



A deep-dive into the European Child Guarantee in Croatia Literature Review



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Acronyms

| | |
|---------|---|
| CSO | Civil society organization |
| ECG | European Child Guarantee |
| EU-SILC | European Union's Statistics on Income and Living Conditions |
| FEAD | Fund for European Aid to the Most Deprived |
| GMB | Guaranteed minimum benefit |
| HRK | Croatian Kuna |
| NGO | Non-governmental organization |

1. Introduction

The European Commission (DG Employment) has partnered with the UNICEF Regional Office for Europe and Central Asia (UNICEF ECARO) to test how the European Child Guarantee (ECG) could work in practice and provide recommendations for the successful design and implementation of the ECG. As part of this engagement, UNICEF ECARO has been working since July 2020 with national and local governments from seven EU Member States (Bulgaria, Croatia, Germany, Greece, Italy, Lithuania, and Spain) and key national and local stakeholders in these countries.

Part of this support has included the development of 'policy deep dive' country studies. The overall objective of these deep dives is to support the national governments in the seven pilot countries to design, implement, and evaluate ECG. The deep dives are designed to provide the information and evidence base that governments need for the development of evidence-informed Child Guarantee National Action Plans (CGNAPs). The deep dive analyses look at policies, services, budgets, and mechanisms to address children's service access barriers and unmet needs in the thematic areas of the ECG: early childhood education and care (ECEC), education, health, nutrition, and housing.

The deep dives have been designed to help governments to identify the children who should be prioritized in their future CGNAPs and to recommend the policy measures that need to be put in place at national, regional and local levels to complement existing policy measures that have been effective in providing positive outcomes for children. In addition, the deep dives identify, compile and recommend indicators that could be used to monitor and evaluate the impact of the CGNAPs and recommendations on how to address the identified gaps in data.

This report analyses policies and programmes in the Republic of Croatia that aim to ensure access to essential services for every child. It focuses, in particular, on access to services for children at risk of poverty and social exclusion (children in need). The analysis captures key policies to combat their poverty and social exclusion, examining the organization, structure, financing and provision of services in areas that are at the heart of the European Child Guarantee (ECG) and that are vital for children's wellbeing: early childhood education and care, education, nutrition, health and housing.

The ECG is an opportunity for Croatia to develop an integrated set of policies for children and to ensure effective measures to address the inequalities in access to services, in particular to the fulfilment of their rights. The analysis captured in this report aims to inform the future application of the ECG in Croatia and enhance its impact on the country's children in need.

Background to the European Child Guarantee

In 2015, the European Parliament called on the European Commission and the European Union Member States, “in view of the weakening of public services, to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty”.

The European Commission proposal for the ECG was adopted by the European Union’s Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) in June 2021. The focus is on effective and free access to quality services in the fields of early childhood education and care (ECEC), education, health care, nutrition and adequate housing.

The European Child Guarantee aims to address the socioeconomic vulnerability of children in Europe through an integrated approach, which seeks to ensure that every child in Europe has guaranteed access to free and good quality early childhood education and care (ECEC), education and healthcare, good nutrition and decent housing. Meeting these five basic needs through national and European action plans will improve living conditions and opportunities for children in need significantly. The ECG pays particular attention to groups of children who are particularly vulnerable, including:

- homeless children or children experiencing severe housing deprivation
- children with disabilities
- children with mental health issues
- children with a migrant background or minority ethnic origin, particularly Roma
- children in alternative (especially institutional) care
- children in precarious family situations.

Importantly, the EU will make additional funding available to Member States under the European Social Fund Plus (ESF+) from 2021 to 2027. The Member States that recorded child poverty and social exclusion rates higher than the EU average for the years 2017 to 2019 will have to channel 5 per cent of the EU ESF+ funds towards combating child poverty or social exclusion. Member States can also seek additional resources to develop services from the European Regional Development Fund, the Recovery Assistance for Cohesion and the Territories of Europe initiative (REACT-EU), the InvestEU Programme, the Recovery and Resilience Facility and the Technical Support Instrument.

Croatia: the current context

Croatia has focused increasingly on child poverty in recent decades and has made strides forward in terms of social policymaking. Starting with the Joint Memorandum on Social Inclusion from 2007 (JIM; MZ and European Commission, 2007) and as seen in the most recent strategic documents, including the National Strategy for Children's Rights in the Republic of Croatia 2014–2020 (MSPM, 2014); and the Strategy for Combating Poverty and Social Exclusion in the Republic of Croatia 2014 –2020 (Government of the Republic of Croatia, 2014). However, 'responsibility' for child poverty issues has remained predominantly within the social welfare system, while other social systems have not played an active role. In the field of healthcare, for example, strategic documents do not sufficiently problematize social inequalities in access to healthcare services or develop specific measures to tackle them. Similarly, more comprehensive measures for children growing up in poverty are lacking within the education system (Ajduković et al., 2017). Yet research has demonstrated that educational institutions have a crucial role to play in preventing and mitigating the risks of child poverty – from the perspective of key stakeholders, parents receiving social benefits and children (Ajduković et al., 2017; Družić Ljubotina et al., 2017).

Research and analyses have signalled a lack of political will and the need for stronger recognition of children growing up in poverty as a priority group, as well as the creation of a clear, systematic and comprehensive national policy for children that emphasizes a multidimensional and preventive approach to poverty and highlights each child as a rights holder. Research has also highlighted difficulties in implementing measures to combat child poverty and social exclusion – measures that were foreseen within key strategic documents (Bouillet, 2014; 2018; Stubbs and Zrinščak, 2014, 2015; Ajduković et al., 2017).

One of the key barriers to the implementation of policies and strategies for children in Croatia is insufficient interconnection and coordination. This has resulted in a highly fragmented system, with the competence or responsibility for the same issue often scattered across different departments that do not cooperate sufficiently, and a lack of cooperation between national and local levels. This leaves a space for 'blame avoidance'; that is, shifting the responsibility for a particular issue from one department or level of government to the next, and for an implementation vacuum. In addition, decentralized functions (particularly for services) are accompanied by an underdeveloped legislative and fiscal framework that cannot guarantee equal rights and access to services for every child, regardless of where they live or who they are. All of this, combined with Croatia's fragmented territorial organization – 556 municipalities and cities with different fiscal capacities and local social programmes – can often result in children being excluded from the support systems they need (Šučur et al., 2015; Stubbs and Zrinščak, 2015; Ajduković et al., 2017; Dobrotić et al., 2018).

Finally, one key implementation barrier is the lack of investment in services in Croatia, as well as low social expenditures, which ranged from 18.8 per cent to 21.8 per cent of GDP between 2008 and 2018. The

percentage for 2018 was 21.5 per cent, far below the EU average of 27.9 per cent. In terms of functions, only a small proportion of expenditure is allocated to address social exclusion and poverty (just 1.58 per cent in 2018, compared to an average for the EU27 of 2.27 per cent) and housing (0.08 per cent versus 2.27 per cent for the EU27). However, investments in the function of family/children according to social expenditure statistics¹ are slightly above the EU average (Croatia 9.04 per cent; EU27 8.32 per cent) (Eurostat, 2021b).

Services in Croatia are predominantly decentralized, with variations in the level of investment by central government in their development and functioning. For example, early childhood education and care services are almost entirely decentralized in fiscal terms, with 99 per cent of their funding coming from local budgets, while the central government is more involved in the overall financing of the school system (Dobrotić, 2020). Local communities play an important role in planning, financing, organizing and providing services, but investments are low and are uneven across the regions.

Analyses show that most local social expenditures are directed towards cash benefits (over 87 per cent), and only a fraction go to services (less than 3 per cent in municipalities and counties; and only around 10 per cent of social expenditures in cities). Most local expenditure focuses on the social protection function of family/children (45.8 per cent), tackling social exclusion (25.5 per cent), housing (10.2 per cent), old age (9.3 per cent) and disability (5.3 per cent), with less developed areas having less developed services and receiving lower social benefits (Šućur et al., 2016). Funding for 'new' services, in particular services for people at risk of poverty and social exclusion (e.g., teaching assistant services, learning assistance, parenting support) is provided predominantly by civil society organizations on a project basis and is neither stable nor certain (particularly during the times between public calls for project proposals or programming periods; Bežovan and Matančević (2017).

2. Goals and methodology

This report presents the results of an analysis of policies and programmes in Croatia that ensure access to essential services, with the emphasis on services for children at risk of poverty and social exclusion (children in need). As well as a particular focus on indicators of children's at risk level of access to essential services, the analysis explores the structural and institutional barriers for children in need to access these services. The aim is to identify those policies and institutional elements that are currently missing or that are underdeveloped in Croatia, but which are essential for achieving the objectives of the ECG. The analysis also provides recommendations to improve access to the services for children in need that are at the centre of the

¹ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_protection_statistics_-_social_benefits#Expenditure_on_social_protection_benefits_by_function

ECG. Importantly, this report focuses primarily on children at increased risk of poverty, including some critical elements related to the broader concept of social exclusion (such as access to quality education).

After the identification of groups of children at risk of poverty and social exclusion in Croatia, the report presents a detailed analysis of access to services in the five areas identified as essential within the ECG:

- early childhood education and care
- education and school-based activities (including extracurricular activities)
- healthy nutrition
- health care, and
- adequate housing.

The proposed recommendations stress the need for '*effective and free access*' to services, which is defined as a situation in which services are free-of-charge, readily available, accessible, of good quality and provided in a timely manner, with their potential users aware of the existence of these services, as well as of their entitlements to use them. , while "*effective access*" means a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner and where the potential users are aware of their existence, as well as of entitlements to use them.

It is clear that the ECG recommendation starts from the assumption that access to high-quality services should be ensured, and that it is determined by both their availability and affordability. The analysis in this report, therefore, considers indicators for all of these elements, spanning the availability, affordability and the quality of services, before setting out recommendations to improve access to services for children across Croatia.

The analysis is based on:

- available empirical research in the field of child poverty and access to services by different groups of children at risk of poverty and social exclusion in Croatia
- available public statistics
- overview of legislation, strategic and other public policy documents and
- (official) evaluation reports.

3. Children at risk of poverty and social exclusion in Croatia

ECG is primarily aimed at children at risk of poverty and social exclusion, stressing that special attention should be paid to groups of children across the EU Member States, such as:

- homeless children or children experiencing severe housing deprivation
- children with disabilities
- children with a migrant background
- children with a minority racial or ethnic background (particularly Roma)
- children in alternative (especially institutional) care, and
- children in precarious family situations.

It is also important however, to point out that the Member States have the scope to define additional groups of children in need and address them through country-specific measures. Table 1, therefore, sets out the main indicators of poverty and social exclusion of children in Croatia to highlight those groups of children, such as those from single-parent or large households, who are at additional risk of poverty and social exclusion.

Table 1: Selected indicators of risk of poverty and social exclusion

| | 2017 | 2018 | 2019 |
|--|------|------|------|
| Percentage of people at risk of poverty or social exclusion | | | |
| Total in the Republic of Croatia | 26.4 | 24.8 | 23.3 |
| Children (0–17) | 25.8 | 23.7 | 20.7 |
| - 0–5 | 22.3 | 20.3 | 16.7 |

| | | | |
|---|------|------|------|
| - 6-11 | 25.9 | 23.6 | 20.7 |
| - 12-17 | 29.0 | 26.9 | 24.0 |
| - female | 25.4 | 23.2 | 20.0 |
| - male | 26.3 | 24.2 | 21.2 |
| Children (0-17) according to the highest achieved educational level of their parents | | | |
| - preschool and primary school education (ISCED 0-2) | 74.6 | 64.1 | 67.4 |
| - high school education (ISCED 3-4) | 31.0 | 28.9 | 25.8 |
| - higher education (ISCED 5-8) | 5.50 | 6.40 | 4.10 |
| Single-parent families with children | 45.5 | 52.0 | 45.5 |
| Two adults with one child | 21.3 | 17.3 | 15.2 |
| Two adults with two children | 14.2 | 12.2 | 10.7 |
| Two adults with three or more children | 35.3 | 35.2 | 29.7 |
| Percentage of people at risk of poverty | | | |
| Total in the Republic of Croatia | 19,5 | 19,3 | 18,3 |
| Children (0-17) | 21,4 | 19,7 | 17,1 |
| - 0-5 | 18,5 | 16,5 | 13,5 |
| - 6-11 | 21,9 | 19,5 | 17,4 |
| - 12-17 | 23,4 | 22,7 | 20,0 |
| - female | 21,2 | 19,4 | 16,7 |
| - male | 21,6 | 19,9 | 17,6 |
| Children (0-17) according to the highest achieved educational level of their parents | | | |
| - preschool and primary school education (ISCED 0-2) | 68,2 | 59,8 | 64,3 |
| - high school education (ISCED 3-4) | 25,3 | 23,5 | 20,8 |
| - higher education (ISCED 5-8) | 4,2 | 5,0 | 3,3 |
| Single-parent families with children | 37,2 | 36,7 | 33,8 |
| Two adults with one child | 15,7 | 12,5 | 10,4 |
| Two adults with two children | 10,7 | 9,5 | 8,9 |
| Two adults with three or more children | 31,3 | 31,1 | 25,6 |
| Households with children* | | | |
| - very low work intensity (0-0,2) | 78,7 | 80,8 | 78,0 |
| - low work intensity (0.2-0,45) | 45,9 | 42,0 | 37,8 |
| - medium work intensity (0,45 - 0,55) | 26,3 | 27,1 | 27,9 |
| - high work intensity (0,55 - 0,85) | 4,6 | 7,0 | 5,1 |
| - very high work intensity (0,85 - 1) | 2,0 | 1,7 | 2,4 |

* The work intensity is the ratio of total number of months that all working-age members of the household have worked during the income reference year and the total number of months the same members of the household could have worked

(theoretically) in the same period. A person of working age is defined as a person aged 18 to 59, excluding students aged 18 to 24. Work intensity is defined as: very low (0–0.2), low (0.2–0.45), medium (0.45–0.55), high (0.55–0.85) and very high (0.85–1). Very low work intensity refers to a situation where nobody in the household works (or where they work very little), meaning that household members of working age work for a maximum of 20 per cent of the total number of months in which they could have worked during a reference period.

Source: Eurostat (2021a).

In 2019, the general rate of risk of poverty and social exclusion in Croatia was 23.3 per cent: higher than the EU average of (21.4 per cent), with children from **single-parent families**² and families with **three or more children** facing the highest risk of poverty. In addition, the risk of poverty is concentrated in **households with children where work intensity is low** and among **children whose parents have a lower level of education**. The overall rate of risk of poverty and social exclusion of children is 20.7 per cent, with **older children** (those aged 12 to 17; see Table 1) at the highest risk.

In addition to these factors of increased risk, which are observed on the basis of the European Union's Statistics on Income and Living Conditions (EU-SILC) indicators (Eurostat, 2021a), national research and analyses clearly indicate that the following groups of children are particularly exposed to increased risks of poverty and social exclusion in Croatia (groups that mirror, to a large extent, the priority groups of children identified by the ECG proposal for all EU Member States):

- children of the Roma national minority
- child beneficiaries of the guaranteed minimum benefit (GMB); beneficiaries in the social welfare system)
- children in less developed, especially rural areas
- children with disabilities
- children with a migrant background (notably asylum seekers and children with recognized international protection), and
- children in alternative care.

² Previous research on the population of single-parent families has indicated that financial difficulties are highlighted more often by single mothers (who comprise the majority of single parents in Croatia) than by fathers (UNDP, 2006).

Roma children are among the most vulnerable groups in Croatia and account for around 50 per cent are 24,524 members of the country's Roma national minority (Kunac et al., 2018). A report by UNDP, UNHCR and UNICEF states that 92.3 per cent of Roma families live in relative poverty (Zrinščak, 2014.). Most are beneficiaries of at least one form of social assistance, and often use several simultaneously. More than half of the Roma population is covered by the GMB and the fuel allowance (DZS, 2018). Numerous reports and research studies have shown that Roma children are at a significantly higher disadvantage in the areas of health, housing, nutrition, education and employment (Milas and Martinović Klarić, 2020; Lucić et al., 2020; Potočnik et al., 2020; Kunac et al., 2018).

Child beneficiaries of the GMB often live in deep and long-term poverty, which poses a significant risk to their social inclusion and access to services. These are children who undoubtedly grow up in poverty, and for whom amendments to the Social Welfare Act in 2014 reduced the amount of GMB from HRK 400–500 (approximately US\$63–75) per month per child to HRK 320 per month (US\$50)³ (Ajduković et al., 2017; Kletečki Radović et al., 2017). In 2019, there were 14,925 child beneficiaries of the GMB in the social welfare system, of whom 7,110 were girls and 7,815 were boys (MRMSOSP, 2020a). It is also important to note that 7.4% of children in Croatia (10.3% general population) grew up at risk of severe material and social deprivation in 2019 (Eurostat, 2021a).

Poverty in Croatia is more pronounced **in its less developed (and particularly rural) areas**. According to World Bank data on poverty assessment for small areas in Croatia, the highest levels of poverty are found in Central and East Croatia (24.9 and 34.3 per cent, respectively) (World Bank, 2016). These levels are far higher than those in North-West Croatia where they vary from 5.9 per cent in the City of Zagreb to 23.7 per cent in Varaždin County, and are higher than the rates in Adriatic Croatia where the range is narrower (from 9.1 per cent in Primorje-Gorski Kotar to 16.9 per cent in Split-Dalmatia County). The poverty map for small geographical areas indicates the spatial grouping of poverty, with Osijek-Baranja County recording the highest concentration of people at risk of poverty, while Split-Dalmatia County has the largest share of people at risk of poverty in Adriatic Croatia.

No specific indicators are available on the share or regional distribution of child poverty. However, research shows that child poverty among preschool children is 40 per cent higher in rural than urban areas, and that two-thirds of children of preschool age who are at risk of poverty live in rural areas (Šučur et al., 2015). These less developed and especially rural areas are precisely the areas where health, educational, social, cultural services and other essential services for children are most likely to be absent (MSPM, 2014; Dobrotić et al., 2018; MZ, 2021). As a result, children living in these areas – and in particular those children growing up at risk of poverty – are exposed to inequalities linked to their limited access to essential services.

³ Exchange rate estimate as of 22 September, 2021.

Children with disabilities are also at greater risk of social exclusion. According to the Croatian Institute of Public Health (Hrvatski zavod za javno zdravstvo, HZJZ) data from the Croatian Register of Persons with Disabilities, there were 41,056 children with disabilities in Croatia (63 per cent of them boys and 37 per cent girls) as of 30 January 2020, accounting for a share of 8.3 per cent of the total number of people with disabilities. The most prevalent disabilities are voice–speech communication disorders and learning difficulties (37.9 per cent), followed by disabilities linked to damage to the central nervous system (20.7 per cent). 2019 saw a significant increase in mental and behavioural problems (from 10.1 to 19.5 per cent), and mental health difficulties of children with disabilities could be expected to increase due to the effects of the COVID–19 pandemic and the challenges arising from the closure of educational institutions and restrictions of children's participation in daily activities.

Children with disabilities have faced limits in exercising their educational and healthcare rights, particularly those who live at additional risk of poverty (Pravobraniteljica za djecu, 2020). Children with disabilities from remote areas including Croatia's islands) are also among those who have to move to other areas to access the essential services that are their right (e.g., education, medical rehabilitation). According to MRMSOSP (2020), in 2019 111 children with disabilities were placed in institutional care away from their place of residence because of their need for education under a special programme (and because schooling could not be provided in their own area).

Children from a migrant background are a particularly vulnerable group in Croatia in terms of their social exclusion: many live with their families in refugee shelters in extremely modest conditions, and those who are unaccompanied by their families may be placed in educational institutions for children and youth with behavioural problems. They face additional obstacles, including their unfamiliarity with the Croatian language, difficulties in schooling and a lack of systematic protection from the institutions that should provide them with adequate care (Pravobraniteljica za djecu, 2020).

The parents of refugee children are often unemployed and living in poverty, while the children themselves face an uncertain future in terms of their schooling and life chances – particularly children who are asylum seekers and whose legal status has not been resolved. There are no publicly available official data on the number of asylum seekers or migrant children, but the Office for Human Rights and Rights of National Minorities estimates that there were 62 children with a migrant background involved in educational programmes in 2020. There is also a lack of data on the countries of origin of children from migrant backgrounds, but data from the Ministry of Interior Affairs (MUP, 2021) on applicants for international protection by nationality and gender for 2020 reveal that the largest numbers of migrants came from Afghanistan, Iraq and Iran. In the same year, 186 unaccompanied children were registered as applicants for international protection, with the vast majority being boys or young men (169), compared with only 17 girls or young women.

Children growing up in alternative care, particularly those in institutions, often lack accommodation or other support for their basic needs once they leave such care. The number of children in institutions is increasing, while some research warns that poverty is a risk factor that leads to the separation of children from their families (Šiška and Beadle–Brown, 2020). As a result of weak family ties and the lack of broader social networks, as well as the absence of systematic policies to meet their needs, these children do not have the necessary support during their transition from institutional care to an independent life. They are, therefore, at high risk of poverty, and some of them end up homeless (Milinar and Kozar, 2012).

According to MRMSOSP (2020a) data, 2,241 children and young people were placed in foster care in 2019. State-owned social care homes (community service centres) for children and young adults without parents or without adequate parental care housed 844 children and young people, of whom 53 were young adults aged 18–21. State-owned social care homes for children and young adults with behavioural problems housed 1,125 children and young people, of whom 35 were young adults (MRMSOSP, 2020b). Martinović (2019) points out that 554 children were in social care institutions in January 2019: 88 of them children under the age of 3. In all, 259 children were in supervised independent living accommodation, while 2,164 children lived in 1,430 foster families. While Croatia's Deinstitutionalization, Transformation and Prevention of Institutionalization Plan 2018–2020 (MDOMSP, 2018) shows that the target ratio of having 20 per cent of beneficiaries in institutional and 80 per cent of beneficiaries in non-institutional care was almost achieved, the same document also states that the total number of children placed in institutional and non-institutional forms of care in 2016 was higher than the estimated number set out in the Plan. What is clear is that the network of services is uneven across Croatia's regions, with social services for children without adequate parental care proving inaccessible in certain counties, primarily Virovitica–Podravina, Bjelovar–Bilogora, Krapina–Zagorje, Zadar and Šibenik–Knin Counties (MDOMSP, 2018; Martinović, 2019).

4. Children in need, and access to services and other forms of support

4.1. Access to early childhood education and care

- While children's ECEC attendance is increasing in Croatia, only 24.7 per cent of children of nursery-school age (0 to 2) and 61.6 per cent of children of kindergarten age (3 to 6) attended regular programmes in 2018 – rates far below the EU targets.
- In comparison with other EU countries, Croatia is at the very top of the ranking of countries characterized by high social inequalities in access to ECEC.

- There is a need to develop and invest in a regionally uniform network of high-quality early childhood education and care to ensure that every child can access services that are vital for their wellbeing.

Access to high-quality early childhood education and care (ECEC) services is essential for all children, particularly children in need. There is growing advocacy for universal access to ECEC at the European level (e.g., Council Recommendations 2019/C189/02 on high-quality early childhood and preschool education systems). An increasing number of EU countries are, therefore, introducing a legal entitlement to ECEC or making ECEC programmes compulsory (and free of charge) for all children of a certain age (Eurydice 2014, 2019).

Support for ECEC can be found in many studies that demonstrate its positive effects for children (e.g., better educational outcomes, alleviation of social inequalities), for parents (e.g. more opportunities to participate in the labour market, in particular for women, and better incomes) and for society as a whole (e.g., the reduced social 'costs' of poverty and its lifelong consequences, more favourable socio-demographic development, and more sustainable social security systems). However, two factors, in particular, will often shape participation in ECEC programmes: the availability of programmes that are of high-quality, and the affordability of the programmes on offer, particularly for parents of lower socio-economic status and single-parent families (Baran, 2013; Dobrotić, 2019; Matković et al., 2019).

The challenges to access

Despite the clear importance of ECEC, children in Croatia have no legal entitlement to the regular ECEC programme. While ECEC is an integral and fundamental part of the education system, children are not obliged to attend. The only exception is a short (preschool programme of 250 hours in the year before the child starts primary school. However, duration of the preschool program can be reduced to 150 hours – when no more than five children attend the programme or when there are difficulties related to the arrival or participation of children in the programme. Such a vague legal arrangement fosters the organization of preschool programmes with fewer hours: a frequent practice in Croatia's less developed areas (Dobrotić et al., 2018). A compulsory preschool programme of just 250 hours is not enough for many children in need, as short programmes cannot alleviate initial inequalities or equalize educational outcomes. These children should be able to take part in high-quality ECEC programmes for a minimum of two years before they start primary school (Bouillet, 2018).

Another difficulty for children in rural and less populated areas (especially those from low-income families) relates to a legal provision that obliges municipalities to provide a preschool programme within 20 kilometres of the child's home (Dobrotić et al., 2018)⁴ – a provision that is rarely accompanied by the

⁴ This is far greater than the distance of one kilometre between a child's home and the ECEC facility, as recommended by the state pedagogical standard for regular programmes.

availability of organized (free) transport to the ECEC facility (Bouillet, 2018). In addition, the ordinance prescribing the funds that should be used by the ministry in charge to support the implementation of the preschool programme has not changed since 1997 and amounts to only HRK 20 (around US\$3)⁵ per month per child (Dobrotić et al., 2018).

The ECEC system is fully decentralized, while the network of ECEC services is poorly developed and unevenly distributed across the country, making it difficult for children in less developed and populated areas to access ECEC programmes. Responsibility for the finance and provision of regular programmes lies almost exclusively with municipalities/cities. Croatia's territorial fragmentation (with 556 municipalities/cities across the country), coupled with weak fiscal capacities in some areas and an absence of central government investment in new capacities (which began just two years ago), has led to a poorly developed ECEC network and large regional inequalities in the availability, affordability and quality of programmes (Dobrotić et al., 2018).

While there has been a gradual increase in children's ECEC attendance in Croatia, only 24.7 per cent of children of nursery age (0 to 2) and 61.6 per cent of children of kindergarten age (3 to 6) attended regular programmes in 2018: rates that are far below the EU targets of 33 per cent and 90 per cent, respectively.⁶ Attendance rates for nursery-age children vary from 9.8 per cent in Virovitica-Podravina County to 39.3 per cent in the City of Zagreb, and the rates for those of kindergarten-age (3 to 6) range from 31.3 per cent of children attending in Brod-Posavina County to 78.6 per cent in Istria County.

There are also disparities within counties, with children's attendance far lower in sparsely populated areas and in less developed municipalities.⁷ In the City of Zagreb, the attendance rate for kindergarten-age children has fallen from 85.1 per cent in 2012 to 76.8 per cent in 2018 (Matković, 2020; UNICEF, 2020), which can be attributed to the introduction of the 'parent-educator' measure⁸ (Grad Zagreb, 2020).

⁵ Exchange rate estimate as of 22 September, 2021.

⁶ Similarly, the target for education has not been reached. At the EU level, Croatia has the lowest attendance rate of children aged four years to primary school – 81.8 per cent compared to the EU27 average of 95.3 per cent (Eurostat, 2020c). It is important to emphasize that this information overestimates the attendance rate of children in regular ECEC programmes in Croatia, since the calculation also includes short programmes, with some children counted twice. It also includes the compulsory, short, preschool programme (Dobrotić et al., 2018; UNICEF, 2020).

⁷ In 2018, 13.7 per cent of children attended nursery programmes in sparsely populated areas, and 41.7 per cent attended kindergarten programmes (versus 23.7 per cent and 77 per cent respectively in more densely populated areas). In all, 2.5 to 9.9 per cent of children attended nursery and 14.8 to 30 per cent attended kindergarten programmes in the areas of the first to fourth group of development level (versus 20.8 to 27.9 per cent and 58.2 to 77.4 per cent of children in areas from the sixth to eighth group of development level) (Matković, 2020; UNICEF, 2020). Data on attendance at the city and municipality level can be found in Dobrotić et al. (2018).

⁸ This is a cash-for-care scheme for parents of three or more children. Children cannot attend ECEC programmes if one of the parents apply for this allowance. Eligible are parents not active in the labour market with at least one child of preschool age, with Croatian citizenship and uninterrupted five-year residency in the City of Zagreb before the birth. The allowance is around HRK4,300 net per month and it may be paid until the youngest child in the family turns 15 years of age.

If we look at quality indicators, we see that 76.9 per cent of nursery-age children and 29.7 per cent of kindergarten-age children were in ECEC classes/groups that were too big in 2016: classes/groups that exceeded even the most modest criterion regarding their permissible size for the achievement of minimal pedagogical standards. While there are regional differences and the average nursery group size was between 12.2 children per group in Međimurje County and 19.3 in Dubrovnik–Neretva County, with kindergarten group sizes ranging from 20.4 in Zadar County to 24.8 in Virovitica–Podravina County, no systematic differences were recorded in the economic level of development of a particular area (Dobrotić et al., 2018).

It is important to point out any new capacities introduced between 2012 and 2018 came, predominantly from private service providers (76 per cent, according to UNICEF, 2020), which are not subsidized by communities or are subsidized only on a smaller scale (Dobrotić et al., 2018), with such services often proving unaffordable for a large number of parents (Dobrotić, 2021). More recent investments (predominantly through EU funds) are primarily infrastructural and will improve the availability of ECEC, but their sustainability should be considered once EU funding finishes (UNICEF, 2020).

While there is no systematic monitoring of attendance rates by different groups of children, studies conducted in Croatia indicate that children in need find it difficult to access ECEC programmes. Research findings are consistent in showing that the *children of unemployed parents and children of parents with lower incomes* are more likely to remain outside ECEC programmes. In 2016, for example, only 1.9 per cent of children with unemployed parents and 15.4 per cent of children with one employed parent attended ECEC (Dobrotić et al., 2018).

If we focus on children at the highest risk of poverty, a survey of preschool children growing up in poverty conducted in 2013 showed that only about a quarter (24 per cent) of *children who benefit from the GMB* attended ECEC (Šučur et al., 2015).⁹ In addition, only 13 to 17.7 per cent of *children of the Roma national minority* (Kunac et al., 2018) attended ECEC programmes. When Croatia is compared with other EU countries, it is at the very top of the ranking of countries characterized by high social inequalities in access to ECEC. Programmes are rarely attended by children from low-income families (EC, 2019: Figure 2; EC, 2020: Figure 3.11).

While there are no assessments of ECEC attendance for other groups of children in need (e.g., children with disabilities, children in foster care, or those seeking asylum), research and analyses point to obstacles related to both their enrolment and attendance. Children with disabilities, for example, often lack opportunities to enrol in ECEC programmes in their own communities or cannot receive support from ECEC assistants. At the same time, many ECEC facilities are not fully prepared for the inclusion of children with disabilities because of a lack of experts and funding, and because they are unprepared in terms of working with these children (Bouillet, 2014). The position of ECEC assistants remains unregulated and depends on local or project

⁹ The 2017 survey on the school population shows that 33% of children are from households that are GMB beneficiaries (Stubbs et al., 2017).

financing. Matković et al. (2020) showed that three-quarters of educators did not have an assistant in groups attended by children with significant disabilities, and the situation is worse in Croatia's less developed areas.

One reason for the poor attendance by children in need is that due to a poorly developed ECEC network only a small number of municipalities/cities (17 per cent) apply priority enrolment for all groups of children as prescribed by law. The largest number of municipalities/cities respects the legal provision giving the enrolment priority to children of working parents (81%), followed by children of single parents (66%), children of victims of the Homeland War and those disabled as a result of that conflict (62 per cent), children from families with three or more children (60 per cent), children who will start primary school in the next year (59 per cent), children with disabilities (52 per cent), children in foster care (52 per cent) and the children of child-benefit beneficiaries (50 per cent) (Dobrotić et al., 2018). This shows us that a significant proportion of children from low-income families and children in need of additional support (e.g., children with disabilities) still lack access to appropriate ECEC services.

The lack of affordable ECEC programmes is an important obstacle to access, particularly for children growing up in poverty. Unaffordable programmes can be a problem for households with incomes below the eligibility threshold for child benefit in Croatia. In a 2013 survey, 66 per cent of parents who are GMB beneficiaries indicated that they could not afford ECEC for their children (although 86 per cent said that attending the programme was necessary for their child's development; UNICEF, 2020). More recent research has also found that ECEC services are not affordable for parents of children growing up in poverty, as reported by 44 per cent of parents in a study by Šućur et al. (2015) and by one in three parents in a study by Stubbs et al. (2017).

These statistics are not surprising, given the regulations on subsidies and parental co-payment levels for ECEC programmes in Croatia. The legal framework does not define uniform standards that would determine the price of the programmes or set a maximum ceiling for parental co-payment, and decisions on costs and subsidies are left to local communities and founders. Research points to regional inequalities in ECEC affordability, with children from less populated areas being disadvantaged (UNICEF, 2020). The amount of parental co-payment ranges up to HRK 1,100 (just over US\$172) per month per child (in 80 per cent of areas co-payment amounts HRK 400–720, or between approximately US\$63 and US\$113).¹⁰ In most counties, the basic parental co-payment accounts for between 9 per cent and 12 per cent of the average monthly net salary per child, and programmes are the least affordable for parents in Krapina-Zagorje County (where it is as high as 15.6 per cent of the average monthly net salary per child).

Higher subsidies for children in need are found in only a minority of municipalities/cities. For example, 48 per cent of local communities offer an increased subsidy for single-parent families, 30 per cent for child beneficiaries of social assistance, 25 per cent for children with disabilities, 13 per cent for children in

¹⁰ Exchange rate estimates as of 22 September, 2021.

alternative care, 2 per cent for children from Roma families and children beneficiaries of child benefit, and less than 1 per cent for child victims of domestic violence (Dobrotić et al., 2018).

The unaffordability of the ECEC also has a negative impact on the (continuous) employment of women, reducing the disposable income of families and putting them at higher risk of poverty, which is particularly pronounced for parents in atypical and unstable employment (Dobrotić, 2021). At the same time, employment is important in preventing the risk of poverty in Croatia, as shown by high poverty rates among households that have both lower work intensity and children (Table 1). Finally, data from the 2016 EU-SILC show that ECEC services are (very) easily affordable for only 26 per cent of families in Croatia (Eurostat, 2021d), signalling poor ECEC affordability.

Another obstacle to ECEC accessibility could be that some parents under-value the importance of ECEC programmes or consider the available programmes to be of low quality and, therefore, rely on childcare within the family. Eurostat (2021e) data show that 60.8 per cent of nursery-age children are cared for exclusively by their parents (falling to 26.4 per cent of those of kindergarten age), which puts Croatia at the top of the EU country rankings for this indicator. Yet the reasons for this remain underexplored.

In addition to the challenges posed by an insufficient number of ECEC places and unaffordability, studies also point to parents' concerns about aspects of ECEC quality (primarily the size of educational groups) and a perception among a small proportion of parents that their children do not need to attend ECEC – most often inactive parents or those who can rely on grandparents for childcare (Dobrotić, 2013, 2021).

While one advantage of the Croatian ECEC system is the fact that educators are highly educated (with parents often expressing their satisfaction with the work of educators), this is not the case in terms of the size of educational groups, particularly for children of nursery age (Dobrotić, 2013, 2021). This is not surprising, given the analyses that indicate that only a fifth of educators work in groups that are within the size range required for the achievement of pedagogical standards. With the exception of ECEC for children aged six, the average number of children enrolled in each group or class exceeds the limits set by the pedagogical standard, with the average size of the nursery group being higher than the limit allowed under that standard by between 4.1 and 8.0 children. This means that up to twice as many children are often enrolled in nursery groups as envisioned by the standard (Matković et al., 2020).

In addition, the working conditions of educators are becoming more precarious, as seen in the growing practice of temporary employment, with a fifth of employees in the system (predominantly young people) now working under fixed-term contracts (Matković et al., 2020). It is important to note that one obstacle to maximizing the impact of recent investments in new capacities from EU funds in terms of improving ECEC quality could be the lack of educators (covered in more detail in Dobrotić et al., 2018).

4.2. Access to education

- While every child in Croatia has the fundamental right to education, hidden barriers and costs, prevent the full educational inclusion of children in need, including those growing up in poverty.
- Learning support services, after-school programmes and leisure activities are underdeveloped in Croatia and are inaccessible and unaffordable for large numbers of children.
- There is a need to provide learning support programmes, after-school programmes and leisure activities as well as IT equipment and internet access to equalize opportunities for children at risk of poverty and social exclusion, help them reach their full potential and reduce social inequalities.

Access to education is recognized as a fundamental right for every child in every EU country, including Croatia. However, further efforts are needed to ensure inclusive education systems and remove (non) financial barriers to access to education (including the costs of, for example, school trips, extracurricular activities, school supplies or computers). These barriers affect children growing up in poverty in particular, and their removal is seen as a key mechanism for the provision of equal educational opportunities and the prevention of early school dropout (EC, 2021a).

Eight years of primary education is mandatory for all children in Croatia, and usually lasts from the age of 6 or 7 to 15, and until the age of 21 for pupils with multiple developmental disabilities. In line with the Constitution of the Republic of Croatia (Article 66), compulsory education should be free of charge. The same does not apply to secondary education, but most pupils in Croatia attend secondary schools that are organized predominantly as part of the network of state schools (96.2 per cent; DZS, 2020). It is notable that Croatia has the lowest share of early leavers from education and training in the EU (just 2.2 per cent in 2020 compared to an EU average of 10.1 per cent; Eurostat, 2021f).

Research shows, however, that some children in Croatia – particularly children in need – have difficulties in accessing primary school (as well as secondary) education. They include children growing up at risk of poverty, recipients of GMB and one-time cash assistance, children from Roma communities and children with disabilities (Šućur et al., 2015; Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017; Pravobraniteljica za djecu, 2020; Pučki pravobranitelj, 2020). The problems they face include the unaffordability of educational materials and an inability to secure funds for various educational content, the unaffordability of computers and the internet, the unavailability of desired secondary education programmes in poor communities, and the inability to ensure access to higher education.

The National Strategy for Children's Rights in the Republic of Croatia 2014–2020 (MSPM, 2014) envisaged providing and subsidizing services for children from low-income families, such as learning support services and leisure activities, to equalize opportunities, but the implementation of such programmes was left

primarily to initiatives by individual civil society organizations and relied on project financing (Dobrotić et al., 2015). Similarly, there are inequalities in the availability of support from teaching assistants for children with disabilities, which depends on the part of Croatia in which they live and are educated. Again, such support relies on either funding from funds of local communities or from the EU, which often lacks continuity (Pravobraniteljica za djecu, 2020).

The importance of teaching assistants for children with disabilities has been highlighted by several studies conducted in Croatia (Drandić, 2017; Romstein and Velki, 2017; Zrilić and Nenadić-Bilan, 2019) and include better integration and better school performance. However, the Ombudsperson for Children has consistently pointed to the "unavailability of teaching assistants for children with disabilities" as being a problem in the education system for many years (Pravobraniteljica za djecu 2016; 2017; 2018; 2019; 2020). In situations where local communities fail to secure the services of teaching assistants, parents who have the financial resources often fund these services for their children from their own pocket.

There is no systematic monitoring of the access of children in the lower grades of primary school to after-school programmes, but mapping carried out in 2015/2016 indicated a regionally uneven approach to this service, which was available in 43 per cent of cities and 10 per cent of municipalities in Croatia (Bertek and Dobrotić, 2016). Parents also pointed to difficulties related not only to the availability, but also the affordability of these services (Pećnik, 2013). Data from the 2016 EU-SILC ad-hoc module indicate that 89 per cent of households at risk of poverty with dependent children have difficulty meeting the costs associated with formal education, with the risk being more pronounced among households in rural areas (92.9 per cent) and large cities (96.5 per cent) (Eurostat, 2021g).

It is necessary to emphasize the educational deprivation of children from Croatia's Roma national minority. Research by Kunac et al. (2018) shows that their main reasons for not attending secondary education are a mixture of financial reasons and poorer educational results at primary level, as well as marriage and pregnancy or becoming a parent. Data from the same survey further show that fewer Roma girls than boys attend secondary education (26 per cent of girls, compared to 36% of boys), which reduces girls' chances of participation in the labour market (Kunac et al., 2018). In all, 20.2 per cent of Roma national minority girls cite marriage as a key reason for ending their schooling, compared to only 5.6 per cent of young men: a finding also confirmed by interviews with representatives from the relevant institutions.

Most Roma children aged 14 to 18 who have dropped out of school have no income. There is also a significant gender difference in terms of children who can be categorized as housewives or those on parental/maternity leave, with up to 15.1 per cent of girls aged 14 to 18 taking on this role, while boys are not represented in this category at all. However, 9.9 per cent of Roma boys in that age group are (in)formally employed, compared to 1.2 per cent of girls (Kunac et al., 2018).

One extremely important aspect of the integration of Roma children into the education system is the provision of Roma assistants. Parents of Roma children attending primary school stress the importance of

these assistants for the educational integration of Roma national minority children and for their better school performance. At the same time, representatives of the Roma national minority also cite a lack of knowledge of the Croatian language and the lack of Roma assistants as the main problems for their children's primary education (Kunac et al., 2018).

Textbooks for all primary school pupils in Croatia are free of charge and are provided through the state budget. In addition, the Government of the Republic of Croatia may, if financial resources allow, (co)finance the procurement of textbooks for high school pupils, and mandatory textbooks are, therefore, provided for secondary school pupils from households that are GMB beneficiaries (Vlada Republike Hrvatske, 2020). As the result of a legal reform in 2018, free school textbooks are now provided to all primary school children, which has enhanced the equality of access to education for all children, regardless of their material status. Before this provision was adopted, various studies indicated that the cost of providing textbooks was a significant financial burden for families on lower incomes and that it had a significant impact on the education of their children. Parents at risk of poverty provided textbooks to their children through one-time assistance from social welfare centres or through local community programmes, which recognized this problem to varying degrees and provided funding for free textbooks, either to all children or to children from low-income families (Družić Ljubotina et al., 2017; Kletečki Radović and Družić Ljubotina, 2021; Družić Ljubotina et al., 2021).

Parents and children living in poverty stress the problem of unaffordability of other educational materials and their inability to secure resources for various educational activities, both in primary and secondary school (Šućur et al., 2015; Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017). These materials and activities include, for example, notebooks, equipment for art education or physical education, school trips and high-school graduation excursions, equipment for use in vocational schools, visits to cultural and artistic institutions, and more. This problem was addressed in part in the academic year 2020/2021, when other educational materials for primary school children from the families receiving the GMB beneficiaries were supplied from the state budget (the Vlada Republike Hrvatske, 2020). In addition, children themselves have emphasized the problem of taking part in extracurricular activities because their parents cannot finance such activities. They believe that this problem should be addressed systematically by allowing them to join for free (Kletečki Radović et al., 2017).

The prioritization of such issues differs from place to place in Croatia, and we can see regional differences in ensuring both educational materials and unhindered education for children in need (including the children of GMB or child benefit beneficiaries, Roma children and children with disabilities). Some local communities have secured all educational materials for children in need for years (Kletečki Radović and Družić Ljubotina, 2021; Družić Ljubotina et al., 2021). However, a significant number of communities – in particular rural municipalities and local communities with low budgets – do not meet the full education costs of children from vulnerable groups. In such cases, some parents of children growing up in poverty meet the educational needs of their children via the social welfare system through a one-time assistance payment (Šućur et al.,

2015, Družić Ljubotina et al., 2017). This payment is limited, and some parents – unaware of its existence – do not even seek it. Although parents of children who are GMB beneficiaries have secured textbooks and educational materials for both primary and secondary school (Vlada Republike Hrvatske, 2020, 2020a), a significant number of families who do not receive the GMB are also in need. For example, beneficiaries of Croatia’s child benefit usually fall into the category of families of lower socioeconomic status, yet are not covered by the subsidies provided by the Government.

For parents and children living in poverty, the unaffordability of computers and the internet is another difficulty. High-school pupils living in poverty report that the lack of computers and internet in their households is a particular problem that places limits on their education (Kletečki Radović et al., 2017). This problem has become more visible with the implementation of distance teaching in primary and secondary schools for two school years in response to the COVID-19 pandemic (Ajduković et al., 2020). The Ombudsperson (Pučki pravobranitelj, 2021) states that, as a result of school closures, pupils and families living in poverty or at risk of poverty, including 83 per cent of those from Roma communities, have lost various forms of support, such as school meals for their children, as well as psychological or learning support.

The Ombudsperson for Children (Pravobraniteljica za djecu, 2020; 2021) has also highlighted a lack of computers and the internet among children living in poverty, in particular members of the Roma national minority, which prevents their equal access to education. The Ombudsperson (Pučki pravobranitelj, 2020) points out that most pupils from families living in poverty or at risk of poverty cannot afford IT equipment and that only 19.6 per cent of Roma children have access to computer, laptop or tablet in their own household.

Children living in poverty are often steered towards vocational professions that enable their faster entry into the labour market as a result of financial constraints, which results in significant financial relief for their families (Družić Ljubotina et al., 2017; Kletečki Radović et al., 2017; Stubbs et al., 2017). Scholarships for high-school pupils from lower-income families are awarded by individual local communities and allow these pupils unhindered access to education (Stubbs et al., 2017; Kletečki Radović et al., 2017). The key problem, however, is that the scholarship system for secondary school pupils from lower-income families varies by region and community: some communities provide significant funding from their budgets for scholarships, while many do not. The Ministry of Science and Education provides scholarships for high-school pupils from the Roma national minority, but Kunac et al. (2018) stress that while scholarship schemes for Roma secondary school pupils are both important and useful, they need improvements as they are insufficient in their current form (including their amount) to address the financial reasons that leave some pupils either not receiving, or withdrawing from, secondary education.

High-school pupils from more impoverished communities living in poverty report a lack of educational programmes in their local community and an inability to attend their preferred school. As a result, they enrol

in the high-school programmes that are available in their area, even if they are not particularly interested in the profession that they are likely to acquire by completing their education at that school. This is particularly true for education and training that is linked to vocations that the current labour market does not need (Miličević and Dolenc, 2009). This leaves the young people living in poverty who complete such programmes uncompetitive in terms of the labour market and, as a result, at high risk of unemployment. This, in turn, can keep them in poverty and heighten their risk of being dependent on the social welfare system.

The National Strategy for Children's Rights in the Republic of Croatia 2014–2020 (MSPM, 2014) raised concerns about this situation, pointing out that "*the centralized management of schools beside decentralization in funding has shown its negative effects precisely on ensuring equal access to education, and as a result we have an unequal situation of students who are educated in different municipalities, cities and counties*". However, it has not been fully operationalized or implemented (Ajduković et al., 2017).

4.3. Access to high-quality nutrition

- High quality, free school meals improve children's nutrition and the pressure on family finance. Yet Croatia has no unique school nutrition system, and access to such meals is difficult in rural areas and in the Adriatic region in particular, where child obesity is most common. A universal programme of free school meals for all primary school children is needed.
- Secondary schools are not obliged to provide school meals for their students, which represents a missed opportunity. Local governments need support to develop subsidized nutrition programmes for secondary school students.
- Nutrition assistance programmes should also be accessible during school holidays: a measure that has proved its worth in many European countries during the COVID-19 pandemic.

Access to high-quality nutrition is crucial for children's optimal development. Access to high-quality school meals for all children is, therefore, a measure promoted within the ECG as having multiple benefits for their wellbeing. Research on and experience within EU countries suggest that access to high-quality school nutrition can improve children's diets and their physical development and health (by, for example, reducing obesity) and enhance their educational outcomes by improving their concentration, their participation in classes and, therefore, their educational outcomes. Importantly, school meals also reduce the financial burdens on families with children (EC, 2021a).

Universal programmes are seen as particularly beneficial, as their involvement of all children in school meals avoids the risk of stigmatization of children at the risk of poverty and eases the administrative burdens

associated with targeted programmes. In addition, universal programmes are key mechanisms for social inclusion and for the educational process itself, with all children learning about the importance of a healthy diet, as well as other social skills (Cantillon et al., 2017; Bitler and Seifoddini, 2019; Schwartz and Rothbart, 2019; Van Lancker and Parolin, 2020; EC, 2021a).

In addition, children living in poverty are more likely to experience an inadequate diet, which may have a negative impact on their physical development and health (Šučur et al., 2015). School meals are extremely important for these children, particularly if they are their most important and only high-quality meal of the day. Daily and high-quality school nutrition is associated with healthy food intake for children living in poverty and an improved body mass index, as well as having some effect on their socioeconomic status (Vik et al., 2019). It is essential to make additional efforts to ensure that these children, in particular, have access to adequate nutrition not only at school during term time, but also outside the school environment and during school holidays (EC, 2021a).

Only Croatia's primary schools (not secondary) are obliged to organize school meals. This organization is left to the schools themselves, resulting in uneven practices and regional differences in children's access to school meals. There are also differences in the availability of school kitchens within primary schools: while 85.3 per cent of primary schools in Croatia have a school kitchen overall, this falls to only 42.3 per cent for school branches.¹¹ These are located mainly in the rural areas where child poverty is the most widespread (Šučur et al., 2015). There are only six counties (Varaždin, Koprivnica–Križevci, Bjelovar–Bilogora, Virovitica–Podravina, Požega–Slavonia and Istria) where every central school has a school kitchen, while the situation is far worse in the counties of Dubrovnik–Neretva (28.1 per cent), Split–Dalmatia (41 per cent) and Zadar (65.8 per cent). There are, therefore, many schools in Dalmatia that do not offer the possibility of cooked and, therefore, high-quality school meals for all children. Even schools in some local communities that do have a kitchen do not always provide cooked meals. School kitchens also stopped working in some schools as a result of the COVID-19 pandemic, with children receiving dry meals (Pravobraniteljica za djecu, 2020). It is also important to point out that there are no additional nutrition assistance programmes in Croatia during the weeks and months of the school holidays, which is a major issue for children growing up in poverty (EC, 2021a).

Systematic data are not available to monitor the access of children in need to adequate nutrition, including high-quality free school meals. The Ombudsperson for Children (Pravobraniteljica za djecu, 2020) points to regional differences in the co-financing of primary school nutrition, noting disparities in children's access to free school meals across Croatia, determined primarily by their place of residence. For most pupils (50.9 per

¹¹ Schools from larger villages often establish their branches in smaller villages. Thus elementary schooling is provided without the smaller villages having to establish their own educational institution.

cent) parents pay at least part of the cost of school meals, while in some counties (such as Osijek–Baranja), all pupils are entitled to free school meals.

Practices vary in relation to the funding of school meals for children living in poverty, and depend on the fiscal capacities of their local community, with a large number of schools relying on the Fund for European Aid to the Most Deprived (FEAD), which provides meals for children whose families receive child benefit and reside in less developed areas. There have, however, been implementation difficulties since FEAD funds were reduced in 2020 (the maximum amount available per applicant – county, city or municipality – is now HRK 1 million (around US\$156,500), down from HRK 1.5 million (around US\$234,750;¹² FEAD, 2021). There have been delays in public calls for funding and uncertainties around its continuity in some local communities, while schools have started to additionally limit the number of beneficiaries covered by the measure in response to the high needs in certain areas. As a result, different practices have been implemented, such as co-financing meals for only one child in each family that meets the eligibility criteria, and the non-inclusion of new beneficiaries, such as children in the first grade. This means that not all children in need are now eligible for a free school meal (Kletečki Radović and Družić Ljubotina, 2021).

It is also important to note that the Ombudsperson for Children (Pravobraniteljica za djecu, 2020) has highlighted a violation of children's right to privacy and dignity as a result of the difficulties in providing free school meals and the denial of school meals to children whose parents do not pay for them. In addition, a FEAD evaluation report has stressed the need to reduce the administrative burden related to the implementation of the FEAD programme in Croatia (EC, 2019a).

Children living in poverty, who have poorer access to adequate nutrition, are also the most likely to be affected by the absence of a systematic and – at implementation level – a uniform and coordinated system to organize and finance school meals. For example, 19.3 per cent of households at risk of poverty with dependent children in Croatia cannot afford one meal with meat, fish or vegetarian equivalent every second day. The rate is far greater for single-parent families, at 37 per cent (Eurostat, 2021h). In 2014, the first representative survey of child poverty in Croatia revealed the difficulties faced by many parents in ensuring adequate nutrition. The data showed that almost half of all children with disabilities and children from Roma communities, and more than 40 per cent of children from families that receive social benefits (children in extreme poverty) who live in poverty, cannot afford a meal that includes meat, fish or an adequate vegetarian substitute once a day.¹³ In relation to the consumption of fresh fruits and vegetables once a day, this is unaffordable for 35 per cent of children with disabilities, 48 per cent of children from Roma communities and

¹² Exchange rate estimates as of 22 September, 2021.

¹³ In addition, 22 per cent of parents belonging to the Roma national minority, 12 per cent of parents of children with disabilities and 10 per cent of parents who receive occasional social benefits (living on the edge of poverty) cannot guarantee three meals a day for their children (Šučur et al., 2015).

32 per cent of children from families that are welfare beneficiaries. Ensuring optimal nutrition for children is much more difficult in single-parent families, as well as for families with three or more children and those living in urban areas (Šućur et al., 2015).

Recent data also indicate a high rate of consumption of low-quality food and drinks among Roma children, with more than 60 per cent of Roma households consuming fizzy drinks and chocolate/sweets several times a week or every day. Up to 21.9 per cent of Roma households never eat fish, and 29.6 per cent eat fish only once a month or less often (Kunac et al., 2018).

Many high school students growing up in poverty and at risk of social exclusion have reported experiencing hunger ("*...food, for a while we had nothing at all, nothing at all, to buy, it was also like that at grandparents'... it was the worst thing for me... one of the worst periods for me...*") and poor quality nutrition ("*... we have a scarce and low-quality diet, "... oranges are purchased, and it will be once every two weeks, a month, but you definitely cannot have any high-quality way of eating, 100%, but the crucial is that there is something to eat. As for a healthier diet, we are deprived*") (Kletečki Radović et al., 2017).

An opportunity is being missed to respond to the nutritional needs of children and young people also because secondary schools have no obligation to provide school meals. High school students living in poverty are particularly disadvantaged, with some reporting that they "*give up meals*" when they are at school and that they rationalize this by claiming that they "*... can do without a meal*" (Kletečki Radović et al., 2017). The importance of a school meal for a child of secondary school age is reinforced by the fact that only just over 50 per cent of students aged 11, 13 or 15 have breakfast at home, falling to only 38 per cent of girls aged 15 (compared to 50 per cent of boys aged 15) (HZJZ, 2020).

The 2017/2018 international World Health Organization survey of Health Behaviour in School-age Children (HBSC) also showed that children and young people from low-income families have worse eating habits and that Croatia is one of the countries where children consume the fewest vegetables per day (HBSC, 2020). In addition, the number of overweight children is increasing. The monitoring of child obesity for 2018/2019 revealed that 33.1 per cent of girls and 37 per cent of boys aged 8 to 8.9 years were either overweight or obese.¹⁴

In addition, the number of overweight children is increasing continuously in Croatia. The results of monitoring child obesity for 2018/2019 show that 33.1% of girls and 37% of boys aged 8–8.9 years are overweight and obese. Nationally, the obesity problem is more frequent among boys (17.8%) than girls (11.9%), with the highest proportion of overweight and obese boys residing in the Adriatic region (CroCOSI, 2021), where the lowest number of primary schools have a school kitchen. There was also an increase in obesity among older children (11/13/15 years), and the 2017/2018 HBSC survey found that 31% of boys and 21% of girls are overweight or obese (HZJZ, 2020). Also, adolescents from families of lower socioeconomic

¹⁴ In 2015/2016 there was 31 per cent of girls and 38.7 per cent of boys either overweight or obese (HZJZ, 2018).

status are more likely to be overweight or obese and significantly more likely to have a negative body image (HBSC, 2020).

4.4. Access to healthcare services

- Croatia has 46 'missing' paediatric teams, with many of the gaps seen in Dalmatia, which has the country's largest number of unvaccinated and overweight children.
- Children in remote rural areas, children from a migrant background, and children from Roma communities may struggle to access the child-focused healthcare that is their right.
- There is a need to strengthen the network of paediatricians, to provide high-quality and child-focused healthcare services, to reduce waiting lists, and to invest in and support mental health protection for children in need.

Children in poverty and social exclusion are more exposed to factors that increase the risks to their physical and mental health (Brooks-Gunn and Duncan, 1997; Jovančević, 2008; Currie and Lin, 2007; Šučur et al., 2015). Therefore, healthcare policies and programmes that allow regular, free and continuous healthcare and treatment for every child are strongly advocated at the European level to protect the rights and wellbeing of all children in need, but also to reduce social inequalities, ensure equal opportunities and break the vicious cycle of child poverty (EC, 2020; ECG, 2021).

All children in Croatia up to the age of 18 who are legal residents (that is, they have an approved permanent address), are entitled to compulsory health insurance. Children in regular education do not have to co-pay for medical services and have free access to hospitals and specialist appointments. Primary healthcare for all children is carried out by specialist paediatricians, general practitioners and family medicine practitioners. Preventive healthcare for children is also provided by specialists in school medicine.

Healthcare for children and young people includes regular preventive health examinations for infants, children aged 1 to 6 and children in school. In addition, mandatory vision checks for children at the age of 4 are ensured by the Croatian National Preventive Programme of Early Amblyopia Detection 2018 - 2028. The control of dental health is provided through the National Dental Passport Programme, which aims to improve the oral health and health behaviour of preschool and school children aged 6 and 12. Screening for any hearing difficulties, however, is not included in the country's mandatory preventive screening programmes (EC, 2020).

In healthcare, as in other areas that are central for the implementation of the ECG, available data indicate discrepancies, with Roma families facing difficulties in accessing health insurance. Although the percentage of children who are not covered by such insurance is falling, research shows that between 7.2 per cent and 17.5 per cent of the Roma population (depending on the data source) is not covered by health insurance

(Zrinščak, 2014; Kunac et al., 2018). It is not clear, however, whether this affects access to health care for Roma children.

The universal system of children's health protection in Croatia has helped to enhance access to health services and preserve the health of children in need. There has been a significant decrease in infant mortality in Croatia over the past 20 years, from 11.1 deaths before the age of 1 for every 1,000 live births in 1991 to 5.7 per 1,000 in , and to 4 per 1,000 in 2019¹⁵ (DZS, 2019; cf. EU average 3.4/1000 in 2018). However, Croatia has achieved the legally prescribed minimum rate of vaccination of 95 per cent – a key indicator of preventive healthcare – for BCG and hepatitis B vaccination only. A significant proportion of unvaccinated children belong to the Roma national minority and these children are also less likely to possess hygiene accessories (such as: toothbrushes, shampoos, body creams, wet wipes, etc.) that are suitable for children (Šućur et al., 2015).

There are limitations in the analysis of health indicators (as for other indicators of children's wellbeing), because databases often focus on an issue or the activity of a specific system, rather than on children.

However, data from the 2017 EU-SILC ad-hoc module (Eurostat, 2021i) showed that 0.4 per cent of children in Croatia were unable to meet their needs for medical treatment and dental care (compared to EU averages of 1.5 per cent and 3.6 per cent of children, respectively). The risk of unmet need was more pronounced in Croatia's smaller cities, at 0.6 per cent for medical treatment and 0.9 per cent for dental care, and particularly among children at risk of poverty within these cities (1.8 per cent and 2.4 per cent, respectively).¹⁶

As for other data, the child is not, in general, a 'unit' of statistical analysis: summary data are used that cannot then be disaggregated, even for simpler analyses, to check the links between some characteristics and the needs of children, e.g. sociodemographic data on children (Ajduković and Šalinović, 2017). In addition, there is no systematic monitoring of healthcare data from individual groups of children such as children from a migrant or refugee background.

Unaccompanied children are entitled to a medical examination with prior written consent from the child and their special guardian until they express their intention for international protection. Those who are granted asylum and those under international protection are entitled to basic healthcare, but complex administrative procedures restrict their access to free healthcare that is legally guaranteed. The Ombudsperson for Children (Pravobraniteljica za djecu, 2020) warns that children with temporary residence status in Croatia do not enjoy the same standard of healthcare as other children, and calls for state funding for the healthcare of children of foreigners who have regulated their temporary residence in the country.

¹⁵ EU average for 2018: 3.4 deaths for every 1,000 live births.

¹⁶ The reasons for this are not presented for the Republic of Croatia because of the limited reliability of the data.

National research reveals key aspects of the health of children at risk of poverty and social exclusion. For example, parents of children growing up in poverty are less satisfied with their child's health, particularly parents of children with disabilities (almost 45 per cent). All children living in poverty are more likely to experience respiratory diseases, with Roma children and those living in the countryside more likely to suffer from colds (Šućur et al., 2015). Some analyses also point to a higher infant mortality rate among Roma children, caused, in particular, by sudden infant death syndrome and respiratory diseases (Šikić-Mićanović et al., 2015:37). These are, in turn, related primarily to the housing and sanitation conditions in which these children grow up.

There are concerns about how to protect children's mental health and the insufficient development and regional availability of mental health support services. The COVID-19 pandemic and the earthquakes in Croatia have increased the demand for professional psychological and psychiatric support to children affected by these crises (Pravobraniteljica za djecu, 2020). However, there were already problems in the protection of children's mental health, as shown by the insufficient numbers of mental health professionals working with children and the limited availability of professional psychological assistance to children living outside Croatia's major cities.

There is a lack of children's mental health support services, in particular services that are easily accessible within communities, and of high-quality and multidisciplinary services that have the resources to ensure good assessment and appropriate treatment, support and assistance to children with mental health problems (MSPM, 2014; Pravobraniteljica za djecu, 2020). Children also need systematic psychological support within the education system. It is also important to note that children with mental health problems do not receive adequate treatment because psychiatric services for children are not recognized as separate services, and there are no specific guidelines and standards for treatment.

Despite a system of universal and, in principle, free healthcare for children in Croatia, children in need face barriers in practice in accessing healthcare services and in exercising their right to health. The difficulties are seen in the uneven availability of healthcare services. This is particularly true for children living on Croatia's islands and in its less developed areas because of their relative isolation, as well as a lack of paediatricians and doctors. Studies suggest that the lack of paediatricians and other specialists and of access to adequate transport limit the availability of healthcare services in remote areas, particularly for children from low-income families, as these families rarely have their own car and often depend on poor public transport services (Šućur et al. 2015.:155; Grgurić and Pećnik, 2013).

In addition, poorer families face financial barriers when seeking healthcare services. Research shows that for about half of the children growing up in poverty, seven key health services are not available in the area in which they live (defectologist-rehabilitator, physical therapist, physiotherapist, child psychologist, child psychiatrist, speech therapist and ophthalmologists). These health services are rarely available to children living in poverty in the rural areas that account for the highest proportion of such children: 65 per cent.

Children in peri-urban areas distanced from a city centre may also lack access to such services (Šućur et al., 2015).

Children with disabilities are particularly affected by the lack of adequate healthcare services in their local communities, given their significantly higher needs for healthcare and medical rehabilitation (Bouillet, 2014). In all, a third of parents of children with disabilities living in poverty cite financial expenditure (such as the costs of travelling to hospitals or rehabilitation centres, medical supplies and special medicines) as an obstacle to healthcare access (Šućur et al., 2015). In addition, the Ombudsperson for Children (Pravobraniteljica za djecu, 2020) warns of the problem of insufficient accommodation in hospitals for the treatment or medical rehabilitation of children with disabilities. There is also a lack of child psychiatrists for the diagnosis and treatment of children with multiple disabilities.

Waiting lists for specialist examinations and medical treatments for children remain a major problem as a result of lack of funding and a dysfunctional healthcare system (Stubbs and Zrinščak, 2018). Children are waiting up to a year, for example, for speech therapy treatment or an ophthalmologist's examination. At the same time, the number of doctors in primary care is decreasing, with the number of paediatricians falling down by 7.1 per cent in 2019 and family medicine specialists down by 4.7 per cent compared to the previous year (HZJZ, 2020a). Estimates by the Croatian Society for Preventive and Social Paediatrics (Hrvatsko društvo za preventivnu i socijalnu pedijatriju, 2021) show that 46 paediatric teams are 'missing' in Croatia, mostly in Dalmatia, the area with Croatia's largest number of unvaccinated and overweight children.

Compulsory healthcare services for preschool children (aged 0 to 7) in Croatia should be provided by specialist paediatricians, yet some children do not have the option to choose a paediatrician in their own community and must rely on their general/family medicine practitioner when exercising their right to health care. These practitioners have the right to contract the implementation of mandatory healthcare services for children over four years of age and exceptionally for children up to four years of age. The European Paediatric Association (and its Croatian equivalent) recommends the provision of child healthcare through a paediatrics specialist (EPA/UNEPSA, 2008). This takes into account the developmental specificities of each child as a patient and ensures a high level of health protection, while also supporting the role of doctors through a holistic approach to health – an approach that includes both the preventive and counselling work of paediatricians with parents and children, and that is also in line with the ECG (EC, 2020; ECG, 2021).

While healthcare for children should, in principle, be free of charge, children growing up in poverty face costs that are not covered by health insurance. For example, medicines that are recommended (but not prescribed) by a paediatrician or general practitioner may not be available to some children, which casts doubt on the equality of access to quality healthcare for children in need (Šućur et al. 2015.; Kletečki Radović et al., 2017). Parents who are GMB beneficiaries and whose children were in hospital for treatment (and particularly in relation to children undergoing long-term hospital treatment) have highlighted additional financial expenditures (e.g., special food for children, travel expenses to hospital, equipment for children), the

unaffordability of staying with children in hospital (accommodation), and feelings of discrimination against them in the healthcare system because of their poverty. A respondent to one study said *"when it comes to children, no differences should be made in hospitals...other parents sleep in the apartment, who have the money to pay...and those of you who don't, eat rolls and that's it... they kick you out of the room like a dog whenever they like..."* (Šućur et al., 2015).

4.5. Access to adequate housing

- Young people aged 15–24 who live in poverty are at the highest risk of housing deprivation and homelessness in Croatia. The risk is even greater for those coming out of alternative care, yet they are not offered adequate housing support. Investment is needed to develop measures to support these young people and prevent their homelessness.
- Around 20 per cent of the children living in poverty in Croatia are at risk of severe housing deprivation, with an even higher risk for single-parent families and children from Roma communities.
- A system of social housing is needed that will prevent youth homelessness and protect families with children at risk of poverty.

On the one hand, ensuring access to adequate housing for all children is a key mechanism to prevent children's social exclusion and their risk of homelessness. On the other, poor quality housing and overcrowding can have a negative impact on the health and wellbeing of the child (Friedman, 2010). Ensuring adequate housing conditions is vital for children who need a safe and healthy environment in which to grow and develop and implies housing of adequate quality and a safe neighbourhood (WHO, 2008).

While a higher share of people in Croatia live in their own apartment or house (89.7 per cent in 2019) than the EU average (69.8 per cent; Eurostat, 2019j), they are also more likely to live in housing that is overcrowded. Figures for 2019 show that 40 per cent of the population, and up to 50 per cent of poor households live in overcrowded housing, which is far higher than the EU average of 16.7 per cent for the general population and 30 per cent for households at risk of poverty. These data indicate a generally lower standard of housing for people in Croatia, and particularly for those who live in poverty and are GMB beneficiaries. Around 5.9 per cent of the general population lives in severe housing deprivation, rising to 11.6 per cent for poor households. These are people who live in overcrowded apartments and face leaking roofs, do not have a bathroom and toilet in the house, and who live without electricity or a proper way to light their household (FEANTSA, 2021).

Households at risk of poverty are more likely to face difficulties in paying their rent and keeping their home warm and live in housing conditions that are significantly worse than for other groups. Young people in

Croatia who live in poverty (aged 15 to 24) are at the highest risk of unsafe housing (housing deprivation): almost 19 per cent of them had a serious problem in securing adequate housing in 2019 (FEANTSA, 2021).

Croatia lacks an integrated approach to housing programmes, as well as a lack of programmes for vulnerable groups. There is also no framework to determine what an appropriate housing policy for certain groups of children in need should look like (Zrinščak, 2019). At city and municipality level, there is variation in the way housing programmes for people at risk of unsafe and inadequate housing are developed and implemented (Stubbs et al., 2018). Some cities have housing schemes for vulnerable citizens, with GMB beneficiaries and families with children often prioritized. Some cities also have social housing and rental programmes implemented through a socially stimulating housing construction approach (e.g., Social Analysis of the City of Zagreb, 2020).

In addition to the variations across local housing schemes, there is also a lack of systematized and accessible data that could be used to evaluate access to adequate housing for children in need. Only a few EU-SILC indicators are disaggregated by household type or age to give some insights into certain outcomes of housing conditions for children in Croatia – all of which indicate less favourable outcomes for children growing up in poverty and in single-parent families. More specifically, while 6.6 per cent of Croatia's people cannot keep their home warm, this rises to 19.1 per cent for people at risk of poverty and 39.4 per cent for single-parent families on lower incomes. Similarly, severe housing deprivation is far more pronounced among people at risk of poverty (11.6 per cent compared to 5.9 per cent for the general population), and particularly for children growing up in poverty (19.8 per cent) and in single-parent families (12.1 per cent). In Croatia, 8 per cent of children at risk of poverty (compared to 3.9 per cent of the general population) believe that their home is too dark, with this problem being more pronounced among children living in poverty aged 12 to 17 (10.3 per cent). In addition, 0.7 per cent of children in Croatia do not have a toilet, and 0.6 per cent of children do not have a bathroom or shower in their home (Eurostat, 2021a).

Research in Croatia suggests that children growing up in poverty are the group most affected by the absence of a systematic and regionally uniform housing policy. Although Croatia is at the very top of EU countries in terms of the percentage of housing that is owned by its citizens (89.7 per cent), data from a 2014 survey indicate that only 40 per cent of families that receive the GMB own an apartment. Among these families, those with children have a lower housing status than other categories of the population and are more likely to live in rented apartments, with their parents or with friends (Šućur et al., 2015). If they rent an apartment, they pay the full economic cost of the lease, which is a significant financial burden for them.

Families with children that receive the GMB are only entitled to very limited compensation for housing and fuel (for those using wood for heating) within the social welfare system. These limited funds are provided by local and regional self-government units which annually decide on the amount of compensation. Families that are GMB beneficiaries can also be entitled to compensation of no more than HRK 200 per month (around

US\$31.30)¹⁷ as vulnerable energy customers. If one member of the family is a beneficiary of the right to disability benefits (for example, a child with disabilities), the family exercises this right regardless of their socioeconomic status.

Families with children at risk of poverty can barely afford to maintain their housing, or to buy or repair household appliances (Šućur et al., 2015) and rely on one-time (cash) assistance from a limited social welfare system to meet these needs. It is not surprising, therefore, that research shows that the housing problems faced by the families of preschool children that live in poverty are more acute than those faced by the families of preschool children that do not live in poverty. Some specific problems are more prevalent for families with children living in poverty, such as a lack of space (53 to 76 per cent of families), the humidity of the apartment (36 to 49 per cent), insufficient illumination (15.8 to 27 per cent), insufficient heating (20 to 36.9 per cent), the deterioration of buildings (34.6 to 44.6 per cent), the deterioration walls and floors (30.8 to 52.3 per cent) and roof leaks (26.3 to 35.4 per cent). Roma children and children with disabilities that are GMB beneficiaries are the children who are most commonly exposed to such poor housing conditions (Šućur et al., 2015). This is extremely worrying, and poses a real risk to the health of children who develop various respiratory and other health problems as a result of their housing conditions. Poor housing conditions are also associated with poorer conditions in the process of education. The research by Stubbs et al. (2017), for example, showed that around one third of children growing up in poverty say they have no place to learn at home, which has consequences for their educational outcomes.

Roma children are exposed to the greatest housing deprivation and are the most likely to live in inappropriate and inadequate housing conditions characterized by overcrowding and poor quality housing, all of which have a negative impact on their wellbeing (Šućur et al., 2015). Roma families in Croatia often own the properties in which they live (81.6 per cent), but are much more likely to be living in poverty and inappropriate housing conditions, with serious consequences for their children. The latest survey on Croatia's Roma population shows that no progress has been made on their housing conditions. In all, 11.2 per cent of Roma households have no electricity, 43.3 per cent have no running water, 73.3 per cent are not connected to sewage, 49.9 per cent do not have a bathroom with a shower, and 53.9 per cent do not have a toilet in their home (Kunac et al., 2018).

On average, Roma households with children have only 0.36 rooms and 9.8m² of space per household member, well below the recommended threshold of 14m² per household member as is seen as the minimum amount of space needed to prevent the negative health and social effects of overcrowding. In addition, 52.1 per cent of Roma households do not have a separate bed for each family member (Dobrotić, 2014), and 72.3 per cent of Roma children do not have their own bed (Šućur et al. 2015). Roma children from families that receive the GMB are more exposed to life in a polluted and disorderly environment and often live in

¹⁷ Exchange rate estimate as of 22 September, 2021.

settlements near waste dumps or landfills.¹⁸ They are also significantly more exposed to an environment in which physical attacks and violence may occur, as well as to potential risks from dangerous animals (Šućur et al., 2015).

Access to housing for unaccompanied children (children on the move) or at risk of homelessness (children coming out of alternative care or those exposed to domestic violence) in Croatia is provided through a social welfare system that does not respond sufficiently to their needs. Children are cared for primarily through placement in alternative care homes for children and young people, safe houses for victims of domestic violence or supervised independent living arrangements for children and youth. The Ombudsperson for Children (Pravobraniteljica za djecu, 2020) has warned against the inappropriate accommodation of children from migrant backgrounds whose freedom of movement is restricted by placing them in Reception Centres for Foreigners – an approach that conflicts with the principle of acting in the best interests of the child. She also points out that the conditions of social welfare institutions do not meet the specific needs of unaccompanied children because they do not allow the adequate protection of children, they lack translators, and they do not have enough specialists who are trained to work with foreign nationals and who are equipped with the specific tools they need to work with this group of children.

Children in alternative care (children's homes, foster families) in Croatia are at risk of unsafe housing and homelessness when they leave care. Although the state recognizes the importance of supporting children and young people after they leave alternative care under the Social Welfare Act¹⁹ and Foster Care Act,²⁰ for example, through study allowances, social counselling and assistance, as well as through allowing children to remain in foster care for up to a year after completing education, additional measures and programmes to support their housing are still lacking.

Once they reach the age of 21 and have left a social care home or foster family, young people often end up in homeless shelters because they do not have a support network that would help them to resolve their housing status. This is emphasized by the Ombudsperson (Pučki pravobranitelj, 2019), who points out that up to 21 per cent of homeless people in just one shelter had been through alternative care, while those who had experience such care accounted for 12 per cent of homeless people in Croatia in 2012 (Mlinar and Kozar, 2012). It is also important to note the difficulties around the systematic monitoring of children in alternative care, the insufficient number of foster families (given the number of children being separated from their

¹⁸ The problem of disorderly environments is also common among families of GMB beneficiaries who are caring for a child with disabilities.

¹⁹ Social Welfare Act [Zakon o socijalnoj skrbi]. NN 157/13, 152/14, 99/15, 52/16, 16/17, 30/17, 98/19, 64/20, 138/20. <https://www.zakon.hr/z/222/Zakon-o-socijalnoj-skrbi>

²⁰ Foster Care Act [Zakon o udomiteljstvu]. NN115/18. <https://www.zakon.hr/z/485/Zakon-o-udomiteljstvu>

families) and extremely lengthy adoption processes. As a result, a significant number of children are still growing up in Croatia's institutions (cf. MDOMSP, 2019; MRMSOSP, 2020).

5. Conclusions and recommendations

The following recommendations aim to ensure that every child has access to essential social services. The entire analysis captured in this report has centred around the ECG, and its recommendations are, therefore, focused primarily on children in need, with a particular emphasis on children who are growing up at risk of poverty and social exclusion. There is also a focus on children's access to high-quality and affordable services within the five key areas of the ECG: early childhood education and care, education and school-based activities (including extracurricular activities), , healthy nutrition, health care and adequate housing.

Croatia already has certain system characteristics that should be maintained and strengthened, such as universal access to public and free education and healthcare. Improvements are needed, however, to overcome the 'hidden' barriers that prevent children in need accessing these services, and to strengthen the support systems in the other three areas that are, at present, less developed: early childhood education and care, healthy nutrition and adequate housing.

The following recommendations are based on an analysis of barriers that hamper access to essential services for children in need in Croatia and insights into the characteristics of individual (sub)systems. There is an emphasis on the institutional mechanisms that make it difficult for these children to access high-quality and affordable services and on the challenges that children and parents face, moving from general to more specific recommendations.

General recommendations

1. **Clearly define the political and administrative responsibility framework for the implementation of the ECG and ensure effective interdepartmental and intersectoral coordination.**

The fundamental presumption for the success of the ECG in Croatia is a synergy across different government departments and other relevant public and private sector stakeholders (including civil society). It is not realistic to expect any tangible change in relevant policies if the change is reduced to the use of European Structural Investment Funds on a vertical principle for existing or modified programmes that are already implemented in the sectors of social welfare, healthcare and education.

The design of interventions should be shaped, from the outset, by children's needs that cannot be met by existing programmes, with a particular focus on challenges that require a coordinated approach by more stakeholders. For example, improving the position of assistants in the ECEC system and teaching assistants in education requires the cooperation of departments in charge of labour and education, education unions, and associations that include assistants, principals and independent experts, as well as researchers. Many similar examples of the need for coordination and collaboration can be seen in the recommendations that follow. An intersectoral and interdepartmental approach should be incorporated into every phase of an intervention – from its design to the monitoring of its implementation, and from planning the evaluations of its performance to making any necessary revisions.

It is crucial to avoid the scenario of "a problem that everyone knows everything about, but no one does anything", which is characteristic of horizontally designed programmes. This makes it essential to *establish an operational body* that will ensure ongoing communication between the departments in charge of implementing ECG measures, which may include representatives of other relevant stakeholders whose perspectives can inform discussion and decision-making. The most practical approach would be to expand the composition of Croatia's existing National Steering Committee. It is also useful to consider the formation of smaller thematic sub-groups (which may also include external members) to implement several related interventions, aiming for continuous monitoring and proposals for improvement.

Finally, such an interdepartmental (and ideally) intersectoral body should have a direct connection with the highest levels of decision-making, namely the Government of the Republic of Croatia. In order to avoid any difficulties arising from interdepartmental responsibilities, which may be a consequence of appointing one minister as 'first among equals' in the implementation of such an initiative, the solution may lie in the active participation of the Prime Minister's Office in monitoring the implementation, evaluations and revisions of measures under this initiative. It would be illogical, for example, for the Minister in charge of social policy to bear responsibility for improvements in the health or education sectors.

Although the eventual institutional solution may differ from the solution proposed here, *it is crucial to create the capacity to remove possible implementation barriers in a timely manner at the highest political level, particularly because they emerge quite often during the implementation of new, horizontally oriented interventions such as the ECG*. Institutional innovations thus should not be avoided because they represent preconditions for policy improvement in such dynamic contexts. At the same time, it is necessary to build the system's capacity to cope with the challenges the institutional innovations themselves bring about.

2. Develop an integrated approach to combat poverty and the social exclusion of children, and to ensure integrated services.

There is no clear, systematic and comprehensive policy aimed at children in Croatia, with a particular lack of policies that use a preventive approach to poverty and that treat the child as a rights holder. Child poverty

prevention measures and policies must, therefore, become multidimensional, implying coordinated action between different systems and stakeholders (social welfare systems, education, health, justice and others) from the national to the local level and across various areas of activity.

'Accountability' for issues of child poverty and social exclusion must not remain predominantly within the social welfare system: all sectors, in particular education and health, need to play a more active role. The education system, for example, is extremely important as it comes into contact with all children every day and has significant and untapped potential for the prevention and mitigation of the risks of poverty and social exclusion.

Strategic documents within all departments should also address social inequalities in access to services and other support systems more systematically and additional measures to combat these inequalities should be implemented. There should be a greater emphasis on integrated services that start from a holistic approach to intervention. These integrated services should be equipped to overcome the difficulties in the management and processes for the application of children's rights, such as the fragmentation of responsibility across different administrative levels and providers, and to prevent the risk of the (multiple) exclusion of children from support systems and from society (Council of Europe, 2010).

3. Make services for children accessible to all children regardless of their place of residence or income, and remove the 'hidden' financial barriers that hamper access to services for children at risk of poverty.

This analysis has noted that children living in rural areas, remote places (islands) and less developed areas have very limited access to the essential services that are guaranteed by the existing public policy framework. More investment is needed in the development of a network of (early childhood) education, healthcare, and social services.

There is also a need to *implement the package of essential services available to each child* regardless of the geographical or economic characteristics of the area in which they live. While it is essential to strive for essential services that are free of charge for all children, *additional mechanisms are needed to overcome the 'hidden' financial barriers for children at risk of poverty and social exclusion when accessing essential social services* (e.g., exempting them from any parental financial participation in services and providing free transportation).

The next logical step is also to develop community programmes to *support parenting and raise awareness of the importance of specific programmes*. This could also be effective in addressing difficulties in accessing individual services (one such programme may, for example, target parents who are skeptical about the benefits of ECEC).

4. Develop a ‘child-sensitive’ data collection and monitoring system, including a comprehensive framework to monitor child poverty and social exclusion.

Various documents emphasize Croatia’s lack of a modern and reliable system of collecting and monitoring data that focuses on and is sensitive to children. As a rule, children are not a ‘unit’ of statistical analysis, but summary data are used, which cannot be segregated even for simpler analyses that would allow a deeper insight into the conditions in which children grow up (Ajduković and Šalinović, 2017). In addition, there is no mechanism that collects data systematically on service coverage for children in need. In relation to ECEC programmes, for example, these could include the children of GMB beneficiaries, children in alternative care, children with recognized international status, and children from migrant backgrounds, among others. The lack of such a mechanism makes it impossible to monitor and evaluate the impacts of measures and programmes that aim to improve children’s wellbeing, or to identify the barriers to service access.

It is necessary, therefore, *to define comprehensive national indicators* for monitoring the poverty and social exclusion of children and their access to services. It is also essential to develop *a system to collect and monitor publicly available data with clearly defined roles and responsibilities for different departments*. Finally, it is also necessary to *invest systematically in research* that will provide more detailed insights into the challenges faced by children at risk of poverty and social exclusion, including the impact and effectiveness of specific measures and support systems. This will, in turn, contribute to the better design and targeting of programmes and subsidies.

Specific recommendations for the five areas covered in the European Child Guarantee

Early childhood education and care (ECEC)

5. Develop and invest in a regionally uniform network of high-quality early childhood education and care services to uphold every child’s right to access to ECEC.

Croatia has a decentralized and underdeveloped ECEC system and this, coupled with major regional inequalities in the availability and affordability of programmes, excludes many children in need from ECEC programmes. At the same time, research findings confirm that these children are particularly affected by the positive impact of taking part in these programmes, such as better educational outcomes and alleviation of social inequalities. Longitudinal research has shown that the inclusion of children from low-income families in high-quality ECEC programmes has benefits for their cognitive, social and emotional development, improves their primary school outcomes, and enhances their later educational and professional careers. The positive impact is reflected in the achievement of higher levels of education, finding jobs that are better paid

and of higher overall quality and in the reduction of socioeconomic inequalities (EC, 2021a, citing Melhuish, 2014; Barnett, 2011; Heckman, 2006; and Sylva et al. 2004).

Key barrier to access to ECEC services in Croatia include the lack of ECEC capacities, particularly in less developed areas, but also the 'overcrowding' of existing capacities. This makes it essential to continue to invest in the ECEC network, strive to expand quality ECEC services and, ultimately, *guarantee a place in ECEC services for every child*.

It is crucial to avoid *the practice of relying exclusively upon short programmes* for children in need, which often fail to alleviate initial inequalities or equalize educational outcomes (Bouillet, 2018). Such programmes do not allow for the (continuous) employment of women, and may contribute to gender and social inequalities. It is women, primarily, who are leaving the labour market in Croatia because of the absence of childcare services (Dobrotić, 2013, 2021), while households with children that have lower work intensity (see Table 1) are at increased risk of poverty.

The size of educational groups or classes in ECEC programmes is already a serious obstacle to ECEC accessibility in Croatia (particularly in nurseries, where twice as many children as the recommended number are often enrolled; Dobrotić et al., 2018; Matković et al., 2020). *Adding more children to existing programmes that already exceed the defined pedagogical standard for group size would undermine quality and should not be seen as an effective way to include more children in ECEC services*. This is especially important from the perspective of the child's wellbeing, as the positive outcomes of ECEC attendance relate primarily to quality programmes (Baran, 2013; Matković et al., 2019).

As well as building new ECEC capacities, it is also possible to use the infrastructure of primary schools and their personnel potential within communities that have a declining number of children. Given that there are not enough ECEC educators (Dobrotić et al., 2018) and some primary school classroom teachers 'lose' working hours as the number of children enrolled decreases, it could be possible to employ these teachers under the ECEC system with the prior development and application of an effective and affordable retraining system.

Guided by the recommended principle of effective access to services, which requires services that are physically accessible, it is also possible to consider *the development of integrated services* in smaller areas as *a more effective solution*, taking into account a small population of children (e.g., multifunctional educational, cultural and social support centres for early childhood development and parenting). Finally, it is necessary *to develop a sustainability model for recent investments* based on EU funds, so that the new capacities that have been gained are not lost when funding comes to an end.

6. Develop a comprehensive legislative framework for ECEC that will ensure regionally uniform access to affordable and high-quality services for every child, as well as additional support mechanisms for children in need.

The current public policy framework for ECEC provides significant autonomy for founders in defining enrolment criteria and the level of parental co-payment required by a programme. This leads to major regional inequalities at the implementation level and inequality among children. It is necessary, therefore, to improve the ECEC legal framework to ensure regionally uniform implementation and high-quality and affordable ECEC programmes that are equally accessible for all children in Croatia.

There should be a strong focus on the standardization of subsidies for ECEC programmes throughout Croatia. The analysis has pointed out that programmes are (very) easily affordable for only 26 per cent of families in Croatia (Eurostat, 2020d), while their unaffordability remains a key barrier to access to ECEC for children from lower-income families (Dobrotić, 2013; Šućur et al., 2015). *A unique methodology should be, therefore, developed to calculate ECEC subsidies*, which will consider the socioeconomic status of the family and prescribe the maximum amount of parental financial participation in an ECEC programme. In addition, local communities, particularly those that are less developed, will need *additional funding* to make such a subsidy system sustainable.

It is important to note, however, that research suggests that growth in ECEC spending or the greater physical availability of ECEC programmes does not guarantee the elimination of inequalities in ECEC accessibility (Abrassart and Bonoli, 2015; Van Lancker, 2017), and children of lower (and medium) socio-economic status are more likely to attend programmes in areas where subsidies are more generous. In addition, a progressive scale in determining the level of subsidies reduces inequalities in access to programmes (Abrassart and Bonoli, 2015).

The higher costs of ECEC programmes have a negative impact on women's employment and deepen gender inequalities, making it particularly difficult for single-parent families – who are already at increased risk of poverty and social exclusion – to participate in the labour market (Dobrotić, 2015). Research suggests that mothers' employment is also important from a gender and socialization perspective, as children of working mothers show more gender-egalitarian attitudes in adulthood, while the sons of working mothers are more involved in providing care in the home (Sieverding et al., 2017; McGinn et al., 2018).

7. Secure continuous central government's funding of assistants for children with disabilities, migrant children and Roma children in ECEC and education.

The most pronounced obstacle to access to education for children with disabilities is the absence of support for their inclusive education and, above all, the lack of continuous support from teaching assistants or professional communication intermediaries. There are already difficulties in Croatia's ECEC system in relation to the provision of various models of professional support to children with disabilities and, in particular, ensuring that they have the support of ECEC assistants (or third educators).

There are ongoing challenges to the continuous financing of teaching assistants in primary schools as well, and to the availability of teaching assistants for all children in need. These relate to the fact that 'new' services for inclusive education and deinstitutionalization are provided predominantly by civil society organizations on a project basis and tend to be financed by European funds without a sustainability model. This leads to their instability and uncertainty, in particular between public calls or programming periods (Bežovan and Matančević, 2017). It is, therefore, necessary *to establish a support system within which all children in need, from an early age and immediately upon entering the educational system, have the continuous and free support of (teaching) assistants.*

8. Improve the professional and economic status of (teaching) assistants in ECEC facilities and schools.

There has been no concrete research on this topic to date. However, information from the field indicates that ECEC/teaching assistants often have precarious employment contracts (fixed-term employment, sometimes through service contracts and student contracts), and relatively low incomes that are inconsistent with the complexity of their jobs, as well as experiencing uneven practices around, for example, bonuses, the Christmas bonus or gifts for their children. While many have had a secondary education, many ECEC/teaching assistants are highly educated.

It is important, therefore, *to consider mechanisms and possibilities to improve assistants' employment stability and uphold their economic and social rights*, given the requirements and importance of their career. It is also necessary to explore *and develop professional development opportunities* for people who have opted for this profession. Without such action, Croatia risks a shortage of suitable personnel for this type of work and an inability to provide an effective support system for the inclusive education and social inclusion of children in need. It is also necessary to evaluate the effects of the teaching assistants programme systematically and improve the quality of service based on evaluation findings.

Education

9. Provide learning support programmes, after-school programmes and leisure activities (extracurricular and out-of-school activities of sport, culture, foreign languages, etc.), as well as IT equipment and internet access to equalize opportunities for children at risk of poverty and social exclusion, support the development of a child's potential and reduce social inequalities.

Learning support services, after-school programmes and leisure activities are underdeveloped in Croatia, and are also inaccessible and unaffordable for large numbers of children, particularly those from lower-income families and those growing up in rural areas. In general, children at risk of poverty are excluded from the extracurricular and out-of-school activities that are unaffordable for their families. Yet these are the very children who so often need additional support in learning and in reaching higher levels of education

(Dobrotić et al., 2015; Kletečki Radović et al., 2017) and who need to be able to use the opportunities offered by education to escape from poverty.

It is necessary, therefore, *to develop a regionally uniform network of after-school programmes, as well as extracurricular and out-of-school activities that are available to all children*. These are extremely important activities that contribute to social inclusion, raise the level of social capital and facilitate the constructive use of leisure time –all crucial for the empowerment of children at risk of poverty and a sound basis for their inclusion in society.

It is children in need who have the highest social, emotional and cognitive gains as a result of taking part in extracurricular and out-of-school activities (OECD, 2011). Croatia's educational system, therefore, represents an extremely important and currently unexploited opportunity to support children in need and provide opportunities for early intervention and prevention through after-school programmes and the development of extracurricular activities.

As well as investing in and expanding the offer of these programmes, it would be useful to carry out a comprehensive *mapping of the availability, affordability and quality of extracurricular and out-of-school activities for children in Croatia*, which would enhance the design and focus of programmes and subsidies within the area. This could be financed by EU funds, especially the European Social Fund Plus (ESF+) instrument.

The unaffordability and unavailability of IT equipment (computers, laptops, internet) puts children living in poverty (and Roma children in particular) at an extreme disadvantage, as children who cannot access digital educational content and are unable to have equal access to education overall. It is, therefore, necessary to carry out a comprehensive mapping of the availability and affordability of IT equipment and internet access so that funds from the state budget or from the EU can be mobilized to ensure the smooth participation of children living in poverty in digital forms of the educational process.

10. Provide adequate financial opportunities for the inclusion of Roma children in secondary education and ensure greater support for young people (particularly Roma girls) who have started their own families, aiming to retain them within the education system.

Marriage, parenting and a lack of finance are the main reasons given by Roma children for not attending secondary education (Kunac et al., 2018). Consequently, the National Roma Inclusion Strategy underlines the need to "increase the number of members of the Roma national minority enrolling in secondary education by 2020" and to "increase the number of members of the Roma national minority completing secondary education by 2020", while ensuring better educational achievements for Roma children in primary school.

Nutrition

11. Provide a universal programme of free school meals for all primary school children.

Croatia has no unique and regionally balanced school nutrition system, and access to (high-quality) school meals is particularly difficult in rural areas and the Adriatic region, where child obesity is most common (CroCOSI, 2021; Pravobraniteljica za djecu, 2020). Access to high-quality nutrition is necessary for a child's optimal development (see 4.3) and access to school meals also reduce the financial burden for families with children (EC, 2021a).

It should be emphasized that a study on the economic implementation framework and financial foundations for the ECG *prioritizes universal programmes that reach all children with school meals* to avoid excluding children in need, stigmatizing children living in poverty, and the administrative burden associated with targeted programmes (EC, 2021a). This is particularly important for Croatia, which has 556 municipalities/cities and has also seen children in need being excluded from the current system of subsidized school meals. This is why the Ombudsperson for Children (Pravobraniteljica za djecu, 2020) has also highlighted violations of children's rights to privacy and dignity as a result of difficulties in accessing free school meals, with meals not being provided to children whose parents could not pay for them.

In securing free school meals for children at risk of poverty, it is necessary – until the introduction of a universal right to free school meals – to plan FEAD funding in parallel with state budget allocations to bridge the gap until contracting in the new programming period. Studies have also shown the impact of free and nutritionally balanced school meals on increased intake of healthy foods and their contribution to the health of all children, especially those from poorer backgrounds (Vik et al., 2019). Croatia has national guidelines for the nutrition of *students in primary schools (MZ, 2013) and there should be stronger implementation and monitoring of these guidelines in schools* to improve children's health, especially for children living in poverty. A prerequisite would be the development of the infrastructure for school kitchens or 'alternative' food supply programmes, as highlighted in the following recommendation.

12. It is necessary to plan infrastructure investments in the construction of school kitchens (cafeterias) in secondary schools in Croatia, in all types of schools in Dalmatia and in rural and less developed areas that do not have school kitchens, or develop 'alternative' programmes to ensure a supply of quality school meals.

The organization of school meals is left to the founders, resulting in uneven practices and regional differences in children's access to nutrition and high-quality school meals. While secondary schools are not obliged to provide school meals, and rarely have cafeterias, there are also differences in school kitchen equipment across primary schools, with a particularly unfavourable situation in Dalmatia and in less

developed and rural areas where children are often at an increased risk of poverty. A large number of schools in Dalmatia do not offer the possibility of cooked (and therefore adequate) school meals for all children, while cooked meals are not offered by schools that actually have a kitchen in some areas, which deprives children of a basic existential right – the right to nutrition.

To ensure access to adequate school meals for each child, *additional investment in school kitchens or the development of 'alternative' high-quality school meals supply schemes* that rely on local resources are required (e.g., in the form of catering). This investment should be accompanied by a shift towards *the horizontal integration of the principle of green public procurement* in the form of greater reliance on local producers, which can stimulate local production and employment.

13. Provide support to local government units for the development of subsidized nutrition programmes for secondary school students.

The construction and equipping of secondary school cafeterias is a lengthy process that will progress at an uneven pace in geographical terms. It is necessary therefore, to provide a *transitional solution by providing funds for free school meals to secondary school students growing up in poverty (GMB beneficiaries, child benefit beneficiaries) through, for example, subcontracting local restaurants* that offer adequate nutrition and meet other general criteria related to orderly business conduct.

An opportunity to respond to children's needs for a health and regular diet is being missed as a result of the lack of an adequate system of organizing primary school meals and the fact that secondary schools are not obliged to provide school meals for their students. As this analysis has indicated, children and young people from lower-income families have worse eating habits, are more overweight or obese, and are unable to afford a meal during the school day. It is important, therefore, to *develop a mechanism to ensure access to adequate nutrition during secondary education*. As noted, older children are at the highest risk of poverty and social exclusion (Table 1) and need additional support programmes.

14. Ensure access to adequate nutrition during school holidays and other school breaks for students from families that are GMB and child benefit's beneficiaries.

There are, at present, no additional nutrition support programmes in Croatia in the weeks or months of school holidays, despite their importance for children living in poverty. One fifth of families in poverty in Croatia cannot afford a meal with meat, fish or a vegetarian equivalent every second day, and this is a particular problem among single-parent families (37 per cent; Eurostat, 2021h) and children in need (e.g., children with disabilities, children from Roma families and the children of welfare beneficiaries; Šućur et al., 2015).

Children growing up in poverty need additional support to ensure that they have *access to adequate nutrition outside school and during school holidays* (EC, 2021a). This proved to be an extremely important measure in many European countries during the closure of schools caused by the COVID-19 pandemic (Koslowski et al., 2020, 2021; EC, 2021a). *An adequate meal may be provided, for example, through 'vouchers' for student nutrition or additional compensations during school holidays.*

Healthcare

15. Strengthen the network of paediatricians and create the basis for providing high-quality and specialised healthcare services for children in need, especially children living in remote (islands), rural and poorly developed areas.

There is a shortage of 46 paediatric teams in Croatia, with many of these teams 'missing' from Dalmatia, which has the country's largest number of unvaccinated and overweight children. Paediatrician services are more likely to be inaccessible and financially unaffordable for children who do not have such a service in their environment because they live in remote or less developed areas. When a paediatrician is not available in their area, children may exercise the right to healthcare by relying on a general/family practitioner who is not specialized in providing child-focused healthcare or treatment. The activities of medical professionals within the healthcare system do not aim to address physical health or treat diseases alone. Their role includes health preservation and care for the overall psychosocial development of the child. This requires doctors to cooperate with parents and they have a role in strengthening parental competencies to support children's healthy development that is in line with the holistic approach to health.

It is necessary, therefore, *to expand Croatia's network of paediatricians.* The European Paediatric Association itself emphasizes the importance of having specialized doctors and paediatricians in children's healthcare as one of the key determinants for children's health and psychosocial development (EPA/UNEPSA, 2008).

16. The healthcare system needs to be improved, with shorter waiting lists for specialist examinations and medical rehabilitation for children and young people, and additional support mechanisms for children from low-income families to remove 'hidden' financial barriers to their access to healthcare services.

Children are particularly sensitive in terms of their development and need adequate, free, and effective healthcare when they are ill, or require treatment or rehabilitation. Therefore, according to the Implementation Programme of the Ministry of Health 2021–2024, *further investment should be made regarding diagnostics and experts* to provide all children with access to high-quality and timely health care.

In addition, there should be a strong emphasis on *measures to eliminate 'hidden' costs within the healthcare system*, which pose an additional and often insurmountable burden on families at risk of poverty. These include the costs of medicines or medical supplies that are not on the medicine list but are recommended by paediatricians/doctors, or the cost of travelling to a facility that can provide the service. Analyses of *the barriers in the healthcare system faced by children in need* should also be carried out to improve the design of programmes and interventions for these children.

17. Establish a support system to fulfil the right of parents who receive the GMB to free accommodation with their child during hospital treatment.

To safeguard the wellbeing of children in hospital, the support system for parents should recognize and address the varied needs of families at risk of poverty and, in particular, their lack of formal and informal support (Dobrotić et al., 2015) including support to ensure healthcare for their child (Šućur et al., 2015). Parents who are GMB beneficiaries have, for example, reported the inadequacy of the GMB, as well as other financial constraints, when their child needed hospital treatment or hospitalization (Šućur et al., 2015).

18. Invest in and provide support for the mental health protection of children in need.

Mental health care is an important aspect of a child's health (ECG 2021, EC, 2021a, EC, 2021b). It is a priority area in the National Strategy for Children's Rights in the Republic of Croatia 2014–2020 and in recommendations by the Ombudsperson for Children (Pravobraniteljica za djecu, 2020). There is, however, a shortage of mental health support services for children in Croatia, and easily accessible mental health services need to be developed in local communities, as well as high-quality and multidisciplinary services with sufficient resources to ensure good assessment and appropriate treatment, support and assistance to children who have mental health problems.

It is also necessary *to empower the education system to support the mental health of children and young people, especially the educators and teachers who work with children every day*, in the early identification and adequate response to mental health problems, particularly those related to new circumstances such as pandemics or earthquakes.

A campaign is also needed *to destigmatize mental health problems (targeting children as well as parents) and develop outreach programmes in the form of mobile teams for particularly vulnerable groups (children from Roma communities, for example) and earthquake-affected areas*, such as Banija, Zagreb – locations where affected children live in particularly inappropriate conditions. Although these measures are not aimed directly at children living in poverty, it is reasonable to assume that members of this group – given the degree of difficulties they face – will be the primary beneficiaries.

- 19. Consider the recommendation from the Ombudsperson for Children (Pravobraniteljica za djecu, 2020), to secure funds in the state budget for the healthcare of children of foreigners who have regulated temporary residence in Croatia.**

The Ombudsperson for Children has raised concerns that all children on temporary residence in Croatia (those from a migrant background, unaccompanied children, and children with recognized international protection) do not enjoy the same standard of healthcare and that **it is necessary to secure funds from the state budget to address this disparity.**

Housing

- 20. Invest in the development of services, programmes, activities and benefits systems for children coming out of alternative care to prevent homelessness and ensure high-quality support for a particularly vulnerable group of children.**

Young people aged 15–24 are at the highest risk of housing deprivation and, therefore, homelessness (FEANTSA, 2021). The risk is even greater for children coming out of alternative care (Mlinar and Kozar, 2012), yet Croatia has no adequate systematic professional and financial support for these children.

It is necessary, therefore, *to improve and develop an accommodation service through housing communities and social mentoring for youth leaving alternative care* if their housing status is not adequately regulated. It is also necessary to *invest in regional and equally available social services of organized housing, with support to prepare children for life outside alternative care, and to develop a system of housing benefits for them. It is also necessary to invest in services that are equally available across Croatia's regions to counsel and support children who have come out of alternative care.* Each local community should determine the type and size of support for these young people, such as accommodation and funds to pay for utilities, and such support should continue for three years after young people have left the alternative care system (Miharija and Belamarić, 2020).

- 21. Invest in the development of community services for children without adequate parental care, maximizing the use of the opportunities provided by the European Regional Development Fund and the European Social Fund +.**

It is necessary to invest in the development of foster care, supervised independent living for children and youth, and social integration services. *In addition to investments in infrastructure, it is necessary to invest in the education of foster parents and other professionals who provide support to children who lack proper parental care.* Foster care, as an important form of alternative care, is still underdeveloped and regional

service networks are uneven. It is necessary, therefore, *to improve the spatial availability of foster care services and develop professional, specialized and urgent foster care* (Vejmelka, 2021) to prevent the separation of children from their local communities and provide them with care that can respond to their specific needs.

22. Develop a system of social housing to prevent homelessness and protect families with children at risk of poverty who face housing problems.

One fifth of children living in poverty in Croatia are at risk of severe housing deprivation, with an even higher risk for single-parent families (12.1 per cent; Eurostat, 2021a) and children from Roma communities (Kunac et al., 2018). Half of the households at risk of poverty are exposed to housing deprivation, with 50 per cent of households living in inadequate and overcrowded housing (FEANTSA, 2021).

The development of a programme for social housing should, therefore, provide special protection to children from Roma families, children growing up in lower-income families and single-parent families. For their sake, it is necessary *to improve and develop social housing programmes, as well as financial support for housing – particularly for beneficiaries within the social welfare system (GMB beneficiaries) – through the national definition of the minimum housing benefit standard*. This will prevent the negative impact on the health and wellbeing of the child related to poor quality housing and overcrowding (Friedman, 2010).

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