesco.org/education/pdf/SALAMA_E.pdf
- UNICEF (2017). UNICEF's programme guidance for early childhood development [data file], <https://www.unicef.org/sites/default/files/2018-12/UNICEF%20Programme%20Guidance%20for%20Early%20Childhood%20Development%202017.pdf>.
- UNICEF (2020.a). Kako do vrtića za sve? Mogućnosti financiranja sustava ranog i predškolskog odgoja i obrazovanja [data file], <https://www.unicef.org/croatia/izvjesca/kako-do-vrtica-za-sve>.
- UNICEF (2020.b). Rana intervencija u djetinjstvu. Analiza stanja u Republici Hrvatskoj [data file], <https://www.unicef.org/croatia/media/5001/file/Rana%20intervencija%20u%20djetinjstvu%20-%20analiza%20stanja%20u%20Republici%20Hrvatskoj.pdf>.
- UNICEF (2021). The state of the world's children 2021. On my mind: Promoting, protecting and caring for children's mental health, <https://www.unicef.org/reports/state-worlds-children-2021>. Accessed on 3 November 2021.
- UNICEF (2021.a). *Priručnik za udomitelje*. Zagreb: UNICEF Office for Croatia and Sirius – *Centre for psychological counselling*, educational training and research.
- UNICEF (2021.b). *Analiza stanja u ustanovama za djecu i mlade s problemima u ponašanju rovedena u okviru programa "ISKORAK – Program za poboljšanje procjene i intervencija za djecu i mlade s problemima u ponašanju"*. Zagreb: UNICEF Office for Croatia in cooperation with the Faculty of Education and Rehabilitation.
- United Nations Sustainable Development Group (2020). *COVID-19 and human rights: We are all in this together*, <https://unsdg.un.org/resources/covid-19-and-human-rights-we-are-all-together>
- Van Lancker, W. (2017). Reducing inequality in childcare service use across European countries: What (if any) is the role of social spending. *Social Policy & Administration*, 52(1), 271–292.
- Vejmelka, L (2021.b). Analiza stanja udomiteljstva u Hrvatskoj. Rad pripremljen za izlaganje na online stručnom skupu: Snažan udomitelj – sigurno dijete.
- Vejmelka, L. (2021.a). Peer review on "Furthering quality and accessibility of Foster Care service", Host Country Discussion Paper – Republic of Croatia – Foster care for children in Croatia: Country overview, [file:///C:/Users/GT/Downloads/Host%20country%20discussion%20paper%20-%20Peer%20Review%20on%20Foster%20Care%20\(1\).pdf](file:///C:/Users/GT/Downloads/Host%20country%20discussion%20paper%20-%20Peer%20Review%20on%20Foster%20Care%20(1).pdf)

- Vik, F. N., Lippevelde, V. and Øverby, N.C. (2019). Free school meals as an approach to reduce health inequalities among 10–12– year–old Norwegian children, *BMC Public Health*, 19, article number: 951.
- Walker, S.P., Wachs, T.D., Grantham–McGregor, S., Black, M.M., Nelson, C.A., Huffman, S.L., Baker–Henningham, H., Chang, S.M., Hamadani, J.D., Lozoff, B., Gardner, J.M., Powell, C.A., Rahman, A., Richter, L. (2011). Inequality in early childhood: Risk and protective factors for early child development. *Lancet (London, England)*, 378(9799), 1325–1338.
- Werner, E.M. (2005). Resilience research: Past, present and future. In: R. DeV. Peters, B. Leadbeater, R.J. McMahon (eds), *Resilience in children, families and communities: Linking context to practice and policy*. (pp. 3–11). New York, Boston, Dordrecht, London, Moscow: Kluwer Academic/Plenum Publishers.
- WHO – World Health Organization (2021). Child health and development indicators, <http://www.emro.who.int/child-health/research-and-evaluation/indicators/Child-health-indicators.html>. Accessed on 23 November 2021.
- WHO – World Health Organization and UNICEF – United Nations Children’s Fund (2018). Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: Implementing the revised Baby–friendly Hospital Initiative 2018, <https://www.who.int/publications/i/item/9789241513807>. Accessed on 17 November 2021.
- WHO/Europe (2020). Investing in children: The European child and adolescent health strategy 2015–2020, <https://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/policy/investing-in-children-the-european-child-and-adolescent-health-strategy-20152020>.
- World Bank (2019). Regional availability of social services in Croatia. National Development Strategy Croatia 2030 Policy Note [data file], <https://hrvatska2030.hr/wp-content/uploads/2020/10/Regional-Availability-of-Social-Services.pdf>
- Zrinščak, S. (2007). Zdravstvena politika Hrvatske. U vrtlogu reformi i suvremenih društvenih izazova. *Croatian Journal of Social Policy*, 14(2), 193–220.
- Zrinščak, S. (2014). Health. In: *Everyday Life of Roma in Croatia: Challenges and potentials for transformation*. Zagreb: UNDP, UNICEF, UNHCR.
- Zrinščak, S. (2019). Feasibility study for a Child Guarantee – Country report Croatia.

Appendix 1: Qualitative section of the deep-dive

The qualitative section of the deep-dive analysis that complemented the state of play included a total of three individual and two joint in-depth, semi-structured interviews. Regarding the area of ECEC, individual interviews were conducted with selected experts from the Ministry of Science and Education, the Central State Office for Demography and Youth, and the Union of Education, Media and Culture (UEMC). As regards the ECEC area, joint interviews were conducted with two external experts of academic profile and two experts from the Ministry of Labour, Pension System, Family and Social Policy. The sample was developed in collaboration with UNICEF, which mediated the initial communication between researchers and potential interlocutors.

All interviews are fully transcribed and thematically analysed by the MAXQDA qualitative data processing programme. For the purposes of data processing and analysis, separate code lists were developed for each of the two areas, which were based on five basic thematic units: i) an overview of the state of play; ii) key development objectives for 2030; iii) operationalization of objectives; iv) the monitoring and evaluation system; v) synergies with other related areas. These thematic units are designed in such a way that they roughly overlap in substance with the five components of the European Child Guarantee action plans as defined in the Recommendation establishing a European Child Guarantee: i) target categories of children to be covered by integrated measures; ii) quantitative and qualitative objectives to be achieved, taking into account regional inequalities; iii) planned measures; iv) national framework for collecting, monitoring and evaluating data; v) other measures aimed at breaking the multigenerational cycles of social exclusion. The differences between the thematic units provided for in the interview protocol and the elements of the action plans envisaged in the Recommendation stem primarily from the assessment of the members of the research team that for successful operationalization of the protocol for conducting interviews, topics need to be simplified and raised to a slightly higher level of generality, and in order for interlocutors who are not necessarily familiar with the structure and content of the ECG to participate well. In the next step, a preliminary list of codes is defined for each of the thematic units. Some of the codes were the same in both areas, and some of them differed in terms of the need to take into account thematic specifics. For example, analytically it was important to cover the fact that authority within the ECEC area was substantially more decentralized compared to social services in the community, within which it was then important to distinguish preventive programmes/services, services aimed at children in the alternative care system and services aimed at children/young people coming out of that system.

The analytical process would be best described as predominantly deductive, but with a significant iterative component. This means that the code lists, although predefined, were subject to extensions and were supplemented during the coding process. In the second analytical step, the codes were grouped into thematic (sub)units called categories, in such a way that the part of the codes that included the rich and comprehensive material was lifted to the category level, one part of the codes was annexed to other, thematically close codes, while a smaller part of the categories was created by combining a larger number of codes. For this reason, the qualitative findings related to each of the areas partially overlap, and in a large part differ. When presenting the findings, special care was taken to show the elements that do not fit or differ from the general picture. The interlocutors also had the opportunity to comment on the draft investigative report and request changes to the parts referring to their testimony.

Appendix 2: Summary of objectives and indicators related to ECEC

Area-wide outcome indicators	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Area-wide indicators								
Coverage of children with preschool programmes	Proportion of children covered by regular ECEC programmes ¹	Number of children enrolled in regular ECEC programmes at a specific point in time divided by the preschool children population	age group (0–2; 3–6); socioeconomic status	Eurostat (EU–SILC)	20.4% 0–2; 54.4% 3 to primary school (2020; EU–SILC)	96% 3–6 50% 0–2	Yearly	(1) Eurostat/ CBS
Public policy objective	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
By 2030, ensure the right of access to quality ECEC for every child in the RC from the age of 3, and for children from 0 to 3 years of age increase coverage of ECEC programmes to over 50% in all parts of the country	(1) Proportion of children covered by regular ECEC programmes ¹	(1) Number of children enrolled in regular ECEC programmes at a specific point in time divided by the population of preschool children	(1) age group (0–2; 3–6); municipalities/cities	(1) CBS (administrative data, via DV–PO form and data on the population of preschool children in the RC)	24.7% 0–2; 61.6% 3–6 (2018, CBS)	96% 3–6 50% 0–2	Yearly	(1) CBS
	(2) Children according to the main reason for ineligibility with the criteria for ECEC services ²	(2) Number of children whose parents were not eligible for ECEC services according to the main reason (unaffordability, spatial unavailability, working hours do not correspond to the needs, unsatisfactory quality of services...)	(2) income status, household type; age groups (0–2; 3–6)	(2) Eurostat (EU–SILC)	[4.4% financial reasons; 1.7% no place available; 1.6% other; 92.3% were not in need in 2016 on a sample of parents with children under 12]	Establish current baselines for preschool children and then define target values	Dynamics of ad-hoc modules	(2) Eurostat/CBS

		divided by the total number of preschool children included in the sample (at reference point)						
	(3) Average size of the educational group ³	(3) Number of children enrolled in regular ECEC programmes at a specific point in time divided by the number of educational groups	(3 and 4) age group (0–2; 3–6); municipalities/cities	(3) CBS – administrative data collected from kindergartens through the <i>DV-PO</i> forms	16.3 nursery group; 22.6 kindergarten group (2016; Dobrotić et al., 2018).	12 nursery groups; 20 kindergarten groups	Yearly	(3) CBS
	(4) Ratio of the number of children to educators ³	(4) Number of children enrolled in regular ECEC programmes at a specific point in time divided by the number of educators	(3) age group (0–2; 3–6); municipality/city	(3) CBS – administrative data collected from kindergartens through the <i>DV-PO</i> forms	8.5 nursery group; 11 kindergarten groups (2016; Dobrotić et al., 2018)	6 nursery groups; 10 kindergarten groups	Yearly	(4) CBS
Improving a budgetary and legislative framework to ensure regionally balanced access to affordable and quality ECEC	(1) Average amount of parental participation in the cost of the ECEC programme ⁴	(1) Amount of parental participation divided by the number of children involved in ECEC (e-kindergartens) Or the amount of parental participation divided by the number of municipalities/cities	(1) municipality/city	(1) MSE <i>e-vrtiči</i> application	–	Determine the right baseline and define	Yearly	(1) MSE

	(2) Density of the network of kindergartens ⁵	(2) number of km ² of territory per kindergarten	(2) municipality/city/overall and weighted for the preschool children population	(2) CBS – administrative data collected from kindergartens through the <i>DV-PO</i> forms	37 (2016; Dobrotić et al., 2018)	25	Yearly	(2) CBS
Develop additional support mechanisms aimed at children at risk, in particular children with lower socioeconomic status	(1) Proportion of children with lower socio-economic status covered by regular ECEC programmes ⁶	(1) Number of children enrolled in regular ECEC programmes at a specific point in time divided by the population of preschool children	(1) socioeconomic status; age group (0–2; 3–6)	(1) EU-SILC	–	Determine baseline and define	Yearly	(1) Eurostat/CBS
	(2) Gap/difference in ECEC attendance for children in the first and fifth income quintiles	(2) Difference in the proportion of children enrolled in regular ECEC programmes at a specific point in time between the first and fifth quintiles	(2) age group (0–2, 3–6)	(1) EU-SILC	–	Determine baseline and define	Yearly	(1) Eurostat/CBS
	(3) Proportion of children receiving GMB benefit included in ECEC ⁷	(3) Number of children receiving GMB benefit included in ECEC through the overall number of preschool children receiving GMB benefit	(3) by county	(3) <i>SocSkrb</i> application	–	Determine baseline and define	Yearly	(3) MLPSFSP
	(4) Proportion of children of the Roma national	(4) Number of children of the Roma national minority	(4) municipality/city	(4) MSE <i>e-vrtiči</i> application and	–	Determine baseline and define	Yearly	(4) MSE

minority included in ECEC ⁸	included in ECEC divided by the number of children of the Roma national minority of preschool age in the RC obtained from the census		2021 census (estimate)				
(5) Proportion of children with developmental delay covered by ECEC who have the service of an assistant or a third educator in the group ⁹	(5) Number of children with developmental delay included in ECEC without the service of an assistant/third educator divided by the total number of children with developmental delay included in ECEC	(5) municipality/city	(5) MSE based on the <i>e-vrtiči</i> application)	-	Determine baseline and define	Yearly	(5) MSE

Notes: 1= The indicator is key to monitor the progress towards the objective of coverage of all children through regular ECEC programmes. It is important to segregate it by age group, in order to be able to monitor the extent to which the ECEC system is compatible with the parental leave system and to what extent it addresses the needs of the youngest children and contributes to the objective of reducing poverty and social exclusion, which is higher in children in households with lower or medium work intensity in the RC. This can be monitored both through the EU-SILC and the CBS administrative data (*DV-PO* form). In addition, the indicator should be broken down by municipality/city, which can be derived from CBS administrative data, in order to determine whether regional differences in ECEC coverage are reduced. It is important to point out that there are discrepancies between EU-SILC data and estimates of coverage based on CBS administrative data (Dobrotić et al., 2018; UNICEF, 2020) due to different calculation methodology. The difference arises from the fact that Dobrotić et al. (2018) and UNICEF (2020) made an assessment of children involved only in regular preschool programmes (half-day or longer). Thus, pre-school programmes (150 to 250 hours at the age of six) and shorter programmes are excluded, giving a more realistic picture of the coverage of children in preschool programmes since in this way children are not counted twice and attendance of regular programmes is not overestimated by inclusion in the calculation of children who attend only short preschool programmes at the age of six that can last only 150 hours. The latter is not so critical with indicators 0–2 as compared to indicator 3 until the start of primary school, since preschool programmes start at the age of six, and children also enter shorter programmes a little later (when they are of kindergarten age). A smaller part of the deviation may lie in the denominator used (six years and 12 months) since some children enter primary school earlier), but this is again not critical with indicators 0–2. Therefore, CBS data can be a solid basis for assessing the coverage of children 0–2. However, it would be necessary for CBS to calculate, monitor and publish a specific indicator of coverage based on the size of the preschool population. To be specific, currently CBS publishes only absolute figures on the number of children attending programmes. Taking into account all the limitations mentioned so far, it is possible to adjust the way data is collected and to develop a methodology on the basis of which the number of children covered only by formal programmes could be monitored and on the

basis of which CBS could publish more “realistic” data on the % of children aged 3 years until they start school included in regular programmes, that is, by excluding shorter programmes from the calculations and avoiding double counting of children and short preschool programmes.

2= In order to monitor the main barriers to accessing ECEC services, in particular children in poverty, it is important to consider continuous monitoring of this indicator within the EU-SILC. This is an indicator that was part of the 2016 ad-hoc module “Access to services” and can give an estimate of how many children do not have access to services either because they are not affordable or are spatially inaccessible to them, etc. In addition, it should be considered that the indicator is calculated on the preschool population, and not only on the population of 0–12. It is important to break down the indicator by the income status of the family, in order to gain insight into socioeconomic inequalities in access to services. The income situation can be determined according to established practice in relation to the risk of poverty (that is: a separate indicator value for children growing up in families that have less than 60% of the median income and more than 60% of the median income). In addition, breaking down data by household type can give an insight into whether some families/households (e.g. single-parent families) have more difficulty accessing services, and breaking down by age whether the needs of nursery and kindergarten children are equally covered. Specifically, since the objectives in the National Recovery Plan are set in such a way that they primarily aim to cover children 4+ by guaranteeing a place in kindergartens, there is a risk that less focus will be placed on the expansion of nursery capacities, which could negatively affect the position of women in the labour market, but also child poverty, since poverty rates in the RC are higher for children living in households with low to medium work intensity.

3= Indicators are key to monitoring progress towards the objective of covering all children with quality ECEC programmes. It is important to break them down by age group, since there are large differences in structural quality between nursery and kindergarten. Besides, the indicator needs to be broken down by municipality/city, in order to determine whether there are regional differences in quality.

4= It is important to monitor the indicator in order to determine whether regional differences in the amount of subsidies and thus in the affordability of the programme are reduced.

5= This indicator measures the spatial availability of kindergartens and is actually a proxy indicator for the proximity of the kindergarten to the place of the child's residence. It is essential for children growing up in poverty, especially in rural and remote areas without adequate public transport, that kindergartens are close to them. The same is important from the point of view of sustainability and the green economy.

6= It is essential to monitor this indicator in order to identify differences in ECEC attendance rates with regard to the socioeconomic status of families and to the measure of whether the ECG objective of ensuring that children in poverty in particular have adequate access to services is being reached. The basic indicator of the % of children covered by regular ECEC programmes (Objective 1) should be broken down on the basis of the income of families. In doing so, the income situation should be determined according to the established practice in respect to the risk of poverty: a separate indicator value for children growing up in families with less than 60% of median income and more than 60% of median income).

7= The indicator must be monitored to measure the extent to which children in extreme poverty have access to ECEC services.

8= The indicator must be monitored in order to measure the extent to which children of the Roma national minority attend preschool programmes.

9= One of the key obstacles to taking preschool programmes is the lack of additional professional support. With this indicator, it is possible to monitor progress in this regard. The coverage indicator for children with developmental delay cannot be measured as there is no base population on the basis of which it could be calculated. It is also not possible to track how many children have given up entering ECEC due to lack of support.

Appendix 3: Summary of objectives and indicators related to accessing free and affordable education

Area-wide outcome indicators	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Area-wide indicators								
Children who have great difficulty in meeting the cost of formal education	Proportion of people who have great difficulty in meeting the cost of formal education	Number of formal education participants who have great difficulty in securing the cost of formal education at a specific point in time divided by the total number of formal education participants	Household type, socioeconomic status, level of urbanization, level of difficulty in paying for education costs, age (under 18, over 18)	EU-SILC ²⁶	2016 Great difficulties EU27: 6.7% HR: 13.5%	6.5%	Yearly	Eurostat, CBS
Children's educational attainment according to PISA survey	Proportion of 15-year-olds with lower achievements in reading, numeracy and natural science literacy (the ratio between the first and last quartiles by socioeconomic status)	Number of 15-year-olds who have taken PISA tests and achieved poorer results (below level 2) divided by the total number of 15-year-olds who have taken PISA tests	Gender, school programme, socioeconomic status	OECD, PISA 2018	Reading literacy – HR: 21.6%; OECD average: 23% Numeracy – HR: 31.2%; OECD average: 24% Natural science literacy – HR: 25.3%; OECD average: 22%	Reading literacy: 15% Numeracy: 15% Natural science literacy: 15% (EU and NRRP targets)	Every three years	OECD, NCEEE

²⁶ https://ec.europa.eu/eurostat/databrowser/view/ilc_ats07/default/table?lang=en

Proxy indicator: School success by grade (<i>Školski eRudnik</i> Vol 2, p. 2 and p. 7)	Educational achievements of children in primary schools on islands and in mountainous areas and of children with developmental delay	Overall sum of average final grades of children with developmental delay attending primary school divided by the total number of children with developmental delay attending primary school	Gender, type of developmental disability, mountainous regions, island	<i>Školski eRudnik</i> Vol. 2, p. 7	Primary school final grade: HR 4.5 F: 4.6 M: 4.4 Children with developmental delay 3.9 Mountainous regions: 4.6 Islands: 4.5	HR: 4.6 Children with developmental delay 4.2 Mountainous regions: 4.6 Islands: 4.6	continuous	MSE
Proportion of members of the Roma national minority 18–25 years with a 4– or 5–year secondary school diploma	Proportion of members of the Roma national minority 18–25 years with a 4– or 5–year secondary school diploma	Number of members of the Roma national minority aged 18–25 years who have completed a 4– or 5–year secondary school divided by the total number of members of the Roma national minority aged 18–25		Reports of the Office for Human rights and Rights of National Minorities	4.4%	10%	Yearly	OHRRNM
Public policy objective	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Provide affordable and free primary and secondary education for children at risk of poverty	(1) Proportion of children receiving child allowance who are provided with secondary school textbooks	(1) Number of children receiving child allowance who are provided with secondary school textbooks at a specific point in time divided by the total number of children receiving child allowance	(1) Number of children in the family, single-parent status, families with three or more children, age, gender	(1) <i>ŠkolskieRudnik (ŠeR)</i>	(1) –	(1) 100%	(1) Yearly	(1) MSE

(2) Proportion of children receiving child allowance who are provided with other educational materials in primary and secondary school	(2) Number of children receiving child allowance who are provided with other educational materials at a specific point in time divided by the total number of children receiving child allowance	(2) Schooling level (ps, ss), number of children in the family, single-parent status, families with three or more children, age, gender	(2) <i>ŠkolskieRudnik (ŠeR)</i>	(2) –	(2) 100%	(2) Yearly	(2) MSE
(3) Proportion of children from families receiving GMB who receive compensation for settling hidden education costs in primary and secondary school	(3) Number of children receiving GMB who receive compensation for settling hidden education costs at a specific point in time divided by the total number of children receiving GMB	(3) Schooling level (ps, ss), number of children in the family, single-parent status, families with three or more children, age, gender	(3) <i>ŠkolskieRudnik (ŠeR)</i>	(3) –	(3) 100%	(3) Yearly	(3) MSE or MLPSFSP (in cooperation, the best modality should be agreed)
(4) Proportion of child allowance beneficiaries whose hidden costs for education in primary and secondary school have been settled	(4) Number of child allowance beneficiaries whose hidden costs for education have been settled at a specific point in time divided by the total number of child allowance beneficiaries	(4) Schooling level (ps, ss), number of children in the family, single-parent status, families with three or more children, age, gender	(4) <i>ŠkolskieRudnik (ŠeR)</i>	(4) –	(4) 100%	(4) Yearly	(4) MSE
(5) Developed system for monitoring the socioeconomic status of children in the education system (a developed	(5) Number of schools using indicators to monitor the socioeconomic status (GMB beneficiaries, beneficiaries of child allowance, scholarship beneficiaries for children with lower socioeconomic status, etc.) of children in the education	(5) primary school, secondary school, place, county; children at risk	(5) <i>ŠkolskieRudnik (ŠeR)</i>	(5) –	(5) –	(5) Permanent	(5) MSE

	monitoring base within <i>ŠeR</i>)	system divided by the total number of schools						
	(6) Proportion of children not involved in compulsory education and covered by targeted support schemes	(6) Number of children not participating in compulsory education included in support schemes divided by the total number of children not participating in compulsory education	(6) Gender, socioeconomic status, belonging to the Roma national minority	(6) MLPSFSP <i>SocSkrb</i> application	(6) –	(6) 100%	(6) Yearly	(6) MLPSFSP
Promote inclusive educational practices and build a culture of diversity	(1) Proportion of children in need of teaching assistants or cultural mediators and who use the help of cultural mediators/teaching assistants	(1) Number of children at risk using the support of cultural mediators/teaching assistants at a specific point in time divided by the total number of children in the school population who should receive the services of an assistant/cultural mediator	(1) RNM children, children with developmental delay, children with a migrant background; level of education (ps, ss), age, gender; place/county	(1) <i>ŠkolskieRudnik (ŠeR)</i>	(1) –	(1) Target value can only be set after the baseline has been defined	(1) Every three years	(1) MSE
	(2) Proportion of children from risk groups participating in student representative bodies, extracurricular activities and other facilities in the school environment	(2) Number of children at risk participating in student representative bodies and/or extracurricular activities and/or other facilities in the school environment at a specific point in time divided by the total number of children at risk in the school population	(2) RNM children, children with developmental delay, children with a migrant background; level of education (ps, ss), age, gender; place/county; additional activity type	(2) <i>ŠkolskieRudnik (ŠeR)</i>	(2) –	(2) Target value can be set only after the baseline has been defined	(2) Every three years	(2) MSE

3) Proportion of principals, professional associates, teachers who have acquired knowledge and skills related to innovative methodical approaches for face-to-face and online teaching	(3) Number of principals, professional associates and teachers who have undergone these training sessions divided by the total number of principals, professional associates and teachers	(3) Primary school, secondary school, town, county	(3) <i>ŠkolskieRudnik (ŠeR)</i>	(3) –	(3) Target value can be set only after the baseline has been defined	(3) Yearly	(3) MSE
4) Proportion of principals, professional associates, teachers who have acquired knowledge and skills in fostering diversity and cooperating with parents of different at-risk groups of children	(4) Number of principals, professional associates and teachers who have undergone these training sessions divided by the total number of principals, professional associates and teachers	(4) Primary school, secondary school, town, county	(4) <i>ŠkolskieRudnik (ŠeR)</i>	(4) –	(4) Target value can be set only after the baseline has been defined	(4) Every three years	(4) MSE
5) Proportion of principals, professional associates, teachers who have undergone training on Roma languages and culture and specific	(5) Number of principals, professional associates and teachers who have undergone these training sessions divided by the total number of principals, professional associates and teachers	(5) Primary school, secondary school, town, county	(5) <i>ŠkolskieRudnik (ŠeR)</i>	(5) –	(5) Target value can be set only after the baseline has been defined		

developmental disabilities

(6) Proportion of schools equipped with innovative methodical and didactic tools to improve the learning of students with disabilities and neurodiversity

(6) Number of schools equipped to improve the learning of pupils with disabilities and neurodiversity divided by the total number of schools

(6) Primary school, secondary school, town, county

(6) *ŠkolskieRudni k (ŠeR)*

(6) –

(6) Target value can be set only after the baseline has been defined

(6) Yearly

(6) MSE

Appendix 4: Summary of objectives and indicators related to accessing quality nutrition

Area-wide outcome indicators	Indicator	Definition	Broken down by	Source	Last available value	2030 target	Collection frequency	Responsibility
Area-wide outcome indicators								
Access to quality meals for children in poverty	Proportion of households at risk of poverty with dependent children who cannot afford one meal with meat, fish or vegetarian substitutes every other day	Number of households with dependent children in poverty who cannot afford one meal with meat, fish or vegetarian substitutes every other day divided by the total number of households with dependent children	Socioeconomic status, family status	EU-SILC	HR: 19.3% (families with dependent children) EU27: 16.8%	2.7%	Yearly	Eurostat, CBS
Health outcomes	Proportion of overweight children	Number of overweight children divided by total number of children of reference age	Gender, socioeconomic status	CroCOSI	21.2% of overweight girls and 19.2% of overweight boys aged 8–8.9 years Obesity in 11.9% of girls and 17.8% of boys aged 8–8.9 years	16% girls, 14% boys 7% girls, 12% boys	Yearly	CIPH
Specific objective	Indicator	Definition	Broken down by	Source	Last available value	2030 target	Collection frequency	Responsibility

Develop a comprehensive system of promoting and encouraging breastfeeding at national level.	Proportion of exclusively breastfed children aged 0–5 months	Number of exclusively breastfed children aged 0–5 years in the total number of children of that age	Socioeconomic status, municipality and city	CIPH	–	50%	Yearly	CIPH
Provide free and nutritionally balanced school meals for the most vulnerable groups of primary and secondary school children	(1) Proportion of primary school children covered by the free school meals programme	(1) Number of children included in the free school meals programme at a specific point in time divided by the population of school-age children	(1) grade, municipality and city	(1) <i>Školskie Rudnik (ŠeR)</i>	–	100%	Yearly	(1) MSE
	(2) Number of schools involved in providing free school meals	(2) Number of schools providing free school meals in relation to the total number of schools in the RC	(2) grade, municipality and city	(2) <i>Školskie Rudnik (ŠeR)</i>	–	100%	Yearly	(2) MSE
	(3) Proportion of secondary school children receiving GMB who exercise the right to subsidised school meals	(3) Proportion of secondary school children receiving GMB included in the subsidized school meals programme in the total number of secondary school children receiving GMB	(3) municipality and city	(3) <i>SocSkrb applicati on</i>	0%	100%	Yearly	(3) MLPSFSP
Ensure access to a regular and nutritionally balanced diet for	Proportion of children receiving GMB who exercise the right to an additional	Number of children receiving GMB and additional allowance or food	Age of children, municipality and city	<i>SocSkrb Applicati on</i>	–	100%	Yearly	MLPSFSP

children from families with lower socioeconomic status	allowance or food 'vouchers'/packages	"vouchers"/packages in the total number of children receiving GMB
---	---------------------------------------	---

Appendix 5: Summary of objectives and indicators related to the area of health

Area-wide outcome indicators	Indicator	Definition	Broken down by	Source	Baseline	2030 target	Collection frequency	Responsibility
Area-wide indicators								
General level of children's health	Proportion of children aged up to 16 years whose health is rated poor or very poor by parents/carers or children themselves	Number of children aged 0–15 whose state of health is rated poor or very poor by parents/carers or the children themselves (depending on age) divided by the total number of children 0–15 in the population	Age group (0–4; 5–9; 10–15)	EU-SILC	HR: 0.9%; EU27: 0.8% (2017)	0%	Yearly	Eurostat, CBS
Limited participation in activities	Proportion of children aged up to 16 years whose participation in activities is limited due to health problems	Number of children aged 0–15 whose participation in activities is limited due to health status divided by the total number of children 0–15 in the population	Age group (0–4; 5–9; 10–15); income level (below and above 60% of median household income)	EU-SILC	HR: 0.8%; EU27: 0.8% (2017)	0%	Yearly	Eurostat, CBS
Unmet medical needs	Proportion of children aged up to 16 whose medical needs for examination or treatment were not met in the past year	Number of children aged 0–15 whose medical needs for examination or treatment were not met in the past year divided by the total number of children 0–15 in the population	According to the degree of urbanization, the amount of income and the form of care (medical or dental)	EU-SILC	Medical examinations and treatments: HR: 0.4%; EU27: 1.6% (2017) Dental examinations and treatments: HR: 0.4%; EU27: 2.6%	0% for both indicators	Yearly	Eurostat, CBS
Vaccination of children	Proportion of children up to 2 years of age who	Number of children aged up to 2 who have received vaccines under the	Age group of children up to 2 years (received all	CIPH	1. Diphtheria, tetanus,	Above 95%	Yearly	CIPH

	have received vaccines under the Compulsory Vaccination Programme for Children up to the Age of 2 (1. Diphtheria, tetanus, pertussis, 2. Measles, 3. Hepatitis B)	Compulsory Vaccination Programme for Children up to the Age of 2	doses under the Compulsory Vaccination Programme)		pertussis HR: 93%; EU: 94% 2.Measles HR: 93%; EU: 94% 3.Hepatitis B HR: 93%; EU: 93% (2018)			
Infant mortality rate	Rate of children who died before the first year of life	Number of infant deaths per 1,000 live births.	Age group 0 –1	EU-SILC	HR: 4/1000 EU27: 3.4/1000 (2019)	2.8/1000	Yearly	Eurostat, CBS CIPH

Public policy objective	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Ensuring the availability of health services to children at risk of poverty and social exclusion	(1) Number of children 0–5 years with developmental delay or disabilities	(1) N/A	(1) Age group (0–5), gender; type and kind of developmental delay; city/county; socioeconomic status	(1) MH, CIPH, CHIF	(1) –	(1) –	(1) Continuous monitoring	(1) CIPH
	(2) Number of children (0–7 years) in early intervention programmes within the health system	(2) N/A	(2) Age group (0–7); gender, type and kind of developmental delay, city/county; socioeconomic status	(2) MH, CIPH, CHIF	(2) –	(2) –	(2) Yearly	(2) MH
	(3) Proportion of children 0–7 who	(3) Number of children up to 7 years of age who receive	(3) Age, gender, county,	(3) MH, CIPH, CHIF	(3) –	(3) 100%	(3) Yearly	(3) CIPH

have paediatric care (healthcare is provided in paediatric clinics)	healthcare in paediatric clinics divided by the total number of children up to 7 years of age	socioeconomic status					
(4) Number of mobile primary and preventive healthcare teams for children living in poorly developed and isolated areas	(4) N/A	(4) N/A	(4) MH, CIPH, CHIF	(4) –	(4) To be set based on previous analysis	(4) Yearly	(4) MH
(5) Total and average number of children per mobile primary and preventive healthcare team for children living in poorly developed and isolated areas	(5) Average number of children: total number of children using mobile team services divided by the total number of mobile teams	(5) County, beneficiaries belonging to one of the groups of children at risk, age, gender, type of diagnosis	MH, CIPH, CHIF	(5) –	(5) To be set based on previous analysis	(5) Yearly	(5) MH
(6) Average length of waiting for specialist examinations and medical rehabilitation for children	(6) Total number of days/months spent by children waiting for specialist examinations and rehabilitation, divided by the total number of children using specialist examinations and medical rehabilitation	(6) County, type of service, children with DD	(6) MH	(6) There are no data on the average waiting time for specialist examinations at national level, but at county level	(6) 30 days	(6) Yearly	(6) MH
(7) Number and average amount of allowances	(7) Total amount of allowances disbursed for transport to health services	(7) Type of vulnerable group: children from	(7) CHIF; MH	(7) N/A	(7) N/A	(7) Yearly	(7) MH, CHIF

	disbursed for the transport to health services for the treatment or rehabilitation of children	for the treatment or rehabilitation of children divided by the number of disbursements	families receiving GMB, children with developmental delay, children under international protection					
	(8) Number and average duration of reproductive health training sessions carried out	(8) Total duration of reproductive health training sessions carried out in days divided by the total number of training sessions carried out	(8) N/A	(8) CIPH	(8) N/A	(8) N/A	(8) Yearly	(8) CIPH
	(9) Total and average number of beneficiaries of reproductive health training sessions	(9) Total number of beneficiaries of reproductive health training sessions divided by the number of training sessions carried out	(9) Age and sex of beneficiaries, socioeconomic status, RNM affiliation	(9) CIPH	(9) N/A	(9) N/A	(9) Yearly	(9) CIPH
Provide mental health support for children at risk	(1) Number of developed mental health prevention and protection programmes for children at risk; number of children included in programmes	(1) N/A	(1) Age and sex of beneficiaries, socioeconomic status	(1) CIPH	(1) N/A	(1) N/A	(1) Yearly	(1) CIPH
	(2) Number of mobile mental health support teams for children living in remote	(2) N/A	(2) N/A	(2) MH	(2) 0	(2) Target value can be set only after a more detailed analysis of the needs.	(2) Yearly	(2) MH

(rural) areas and islands							
(3) Total and average number of children per mobile mental health support team	(3) Average number of children: total number of children using mobile team services divided by the total number of mobile teams	(3) County, beneficiaries belonging to one of the groups of children at risk, age, sex, type of diagnosis	(3) MH, CIPH	(3) –	(3) The target value can be set only after a more detailed analysis of the needs.	(3) Yearly	(3) MH
(4) Proportion of county hospital centres with children's psychiatric services	(4) Number of county hospital centres with children's psychiatric services divided by the total number of county hospital centres	(4) N/A	(4) MH	(4) –	(4) 100%	(4) Yearly	(4) MH
(5) Proportion of children aged 7–18 who have undergone screening aimed at early detection of mental health problems	(5) Number of children aged 7–18 years who have undergone screening aimed at early detection of mental health problems divided by the total population of children aged 7–18	(5) Socioeconomic status, belonging to a particular vulnerable group, age, sex	(5) MH, CIPH	(5) –	(5) The target value can be set only after the baseline has been defined	(5) Yearly	(5) MH, CIPH
(6) Number and average duration of training sessions carried out for healthcare professionals and professional associates on integrative access to health services for children	(6) Sum of hours of training sessions on integrative health services for children divided by the total number of training sessions carried out	(6) N/A	(6) MH, CIPH	(6) N/A	(6) N/A	(6) Yearly	(6) MH, CIPH

(7) Total and average number of participants in the training sessions on integrative access to health services for children	(7) Total number of participants in training sessions divided by the number of training sessions carried out	(7) Participant profile (doctors, nurses/technicians, other employees)	(7) MH, CIPH	(7) N/A	(7) N/A	(7) Yearly	(7) MH, CIPH
(8) Number and average duration of training sessions carried out in the field of protection of children's mental health	(8) Sum of the hours of training sessions carried out divided by the total number of training sessions carried out	(8) N/A	(8) MH, CIPH	(8) N/A	(8) N/A	(8) Yearly	(8) MH, CIPH
(9) Total and average number of participants in the training sessions in the field of mental health protection of children	(9) Total number of participants in training sessions divided by the number of training sessions carried out	(9) Participant profile (doctors, nurses/technicians, other experts)	(9) MH, CIPH	(9) N/A	(9) N/A	(9) Yearly	(9) MH, CIPH

Appendix 6: Summary of objectives and indicators related to the area of housing

Area-wide outcome indicators	Indicator	Definition	Broken down by	Source	Baseline	2030 target	Collection frequency	Responsibility
Area-wide indicators								
Children living in conditions of housing deprivation (in general)	Proportion of children living in housing deprivation conditions	A composite indicator that includes a greater number of indicators of housing deprivation, such as economic strain, the state of durables, the state of the housing unit and the surroundings in which persons live. Total number of children living in conditions of housing deprivation divided by the total population of children.	Socioeconomic status (risk of poverty)	EU SILC	In 2019, 19.8% of children at risk of poverty (8.1% general population of children; 5.7% children not at risk of poverty), EU-27: 14.0% of children at risk of poverty (6% general population of children; 4.3% children not at risk of poverty)	5.7%	Yearly	Eurostat, CBS
The possibility of keeping the home warm	Proportion of households with dependent children at risk of poverty who cannot keep homes adequately warm	Number of households with dependent children at risk of poverty who estimate that they cannot keep their home appropriately warm divided by the total number of households with dependent children	By social status (below and over 60% of the median total household income) and household type (households with dependent children; single-parent families)	EU SILC	12.4% in 2020, EU-27: 20.6%	3%	Yearly	Eurostat, CBS

Children living in households that are unable to carry out the necessary repairs/adaptations	Proportion of children aged 0 to 17 living in flats with a leaking roof, damp walls, floors or foundation, or rot in window frames or floors	Number of children 0–17 exposed to one or more of these risks divided by the total population of the said age cohort	By age group (0–5; 6–11; 12–17; 0–17); by socioeconomic status	EU SILC	8.1% in 2020, EU-27: 13.7 (2019)	4.5 %	Yearly	Eurostat, CBS
Children facing difficulties in maintaining regular hygiene	Proportion of children aged 0 to 17 living in flats without a bathtub or shower	Number of children 0–17 living in flats without a bathtub and/or shower divided by the total population of the said age cohort	By age group (0–5; 6–11; 12–17; 0–17); by socioeconomic status	EU SILC	0.3% in 2020, EU-27: 1.9% (2019)	0%	Yearly	Eurostat, CBS
Children who do not have adequate access to sanitary facilities	Proportion of children aged 0 to 17 who do not have access to a flushing toilet as part of their place of residence	Number of children 0–17 living in flats that do not have a mechanical toilet divided by the total population of the said age cohort	By age group (0–5; 6–11; 12–17; 0–17); by socioeconomic status	EU SILC	0.8% in 2020, EU-27: 2% (2019)	0%	Yearly	Eurostat, CBS
Children living in insufficiently lit flats	Proportion of children aged 0 to 17 who rate their flats too dark/insufficiently lit	Number of children 0–17 living in flats that are rated too dark/insufficiently lit divided by the total population of the said age cohort	By age group (0–5; 6–11; 12–17; 0–17); by socioeconomic status	EU SILC	3.6% in 2020, EU-27: 4.9% (2019)	2.2%	Yearly	Eurostat, CBS
Children living in overcrowded housing	Proportion of children aged 0–17 years living in overcrowded conditions	Number of children 0–17 living in overcrowded conditions divided by the total population of the said age cohort	By age group (0–5; 6–11; 12–17; 0–17); by gender; by social status (below and over 60% of the median total	EU SILC	61.7% in 2020, EU-27: 41.7%	44%	Yearly	Eurostat, CBS

Public policy objective	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Ensure adequate housing for families with children at risk of poverty	Proportion of families with children receiving GMB who also receive housing allowance	Number of families with children 0–17 receiving GMB and the minimum housing allowance divided by the total number of families with children aged 0–17 receiving GMB	Municipality and city, number of children in the family, single-parent status, age of children (0–5; 6–11; 12–17; 0–17), sex of children	<i>SocSkrb</i> Application	–	100%	Yearly	MLPSFSP
	Number of single-parent families with lower income status receiving minimum allowance for subletting costs	N/A	Municipality and city; number of children in the family, age of children (0–5; 6–11; 12–17; 0–17), sex of children	Administrative data collected by LSGU based on social programmes, to be included in the <i>SocSkrb</i> application	–	Cannot be determined without prior analysis of the status	Yearly	MLPSFSP, LSGU
	The number of families with three or more children with lower income status receiving minimum allowance for subletting costs	N/A	Municipality and city, age (0–5; 6–11; 12–17; 0–17), sex of children	Administrative data collected by LSGU based on social programmes, to be included in the <i>SocSkrb</i> application	–	Cannot be determined without prior analysis of the status	Yearly	MLPSFSP, LSGU
				Administrative data of the	–		Yearly	

	Number of households and housing units with children (0–17) which are beneficiaries of activities aimed at improving living conditions, broken down by the number and age of children and activity/assistance model	Number of households with children (0–18) that are beneficiaries of each of the activities aimed at improving living conditions in the total number of families benefiting from these activities of the Central State Office for Reconstruction and Housing Care	Municipality and city, number of children in the household, single-parent status, age of children (0–5; 6–11; 12–17; 0–17), sex of children, activity/assistance model	Central State Office for Reconstruction and Housing Care				Central State Office for Reconstruction and Housing Care
	Number of households and housing units with children (0–18) who are beneficiaries of schemes aimed at alleviating energy poverty	Number of households and housing units with children (0–18) beneficiaries of schemes aimed at alleviating energy poverty in the total number of beneficiaries of programmes aimed at alleviating energy poverty	Municipality and city, the number of children in the household, single-parent status, age of children (0–5; 6–11; 12–17; 0–17), sex of children, activity/assistance model	Administrative data of the Ministry of Physical Planning, Construction and State Assets		Yearly		Ministry of Physical Planning, Construction and State Assets
Ensure access to adequate housing for young people coming out of care	Average length of stay in care (including temporary/transitional accommodation)	Total number of months children aged 0–18 spent in care divided by the number of children 0–18 in care	County, age, sex, developmental delay, migrant status, type of social service	<i>SocSkrb</i> application	–	Yearly	Cannot be determined without prior analysis of the status	MLPSFSP

for children aged
0–18 years

Proportion of children (16–18) and young people (18–26) using organized housing with occasional support compared to the total number of children and young people (16–26) in care	Proportion of children (16–18) and young people (18–26) using organized housing with occasional support compared to the total number of children and young people (16–26) in care	County, age, sex, developmental delay, migrant status	<i>SocSkrb</i> Application	It is impossible to determine the baseline due to different age groups in the current statistics, but the proportion is approximately 4–5%, while the number of children beneficiaries of organized housing with occasional support was in 2020: 12 children (16–18), and 45 young people (19 to 26) (MLFSP, 2020).	20%	Yearly	MLPSFSP
Proportion of children/young people receiving housing allowance after leaving care	Number of children/young people receiving housing allowance after leaving care at a specific point in time divided by the population of children coming out of care	age, sex, type and kind of risk, municipality/city/county, SWC of the child	MLPSFSP <i>SocSkrb</i> application	Determine the baseline and define, but according to the last data collected of 2017, 253 children came out of care (MLFSP)		Yearly	MLPSFSP

Number of young people coming out of care and receiving the minimum housing allowance	N/A	Municipality and city, age, sex, socioeconomic family status, migrant status	Administrative data collected by LSGU, to be included in the <i>SocSkrb</i> application	-	Cannot be determined without prior analysis of the status	Yearly	MLPSFSP, LSGU
---	-----	--	---	---	---	--------	---------------

Appendix 7: Summary of objectives and indicators related to SSC

Specific objective	Indicator	Definition	Broken down by	Source	Baseline	Target value 2030	Collection frequency	Responsibility
Ensure universal access to basic social and other services for children in the area of education	(1) Proportion of children covered by the extended stay service in primary school for children from grades 1 to 4	(1) Number of children using the extended stay service in primary school from grades 1 to 4 at a specific point in time divided by the population of children from grades 1 to 4 attending primary school	(1) grade 1 – 4 primary school, school, socioeconomic status (according to the criteria: GMB, child allowance), municipality/city/county	<i>ŠkolskieRudnik (ŠeR)</i>	Determine baseline and define	100%	Yearly	MSE
	(2) Proportion of children involved in extracurricular activities	(2) Number of children involved in extracurricular activities in primary school or secondary school at a specific point in time divided by the population of children attending primary school/secondary school	(2) grade, school, number of extracurricular activities per child, type of extracurricular activities programme, socioeconomic status (according to criteria: GMB, child allowance, free school meals), children with developmental delay, children of the Roma	<i>ŠkolskieRudnik (ŠeR)</i>	Determine baseline and define	100%	Yearly	MSE

				national minority, municipality/city/co unity				
Develop a comprehensive and integrated system of social and other services (universal, selective, indicated) in the family and community according to the needs of children at risk and their families	(1)	(1) N/A	(1) age, sex, type and kind of risk, municipality/city/county	CIPH	Determine baseline and define	50% of children aged 0–5 at risk of developmental delay	Yearly	MH, MSE, MLPSFSP
	(2) Proportion of children of the Roma national minority who were involved in services (programmes) aimed at prevention of	(2) Number of children of the Roma national minority included in preventive programmes aimed at prevention of teenage pregnancy divided by the total number of	(2) age group (7th grade of primary school; 1st grade of secondary school), sex, school, municipality/city/county	OHRNM, MSE – <i>Školskie Rudnik (ŠeR)</i> , MLPSFSP <i>SocSkrb</i> application	Determine baseline and define	100%	Yearly	OHRNM, MSE, MLPSFSP

teenage pregnancy	the population of children of the Roma national minority at the age for which the programme is intended (7th grade of primary school and 1st grade of secondary school)						
(3) Proportion of children of the Roma national minority included in the system of education and care	(3) Number of children of the Roma national minority included in the system of education and care divided by the number of children of the Roma national minority in the RC according to the age obtained by the census	(3) education and care – ECEC, primary school, secondary school; sex; age; municipality/city/county	OHRRNM, MSE <i>e-vrtiči</i> and <i>ŠeR</i> applications and CBS census of 2021 (estimate)	ECEC – 13–17.7% of RNM children included; PS – 95% of RNM children included; SS – 31% of RNM children included (according to Kunac et al. 2018)	ECEC age group of children (3–6) 54%; PS – 100%; SS – 60%	Yearly	OHRRNM, MSE, CBS

(4) Proportion of children of the Roma national minority who dropped out of primary and secondary school	(4) Number of children of the Roma national minority included in the primary and secondary education system who dropped out of school in relation to the number of children of the Roma national minority included in the primary and secondary education system; number of RNM children divided by the total number of	(4) sex, age, grade, school, municipality/city/county	OHRRNM, MSE – <i>ŠeR</i> application	At the age of 16–24, 63.3% of the NEET population of RNM (NRIP, 2020)	38%	Yearly	OHRRNM, MSE
--	---	---	--------------------------------------	---	-----	--------	-------------

		children who dropped out of primary and secondary education				
(5) Ratio of professionals providing social services for children at risk in SWC, family centre and contracted service providers and the number of beneficiaries with whom they work	(5) Number of beneficiaries per single social worker; number of beneficiaries per professional team in SWC, family centre or contracted service provider	(5) Type of service provider (SWC, family centre, social welfare institution, community service centre); municipality/city/county	administrative data collected by MLPSFSP – SocSkrb application	Determine baseline and define	Yearly	MLPSFSP
(6) Number of evaluated and positively assessed SSC programmes for children at risk over the course of 3 years, financially supported or contracted by MLPSFSP	(6) Number of SSC programmes evaluated in relation to the number of SSC programmes implemented and approved by the competent authority		administrative data MLPSFSP; records of the monitoring of programmes contracted by MLPSFSP		Yearly	MLPSFSP

(7) Satisfaction of beneficiaries (children at risk, parents) with social services based on the records of the evaluation of customer satisfaction with social services in the social welfare system	(7) A developed list of evaluation of the processes and outcomes of SSC programmes adjusted to the age and type of SSC for children at risk	(7) age, sex, type of beneficiary risk, municipality/city/country	MLPSFSP (SWC, family centre, social welfare institutions, community service centres and other service providers)			Minimum once a year	MLPSFSP (SWC, family centre, social welfare institutions, community service centres and other service providers)
(8) Proportion of children whose parents are in a prison that has access to services provided under the developed comprehensive support model	(8) Number of children whose parents are in prison and who receive social services with comprehensive support, divided by the total number of children whose parents are in prison at a certain point in time	(8) sex, type of service	(8) social welfare centres, penal institutions, MJA, MLPSFSP (define competences)	(8) /	(8) 100%	(8) Minimum once a year	(8) MJA and MLPSFSP
(9) Proportion of children in conflict with the law (minors undergoing the enforcement of a correctional	(9) Number of minors undergoing the	(9) sex	(9) correctional homes and penal institutions for minors, social	(9) /	(9) 100%	(9) Minimum once a year	(9) MJA and MLPSFSP

<p>measure and juvenile imprisonment) included in the processes of designing, proposing and enforcing a correctional measure</p>	<p>enforcement of a correctional measure and juvenile imprisonment included in the processes of designing, proposing and enforcing a correctional measure divided by the total number of minors undergoing the enforcement of a correctional measure and/or juvenile imprisonment at a certain point in time</p>		<p>welfare centres, MJA, MLPSFSP</p>				
<p>(10) Proportion of families whose children have been separated from them due to the enforcement of a correctional measure and juvenile imprisonment involved in professional work programmes</p>	<p>(10) Number of families whose children have been separated from them due to the enforcement of a correctional measure and juvenile imprisonment included in professional work programmes divided by the</p>	<p>(10) sex</p>	<p>10) correctional homes and penal institutions for minors, social welfare centres, MJA, MLPSFSP</p>	<p>(10) /</p>	<p>(10) 100%</p>	<p>(10) Minimum once a year</p>	<p>(10) MJA and MLPSFSP</p>

		total number of families whose children have been separated from them due to the enforcement of a correctional measure and juvenile imprisonment at a certain point in time	11) N/A	11) MLPSFSP, MJA, MSE, MH	11) /	11) 90% of existing services improved on the basis of evaluation recommendations	11) Minimum once a year	11) MLPSFSP
	11) Number of existing social services for children in conflict with the law that have been systematically evaluated and qualitatively improved in accordance with the recommendations; number of newly developed social services based on recommendations	11) N/A						

Expand the network of foster care in the RC by providing a	(1) Number of children in foster care	(1) age, sex, type and kind of risk (DD, BD, child of parent who has been deprived of parental care,	MLPSFSP <i>SocSkrb</i> application	2,214 (2020)	Identify based on identified needs	Yearly	MLPSFSP
---	---------------------------------------	--	------------------------------------	--------------	------------------------------------	--------	---------

<p>spatially evenly distributed network and provide quality support to foster parents in childcare</p>		<p>etc.), municipality/city/county</p>						
	<p>(2) Number of children in residential care (accommodation with a service provider and organized housing with comprehensive support)</p>	<p>Guidelines for alternative childcare</p>	<p>(2) age, sex, type and kind of risk, municipality/city/county</p>	<p>MLPSFSP <i>SocSkrb</i> application</p>	<p>1,260 (2020)</p>	<p>1,060</p>	<p>Yearly</p>	<p>MLPSFSP</p>
	<p>(3) Proportion of children in residential care (accommodation with service providers and organized housing with comprehensive support) per 100,000 children</p>	<p>(3) Number of children in residential care divided by 100,000 children</p>	<p>(3) age, sex, type and kind of risk, municipality/city/county</p>	<p>MLPSFSP <i>SocSkrb</i> application</p>	<p>180 (2020)</p>	<p>152</p>	<p>Yearly</p>	<p>MLPSFSP</p>
	<p>(4) Proportion of children in family care (foster care and organized</p>	<p>(4) Number of children in family care (foster care and organized</p>	<p>(4) age, sex, type and kind of risk, municipality/city/county</p>	<p>MLPSFSP <i>SocSkrb</i></p>	<p>63.5%</p>	<p>70</p>	<p>Yearly</p>	<p>MLPSFSP</p>

	housing with occasional support) in the total number of children in all forms of formal alternative care	housing with occasional support) divided by the total number of children in all forms of formal alternative care		applicatio n				
	(5) Ratio of the number of children in care to foster parents	(5) Number of children in care divided by the number of foster parents	(5) Municipality/City/County	MLPSFSP	3,487 children in care (2020); 1,319 foster parents (March 2019; Vejmelka 2021.a) – ratio 2.64:1	2:1 (two children to one foster parent)	Yearly	MLPSFSP
	6) Ratio of new foster parents to the number of foster parents who have ceased foster care	6) Number of foster parents who have acquired such status in the current year divided by the number of foster parents who have ceased foster care in the current year	6) municipality/city/county	MLPSFSP	Determine baseline	1.5:1	Yearly	MLPSFSP
Improve existing and develop new social	(1) Proportion of children coming out of care using a social mentoring service	(1) Number of children using the social mentoring service when leaving care at a specific point in	(1) age, sex, type and kind of risk, municipality/city/county, SWC of the child	MLPSFSP <i>SocSkrb</i> applicatio n	Determine baseline and define	100%	Yearly	MLPSFSP

support services for children coming out of care		time divided by the population of children coming out of care						
	(2) Proportion of children and young people in care aged 16–26 using the organized housing service with occasional support	(2) Number of children (16–18) and young people (18–26) using the organized housing service with occasional support and at a specific point in time divided by the population of children in care (16–26)	(2) age, sex, type and kind of risk, municipality/city/county, SWC of the child	MLPSFSP <i>SocSkrb</i> application	4–5%	30%	Yearly	MLPSFSP
	(3) Proportion of children from care ending up homeless	(3) Number of children in care ending up homeless at a specific point in time divided by the population of children coming out of care	(3) age, sex, type and kind of risk, municipality/city/county, SWC of the child	MLPSFSP <i>SocSkrb</i> application and service providers for the homeless	Determine baseline and define			Yearly
(4) Proportion of children in	(4) Number of minors who	(4) sex		/		100%	Yearly	MJA and MLPSFSP

<p>conflict with the law (minors undergoing a correctional measure juvenile imprisonment) who, after the enforcement of a correctional measure or juvenile imprisonment, are assigned a social mentor</p>	<p>underwent the enforcement of a correctional measure or juvenile imprisonment and who were assigned a social mentor divided by the total number of minors who underwent a correctional measure or juvenile imprisonment</p>	<p>correctional homes and penal institutions for minors, social welfare centres, MJA, MLPSFSP</p>
---	---	---

Improving systems for collecting and monitoring indicators of material and social deprivation of children at risk	(1) Proportion of children 0–17 years of age living at risk of poverty and social exclusion	(1) Total number of children living in poverty and social exclusion divided by the total population of children	(1) age, sex	CBS EU-SILC	20.7% in 2019		CBS Eurostat
	(2) Severe material deprivation for	(2) A composite indicator including indicators of	(2) by age group (0–5, 1–15, 6–11, 12–15), sex	EU-SILC	22.1% in 2014;	15%	Ad-hoc module EU-SILC Eurostat

children 0–15
years of age

economic
deprivation,
possession of
durable goods,
housing deprivation
and housing
surroundings.

EU27:
23.3%

Total number of
children living in
conditions of
severe material
deprivation divided
by the total
population of
children

(3) Data from the
basic study on
child poverty in
the RC

N/A

MLPSFSP

MLPSFSP

© UNICEF, 2022 The information and views set out in this publication are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

The material in this report was commissioned by UNICEF ECARO in collaboration with the Croatian National Committee for UNICEF. UNICEF accepts no responsibility for errors. The findings, interpretations, opinions and views expressed in this publication are those of the authors and do not necessarily reflect the policies or views of UNICEF.