

Deep Dive on Child Poverty and Social Exclusion in Greece

Policy Brief



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Glossary of Eurostat indicators

At risk of poverty rate (AROP): The at-risk-of-poverty rate is the share of people with an equivalized disposable income (after social transfer) below the at-risk-of-poverty threshold, which is set at 60 % of the national median equivalized disposable income after social transfers.

At risk of poverty or Social Exclusion (AROPE): At risk of poverty or social exclusion, abbreviated as AROPE, corresponds to the sum of persons who are either at risk of poverty, or severely materially and socially deprived or living in a household with a very low work intensity. People are included only once even if they are in more than one of the situations mentioned above. The AROPE rate is the share of the total population which is at risk of poverty or social exclusion.

Equivalized disposable income: the total income of a household, after tax and other deductions, that is available for spending or saving, divided by the number of household members converted into equalized adults

Housing Deprivation rate: share of the population living in a household presenting one of the following conditions:

- Living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames of floor
- Having neither a bath, nor a shower in their dwelling
- Not having indoor flushing toilet for the sole use of their household
- Considering their dwelling as too dark
- Having neither a bath, nor a shower, nor indoor flushing toilet in their household
- Cannot afford to replace worn-out furniture

Housing cost overburden rate: the percentage of the population living in households where the total housing costs (‹net› of housing allowances) represent more than 40 % of disposable income (‹net› of housing allowances).

Material deprivation: the inability to afford some items considered by most people to be desirable or even necessary to lead an adequate life, defined as not being able to afford at least three of the following nine items:

1. to pay their rent, mortgage or utility bills;
2. to keep their home adequately warm;
3. to face unexpected expenses;
4. to eat meat or proteins regularly;
5. to go on holiday;
6. a television set;
7. a washing machine;

8. a car;
9. a telephone.

Persons living in households Very Low Work Intensity: number of persons living in a household where the members of working age worked a working time equal or less than 20% of their total work-time potential during the previous year.

Severe housing deprivation rate: the percentage of population living in the dwelling which is considered as overcrowded, while also exhibiting at least one of the housing deprivation measures.

Severe material deprivation rate is defined as the enforced inability to pay for at least four of the above-mentioned items.

Severe material and social deprivation rate (SMSD) is the lack of necessary and desirable items to lead an adequate life. It is defined as the proportion of the population experiencing an enforced lack of at least 7 out of 13 deprivation items (6 related to the individual and 7 related to the household).

For full and more detailed explanation please visit: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Main_Page

Executive summary

Children in Greece are exposed to multiple forms of deprivation: one third of children in 2020 were at risk of poverty and social exclusion, almost 1 in 10 children lived in severe housing deprivation, over half of low income households with children could not afford a meal with a protein component. In the broader picture, there are severe inequalities of burden sharing between low- and high-income households, with the lowest-income ones taking the highest toll and greatest costs of unmet needs. Children in single-parent families and in larger families, as well as vulnerable children such as migrant/refugees, Roma, and children with disabilities, are persistently at a significantly higher risk of deprivation across all categories.

A wide depth of policies is in place to support low-income families and vulnerable groups, and Greece has made significant progress towards child sensitive social protection measures, especially in the years post-2012. However, there is considerable room for improvement in several aspects. The present institutional framework, while comprehensive, remains fragmented and not integrated across sectors in a child sensitive manner. A rationalization, as well as streamlining procedures, such as using a unique eligibility criterion, could support effectiveness and efficiency of service delivery for children in need.

Income support through transfers, such as the Guaranteed Minimum Income Scheme, is a necessary starting point. However, a means approach towards social protection and poverty reduction applied vertically and horizontally across all sectors, is not sufficient to address the multidimensional facets of child poverty. GMIS must be accompanied by complementary measures to better address the unmet needs of families with children, as well as to simplify and increase access for vulnerable groups. In particular, relaxing some eligibility constraints could expand coverage and effectiveness of child sensitive social policies.

Deprivation is not only a matter of income but also a matter of access and service supply: more effective ways to reach poor and vulnerable populations are necessary. Aligned with the European Commission proposal for the European Child Guarantee (ECG), 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 high quality early childhood education and care, education and school-based activities, at least one healthy meal each school day and healthcare; effective access to healthy nutrition and adequate housing.

The present Policy Brief was based on the analysis of the Deep Dive Poverty Analysis in Greece. The deep dive analyses looked at policies, services, budgets, and mechanisms to address children's service access barriers and unmet needs in the five thematic areas of the ECG: early childhood education and care (ECEC), education, health, nutrition, and housing.

Introduction

In Greece, 31.5% of children were at risk of poverty or social exclusion (AROPE) in 2020, while for adults 18-64 the rate was 29.6%, and 19.3% for older population (65 years old and over). Children of single parents, living in large households, and migrant children have the highest risk of poverty and social exclusion. In Europe, in 2020 24.2% of children were at risk of poverty or social exclusion, down by 3 percentage points from 2015; still amounting to 1 in 4 children. Across Europe, the risk of child poverty follows similar patterns: children in single parent households and children of migrant origin are at the highest risk of poverty and social exclusion.¹

When we disaggregate the three components of the AROPE indicators (poverty, material and social deprivation, and low work intensity), we find that more than 1 in five children (21.4%) are at-risk of poverty – meaning they live in households with an income lower than 60% of the median, 19.7% experience severe material and social deprivation, while 7.7% live in households with very low work intensity—households where members of working age worked less than 20% of their potential.² Across Europe, the same figures are 19.5%, 7%, and 7.3% respectively: the main differences therefore lay in the work and deprivation components. However, it should be noted that the above indicators are not sufficient to comprehensively capture the unmet needs of children.

The standard poverty and social exclusion measures in the EU and largely in Greece are based on the assumption that the household is a homogenous unit and resources are equally distributed. A household and its members, including children, are defined as being at risk of poverty and social exclusion if the family, as a whole, does not have sufficient income or access to certain goods and services, or adequate participation to the labor market. Although these indicators provide important information, they are not sufficient in our efforts to assess the experiences of children living in poverty.

The realization of children's basic needs and rights is not necessarily related to the expenditure power or wealth of their family – and in fact, the overlap between household means and deprivation is often very limited (Roelen 2017). Services such as healthcare, education, access to clean water and adequate sanitation, all depend on substantial public investment and infrastructure. Furthermore, children depend on adults for material resources, food, shelter, care, and so on, and they do not typically control the allocation of resources within the household. In general, children – especially at the early stages of their lifecycle – have limited agency and opportunity in society: they do not vote and are not usually included in policy decisions, even when the latter have strong negative consequences on them.

For children, what matters is the *actual* access to services and goods, and an approach based on the concept of deprivation, defined as the lack of access to goods and services that matter for children's needs and development, is more adequate to capture children's experiences of poverty (Roelen and Gassmann 2008).

In the last two decades, aligned with the CG recommendations, several studies have recognized that the manifestations of poverty and deprivation can occur in various dimensions and stages of a child's life cycle (Waddington 2004; Boyden and Bourdillon 2012, among others). Accordingly, several scholars as well as international organizations and governments across the world have adopted more comprehensive measures of child deprivation according to each country's context.

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1. Eurostat: https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion (access December 27th, 2021)
 2. Eurostat: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Persons_living_in_households_with_low_work_intensity

Child deprivation in terms of health, education, nutrition and so on, is associated with negative outcomes in later life (), such as poor employment, poor health status, poor mental health, and so on (Duncan et al. 1998; Duncan et al. 2011; Kim et al. 2013; Nikulina et al. 2010; Palupi et al. 2013; McLoyd 1990; Lesner, 2018). Addressing child poverty in a holistic way, considering both household resources and child deprivation, should therefore be a relevant policy priority.

The Deep Dive looks at several aspects of children's wellbeing using a framework of deprivation, looking at access to goods and services, as well as needs and rights: poverty and social exclusion, education, ECEC, health, nutrition, and housing. These are core dimensions of children's rights and crucial for their well-being and development.

The analysis highlights certain categories of children as the most vulnerable along all these dimensions. Some of these categories relate to the demographic composition of the family, while others are better defined by intrinsic characteristics.

- Children in large families (two or more adults with dependent children).
- Children in single parent households (a single adult with dependent children).
- Children with a migrant background or minority ethnic origin, particularly Roma.
- Children with disabilities.

In Greece, 5.6% of children lives with a single parent, and these households represent 1% of the total. Household with two adults and dependent children represent 23.5% of household, while the vast majority of children (94%) lives with both their parents.

The first two types of households are also often the households we meet at the bottom part of the income distribution. The problems these children face, are similar yet distinct, and need to be met with different but coordinated policies. In the analysis data are presented using this main disaggregation, whenever data allows it.

The Deep Dive analysis report, highlighted that Greece has a broad social safety net, covering multiple issues, from the Guaranteed Minimum Income Scheme (GMIS), to the FEAD, and a comprehensive, yet complex legal framework enabling policies to support vulnerable population. However, many policies are fragmented, not integrated across ministries and national authorities accountable for their implementation; and often require an exhausting – and in certain ways conflicting - list of eligibility criteria, prohibiting effective and efficient coverage and access for children in need. Often, children are not directly taken into account, but included implicitly as a “condition”, rather than as a goal of such policies.

Currently in Greece, despite the abundance of information and data there is no clear narrative depicting how the measures all link together and affect the probability of a child to fall into poverty. Present arrangements may be a missed opportunity to establish a coherent measurement framework which could bring in core aspects of child poverty alongside a wider set of dimensions and non-material deprivations, pointing to the causes and impacts of child poverty. The newly established Strategy for Poverty and Social Inclusion, from MoLSA is a bold step towards that direction



Poverty and Social Exclusion

Key facts

Almost 1 in 3 children, 31.5%, are at risk of poverty or social exclusion (AROPE, 2020).³ In comparison, in the EU27 the rate is 24.2%. The AROPE rate in Greece has been decreasing in recent years, after the increase following the 2008-09 financial crisis. Children are more at risk of poverty and social exclusion than working age adults (29.6%) and adult population in general (26.7%).

While the AROPE indicator gives an important indication of the share of the population and children experiencing forms of deprivation and hardship, the different components of the AROPE (*i.e.*, poverty, material and social deprivation, low work intensity) require differentiated policy approaches and budgeting.

The share of children in low-income families is 21.4% of all children in Greece. Children experiencing severe material and social deprivation are 19.6%, more than double the EU rate of 8.3%. Children in households with very low work intensity are 7.5%, close to the EU average of 7.2%. Finally, children experiencing all three deprivations are 6.8%, compared with 2.8% of the EU27.

Generally, children in single-parent households, or in large households, are faced with a higher risk of poverty and deprivation in Greece (figure 1). Half of the children in single-parent households are at risk of poverty and social exclusion, and one quarter are at risk of poverty. Large families are the second type of household with the highest rates: 29% of them are AROPE and 20% are at risk of poverty. Both types of households have a higher rate than the total population. EU 27 averages are generally lower than Greece's but follow the same pattern and order of magnitude.⁴

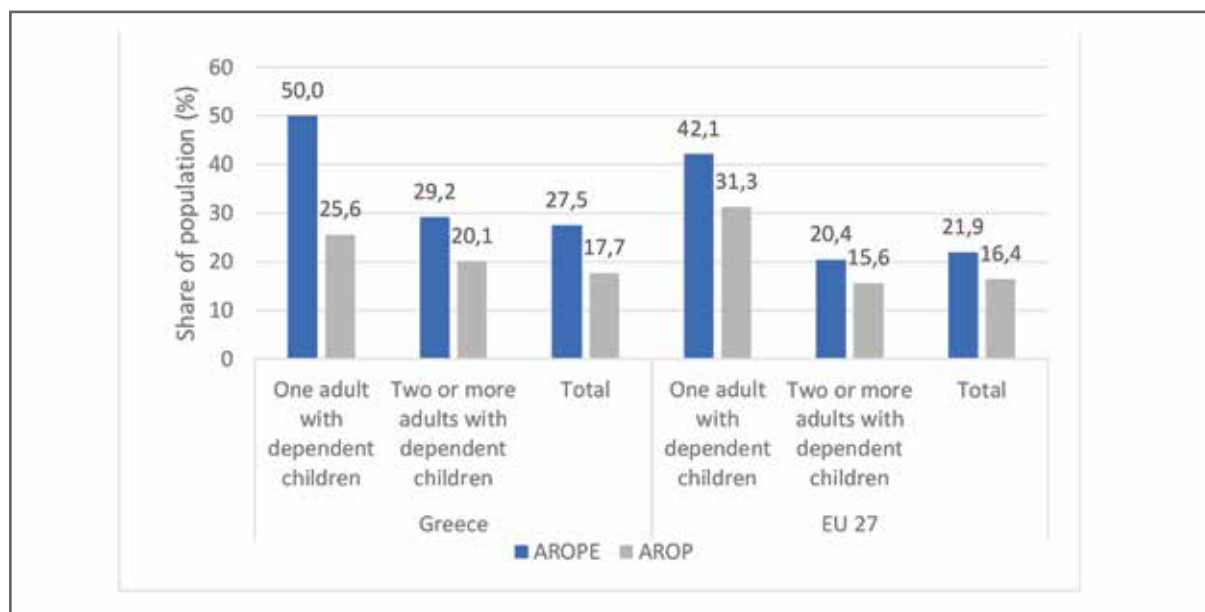
Children with a migrant background (one or both parents from a foreign country) are also at a higher risk

3. Children are defined as at risk of poverty or social exclusion if they live in households that are at risk of poverty or social exclusion.

4. The average AROP rate for the EU refers to 2019, while Greece refers to 2020.

of poverty: 31.3%, compared by 19.5% of children of nationals. The most extensive in terms of coverage, anti-poverty program is the Guaranteed Minimum Income Scheme (GMIS), which was piloted in 2012⁵. The GMIS provides benefits to 284.374 households and 158.759 children. 6% of the households are single-adult households, and about 18% third country nationals.

Figure 1: At risk of poverty or social exclusion (AROPE) and At risk of poverty rates -2020 (Greece) 2019 (EU)



Source: EUROSTAT (2021)

The GMIS is focused on extreme poverty, and applies rigid means-testing rules to qualify beneficiaries. While effective in capturing extreme material poverty, means-testing targeting could be challenging as: firstly, the income thresholds for the GMIS is substantially lower than the at-risk-of poverty threshold, effectively meaning that many children in poor families are left behind. Secondly, the program does not take into account other types of deprivation related to access to services.

In addition, a wide variety of programs are in place to support families with children, with distinct criteria for eligibility and benefits (see table 1). The Child Benefit is a scheme that provides households with dependent children with financial support. The scheme targets families at risk of extreme and relative poverty, with additional provisions for families of children with disabilities. The Birth Grant is a scheme that covers new mothers through financial support and its aim is to motivate couples in order to have children; in this respect, this is not a specific policy against child poverty and social exclusion. The benefit for families living in deprived and mountainous areas provides modest income transfers to families that live in mountainous and disadvantaged areas. Other specific programs target children with disabilities, as well as other deprivation, such as housing benefits.

A relevant challenge is then posed by children of migrant origin: different schemes have different requirements regarding residence in Greece and citizenship. Most programs require at least 5 years of uninter-

5. The GMIS is a targeted social transfer aimed at supporting the most vulnerable population. Beneficiaries must be legal and permanent residents in Greece, and the amount of the benefit varies according to the category that the beneficiary falls and the household structure. GMIS eligibility conditions (material scope of application) include the income level and the property size of applicants.

rupted legal residence in Greece for EU nationals, refugees, stateless persons, and beneficiaries of subsidiary protection, while at least 12 years of permanent residence for third country nationals. Beneficiaries of the GMIS must be legal and permanent residents in Greece. This represents direct access barriers for migrant and refugee children. Additionally, recent changes in the provision of financial aid to asylum seekers exclude all those who are self-accommodated, therefore excluding a significant segment of vulnerable children. Other vulnerable groups, such as Roma children, may also be excluded from benefits due to the burden of proof – in the absence of proper ID's - of eligibility to access social safety nets.

Table 1: The profile of children in receipt of major welfare benefits in Greece

Programme	Number of beneficiaries	Eligibility conditions
GMIS	158.759 children (2021)	Extreme poverty income threshold No. 2 (up to 4.800 € for two adult and two children household)
TEVA FEAD	107.518 children (total number)	GMIS Beneficiaries
Digital Support	258.992 children (2021)	Extreme poverty income threshold No. 3 (up to 6.000 € for two adult and two children household)
Housing Benefit	126.067 families with children (2020)	Generous relative poverty income threshold No. 4 (up to 17.500 € for two adult and two children household)
Income Subsidy to Support Families in Mountainous and Less Favoured Areas	3.433 families with children (2020)	Extreme poverty income threshold No. 1 (up to 4.700 € for two adult and two children household)
Child Benefit first category	680.793 children (2020)	Extreme poverty income threshold No. 3 (up to 6.000 € for two adult and two children household)
Disability benefits	31.894 children (2020)	Universal access based on disability rates (no household income or property test)

Notes: GMIS is the Guaranteed Minimum Income Scheme; TEVA FEAD is the Operational Programme “Food and/or Basic Material Assistance”, supported by the Fund for European Aid to the Most Deprived.

Source: UNIWA analysis of beneficiaries’ public registries, 2020 and 2021.

Recommendations

Global evidence shows that transfers are an effective tool for reducing poverty, particularly for families with children (Davis et al (eds), 2016). The figure below shows the AROP rate before transfer (excluding pensions), and the final rate, for different types of households. Social transfers are particularly effective for single-adult households. However, the system of benefits and transfers could be streamlined and become more effective by reaching a larger share of families and children. In particular:

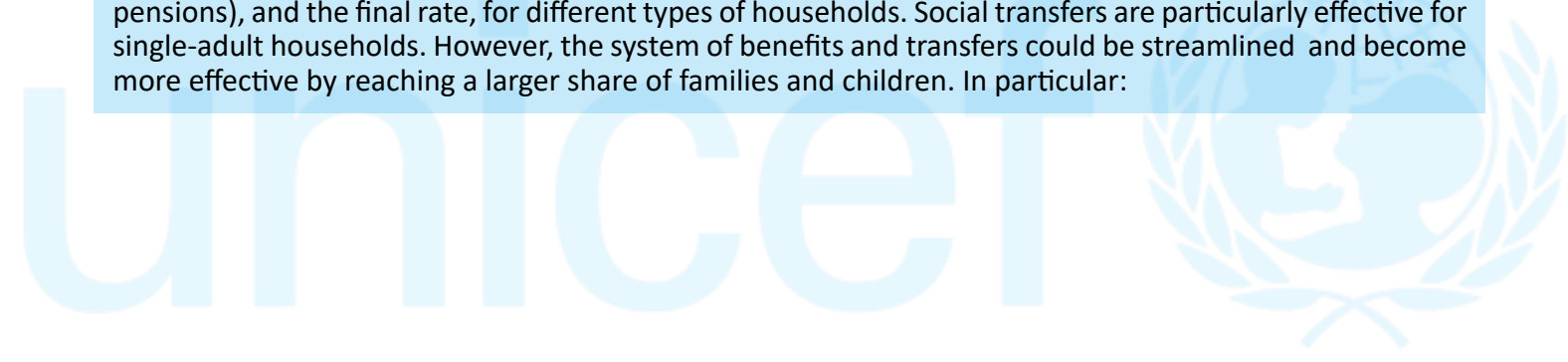
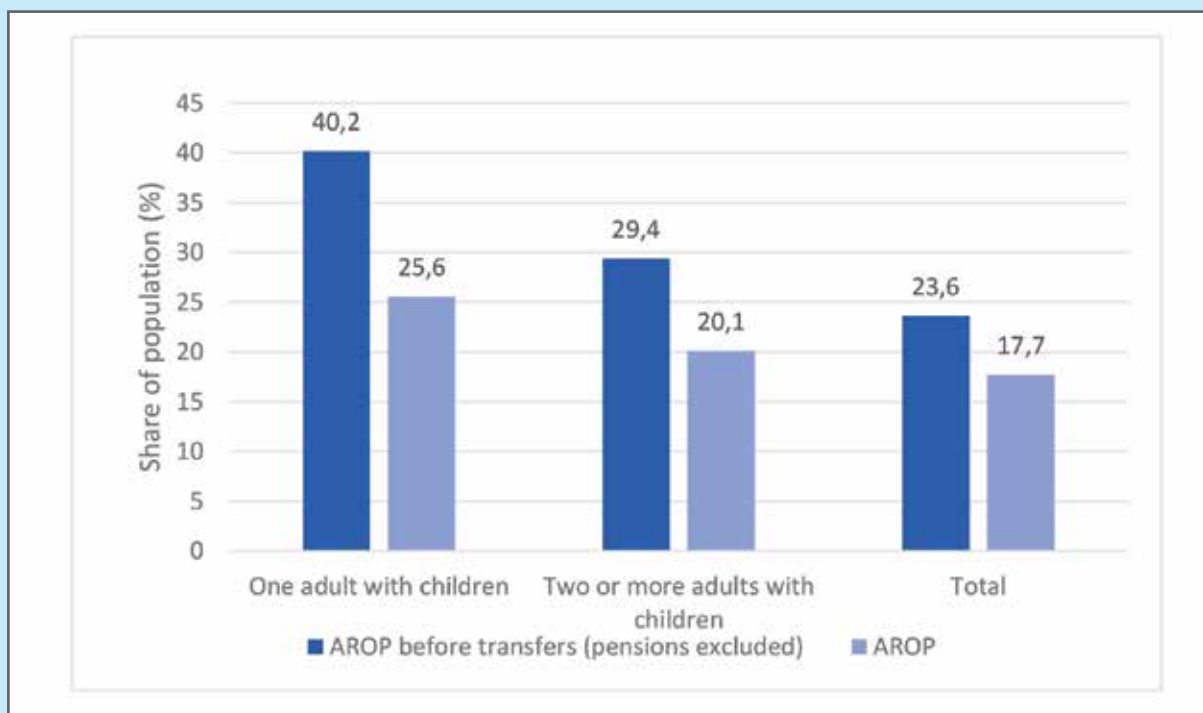


Figure 2: Impact of transfers on AROP rate



1. **Expand the eligibility criteria for the GMIS.** The GMIS is aligned with the most recent evidence and recommendations around cash benefits and transfers. Transfers targeted to families with children are indeed effective in reducing child poverty. An expansion in the income threshold to cover a higher share of the at-risk-of poverty threshold would be beneficial to children living in poor households. Additionally, further consideration should be given to certain criteria while also giving special attention to a proxy means approach to define vulnerability and poverty.
 - a. Inclusion of real estate wealth can be problematic, especially at its market values, in places where the housing market it's inflated by tourism and other factors – as in big urban centers in Greece -. Social transfers need to support families purchasing power, in order to allow them to cover basic needs and ensure decent living conditions. While real estate is in general a good proxy for family's wealth, it is not easily converted into liquidity.
 - b. Make more flexible the residence criteria to include vulnerable groups such as migrants and refugees. This requirement could be removed for families with dependent children, or at least young children. Including refugees and migrants in the GMIS would also simplify/replace the disbursement of specific benefits targeted to refugees.
 - c. Evidence from both Europe (Bradshaw, 2012; Chzhen, 2017) and the US (Aizer et al, 2016) shows that social transfers are effective in reducing child poverty and mitigating adverse effect. Additionally, Bárcena-Martín et al, (2018) highlight that specifically transfers targeted at children, more so than at poor households, are more effective in reducing child poverty. Policies should be considered to expand the child grant or child benefits program, to address child poverty.
2. **Harmonize criteria for eligibility and benefits across programs.**
 - a. Substituting the criteria with a single equivalent income index based on disposable income and other family wealth indicators, as well as family composition. This could be used to target other social programs and provision of public services, simplifying their deployment and ensuring a fairer access to benefits. Examples could be drawn from the Italian Indicator of equivalent

economic status (ISEE): it is based on the sum of all sources of income of a family and divided according by a factor dependent on the number of household members, number of children, children with disabilities, and other criteria. The resulting indicator is used for both for access to social safety programs as well as to determine fees of public services: from the recently established child grant ('Assegno Unico') to healthcare contributions, to university fees. While the GMIS is an important step towards that direction, there is room for improvement in terms of integrating social service provision and reducing child poverty.

- b. Concentrate all child benefits in one unified child grant with clear criteria for eligibility and amount of the transfer. Recently both Italy (in 2021) and the US (in 2020) have changed their social protection scheme to include a universal child allowance. In the case of Italy, the amount of the transfer per child will depend on the equivalent income indicator, as per the above.

3. Policies to address the low work intensity component of AROPE:

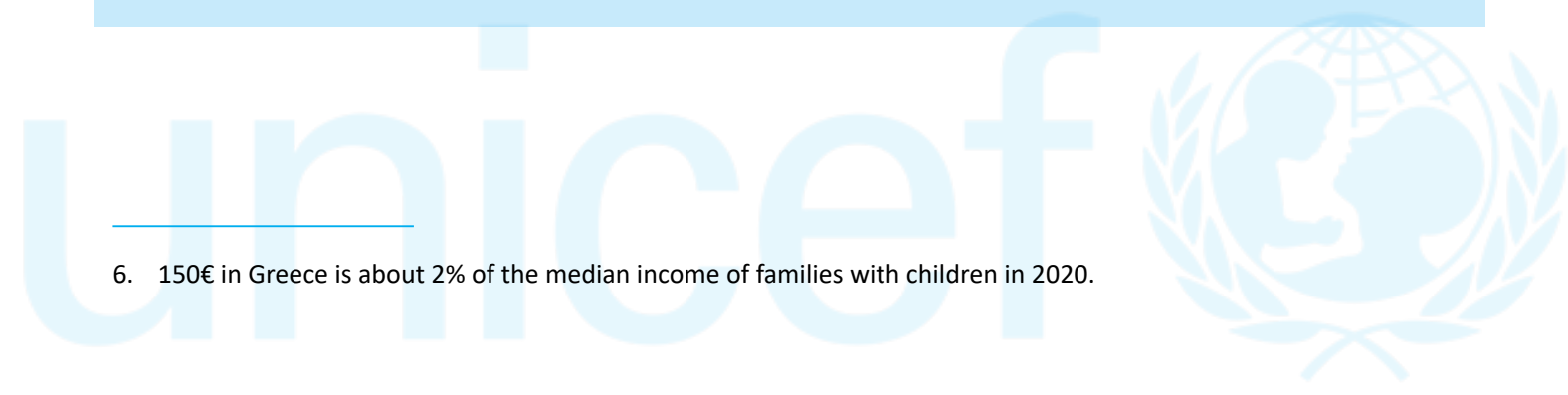
- a. Care policies, both early childhood care and elderly care, to support participation in the labor market, especially of women. The latter should be also addressed through anti-discrimination policies, maternity leave, and a general support to gender equality.
- b. Active labour market policies to improve jobseekers' skills and enable them to find jobs as well as take on better paid and less insecure jobs. This type of policies can also increase youth participation to the labor force.
- c. About 12% of families with dependent children are at risk of in-work poverty, and current policies to support participation in the labor market often fail to address its causes. Policies to support worker's income, interventions to support higher productivity, innovation, law to protect wages (i.e. minimum wage) have all been proven effective in addressing such types of poverty.

4. Policies to address the severe deprivation component of AROPE.

- a. Income transfer can have a substantial impact in reducing material deprivation as well as monetary poverty. Notten and Guio (2020) estimate that a small universal 150€ (in purchase power parity) transfer in Europe,⁶ would reduce the deprivation experienced by households, particularly for household experiencing more deprivation and/or in the lower quintiles of the income distribution. They also estimate that social transfers, particularly transfers other than pensions, substantially contribute to reducing deprivations in Greece. Increasing access to income support for vulnerable families will reduce the likelihood of severe material and social deprivation.
- b. Complementary policies and packages can facilitate access and reduce barriers to some specific items: subsidies or vouchers for heating; IT infrastructure and/or support to purchase IT appliances.

- 5. **Policies to support marginalized and vulnerable children.** Enabling access to social benefits for marginalized communities, as well as providing specific support, is fundamental for social inclusion. **Removing some of the criteria for eligibility, providing clear information, as well as actively reaching out to marginalized communities, while also training staff in cultural sensitivity and anti-discrimination practices, are all achievable targets.** Social workers/agents can play a key role in linking marginalized communities to available services, including social transfers.

6. 150€ in Greece is about 2% of the median income of families with children in 2020.





Access to healthcare services

Key facts

Children in Greece report a high level of good health, measured on a scale of 1 (very bad) to 5 (very good): 94% of children 0-15 reported having a very good health, in 2017. The level of good and very good self-reported health status is consistently high across income quintiles.

The share of children reporting unmet medical needs in 2017 was low, 2.4%, but higher than EU average (1.6%). This low share, however, hides important inequalities.

Children living in at-risk-of poverty households are more than double at risk of unmet needs, as opposed to children living in higher income families. Children in rural areas are also more likely to have unmet medical needs (3.7%) as opposed to children in urban centers (2.2%) and children in towns and suburban areas (1.6%). Children living in single-parent households are also much more likely to have unmet medical needs.

Table 2: Percentage of children with unmet (medical) health care needs by income group – Greece and EU27 (2017)

Income Group	Greece	EU-27
Below 60% of median equivalized income	4.5%	3%
Above 60% of median equivalized income	1.9%	1.3%
Total	2.4%	1.6%

Source: EUROSTAT (2021)

Reforms undertaken since 2015 deserve special credit for their improvement of healthcare services. The share of unmet needs for medical care is low, and several measures have been put in place to include vulnerable groups. However, improvements need to be made to achieve a more equitable access, and to fully fulfill and protect the right of children to healthcare, independently of their status or family income. While provision of free healthcare is available for very low income families and for some specific categories, barriers remain. Eligibility criteria are primarily monetary and rigid, while the presence of children in the household is not explicitly recognized as a criterion for eligibility.

The main reasons for unmet needs for medical examinations or treatment in 2017 were a) affordability (77% of children), b) distance (7%), and c) waiting times (5%), 8% falls under 'other'.⁷ According to the European Health Interview Survey of 2014, the main type of care sidelined by families due to cost was dental care, 20%, while almost 15% did not take prescribed medication, and almost 19% did not access medical care (OECD, 2020).

The prevalence of out of pocket payments is high in Greece contributing to problems of affordability. In 2016, almost 70% of families reported difficulties or great difficulties in affording healthcare. Out of pocket payments remain over one third of the total health related expenditures for families in 2019 (35.2%). Additionally, there has been a marked increase in this type of expenses after 2012 (Eurostat, 2020). The prevalence of out of pocket payment in healthcare is worrying because it widens the inequality between rich and poor families and children, increasing social disparities and further hindering the chances of poor children to fully flourish. Out of pocket payments are also used as 'informal' means of payment to expedite care, further increasing inequality in access even within the healthcare system.

Vulnerable groups still face significant barriers in terms of access to healthcare. In particular, children with disabilities often have to resort to private healthcare, due to lack of public Recovery and Rehabilitation Centers, that are present in very limited number in many regions. Children of migrant origin and refugee children face distinct access barriers related to language and cultural differences, lack of ID documentation, or transportation. Roma children often face barriers due to lack of knowledge of their entitlements, lack of proper documentation and IDs.

Recommendations

Removing barriers in access to healthcare requires a coordinated effort by the government. Policies could be considered in the following issues:

1. Demand side interventions:

- a. Income support. Evidence across the world shows that policies that support family income can be effective in improving children's health and access to healthcare (Siddiqi et al, 2018; Cooper et al, 2020). Income support can be made more effective by rationalizing and releasing some of the criteria for eligibility. One crucial point is to improve the targeting of children, making support if not universal, at least expanded to cover essential needs for their development.

2. Supply side interventions:

- a. The healthcare system is still lacking essential resources, necessary to reach the most vulnerable segments of Greek population and remote locations, to decrease the physical barriers in access due to waiting times and transportation needs. Rural areas still face a shortage of medical personnel in public hospitals. Policies to increase supply in the healthcare system can be difficult, especially with tight budgets. However, they are necessary to ensure the wellbeing of the population and especially of children.

7. Eurostat, ad hoc Health module 2017

- b. Reducing the need for out of pockets payment is of primary importance to ensure equitable access to health. Decreasing waiting times, rationalizing the remuneration scheme and providing incentives of the health personnel, are all necessary steps to achieve this goal.
- c. Alternatives to centralized hospital or primary health services centers should be considered as an alternative to reach remote population or vulnerable groups. For example, the presence of community health workers is a crucial link to services in many countries. More localized primary health care response is also tied with better outcomes for children (Rossin-Slater 2013). The provision of basic services at community level could serve to bridge the gap and linking to information regarding basic health practices, nutrition, as well as physical activity and mental health services. This is a model, for example, implemented with the support of UNICEF in Romania to reach vulnerable children, and provide a Minimum Package Services, providing integrated access to healthcare, social protection, and education.⁸
- d. Outreach programs can help removing many of the barriers facing vulnerable children such as Roma and refugee children. Evidence from a public health program implemented in Romania, showed that the program improves prenatal care uptake and reduces infant mortality due to perinatal complications (Mitrut and Tudor, 2018). The program, Roma Health Mediation national program, aims to provide information about access to free healthcare for children and pregnant women, as well as provide basic health education. It employs Roma women from the local communities as health mediators, to increase trust among the communities.
- e. Expanding the availability of free healthcare for children, introducing universal or almost universal healthcare for young children (0-5) could bring very high benefits for euro spent (Stenberg et al, 2014).
- f. Mental health is an often-neglected part of healthcare. Children and adolescents' mental health is of particular importance, especially in the light of the current pandemic, which has taken a severe toll on children's lives in terms of education and socialization activities. Literature also shows that children living in poverty and children in marginalized groups are more likely to suffer from poor mental health. Expanding access and coverage of mental health services for children, adolescents and youth should be among the priorities of policy makers. Linking to psycho-social support could be integrated in other services targeted to vulnerable children and families, as well as schools, introducing more stable presence of specialized staff.

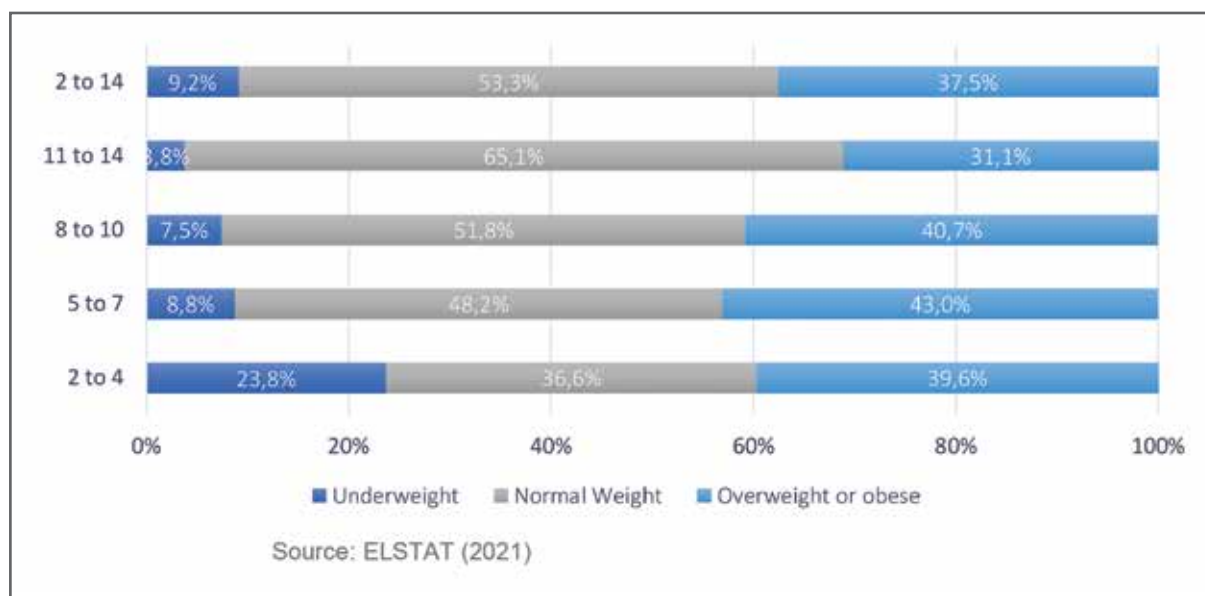
8. <https://www.unicef.org/romania/minimum-package-services>



Access to healthy nutrition

Key facts

The dietary status of children in Greece is concerning with alarmingly high levels of both obesity and underweight children for different age groups. On one side, the rate of overweight and obese children is high, over 37% among children 2-14. On the other side, almost 1 in 10 children is underweight, and this proportion reaches almost 1 in 4 (24%) for young children (see figure 3). This last fact is of concern in the light of the low rate of breastfeeding observed in Greece: data from 2017 show that only 25% of mothers are exclusively breastfed at end of the fourth month, and 0.8% at the end of the sixth month. Additionally, the rate of low birth weight has not improved in Greece, and remains at 9.4%.

Figure 3: Distrubution of BMI categories among children 2-14 years old - 2019

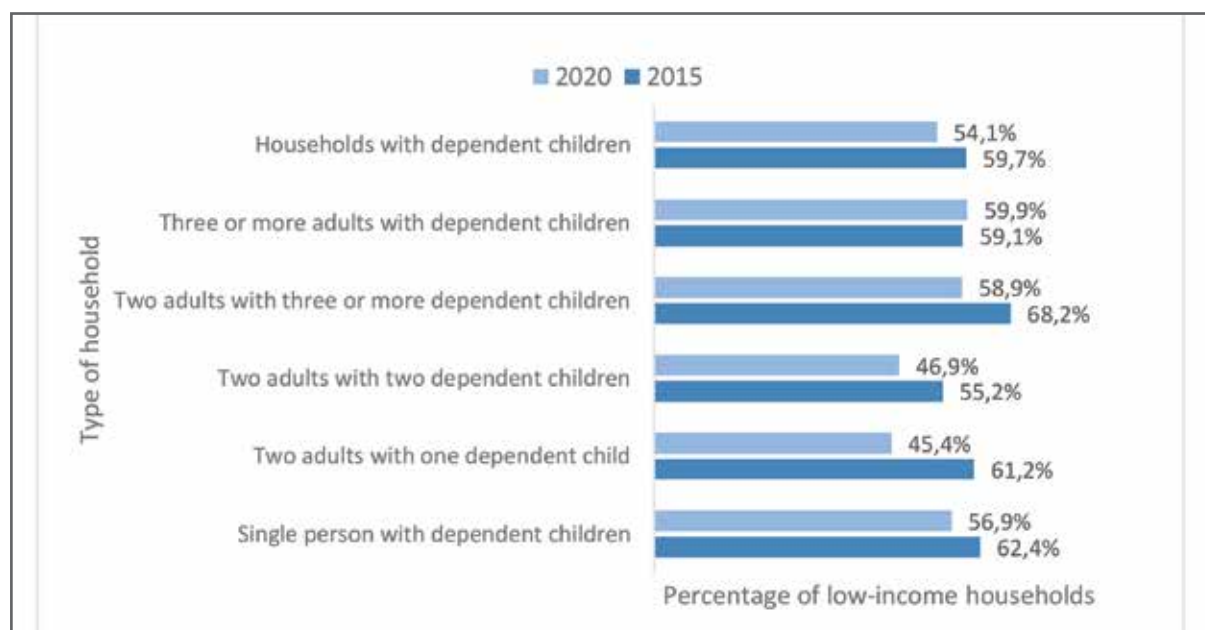
Source: ELSTAT (2021)

The access to healthy nutrition is unequal. In 2020, more than half of low-income households (below 60% of median equivalized income) with dependent children (54.1%) were unable to afford a meal with protein intake (meat, chicken, fish or vegetable equivalent). Single parent households (62.4%) and families with more than two children (69.2%) are more likely to lack access to adequate food. Similarly in a study conducted in 2018 (Benetou et al, 2020), the majority of the total population did not consume fruits (69.3%) or vegetables (66.3%) every day.

Poor diets also result in poor nutrients intake. The Hellenic National Nutrition Survey (2020) finds that a large number of children had insufficient intakes of numerous micronutrients including vitamins D, K, A, potassium folate, calcium, and magnesium.

In terms of nutrition, the policies and interventions remain fragmented and disparate. The two main programs are the Food and Basic Materials Assistance Program (FEAD) and the school meals program. The FEAD was targeted to recipients of the minimum income scheme, while school meals are targeted to all children in primary education schools across the country which are defined by a Joint Ministerial Decision by Ministers of Education and Religious Affairs and Labour and Social Affairs each school year. Both programs require parents and families of children individual enrollment.

Figure 4: Inability to afford a meal with meat, chicken, fish (or vegetable equivalent) every second day by household type for poor households (below 60% of median equivalized income)



Source: Eurostat 2020

Recommendations

The Deep Dive analysis aimed to explore the demand and supply side barriers that limit the uptake of a healthy nutrition. Findings indicated that the dietary quality of children remains poor. Heavy family workloads and inability to prepare a healthy meal at home on a daily basis, lack of financial resources, lack of awareness, low educational level of women, poor dietary habits, limited or no physical exercise and/or limited access to (adequately and safely equipped) health facilities, focus on child health and nutrition, poor coordination among nutrition specific and sensitive sectors, and limited sources of nutrition information are some of the factors associated with the poor dietary habits of children in Greece.

Low income families and children of low-educated parents are more likely to suffer inadequate nutrition. However, the availability of a correct education and information, the possibility to afford healthy meals, the ability to engage in physical activities, are all important factors which can be supported by adequate policies.

1. Direct interventions:

- a. Income transfers are associated with better nutritional state of children. The GMIS, as well as the Child Grant and other transfers targeted to families with children, can all improve nutrition. Income support for nutrition can also take the form of vouchers, since transfers can be politically costly. Some evidence suggests that the Supplemental Nutrition Assistance Program (SNAP, also known as 'Food stamps') in the US is able to improve child nutritional and health outcomes later in life (Hoynes et al., 2016; Bartfeld et al, 2015). However, it has also been noted how the program is limited in its effects, due to a variety of factors. The implementation of a similar program in Greece should be designed carefully, taking into account the possible pitfalls. For example, the program should be able to cover the cost of an average meal for a family, account for geographical variability in food prices and food consumption (Waxman et al, 2021)

- b. Increase availability, coverage and quality of educational nutrition programs, primarily at primary education level, including through the development of a comprehensive nutrition policy/guidance toolkit applicable nationwide for children.
- c. Increasing access to school meals programs is an effective way to improve nutritional status. Studies have demonstrated the effectiveness of the School Breakfast Program in the US in preventing obesity in children and improving their health outcomes later in life (Millimet et al, 2009; Butikofer et al, 2018). School feeding can be a great resource to provide the majority of children with nutritious and healthy meals, as well as a learning opportunity for children when combined with education regarding nutrition.

2. Indirect policies:

- a. Improving the work-life balance of families can improve both health and nutrition of children. Increasing parental leave can incentivize mothers to breastfeed for longer, while having more time can allow families to cook meals instead of relying on ready-made food. More time can also allow parents and children to engage in physical activities together more.
- b. In the long term, invest in urban development that is more child-friendly, with walkable distances, bike lanes, and parks, to contribute to the well-being of children in terms of their nutritional status, their health (including mental health), as well as to the greater goal of building sustainable, child friendly cities.



Access to adequate housing

Key facts

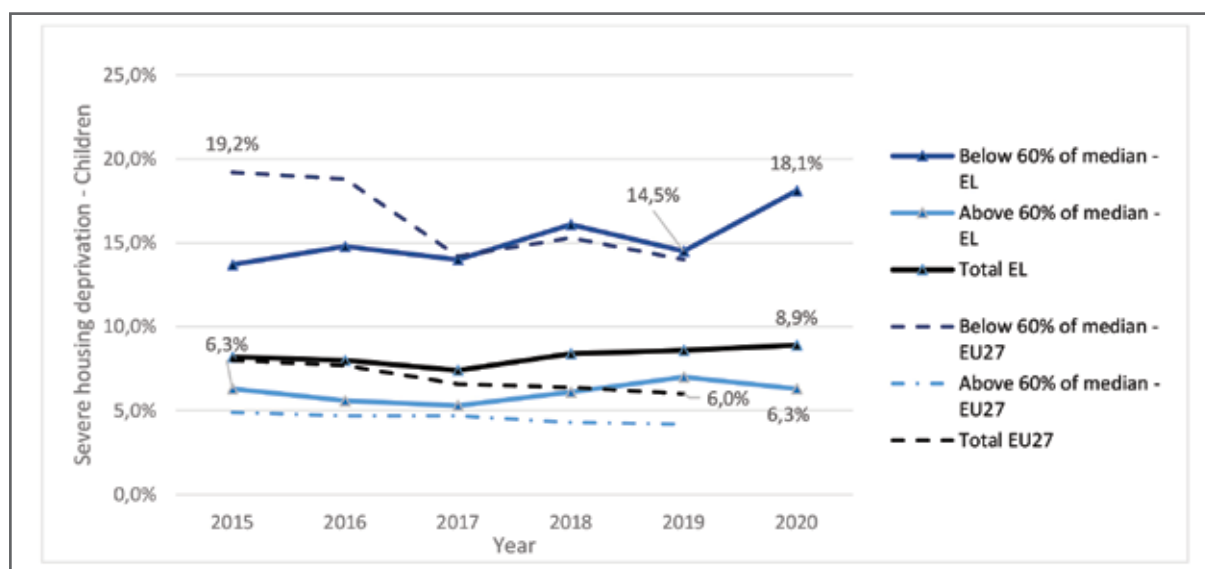
Severe housing deprivation (SHD), defined as the simultaneous occurrence of overcrowding⁹ and at least one household deprivation item,¹⁰ affects about 9% of children 0-17 in Greece in 2020 (figure 5), which is about 3 percentage points more than the EU average in 2019.¹¹ The rate of deprivation hides deep inequalities: children living in low-income households are three times as likely to suffer from severe housing deprivation. Moreover, while the rate of SHD had been decreasing since 2015 for low-income households, there has been an alarming increase between 2019 and 2020. In the same period, the rate of deprivation for children living in higher income households has decreased (albeit marginally). In general, the trend of housing deprivation in Greece has been increasing, contrary to the general EU trend, causing concerns of an increasing children's deprivation.

Inequality in housing conditions is even more evident when considering the quantile distribution of household with dependent children. Over half (52.3%) of the households with children in the first income quintile suffer from severe housing deprivation. (Eurostat)

9. Overcrowding is defined by the availability of sleeping rooms, as follows: one room for each single person over 18, or for each couple; one single room for children 12-17 of opposite gender; one room every two children 12-17 of the same gender and for children (of any gender) under 12.

10. Housing deprivation items are defined in the EUSILC as: i) living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames of floor, ii) having neither a bath, nor a shower in their dwelling, iii) not having indoor flushing toilet for the sole use of their household, iv) considering their dwelling as too dark, v) having neither a bath, nor a shower, nor indoor flushing toilet in their household, vi) not being able to afford to replace worn-out furniture. See Eurostat <https://tinyurl.com/2p9cr6es>

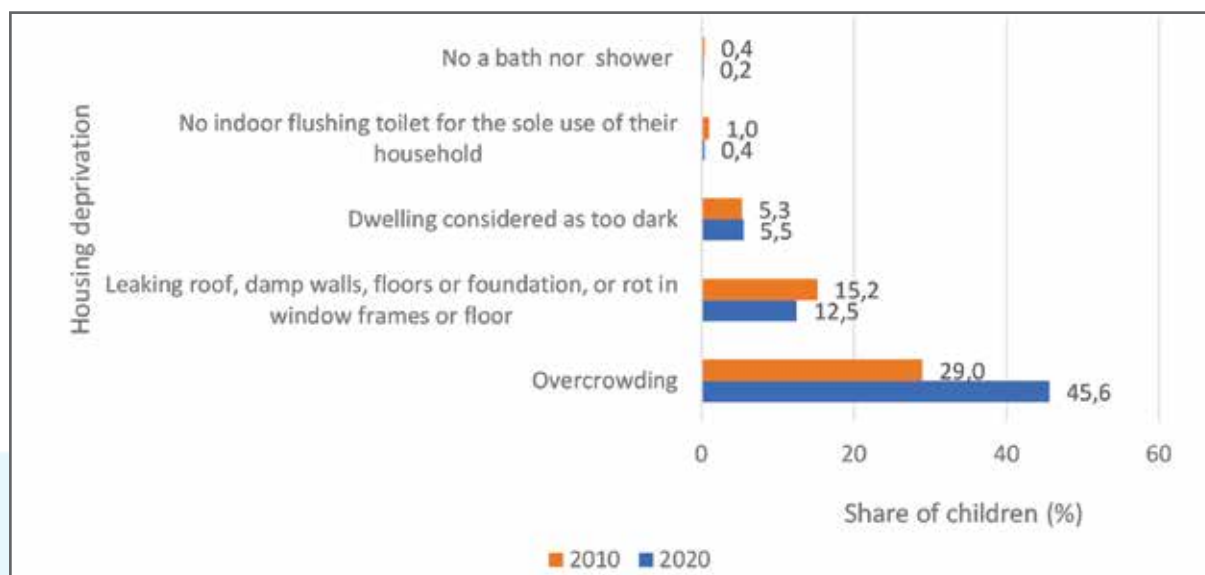
11. Data for 2020 are not available at aggregate EU level

Figure 5: Share of children in severe housing deprivation.

Source: Eurostat 2020

It is important to understand what drives housing deprivation for children in Greece, to implement effective policies. It appears that the driving force is overcrowding: 45.6% of children live in overcrowded households, versus the EU average of 24%. Furthermore, overcrowding increased dramatically in the last 10 years (Figure 6).

Overcrowding requires specific structural investments to be addressed. Building new, larger housing, as well as support to rent or mortgages, can help families with children afford more appropriate housing. Among the other housing deprivation metrics, 12.5% of children (18.3% for children in low-income households) live in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor, which is aligned, and even lower, than the EU average (2019) of 13.7%. 5% of children live in dwelling considered too dark.

Figure 6: Share of children deprived in housing deprivations

Source: Eurostat

The main concern regarding access to adequate housing for children is monetary. Affordability of housing, tenure, and the ability of families to face living costs, as well as maintenance. In Greece, 42% of children live in households that face housing cost overburden¹². This share goes up to 84% for children in poor households. Housing cost overburden rate is strongly tied to tenure status: about 20% of household owners, but 79% of renters at market price. For renters at reduced rates, it is 11%. For households with dependent children, the ownership rate is 67%. Of the families with children who are tenants, less than one in ten live in housing with controlled or free rent. Of low-income households with children, about 37% rent their housing, and of these 16% have access to reduced or free rent. Although not the most common tenure, renting is a clear factor of vulnerability for families.

The share of housing expenses is very high for families with children: upon deduction of housing expenses, the at-risk of poverty rate for children reaches 51%, the same share is 33% in the EU27. This is reflected in the high share of families who report not being able to afford sufficient heating in the winter: 39.1% of poor households, compared to a 12.4% for non-poor ones. This is particularly problematic in remote, rural and mountainous areas.

Other key challenges are presented by homelessness, and vulnerable groups, namely Roma children, migrants and refugees. The legal definition of homeless persons refers to a vulnerable group in need of specific and targeted social protection measures. However, persons who do not hold a legal residence status in Greece are excluded by definition, leaving hundreds of people currently unaccounted. Persons living in institutions or other forms of institutional care are included yet no specific attention is paid to children. This reflects in the status of migrant and refugee children: if their legal residency status is pending, they are not accounted among the homeless, and therefore remain invisible to social policy planning and budgeting.

Current housing programs include the “Housing and Work” which is monitored by the Ministry of Labour and Social Affairs (MoLSA). The program is implemented in municipalities with more than 100,000 residents, thus excluding homeless persons and children living in rural or remote areas below the above threshold. The intervention focuses on the reintegration of persons and families experiencing homelessness and its provisions include a) rent subsidy for a period of 24 months, b) activation, training and job promotion services, c) social support services. The eligibility criteria for the programme do not include special provisions for families with children and the presence of children is not considered as such a weighted criterion.

The housing subsidy introduced in 2017 and implemented by MoLSA at national level since January 2019, represents a national measure to address unmet housing needs. The Housing subsidy is a rent allowance for households living in rented primary residencies. As for the Housing and Work program, eligibility criteria require legal and permanent residency. The framework gives special and favorable treatment to single parent families and to households with unprotected children in terms of a) the annual income thresholds for eligibility for the programme and b) the amount of the subsidy granted. The total amount of this subsidy cannot exceed €210 per month, regardless of the composition of the household.

Finally, the GMIS includes as well homeless persons as beneficiaries. However, the criteria are more rigid for the definition of homelessness under the GMIS. The strict requirements to access these programs represent access barriers for vulnerable groups of children: Roma and refugee, migrant children and children in institutional care.

For children in institutional care, the Council of the European Union recommends that member states shall ensure the transition of children from institutional or foster care to their independent living and social

12. Housing cost overburden is defined as the total housing costs (‘net’ of housing allowances) representing more than 40 % of disposable income (‘net’ of housing allowances).

integration to guarantee effective access to adequate housing.¹³ In the Greek context, the institutional framework¹⁴ provides that when a child is deprived of (a non-appropriate) family environment, among the measures that may be taken to ensure his/her best interests and well-being is foster care, namely the appointment of the child's actual care to a third party by court or prosecutorial order or by contract.

However, the child care system in Greece remains reliant on the use of long-term residential care, currently 1.505¹⁵ children are living in institutions. There is limited availability of community-based prevention services and few alternative family-based care services. The length of children's stay in care is long-term, and in most cases there is a corresponding tacit social norm that "institutions are a good solution for children." Drivers for institutionalization include poverty, lack of community-based prevention and support services, lack of alternative care modalities such as foster care, lack of inclusive education, lack of specialized family support and parent training, disability categorization and attitudes.

Over the past few years, Greece has seen new important developments for their foster care system. In 2018, a new Law on Foster care and Adoption paved the way for the expansion of family-based care modalities, and in 2019, there were renewed efforts to take forward De-Institutionalization (DI) and community-based care with a DI National Strategy and Action Plan¹⁶ which were finalized in June 2021.

UNICEF in collaboration with the authorities is implementing the EU Child Guarantee phase III, pilot program (started April 2020) in order to support deinstitutionalization and pilot alternative models of care in Attika region, to ensure that children deprived of a family environment receive adequate care and protection. More specifically, for the first time a Foster Care Allowance has been established for all foster carers in Greece (May 2021). Additionally, the semi-independent living model of care has been established (Art. 53 L.4837/2021)¹⁷ for children from 15 years old and youth including people with disabilities currently based in institutions. Other key elements with Law 4538/2018 are not yet operationalized such as the establishment of professional foster care.

Despite the above positive development, overall little progress has been made in concrete terms to increase the availability of community-based services for child protection, deinstitutionalization of residential care institutions for children.

The development of a shared vision for child care system reform, reaching across fragmented ministries and national actors that can generate the needed level of sustained political commitment remains a challenge.

Recommendations

Recommendations can be again grouped in two main categories: income/expenditure support, and supply/structural/ institutional interventions. Both groups can be further divided in interventions to support access to housing, and support to housing costs.

13. Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004>

14. Foster care is mostly regulated by the provisions of articles 1655-1665 of the Civil Code, issued by Law 2447/1996, PD 86/2009 and recently the Law 4538/2018

15. https://paidi.gov.gr/wp-content/uploads/2022/01/entipo-ANADOXHS-JANUARY-2022_BB.pdf

16. https://easpd.eu/fileadmin/user_upload/Publications/easpd-di_strategy_v28-06.pdf

17. https://www.kodiko.gr/nomologia/download_fek?f=fek/2021/a/fek_a_178_2021.pdf&t=b8653ff89e2817f-11688274ce126f102

1. Supporting access to housing.

- a. Limited data on the needs and exact number of homeless population in Greece, including children, prohibits effective policy planning and budget prioritization. National authorities should integrate periodical census on a yearly basis to capture the exact needs of the most vulnerable children in need of housing.
- b. Anti-poverty programs, such as the GMIS can improve access to housing for children. While eligibility for the program can directly ensure housing support, expanding and/or increasing the program will have a direct effect on families' ability to afford rent and/or housing expenses. The program could be expanded to include rent allowances or subsidies for families with dependent children. As ownership is relatively widespread in Greece, support could be directed towards essential housing expenses, and/or housing maintenance.
- c. Expansion of the eligibility criteria for the housing programs, as well as rationalization of the interventions to ensure that structural and institutional vulnerabilities are effectively addressed.
- d. For low-income households, especially households with low work intensity and single-parent households, access to housing can be limited by the lack of a sufficient guarantee, capital or collateral to access rent or mortgages. Public guarantees programs can help in this regard. For example, in Italy, municipalities of high-rent areas have set up a scheme to support low-income families and young people, both with income support and acting as guarantee with owners.¹⁸ Additionally, the recent (2021) COVID-19 recovery fund instituted a guarantee fund to allow young people (under 35) access to mortgages.¹⁹
- e. Rent control is particularly important in areas with high tourist flows: heavy tourist flows, as well as the presence of large universities, which can drive up rents, as owners try to capitalize on the rent demand. This is particular the case for urban centers such as Athens and Thessaloniki. While important for the local economy, these flows can destabilize the housing market, impacting on the housing possibilities of low-income families. Additionally, this can drive real-estate investment that further increases housing prices while reducing livable space to maximize their investments. Policy of rent control, such as incentives to rent housing at lower prices, can help low-income families access housing in densely populated areas.
- f. In the long term, the construction of public/subsidized housing is an important piece of any effective housing policy. Requalification of neighborhoods can also present the occasion to rethink urban planning around sustainability, green and public spaces, etc., this effectively contributing to SDG 11 as well on Sustainable Cities and Communities.

2. Support for housing expenses

- a. Subsidies for some categories of expenses, such as heating or electricity, have been already implemented and should be further considered. A national wide evaluation of such schemes – including their cost benefits- could inform the government's prioritization in terms of coverage and expansion. However, it should be noted that subsidies tend to be regressive. Schemes to reduce the cost of basic utilities and energy can be put in place through other schemes, for example the GMIS, with added criteria such as the number and age of children.

18. See for example, the City of Florence: <https://sociale.comune.fi.it/dalle-redazioni/agenzia-sociale-la-casa-abitare-solidale-con-agevolazioni-e-fondo-di-garanzia>, and Tuscan Region: <https://sociale.comune.fi.it/dalle-redazioni/agenzia-sociale-la-casa-abitare-solidale-con-agevolazioni-e-fondo-di-garanzia>

19 http://www.dt.mef.gov.it/it/attivita_istituzionali/interventi_finanziari/misure_casa/fondo_garanzia/

- b. Supporting the installation and use of renewable energy, in particular solar power, could provide energy to low-income families while also working towards the goal of decreasing carbon emissions, see for example the photovoltaic installation program in Korea (Lee and Shepley, 2020, *Journal of Building Engineering*, 28, 101016). This however requires a substantial infrastructural intervention. On the other hand, given the European goals in terms of emissions and renewable energy, this type of investment will be more and more necessary. Focusing first and foremost on vulnerable children and families, can help ensure a more equitable energy transition.

3. Specific recommendations for children deprived of family care

- a. Services should be available and accessible to all young people leaving institutional or foster care: Social housing or/and rent subsidy as well as vital support services (social services, employability services).
- b. Expand the model of professional foster care to ensure availability and quality of family-based care for all children in need.
- c. Establishment of specialized Child protection Social Services at municipality level reflecting the size and needs of the population. Supporting families by early identification and prevention of inadequate housing or risk of homelessness among children, as well as prevent deterioration of the family living conditions that might lead to abuse and neglect. In agreement with international human rights standards highlighting that “Measures taken must be deliberate, concrete and targeted towards the fulfilment of the right to housing within a reasonable time frame. States must allocate sufficient resources and prioritize the needs of disadvantaged and marginalized individuals or groups living in precarious housing conditions and ensure transparent and participatory decision-making”²⁰.

20. OHCHR (2019), Guidelines on the implementation of the access to adequate housing, Special Rapporteur on the right to housing





Access to Early Childhood Education & Care and Primary & Secondary Education

Greece has recently taken bold steps with initiatives reflecting a clear national commitment to achieving greater equity in educational access. However, one cannot claim success when disability, minority status, language, or digital connectivity are hindering access to learning. An increasingly diverse student body, including high and persistent levels of child poverty, a larger proportion of migrant and refugee students, the presence of shadow, informal education against a resource scarce public financing environment are resulting to significant access barriers and unmet needs.

Access to education is structured on two major pillars, that are connected but present different challenges, therefore requiring different solutions: access to early education for children below schooling age (0-3), and access to compulsory schooling: early-childhood education (ECE), 4-5 years old, primary from age 6, and secondary school.

Early childhood education

Key facts

Greece has a differentiated system of Early Childhood Education and Care (ECEC), which distinguishes non-compulsory early childhood care (ECC) for children aged 0-3 years and compulsory early childhood education (ECE) for children aged 4-5 years. The provision of ECC is a fundamental part of support to families, promoting women's participation to the workforce, as well as stimulating children's socialization and cognitive development.

ECC is provided by public and private infant care centres (*vrefikoi stathmoi*), infant/child care centres (*vrefonipiakoi stathmoi*), child care centres (*paidikoi stathmoi*) and infant/child Centres of Integrated Care (*vrefonipiakoi stathmoi olokliromenis frontidas*). The operation of private ECC centers is regulated by the Ministry of Labour and Social Affairs (MoLSA). MoLSA is also responsible for the operation of 26 public ECC centers across Greece run by its supervised agency Hellenic Manpower Employment Organization (OAED). Public ECC centers are under the supervision of Municipalities, while the funding comes from dedicated

national resources through the Ministry of Interior. Municipalities have also the competency for granting a license for the foundation and operation of any municipal and private ECC centers. Municipalities, however, are not obliged to offer ECC centers. Given the decentralized nature of ECC, it is challenging to assess nationally wide reliable data about ECC centres in all 352 municipalities, thus the sufficiency of teacher to infant ratio remains unknown and so are children's unmet needs in terms of access. Thus, it is not possible to assess whether there is sufficient number of ECC centres in all municipalities across the country.

In 2020, about 1 in 2 children 0-3 (47.5%) was not attending formal ECC. The number is higher for children under 2 years old): 79.5% does not attend any form ECC program. In the EU, the same is 64.7%. In terms of ECE, pre-primary enrollment is at 85.6%, which is lower than EU average (95.1%) but is also due to the recent extension of age range (from 5 to 4 years old).

Evidence suggests that supply side factors play an important role in terms of access to ECC with affordability and availability cited as the main reason for not enrolling children in ECC centers. Availability is an issue both in terms of number of places available, and location/transportation. Transportation costs can effectively act as barriers for low-income households. Another important factor is opening hours: for working parents, ECC centers need to be available when they are at work. ECC centers that close earlier than 5, for example, require one of the parents (typically the mother) to shorten their workday, or use external childcare services (babysitters, nannies), or rely on the extended family.

Additional barriers to access are posed by the documentation needed to enroll children, in addition to the requested materials to participate in the program's activities which come at the household's costs. It is worth noting that public ECC centers do not provide meals, as those have to be provided by the parents, and children in ECC are not eligible to enroll the school meals programs. Both have direct implications for specific segments of vulnerable children. The first one is likely to negatively affect the participation of vulnerable children such as Roma and migrant/refugee children. The second one will affect low-income household, effectively creating a double barrier for many children of the first two groups.

Children with disabilities also face challenges in accessing ECC, as well, because of the lack of specialized staff, and adequate infrastructure in the case of physical disabilities.

Regarding ECE, since the extension of the compulsory age from 5 to 4, in 2018, enrollment is expected to increase. However, in the meantime many children remain in need of childcare.

Recommendations

The key point in ECC is ensuring access to all those who demand it and are in need of it, reduce geographical disparities and set up national level eligibility criteria for access and support. Contrary to compulsory education, the goal cannot be universal enrollment. However, early childhood education and care (ECEC) needs to be supported and incentivized, for a number of reasons. We know investment in young children yields the highest return in terms of human capital accumulation and overall economic returns (Cunha and Heckman, 2007; Conti and Heckman, 2012), therefore incentivizing ECEC is important. In terms of equity and poverty, ECC supports parents' participation to the workforce, especially mothers. Additionally, ECC centers can act as a powerful medium to provide nutrition, primary healthcare and psychosocial support, as well as providing children of low-income and less educated parents with more opportunities. It is therefore crucial to ensure all children have equal access to ECC.

1. Barriers in both affordability and availability can be removed by increasing supply of ECC centers. Making it mandatory for municipalities to have at least a fixed number of centers, instead of leaving it at the discretion of the municipal administration Reforms may provide for municipalities to request the necessary funds, but it comes at their own initiative, leaving room for inconsistencies across municipalities.

2. Expansion of the compulsory age to 3 years old, as it is the case in other EU countries, should also be a medium-term goal to ensure more children are adequately supported in their development from a critical age.
3. Providing vouchers or partial expense coverage to low-income families for private ECC is also an important tool to remove affordability barriers. Families could be selected on the basis of their annual equivalized income, similarly to other programs.
4. The inclusion of free or subsidized meals at school it's likely to encourage low-income households and marginalized groups to enroll their children in ECC, as well as ensuring some flexibility in the hours, to effectively support working parents.
5. Discrepancies may arise among children in different municipalities, given the decentralized nature of ECC services and the fact that the decision about the prioritization of children for enrolment is left at the discretion of each Municipal Council. Clearer guidelines and transparency in terms of access and eligibility across municipalities will strengthen accountability and promote equal access at national and sub-national level.
6. Removing some of the bureaucratic requirements would also ensure a better access to ECC. For example, applying the same principle as to compulsory education also to ECC in terms of community engagement, documentation requirements.
7. Synergies between ECC and health and nutrition programs can improve overall wellbeing of children: if vaccinations are required, this should be complemented by the provision of health personnel to oversee its implementation. In addition, school meals as a way to improve dietary habits and promote nutrients intake on a daily basis, as opposed to leaving it to the parent, which comes as a cost and falls in the same bias/traps for low-income households. Lastly, different classifications enrollments could be used to apply differentiated fees.
8. Comprehensive and systematic data regarding ECC services are not collected at a national or sub-national level. While evidence points to clear gaps and unmet needs, national wide conclusions are hard to draw and in the absence of comprehensive data, and the effectiveness and efficiency of ECC in Greece will remain unknown. It is thus necessary to intensify efforts towards more reliable, disaggregated national data on ECC services, taking also into account the current gap of children between 3 and 4 years old.

Primary and Secondary Education

Key Facts

Enrollment in compulsory education (4 to 16 years old) is quite high in Greece: 98.5% for primary and 96.7% for secondary education. The trend in enrollment has been positive in the past decades. The drop-out rate is also quite low (1-2%) for primary education and lyceum. However, it becomes higher in lower secondary (gymnasio), 4.6%, and quite high for the vocational secondary schools (9%). In particular, the latter is worrying, since it can lead to increasing numbers of youth not in education, employment or training (NEET). Regional disparities in access to education need to be taken into account, as well as the different school levels: dropouts and not enrollment in primary school are likely to have different reasons than drop outs in lower secondary or later. While in primary school it is more likely to be a matter of access, in secondary school it may become a matter of opportunity cost for the family: low-income household may place a higher value on immediate income coming from adolescents participating in the labor force.

Despite the general good achievements, challenges remain:

- A high level of out-of-pocket expenses and Shadow Education: expenses for tuition, foreign lan-

guages lessons, and especially private classes and group classes in secondary school all contribute to a large amount of out of pocket and additional expenses on education. In particular, the amount for extra classes (private tutoring or group classes) increases dramatically in secondary school. This creates and perpetrates inequality: low SES household are not able to afford this additional education, which in turn decreases incentives in investments and engagement in public schools, while increasing competitiveness, *e.g.* if the assumption is that ‘everyone does it’, expectations on the level of skills and knowledge acquired by students will increase, without a similar improvement in school quality, thus effectively reinforcing the disadvantage for students of poorer households.

- **Access for Roma children:** Roma children are more likely to drop out, to not be enrolled, and to be living in poor households. Unfortunately, data on Roma children are difficult to collect: because they are less likely to be enrolled, they are not in official statistics. Precarious living condition also make it less likely for Roma population to be included in household surveys, and Census does not typically collect information on ethnicity. In Europe, a 2014 study estimated that 90% of Roma live in household below the poverty line (UNICEF, 2018). In 2016, only 28% of Roma children attended pre-school, and 31% of children of compulsory school age were not attending school. The highest non-attendance rates were found at lower and higher ages. The low attendance at pre-school is particularly worrying, because it lays the basis for future schooling and integration. (FRA, 2016). The need to support family income and early marriage are some of the main reasons for low enrollment of adolescents. Additionally, discrimination and the school and community level often discourage Roma families from enrolling their children in school.
- **Migrant and refugee children:** enrollment of refugee children is low, estimated at 42% of children 4-17. Enrollment is particularly low in islands, and for children residing in RICs, where it is just 2%. Additionally, even fewer children were actually attending. Schooling is a fundamental part of integrations and socialization for children, which should be ensured and encourage particularly among vulnerable populations. While a number of policies are in place to ensure education of all children, including facilitations on documentation requirements, these are in practice hindered by other constraints: lack of reception classes aimed at non-Greek speaking children (Zones of Educational Priorities),²¹ which are fundamental to learn basic skills in Greek language, documentation delays, especially for vaccination cards, delay in deployment of personnel in RICs, as well as discrimination and resistance from schools and parents. For example, ZEP classes are instituted only for a minimum of 9 students, and the ultimate decision lies with the schools and union of teachers. Additionally, parents or guardians need to sign a statement of consent to enroll their children. Depending on how this requirement is implemented, it can become a burden for migrant and refugee families.
- **Children with disabilities and special education needs.** There are two main types of problems facing children with disabilities: access and personnel. The former affect mostly children with physical disabilities, and they can be related to the physical access to the school premises, as well as lack of adequate materials and supporting equipment. The second challenge is the lack of specialized teachers and personnel, primarily in rural and remote areas and islands. This is particularly important to support children’s integration in mainstream education programs. Finally, there is a lack of tailored learning support and materials, and of implementation of co-education programs.
- **Lack of psychological support and social workers in schools:** this prevents an effective identification of cases of neglect and/or abuse, as well as support for vulnerable children who may require additional support, such as refugees. Additionally, they can provide support in the detection of neuro-divergence (*e.g.* ADHS, autism) which may not be evident, as well as support the integration of vulnerable children in the wider school environment.

21 **Educational priority zones (ZEP)** established under law 3879/2010, are all the Regional Directorates of Primary and Secondary Education that can accommodate ZEP reception classes (TY).

Recommendations

Education policies in Greece are comprehensive and structured to effectively promote inclusion and education for all children. However, further investments are necessary to bridge the gap between legal framework and actual implementation, primarily through:

1. Income support policies: income support such as the GMIS and other forms of transfers (including vouchers) can support children's schooling in several ways. They can reduce the need of families for additional income, preventing older children and adolescents from dropping out, as well as preventing them from engaging in economic activities which can detract from study. Income support can allow low-income families to acquire material for school, as well as transportation, and pay for school activities such as field trips. Evidence around the world suggests that income support, through direct transfers or tax credit or vouchers, has a direct positive impact on children's schooling (Sherman et al, 2016; Zhou et al, 2020; Bastagli et al, 2018). Coupling social transfers with conditionality can achieve stronger results in terms of enrollment, but it can also place undue burden on families as well as create perverse incentives (Roelen, 2014).
2. Further consideration should be placed on the use of vouchers and/or incentives for school materials and ICT for school-aged children as an incentive. This could be also coupled with SES indicators to be more equitable.
3. Promote awareness campaigns and integrate activities in support of Child Rights Education in the school curricula for all in order to remove stigma and incentivize integration of vulnerable populations: invest in ZEP classes for migrant and refugee children, increase co-education for children with disabilities and special needs. The current dispositions on principals and school communities are effectively replacing the responsibility of reaching out to vulnerable families and children. Strengthened monitoring and accountability mechanisms at a higher level with national and sub-national data should be considered to ensure all children are given equal opportunities in terms of access.
4. In the same vein, empowerment and agency are key elements of integration and development, and education systems should have provisions to foster those. Actively promoting parents' and families' inclusion (e.g. providing information in different languages, ensuring parents of different backgrounds are empowered to participate in school advisory boards) in school activities and promoting parent-teachers dialogue are all fundamental elements in our efforts to establish trust with vulnerable groups (Cerroccchi et al, 2015).
5. Invest in school infrastructure and in specialized personnel to address special education needs as well as emotional and psychological needs. This is especially important in the wake of the current pandemic, which has, and is having, a strong impact on children's and adolescents' mental health (Ford et al, 2021).
6. Provide teachers with incentives both in terms of salary, and in terms of incentives for continued education. For example, investing in the training in inclusive education practice for pre-service teaching personnel.
7. Revise school programs and practices to be more inclusive of children with disabilities and special needs. A different approach to learning based on a more holistic view of the child, based on the Capability Approach can be effective in reducing learning gaps (Dalkilic and Vadeboncoeur, 2016).

Conclusions

Child poverty is more than lack of household resources: it encompasses fundamental needs and rights of children: quality education, healthcare, adequate nutrition, shelter, protection, care. These rights should be ensured for all children, leaving no-one behind, protecting vulnerable groups and fostering inclusion and protection for everyone.

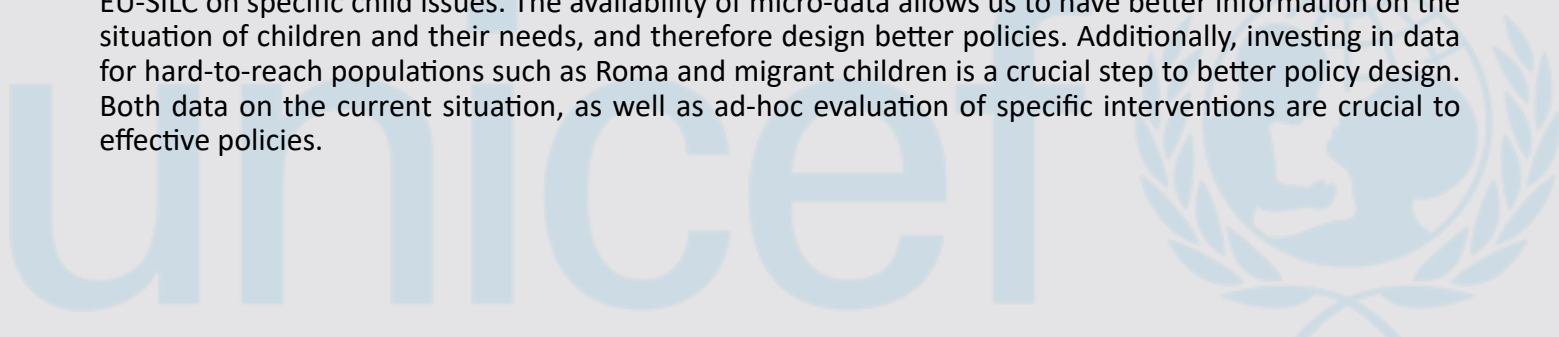
In order to do this, children need to be at the forefront of policies and politics: policies need to adopt a child mainstreaming approach, where children rights and needs are taken into account, not only in the sectors that affect them more directly, such as education, but in each and every policy, because all policy decision affect children and children's opportunities to live fulfilling lives. If not in the present moment, they will affect their future possibilities

Greece has made progress in recent years with respect to the components of the European Child Guarantee: poverty and social exclusion, education, health, nutrition, and housing. However, progress remains to be made in several aspects. 31.5% of children are at risk of poverty and social exclusion (AROPE), 1 in five children (21.4%) are at-risk of poverty, 19.7% experience severe material and social deprivation, while 7.7% live in households with very low work intensity. Compared with the EU, Greece has worse results in deprivation and work-intensity. About 1 in 10 children lives in severe housing deprivation, and almost 1 in 2 children under 4 are not attending early childhood care. While children report having good health, about 10% are underweight, while 37% are overweight or obese. Children of single parents, living in larger households, and migrant/refugee children have the higher risk of deprivation in all sectors, as well as Roma children and children with disabilities. While outcomes in some sectors are good, such as primary and secondary education, there are still issues related to access, such as the burden of out-of-pocket expenditures, which is widespread both in education and healthcare. Access to adequate nutrition remains problematic with poorer households, where 54.1% were unable to afford a meal with meat, chicken, fish or vegetable equivalent.

Several policies are in place to support poor and vulnerable families, such as the GMIS, which represents the main safety net for poor households. However, policies tend to be fragmented and not coordinated between sectors, and do not usually center children.

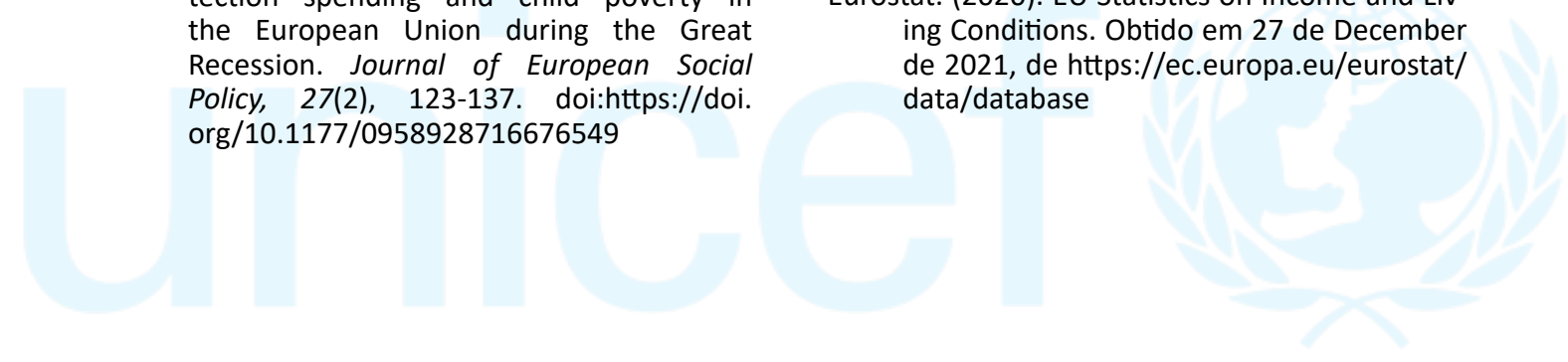
Evidence suggests that targeting families with children is a more effective way to decrease child poverty, rather than targeting only income. A better targeting design, as well as an expansion and simplification of eligibility criteria would improve the protection of children. Policies on the supply side are needed as well: the provision of effective services, which does not necessarily include additional expenditure, can support and facilitate access for children and particularly for vulnerable groups. In the long term, a re-thinking of social policies around a holistic understanding of child wellbeing, oriented towards a prioritization of child flourishing, is needed to promote the inclusion and wellbeing of all children.

Finally, policies need supporting data and evidence to be effective: an important condition to analyze multidimensional poverty in children is the availability of representative micro-data. Data availability is crucial to have updated and detailed information on a range of children's outcomes and groups of vulnerable children, as well as their overlaps. While the EU-SILC is the key survey instrument in the European Union, it would be useful to implement additional comprehensive surveys, or to add elective modules to the EU-SILC on specific child issues. The availability of micro-data allows us to have better information on the situation of children and their needs, and therefore design better policies. Additionally, investing in data for hard-to-reach populations such as Roma and migrant children is a crucial step to better policy design. Both data on the current situation, as well as ad-hoc evaluation of specific interventions are crucial to effective policies.



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