



Basis for the European Child Guarantee National Action Plan in Croatia

Policy Brief



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

Photos: Danijel Soldo/UNICEF

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1. Introduction

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 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.

In order to support the highest quality implementation of the ECG in Croatia and the development of an appropriate National Action Plan for the Implementation of the European Child Guarantee, the UNICEF Country Office for Croatia, with the expert support of MAP Savjetovanja d.o.o., conducted a deep-dive analysis 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) healthcare; and v) housing. Additional discussion is devoted to vi) social services in the community (hereinafter: SSC), aimed at children at risk of poverty and social exclusion. This informative policy brief summarises the most important findings and, more extensively, the proposed objectives and recommendations arising from the analysis. The six areas are covered in one chapter each, which begins with a short contextual introduction, followed by the identification of groups of children at risk who face the most significant barriers to the use of the associated services. The chapters end with an overview of the objectives, recommendations and expected public policy achievements.

Achieving the proposed objectives (and applying the proposed recommendations) by 2030 should contribute to reducing the number of children living at risk of poverty and social exclusion for children 0-17 years (20.7% in 2019) and the number of children living in conditions of severe material deprivation for children 0-15 years (22.1% in 2014, while the EU-27 average is 23.3%) according to Eurostat data.

It is worth noting that this brief serves primarily to inform readers about the key public policy implications of the deep-dive analysis. Consequently, it does not provide an overview of the methodology or detailed clarifications of key findings, the proposed objectives and recommendations. To understand the whole of the analytical procedures, readers are referred to the full report “Deep-dive Analysis of the Situation and Basis for the Development of the National Action Plan for the Implementation of the European Child Guarantee in Croatia”.



2. Access to early childhood education and care

The system of early childhood education and care (hereinafter: ECEC) in the Republic of Croatia is an integral and fundamental part of the educational system, which children are not obliged to attend. The only exception is a short pre-school programme, which is compulsory and organized for 150-250 hours in the year prior to enrolment in primary school (age 5 or 6 years), which means that in practice the programme is mostly implemented for a minimum duration that is insufficient for vulnerable groups of children. The ECEC system is wholly decentralized, which means that the responsibility for financing and providing regular ECEC programmes lies almost exclusively with municipalities/cities. At the central (national) level, pedagogical standards are set, guidance is given, and specialists are accredited, and the implementation of pre-school programmes is monitored. Territorial fragmentation (556 municipalities in the Republic of Croatia), together with the 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 in order to help them balance their family and professional lives and to revitalize rural environments, rather than assisting families at risk of poverty and social exclusion.

The analysis suggests that the following groups of children at risk **face the biggest barriers in accessing ECEC services** in Croatia:

1) Children of unemployed parents or one unemployed parent - 38.1% of children 0-14 in households with at least one adult not working, 7.7% in non-working households according to 2018 data (OECD, 2021)

- Insufficient places in kindergartens
- Insufficient numbers of educators
- Enrolment criteria generally give priority to the employment criterion
- Problems of affordability — high levels of parental contributions to the cost of the programme; in many areas they are not the group to whom greater subsidies are provided
- Insufficient awareness of the benefits of the ECEC programme
- Resistance of individual educators to the participation of children of unemployed parents

2) Children at risk of poverty - 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under 18 according to 2020 data (Eurostat 2021a)

- Insufficient places in kindergartens
- Insufficient numbers of educators
- Locally defined enrolment criteria often do not see children at risk of poverty as a priority group
- Problems of affordability — high levels of parental contributions to the cost of the programme; in many areas they are not the group to whom greater subsidies are provided

3) Children of the Roma national minority - 12,920 children under 16 according to 2018 data (Kunac et al., 2018)

- Insufficient places in kindergartens
- Insufficient kindergartens near Roma settlements
- Insufficient education of experts in kindergartens on the topic of diversity and social justice and the Roma language
- Lack of culturally relevant programmes (programmes in the Roma language, etc.)
- Absence of a 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 transport to kindergartens

4) Children in rural (and underdeveloped) areas - 8.8% of the population in rural areas at risk of poverty compared to 4.2% in towns and cities according to 2020 data; data for children not available (Eurostat, 2021b). Insufficient places in kindergartens (more noticeable in children at risk, e.g. children of unemployed parents, children with disabilities).

- Shorter duration of compulsory early childhood education programme
- Locally defined enrolment criteria often give less preference to children at risk or to children from rural areas

- Locally defined subsidies are less likely to provide higher subsidies to children at risk
- Limited access to kindergartens (transport)
- A more noticeable lack of professional staff

5) Children with developmental disabilities - 8.2% of children with disabilities/developmental disabilities in the total population of children 0-19, that is, a total of 64,063 children on 9 September 2021 (Croatian Institute for Public Health, 2021)

- Inability to enrol in a kindergarten close to home
- Inability to receive support in the form of assistants
- Insufficient readiness of kindergartens to include children with developmental disabilities (e.g. due to an insufficient number of specialist staff/funding, lack of willingness/preparedness to work with children with developmental disabilities, including non-stigmatizing practices)
- Lack of personnel necessary to work with children with developmental disabilities
- Lack of a legal framework for assistants for children with developmental disabilities in kindergartens
- Insufficient linking of the kindergarten service with the early intervention service
- Inability to include children whose parent has the status of parent-carer in the programme for more than 4 hours.

Based on the needs analysis, **the following public policy objectives and recommendations are proposed** for ECEC:

OBJECTIVE 1: By 2030, ensure the right of access to quality ECEC for every child in Croatia from the age of 3, 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

- 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 by the Act on Early Childhood Education and Care)
- Introduce two-year long compulsory pre-school (proposal to be carried-out over 3 hours a day for 38 weeks) (MSE, to be regulated by the Act on Early Childhood Education and Care)
- Invest in infrastructural 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, Central State Office for Demography and Youth, hereinafter: CSODY, Ministry of Regional Development and European Union Funds, hereinafter: MRDEUF)
- Adapt the legal framework so that the network of existing primary schools or other facilities can be more adequately used for launching new ECEC programmes, 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 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 and legal status, as well as the material rights of assistants, communication intermediaries and Roma assistants through amendments to the Act on ECEC by the end of 2022 (MSE, to be regulated by the Act on Early Childhood Education and Care)

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

- Develop a unified methodology for calculating subsidies of the ECEC programme, which will take into account the socioeconomic status of the family, the distance of the kindergartens from the place of residence and prescribe the share in the cost of the programme covered by parental contributions (MSE, local self-government units, hereinafter: LSGU, to be regulated by the Act on Early Childhood Education and Care)
- As envisaged by the National Recovery and Resilience Plan, carry out additional analysis of the network of access to and need for kindergartens and develop and implement an infrastructural investment plan to ensure the availability of ECEC services in close proximity to the child's home (MSE, CSODY, MRDEUF)
- Develop staffing and financial support models for those LSGUs where ECEC child coverage is below 60% (Ministry of Finance, hereinafter: MF, MSE)
- Based on the analysis and expert public consultation, establish a mechanism to ensure that each LSGU adequately invests in the functioning of ECEC (MF, MSE, Association of Cities, the Croatian Union of Municipalities)

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 kindergartens

- 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 work methods to the specific needs of children with developmental disabilities (MSE)
- Enhance the HR structure of kindergartens attended by a higher 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, Education and Teacher Training Agency, hereinafter: 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)

- Monitor data on kindergarten children whose parents are beneficiaries of the guaranteed minimum benefit through social welfare programmes (SocSkrb application) (Ministry of Labour and Pension System, Family and Social Policy, hereinafter: MLPSFSP)
- Continuously monitor the reasons why children from the age of 3 are not in the ECEC system, establishing framework categories of access barriers (financial reasons, distance, lack of vacancy in kindergartens, parents do not want to enrol their child, kindergartens postpone enrolment because the child has developmental difficulties, linguistic barriers, digital barriers — the parent does not have access to e-enrolment)
- Develop a research strategy and conduct continuous research in the field of ECEC to improve the quality and access to services for children at risk (e.g., to assess the needs and barriers to accessing ECEC programmes for individual groups of children such as children in alternative care or migrants, applicants for international protection and asylum seekers; assess the need to organize services that operate in appropriate working hours and provide the necessary capacities in each area; 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)
- Conduct direct activities in the field with the aim of raising awareness among parents about the importance of attending pre-school programmes (MSE in cooperation with kindergartens, associations, and universities)
- Implement public awareness programmes on the importance of investing in ECEC (targeting decision-makers at the local level) and the participation of children in ECEC programmes (with particular emphasis on rural areas and other physically and culturally isolated communities)
- Develop integrated services leading to more efficient services (e.g., attending a kindergarten may be part of an intervention geared to such families where there is a risk of them being referred to institutional care; parenting support programmes; stronger integration of early intervention services and services provided by kindergartens) (MSE in cooperation with MLPSFSP and the Ministry of Health, hereinafter: MH)

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, 2021c).



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, Art. 26; Government of the Republic of Croatia, 2009). The Convention on the Rights of the Child (1990) emphasizes the right of every child to free and compulsory primary education and the equal availability of secondary education (Art. 28). In addition, in accordance with the Charter of Fundamental Rights of the European Union (CFR, 2012), everyone has the right to education and access to vocational and continuous training, including free compulsory education, and accordingly one of the principles defined by the European Pillar of Social Rights (EC, 2017) relates precisely to education. The Council of the EU (2021) in the Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021-2030) underlines the importance of ensuring equal opportunities and inclusive education, with particular attention to disadvantaged groups and investing in reskilling and upskilling.

Under the European Semester for 2019, as part of its recommendations, the Council of the EU (2019) states 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, 2021) does not specifically target children at risk in terms of education, it emphasizes the importance of establishing equal 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. It should be noted that education is recognized as one of the development priorities in the 2030 National Development Strategy of the Republic of Croatia (2021).

The analysis suggests that **access to quality education in Croatia is particularly hindered by the following categories of children at risk:**

1) Child beneficiaries of guaranteed minimum benefit (hereinafter: GMB) - 13,977 children from families who receive GMB on 31 December 2020 (MLPSFSP, 2021.a)

- They are not able to meet “hidden” costs related to education in primary and secondary school (equipment for physical education, money for school trips and graduation trips, visits to cultural and artistic institutions, equipment for practice in secondary vocational schools, school transport, computers, the internet, etc.)
- Unavailable or inaccessible extended stay at school
- Inability to choose the desired secondary school programme due to it being inaccessible or unaffordable (primarily, the cost of transportation to a location outside their place of residence), which especially refers to children from rural areas

2) Children of the Roma national minority - 12,920 children under 16 according to 2018 figures (Kunac et al., 2018)

- Lack of fluency in the Croatian language and lack of Roma assistants
- Unavailable or inaccessible extended stay at school
- Unavailable forms of support such as meals for children, psychological support or learning support
- Inability to afford computers and the internet
- Inability to meet “hidden” costs of education
- Reasons for not attending secondary school education: lack of money, earlier poor school results, marriage, pregnancy, and parenting
- An underdeveloped inclusive approach - significant numbers of segregated classes

3) Children with developmental disabilities - 8.2% of children with disabilities/developmental disabilities in the total population of children 0-19, that is, a total of 64,063 children on 9 September 2021 (Croatian Institute for Public Health, 2021)

- 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 numbers of teaching assistants — problem of inclusive education
- 4) Children with a migrant background - 2,522 children of illegal migrants; 942 children seeking international protection; 385 unaccompanied children - foreign nationals who are granted the right to temporary accommodation in crisis situations according to 2020 data (Ombudsperson for Children, 2021)
- Untimely inclusion in the education process
 - Schools do not receive sufficient systemic support to create an intercultural environment
 - Insufficient number of Croatian language lessons
 - Insufficient number of cultural mediators/teaching assistants
 - Insufficient number of teachers educated to work in an inclusive school environment
- 5) Children receiving child allowance - 268,436 children covered by the right to child allowance according to data from November 2021 (Croatian Pension Insurance Institute, 2021)
- Although there is no systematic research, it is reasonable to assume that the challenges are similar to those of children benefiting from GMB.

Based on the analysis in the field of education, **two public policy objectives with corresponding recommendations are proposed.**

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

- Conduct a comprehensive study modelled on the one carried out for the needs of ECEC (Dobrotić et al., 2018, UNICEF, 2020) to provide a detailed analysis (MSE supported by UNICEF)
- Provide other free educational materials for children at risk of poverty in the primary and secondary school system who come from families receiving child allowance, broken down for children from single-parent families and families with three or more children (MSE, MLPSFSP, CSODY)
- Provide free secondary school textbooks for children at risk of poverty who come from families receiving child allowance, broken down for children from single-parent families and families with three or more children (MSE, MLPSFSP, CSODY)
- Provide benefits to meet hidden education costs for children in primary and secondary school, such as art supplies, physical education equipment, 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 in secondary vocational schools, school transport, computers, etc., for children at risk of poverty (beneficiaries of GMB, child allowance, and broken down for single-parent families and families with three or more children) (MSE, MLPSFSP, CSODY)
- Develop within the MSE a set of indicators in the ŠeR application (Školski Rudnik), Vol. 4 related to the socioeconomic characteristics and the rights of children in the social welfare system to allow for 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 to children and parents so that they can be included in the education system (MLPSFSP, MH, MSE)

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

- Conduct professional training of teachers, professional associates, and principals with innovative and inclusive methodical approaches in live and online teaching (MSE, ETTA)
- Conduct professional training on promoting diversity and cooperation with parents of children with disabilities, parents of children of the Roma national minority and parents of children in poverty or at risk of poverty (MSE, ETTA, Office for Human Rights and Rights of National Minorities, hereinafter: OHRRNM)
- Conduct professional training of teachers, professional associates and principals on Roma culture and language and the needs of pupils with specific developmental disabilities (MSE, ETTA, OHRRNM)
- Develop, propose, and ensure the entry of occupational standards of a Roma assistant and an intercultural assistant in the CROQF Registry and ensure that both occupations are recognized in the Act on Primary and Secondary School Education (MSE, UNICEF)
- Invest additional human and material resources in schools that have segregated Roma classes in order for them to become substantively attractive for members of the majority population (MSE, OHRRNM)
- Encourage the inclusion of children of the Roma national minority, migrants, and children with developmental disabilities to participate in pupils' representative bodies, extracurricular activities, and other activities in the school environment (MSE)
- Promote positive and successful educational stories of pupils with developmental disabilities, pupils living in poverty, pupils with a migrant background and pupils of the Roma national minority (OHRRNM, CSO)
- Encourage the equipping of schools with innovative methodical and didactic tools for improving the learning of pupils with developmental disabilities and neurodiversity (MSE, Association of Cities, the Croatian Union of Municipalities, the Croatian County Association)

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

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



4. Access to healthy nutrition

Access to healthy 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 and which can have multiple benefits for the welfare of children, and especially children at risk, is access to nutritional meals for all children.

The analysis suggests that while 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, i.e., outside the educational environment. In addition, the system of elementary school nutrition itself faces a number of challenges. The lack of suitable support in the field of balanced nutrition and the system of organized primary school nutrition and the fact that secondary schools are not required to provide meals represents, in fact, a missed opportunity to respond to the needs of children and young people in the provision of a healthy and regular diet. Secondary school pupils living in poverty are particularly disadvantaged. They say that they “give up on meals” when they are at school and rationalize existential

needs, stressing 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 only a little over 50% of pupils at the age of 11/13/15 have breakfast at home. The situation is significantly worse for 15-year-old female students who least have breakfast (38%). As for 15-year-old boys, 50% of them have breakfast (CIPH, 2020). International HBSC Research 2017/18 showed that children/young people from families of lower socioeconomic status have worse eating habits and that Croatia is one of the countries where children eat the smallest amount of vegetables per day (HBSC, 2020). In addition, in the Republic of Croatia, a continuous increase in the number of overweight children is being observed. Child obesity monitoring results for 2018/19 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%). The highest proportion of boys being overweight or obese is in the Adriatic region (CroCOSI, 2021) where only the lowest number of primary schools have a school kitchen. An increase in obesity is also recorded 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).

The analysis suggests that **children at risk of poverty face the biggest barriers in access to quality nutrition** in Croatia: 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under the age of 18 (Eurostat, 2021a); 13,977 child beneficiaries of GMB (MLPSFSP, 2021a). The following obstacles are mapped:

- Lower breastfeeding rates in mothers of lower socioeconomic status and education
- Parents cannot afford regular meals and a nutritionally adequate diet (more noticeable in urban areas)
- Absence of nutrition assistance programmes outside the elementary education system and in secondary schools
- Regionally uneven infrastructure of (equipped and staffed) elementary school kitchens (more noticeable in rural areas)
- Problems of affordability of school meals — parents cannot contribute to the cost of a school meal
- High administrative burden of existing targeted programmes and problems in identifying the target population (e.g. Fund for European Aid to the Most Deprived - FEAD)
- Locally defined criteria for access to free school meals do not cover all children in need
- Nutritionally inappropriate school meals

Based on the analysis of access to quality nutrition, **the following objectives and related recommendations are proposed.**

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

- Develop national breastfeeding targets through the National Breastfeeding Protection and Promotion Programme 2021-2025, based on the World Health Organization's Global Nutrition Targets for 2025 (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 2021 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)
- Adopt national legislation to ensure the consistent application of the International Code of Marketing of Breast-milk Substitutes (MH)
- Re-evaluate and strengthen the Baby-Friendly Hospital network (including setting up binding measures to ensure consistent implementation of the initiative) and improve the sustainability of breastfeeding promotion programmes in the healthcare system (maternity hospitals and intensive neonatal care departments) by developing binding measures, in order to ensure consistent implementation of this initiative in the Republic of Croatia (MH)
- Establish a national reference centre for planning, implementation, and coordination of the education of healthcare professionals and parents during pregnancy, as well as before planned pregnancy, and related to 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 health institutions and NGOs)

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

- 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 regulated by 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)

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

- 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 pregnancy courses, place attention on 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)

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:

- Reducing the proportion of households at risk of poverty with dependent children unable to afford one meal of meat, fish, or vegetarian substitutes every other day 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, specifically:
 - 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



5. Access to healthcare

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 (1990). 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 every child (WHO/Europe, 2020). Healthcare is one of the principles highlighted in the European Pillar of Social Rights (EC, 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, 2020; EC, 2021).

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).

The healthcare system of the Republic of Croatia 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). However, only as part of the last cycle of the European Semester (CSRs, 2020) was Croatia given a number of recommendations, which primarily relate to the need to even the territorial availability of health services, mostly through a more balanced geographical distribution of healthcare institutions and healthcare professionals. Furthermore, the need to harmonize powers between national and county levels in the field of health policy and the more frequent use of information technologies for the purpose of direct communication between patients and healthcare professionals was highlighted, which represents a particularly important reform in the context of the Covid-19 epidemic.

The analysis suggests that in **achieving access to health services, the following groups of children at risk face the greatest barriers:**

1) Children at risk of poverty - 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under 18 (Eurostat, 2021a); 13,977 child beneficiaries of GMB according to 2020 data (MLPSFSP, 2021a)

- Uneven regional availability of health services (primarily faced by children in underdeveloped areas and islands)
- Long waiting lists for specialist check-ups and medical treatments
- Insufficient numbers of doctors in primary and paediatric healthcare
- Insufficient numbers of mental healthcare professionals working with children, and underdeveloped children's psychiatric services (professional psychological and psychiatric assistance is less available for children living outside major cities)
- Difficulties in affording healthcare services, i.e., financial barriers and “hidden” costs associated with health and access to health services (e.g., transport to a child healthcare service, medicines/preparations recommended but not issued on prescription, or the stay of parents with children in hospital) (the risk is more noticeable in children from families who receive GMB)
- Inadequate/non-existent/expensive public transport to healthcare services mainly located in major cities or county centres (community health centres, hospitals, public health institutes) (the risk is more noticeable in children from families who receive GMB)

2) Children of the Roma national minority - 12,920 children under 16 according to 2018 data (Kunac et al., 2018)

- Higher proportion of unvaccinated children
- Difficulties of access to health insurance for all children of the Roma national minority
- Early entry into marriage and teenage pregnancy more common among the Roma population

3) Children with developmental disabilities - 8.2% of children with disabilities/developmental disabilities in the total population of children 0-19, that is, a total of 64,063 children on 9 September 2021 (Croatian Institute for Public Health, 2021)

- Insufficient availability of adequate healthcare services in the local community
- Difficulties in affording healthcare services for poor parents of children with developmental disabilities (e.g., travel costs to hospitals/rehabilitation centres, medical supplies, special medicines)
- Problem of insufficient accommodation capacity in hospitals for the treatment and/or medical rehabilitation of children with developmental disabilities, which consequently leads to the limited provision of healthcare services to children
- Lack of child psychiatrists for the diagnosis and treatment of children with multiple disabilities

4) Children with a migrant background - 2,522 children of irregular migrants; 942 children seeking international protection; 385 unaccompanied children - foreign nationals who are granted the right to temporary accommodation in crisis situations according to 2020 data (Ombudsperson for Children, 2021)

- Complex administrative procedures restrict access to legally guaranteed free healthcare for children with a migrant background
- All children on temporary stay in Croatia do not enjoy the same standard of healthcare

Based on the analysis of the plan for access to healthcare services, it is proposed **to achieve two objectives, with the accompanying recommendations.**

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

- 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 healthcare, on the basis of a standardized instrument and ensure timely inclusion of children in appropriate early intervention programmes (MH, CIPH, CHIF)
- 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 (MH, MSE, CHIF, MLPSFSP)
- Enhance the network of paediatricians and primary healthcare physicians and create the 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, CHIF, CIPH)
- 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)
- Develop new models of providing primary and preventive healthcare through mobile teams in poorly developed and isolated areas (rural areas, islands) (MH, CIPH, CHIF)

- 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 to eliminate “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 status and other children at risk (e.g., children with a migrant background, children with recognized international protection in Croatia), for the purpose of using healthcare 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 legislative changes ensuring that costs are directly covered from the funds of the Croatian Health Insurance Fund (hereinafter: CHIF) (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 subsidisation through the existing e-Dječja kartica – Mudrica! which users can use directly when buying (or picking up for free) medications; 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, Croatian Bureau of Statistics, hereinafter: 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 healthcare services in order to contribute to the better design of programmes and interventions aimed at such children (MH, CIPH, MLPSFSP, research institutes and universities, civil society organizations, hereinafter: CSOs)

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

- 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 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, local and regional self-government units; hereinafter: 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 healthcare professionals and professional associates related to an integrative approach to healthcare 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)

Achieving the proposed objectives and implementing the proposed recommendations by 2030 should contribute to the following changes at the level of access to quality healthcare 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: 0.9,8%; 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)



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 Republic of Croatia, 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 main 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, 2020a). 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, 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, 2021) 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 Republic of Croatia faces a special challenge, given that there is no strategic framework nor a national housing policy programme for accommodating vulnerable groups, including children at risk (Bežovan, 2019; Zrinščak, 2019).

The analysis suggests that the following groups of children at risk face challenges in **achieving access to adequate housing**:

1) Children at risk of poverty - 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under 18, according to 2020 data (Eurostat, 2021a)

- Lack of an integrated approach to housing policy or any national housing programme for vulnerable groups
- Living in sublet accommodation 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, leakages, insufficient heat, overcrowded living space)

2) Children from families receiving a guaranteed minimum benefit - 13,977 children from families receiving a GMB on 31 December 2020 (MLPSFSP, 2021a)

- Housing and fuel allowances of beneficiaries of GMB are financed from the budget of the LSGU according to uneven criteria and the financial capacity of each LSGU
- Low housing allowance (maximum 50% of the base of the GMB, and in most cases much lower)
- Allowance for energy buyers at risk covers only electricity
- The family life of GMB beneficiaries in sublet accommodation as an insecure and expensive form of housing (especially for poor single-parent families and families with three or more children)
- Housing deprivation and inadequate living conditions (humidity, leakages, insufficient heat, overcrowded living space)

3) Children of the Roma national minority - 12,920 children under 16 according to 2018 figures (Kunac et al., 2021)

- High level of residential deprivation (dilapidated buildings, inability to keep the home warm, no access to sewage, no bathroom or toilet in the apartment, lack of light, no basic infrastructure)
- Living in an overcrowded living space
- Living in Roma settlements away from villages/towns often without basic infrastructure and a polluted and an unsafe environment for children (garbage, dogs, polluted air)

4) Children leaving alternative care - 3,487 children in alternative care according to 2021 data (MLPSFSP, 2021b), or 250-290 children a year out of alternative care (292-2015, 246-2016, 253 - 2017 (MLPSFSP, 2016, 2017, 2018)

- Underdeveloped housing capacity for the systematic support of children without secured housing when leaving alternative care

- Lack of systematic support for children and young people when leaving alternative care
- 5) Children with a migrant background - 2,522 children of irregular migrants; 942 children seeking international protection; 385 unaccompanied children - foreign nationals who are granted the right to temporary accommodation in crisis situations according to 2020 data (Ombudsperson for Children, 2021)
- Accommodated in social welfare institutions - inappropriate accommodation for the specific needs of children on the move/migrants
 - No developed system of adequate accommodation for children on the move/children with a migrant background

Based on the analysis of the plan for access to adequate housing, it is proposed **to achieve two objectives, with the accompanying recommendations.**

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

- 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 to include a component of housing care in crisis situations that threaten families and children, especially those at risk of poverty (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 GMB 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)

OBJECTIVE 2: Provide access to adequate housing for young people leaving alternative care

- 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, Croatian County Association, Association of Cities and Croatian Union of Municipalities, CSODY)
- When developing measures aimed at developing social housing, categorize young people leaving alternative care as one of the priority groups, especially underage parents upon leaving temporary crisis accommodation in homes for children without adequate parental care (MLPSFSP, Croatian County Association, Association of Cities, and Croatian Union of Municipalities, CSODY)
- Provide temporary organized housing within a timeframe (of 2 years) from the completion of the measure or leaving the alternative care institution for young people, including in particular young people leaving the correctional system
- Ensure a 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, especially those who are not in the official education system (MLPSFSP, Croatian County Association, Association of Cities, and Croatian Union of Municipalities, CSODY)

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:

- Reduce the proportion of children 0-17 at risk of poverty who live in conditions of housing deprivation from 19.8% (2019; EU-27:14%) to 5.7%
- Reduce the proportion of children 0-17 at risk of poverty who live in overcrowded housing from 61.7% (2020; EU-27: 41.7%) to 44%
- Increase the 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 alternative care from 4-5% to 30%
- Increase the number of children and young people leaving alternative care who have secured housing compared to the total number of children leaving alternative care from 0 to 250.



7. Quality social and other services in the community

Social and other services in the community (SSC) in broad terms relate to health, correctional, educational, and social welfare 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 (Knezić and Opačić, 2021; 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.

SSC for children refer to: i) early education and care services; ii) family support services; iii) support services for children without adequate 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.¹ 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. The provision of SSC in the Republic of Croatia is generally decentralized, while their financing is mostly centralized where the level of central government investment in their development and functioning varies. ECEC services are almost entirely fiscally decentralized (see section 2), 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. Systematically, much greater emphasis is placed on social transfers/benefits than on SSC.

The analysis suggests that in **achieving access to social and other services in the community, the following groups of children at risk face the greatest barriers:**

1) Children at risk of poverty and social exclusion and children from families receiving GMB - 126,000 children at risk of poverty and social exclusion, or 18.4% of the total population under 18 (Eurostat, 2021a); 13,977 child beneficiaries of GMB according to 2020 data (MLPSFSP, 2021a)

- The social welfare system does not recognize social services for child beneficiaries of GMB (emphasis is on financial support)
- Uneven (regional/territorial) availability of SSC
- The education system does not recognize social services for child beneficiaries of GMB (emphasis is on financial support)
- Problems of affordability of the learning support service
- Problems of affordability of leisure activities to equalize opportunities
- Problems of affordability and regionally uneven availability of extended stay at school service

2) Children of the Roma national minority - 12,920 children under 16 according to 2018 data (Kunac et al., 2018)

- The social welfare system does not recognize social services for children of the Roma national minority (emphasis is on financial support)
- Non-inclusion in the early intervention service due to inaccessibility of the service and late recognition of developmental risks and difficulties
- Inability to provide access to secondary education (especially girls)
- Dropout from the education system after reaching the age of 15 due to large differences in the age of the children and the class they attend due to insufficient school preparation and support during schooling
- Problems of affordability of the learning support service
- Problems of affordability of leisure activities to equalize opportunities

3) Children with a migrant background - 2,522 children of irregular migrants; 942 children seeking international protection; 385 unaccompanied children - foreign nationals who are granted the right to temporary accommodation in crisis situations according to 2020 data (Ombudsperson for Children, 2021)

¹ 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.

- Non-standardized procedures for assessing educational status, and lack of textbooks for conducting preparatory classes
- Focus on residential care of unaccompanied children
- A large number of unaccompanied children leave the service provider shortly after accommodation due to inconsistency of the reception and integration system
- Prejudice and stigmatization, including those that a large number of children are generally reluctant to stay and attend school or engage in other forms of integration activity
- Insufficient capacity of experts, in particular of special caregivers appointed by the Social Welfare Centre, to focus on providing assistance to unaccompanied children due to their regular work commitments and lack of knowledge and skills of special caregivers and persons providing care services for decision-making in the best interest of the unaccompanied child

4) Children in alternative care - 3,487 children in care according to 2021 data (MLPSFSP, 2021b)

- Insufficiently developed and unavailable preventive services in families and in the community and mechanisms for preventing entry into alternative care
- Investments in family and community service development are not in line with the needs of local communities
- Insufficient involvement of other systems in the process of deinstitutionalization and in the prevention of institutionalization (health and education)
- Insufficiently supportive framework for the provision of foster care services (inability to take leave from work and sick leave)
- Insufficient number of foster families for children in Croatia
- The lack of integrated and individualized support for children and young people in alternative care who show multiple difficulties
- Lack of systematic preparation for leaving and support when leaving care (problem of safe housing, lack of social mentoring services), especially for children with developmental disabilities

5) Children in underdeveloped, especially rural, areas - 8.8% of the population in rural areas at risk of poverty compared to 4.2% in cities according to 2020 data; data for children not available (Eurostat, 2021b)

- Lack of basic social services (early intervention services, primary healthcare, early education and care services, selection of secondary educational programme, etc.)

6) Children with developmental disabilities - 8.2% of children with disabilities/developmental disabilities in the total population of children 0-19, that is, a total of 64,063 children on 9 September 2021 (CIPH, 2021)

- High focus on financial support instead of on services
- Low level and large regional differences in the availability of social services in the family and the community, especially of early interventions
- Restrictions on the provision of individual social services for children whose parents have the status of carer-parent
- Providing services is not integrated among systems (health, education, social welfare)
- Insufficiently supportive framework for the provision of inclusive services, including provider infrastructure and expert capacities (knowledge and skills)
- Services based on a medical model, with an emphasis on what is not possible rather than on what is possible

7) Children whose parents are in prison - 1,135 minor children on 31 December 2020; 2020: 1,320 on average in the last five years²

² The data were provided by the Ministry of Justice and Administration.

- Inability to maintain regular contact with the parent due to the high costs associated with travel from the place of residence to the criminal institution
- Insufficient support through targeted services in the education and social welfare systems
- Insufficient capacity of experts (knowledge and skills) to identify needs and provide support to this group of children at risk

Based on the analysis of the plan for access to health services, **five objectives have been proposed, with accompanying recommendations.**

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

- 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 activities and activities for children) with an emphasis on children living in smaller (remote) places, primarily by investing additional funds in the creation of partnerships of service providers from state institutions and civil society organizations (MSE, MLPSFSP, CSODY, LSGU)

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

- 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, 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 service 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, healthcare, 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, social welfare centres, hereinafter: 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 delay due to biomedical and social risks under the healthcare, 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 delay 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 delay due to biomedical and social risks under the healthcare, 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 healthcare, 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, CWSs, social service providers) (NRRP, C4.3. R3-I2)
- 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:
 - o Providing professional support for a child whose parent is in prison (preparation and assistance, monitoring, psychological assistance for the child) (MLPSFSP, CSO, MJA)
 - o Ensuring an adequate expert within the prison system for child and parent contacts (MJA)
 - o Ensuring a healthy and safe non-stigmatizing environment for a child whose parent(s) is(are) serving prison sentences through cooperation with the school (MJA, MSE)
 - o 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 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, healthcare, justice) (MLPSFSP, MJA, MSE, MH)

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

- Improve conditions for the provision of foster care for children by:
 - o (i) enabling leave, part-time work, suspension of employment, sick leave, etc., for the care of a foster child (MLPSFSP, MH, CES); 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 who will 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 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)

OBJECTIVE 4: Improve existing and develop new social support services for children leaving alternative care

- 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, Ministry of Economy and Sustainable Development, hereinafter: MESD)
- Development and introduction of social mentoring social services to young people leaving alternative 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 are leaving alternative care and 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)

OBJECTIVE 5: Improvement of the system for collecting and monitoring indicators of material and social deprivation of children at risk

- 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)
- Development of 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).

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

- Reducing the number of children 0-17 in residential care (accommodation with service providers and organized housing with comprehensive support) from 1,260 (307 children with developmental disabilities) (source: MLPSFSP, 2021) to 1,060
- Reducing the proportion of children in residential care (accommodation with service providers and organized housing with comprehensive support) per 100,000 children from 180 to 152
- Increasing the share 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 from 63.5 to 70.

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