Child well-being
in the European Union

Better monitoring instruments for better policies

CHILD WELL-BEING IN THE EUROPEAN UNION

BETTER MONITORING INSTRUMENTS FOR BETTER POLICIES

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This report and all supporting documents (including Annexes) are available online at:
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1. MOTIVATION, POLICY CONTEXT AND VALUE ADDED OF THIS REPORT

Material well-being, cognitive development, mental and physical health, a safe environment and societal involvement: these are all domains that contribute to a good standard of human life and to self-fulfilment – especially if we think of children. Advances in the quantity or quality of health, wealth, skills and participation (i.e. well-being generally) of children are not just important in their own right, but are also instrumental in the survival and development of the societies into which those children are born. This is the basic premise behind scientific and policy-oriented research into child well-being. And our report is no exception to this.

Ensuring that children have the best available environment and services for them to perform/advance/develop according to the above domains is a responsibility that is shared by their parents, their extended families, their local communities and the societies in which they live. The monitoring of this, however, is typically a public policy activity. It requires well-designed research, the careful selection of indicators, regular measurement and reporting, advice on policy instruments and early feedback when things go wrong. This report aims to contribute to the ongoing work of international researchers and of the policy and stakeholder community to develop efficient tools for monitoring child well-being in European societies.[1]

The political framework relates directly to European cooperation on social protection and social inclusion (the Social Open Method of Coordination, henceforth the Social OMC), as part of which the European Union has expressed its strong political commitment to combating child poverty and promoting well-being among children, regardless of their social background. Following a series of steps taken by various EU Presidencies and Commission

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[1] Without claiming it as a comprehensive list, we would include: Bradshaw, J. and D. Richardson (2009) 'An index of child well-being in Europe', Child Indicators Research, 2(3): 319–51; Bradshaw, J., P. Hoelscher and D. Richardson (2006) 'Comparing child well-being in OECD countries: Concepts and methods', Innocenti Working Paper No. 2006-03, Florence: IRC; Bradshaw, J., P. Hoelscher and D. Richardson (2007) 'An index of child well-being in the European Union 25', Journal of Social Indicators Research, 80(1): 133–77; EU Task-Force on Child Poverty and Child Well-Being (2008): Child Poverty and Child Well-Being in the EU. Current status and way forward. Brussels: European Commission; Frazer, H. and E. Marlier (2007) Tackling Child Poverty and Promoting the Social Inclusion of Children in the EU. Key lessons: Synthesis report. ÖSB Consulting, CEPS/INSTEAD, IES; Hoelscher, P. (2004) A Thematic Study Using Transnational Comparisons to Analyse and Identify what Combination of Policy Responses are Most Successful in Preventing and Reducing High Levels of Child Poverty: Final report. European Commission, DG EMPL; Marlier, E., T. Atkinson, B. Cantillon and B. Nolan (2007) The EU and Social Inclusion: Facing the challenges, Bristol: Policy Press; McAuley, C. and W. Rose (eds) (2010) Child Well-being: Understanding children's lives, London: Jessica Kingsley; OECD (2009) Doing Better for Children, Paris: OECD; UNICEF (2005) 'Child poverty in the rich countries 2005', Report card No. 6, Florence: IRC; UNICEF (2007) 'Child poverty in perspective: An overview of child well-being in rich countries', Report Card No. 7, Florence: IRC; UNICEF (2010) 'The children left behind. A league table of inequality in child well-being in the world's richest countries', Report Card No. 9, Florence: IRC.

initiatives (summarised in Box 1.1), the EU Task-Force on Child Poverty and Child Well-Being was established by the EU Social Protection Committee (SPC) in 2007. The EU Task-Force went on in 2008 to produce a report – henceforth referred to as EU Task-Force (2008). It spelled out recommendations (later adopted by the SPC) for developing and monitoring quantifiable measures and for employing a common framework in the study of child well-being. Following these guidelines, an international consortium led by the TÁRKI Social Research Institute (Budapest) and Applica (Brussels) prepared and submitted a report to the European Commission entitled *Study on Child Poverty and Child Well-being in the European Union* – henceforth TÁRKI-Applica (2010).[2]

The political commitment was taken forward by the Belgian Presidency of the European Union in the second half of 2010, when it suggested three policy areas as the most important for future action: income support, active inclusion and a children's rights approach.[3] Subsequently, the Hungarian government (which took over the EU Presidency in the first half of 2011) commissioned TÁRKI to prepare the present report, which takes forward the child mainstreaming process by further refining the EU indicators of child well-being and by improving monitoring instruments to track the efforts of Member States in eradicating child poverty and improving the well-being of children.

Within this report, we:

(i) continue the indicator-development process, by:

    a. extending the set of possible indicators to develop a balanced and complex indicator portfolio in the regular monitoring process within the Social OMC;

    b. updating the existing indicators wherever this has been made possible by new data releases in the relevant sources; and

    c. extending time series to the most recent available dates;

(ii) present a new report on child poverty and well-being in the EU, highlighting the most important elements of the situation within an international comparative context;

(iii) prepare, present and propose a potential monitoring tool, which seeks to assess the well-being of children in each Member State; and

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[2] That report was the main deliverable of the project carried out by the consortium formed by TÁRKI Social Research Institute (Budapest) and Applica sprl. (Brussels), and commissioned by the DG Employment, Social Affairs and Equal Opportunities Unit E.2 of the European Commission (VC/2008/0287). The report was a joint effort by the consortium and other affiliated experts. More details on the project and downloadable deliverables are available at: www.tarki.hu/en/research/childpoverty/index.html

[3] 'Who cares? Roadmap for a recommendation to fight child poverty', report on EU Presidency conference, 2–3 September 2010.

Box 1.1: Steps in the child mainstreaming policy process in the European Union

✓ The March 2005 EU Presidency Conclusions, which explicitly referred to child poverty and announced the European Youth Pact.

✓ The 2005 Luxembourg Presidency initiative on 'Taking Forward the EU Social Inclusion Process', which called explicitly for the mainstreaming of children and for the adoption of at least one child well-being indicator at the EU level.[4]

✓ The 2006 March Presidency Conclusions, which called for more action to eradicate child poverty in the Member States.

✓ The adoption in 2006 of the Commission's communication entitled 'Towards an EU Strategy on the Rights of the Child, Communication from the Commission'.

✓ The 2006 streamlining of the Social OMC, since when there has been a more systematic consideration of several well-being indicators for children.

✓ A series of reports and recommendations on tackling child poverty and social exclusion, produced within the framework of initiatives funded under the PROGRESS stream, as part of the Social OMC. These have included reports from the EU Network of Independent Experts on Social Inclusion, the European poverty networks (e.g. Eurochild, the European Anti-Poverty Network (EAPN), the European Federation of National Organisations Working with the Homeless (FEANTSA) and the European Social Network (ESN)), various peer reviews and other exchange projects.

✓ The establishment in 2007 of the EU Task-Force on Child Poverty and Child Well-Being (here referred to as the EU Task-Force).

✓ The formal adoption in January 2008 of the report and recommendations of the EU Task-Force by all Member States and the Commission, and the incorporation of these into the EU *acquis* in this area.[5]

✓ The inclusion in National Strategy Reports in 2008 of child poverty as a key priority in 24 Member States, many of which set specific targets for its reduction.

✓ The TÁRKI-Applica report, which was presented to the Commission and to the Indicator Sub-Group of the Social Protection Committee in 2009 and published in 2010.

✓ The Belgian Presidency conference on child poverty in 2010, which set out a 'roadmap' for recommendations to fight child poverty.[6]

✓ The Hungarian EU Presidency, which submits a Council Conclusion entitled 'Tackling child poverty and promoting child well-being' to the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) on 17 June 2011 for adoption.

(iv) set up and propose a child well-being monitoring framework, constructed using consistent methodology, to provide an international benchmark by which to determine the key challenges facing each individual Member State in a cross-EU context.

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[4] The Luxembourg Presidency conference on 'Taking Forward Social Inclusion' thoroughly discussed the analysis and conclusions of a report that subsequently appeared as Marlier *et al.* (2007).

[5] See EU Task-Force (2008).

[6] 'Who cares? Roadmap for a recommendation to fight child poverty', report on EU Presidency conference 2–3 September 2010.

The rest of this introduction explains how the tasks mentioned under (i) are dealt with in this report. Parts 2, 3 and 4 are the outcomes of the tasks specified under points (ii), (iii) and (iv), respectively.

A complex child well-being indicator portfolio: in this report and in relation to other major monitoring exercises

Recent reports on the topic of child poverty and well-being fully acknowledge that, if we want to capture the capacity of children to be (or to become) full members of society, it is not enough simply to focus on certain selected material indicators; instead a broader concept of child well-being needs to be applied. One main point of reference for the widely accepted concept of child well-being – the United Nations Convention on the Rights of the Child (UNCRC) – refers to the right to survival (e.g. through access to healthcare and services), the right to development (e.g. the right to education), the right to protection (e.g. from abuse or exploitation) and the right to participation (e.g. to form and express opinions on matters of personal concern). Since families have the main responsibility to provide care and support for children, the UNCRC attaches importance to their role in guaranteeing the survival, protection and development of children.[7]

The EU Task-Force (2008) report suggested seven dimensions of child well-being in two broad groups. The first group covers factors that relate to the material resources of the household that the child has access to (or lacks) during his/her development. These include indicators of income, material deprivation, housing and the labour-market attachment of members of the household. The second group covers non-material dimensions of child well-being, which may reflect both the resources a child has access to (or lacks) during his/her development and outcomes at different stages in that development (most notably education, health, exposure to risk and risk behaviour, social participation and relationships, family environment and the quality of the local environment).

Based on the recommendations of EU Task-Force (2008), the TÁRKI-Applica (2010) report presented a portfolio of child well-being indicators that sought to reflect the multidimensional nature of well-being. That report concluded that the 'reserved slot' within the social inclusion strand of the Social OMC indicators is much too narrow to reflect the complexities of child well-being. Instead, the report proposed a separate child well-being indicator portfolio that can usefully be applied by the European Commission and the Member

THE SUGGESTED INDICATOR PORTFOLIO REFLECTS THE MULTIDIMENSIONAL NATURE OF CHILD POVERTY AND WELL-BEING.

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[7] UN Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly Resolution 44/25 of 20 November 1989; entered into force 2 September 1990, in accordance with article 49, available at: http://www2.ohchr.org/english/law/crc.htm

States to monitor progress and set targets. When the recommendation for an integrated child well-being portfolio was being formulated, some of the main aspects considered were as follows:

- to rely as much as possible on the already agreed Social OMC indicators that are child relevant – not just those from the social inclusion strand, but also from the health strand;
- to have a balanced portfolio of indicators across dimensions and across the main phases of childhood; and
- while focusing more on material well-being, also to consider a broader range of non-material aspects of child well-being than in previous work in this field.

The integrated child well-being portfolio proposed in this report builds solidly on the research mentioned above and aims to be a continuation of this indicator-development process. The main goals of our present work in this respect have been:

- to keep the structure of the integrated portfolio as simple as possible;
- to strengthen the coherence of the integrated portfolio, while still keeping it as close as possible to the actual agreed Social OMC indicators; and
- to further strengthen the non-material dimensions of the portfolio, by involving expert opinion in the fields of education, health and risk behaviour (B1, B2 and B3).[8]

In Table 1.1, we summarise the current state of the integrated portfolio of child well-being indicators. Table 1.2 sets out the most important breakdowns that can be used to produce a balanced picture, subject to the availability of data.

Although the technical aspects of the indicator-selection process are detailed in the online Annex 1 to this report, some explanations are called for here:

- Aspects of child well-being may necessitate quite different indicators for children at various ages; therefore it is important that the indicators should reflect the various stages of childhood development. Hence Table 1.1 contains three columns that reflect this.[9]
- The material indicators listed in lines A1 to A4 can be regarded as more 'standard' in terms of methodology and reporting: there is a bias in the everyday practices of various statistical agencies to develop and publish these statistical measures. We have accepted and included them in the portfolio. For certain aspects (like severe material deprivation, low work

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[8] We took this step by commissioning expert background papers related to these dimensions of child well-being.

[9] The choice of these age brackets is supported by arguments in TÁRKI-Applica (2010).

intensity) we have attempted to incorporate the latest developments agreed upon by the Indicator Sub-Group in respect of the Europe 2020 poverty target.

- For the education, health and social risk behaviour dimensions, this report suggests the inclusion of new indicators for monitoring. Meanwhile, it is recommended that some indicators that were part of the previous report should be investigated further in future indicator-development papers.
- There are two lines in Table 1.1 that really ought to be included but are missing: social participation and quality of the local environment (dimensions B4 and B5). We should stress that this omission is due not to some oversight, but to the lack of appropriate and available data.[10]

The suggested breakdowns (presented later in the report) are listed in Table 1.2. Wherever we (or our experts) had direct access to the datasets utilised (particularly PISA, HBSC and ESPAD),[11] we attempted to develop breakdowns to try to explain variance by age and gender of children; by socio-economic background; by labour-market and household characteristics of households; or by education of parents. To this end we used whatever was available in the particular dataset or looked most appropriate for the given dimension. All validated indicators are presented in online Annex 2 of this report.

In setting up and formulating breakdowns for B1 (education), B2 (health) and B3 (risk behaviour) indicators, we follow the results of background papers and consultations provided by external experts in these fields. This is a clear extension (not only in terms of time and spatial coverage, but also in terms of conceptual coverage) of TÁRKI-Applica (2010).

Both the suggestions of TÁRKI-Applica (2010) and of the present report seek to provide a 'value added' to the indicator-development process within the Social OMC. Accordingly, our work incorporates the main criteria of indicator selection followed by the European Commission. However, at this point we need to explicitly highlight the fact that, while we consider the present proposal to be a sizeable step towards achieving a workable child well-being monitoring framework, the suggested integrated portfolio and the monitoring tools proposed on the basis of it are by no means completely integrated into the framework of the Social OMC. Further work needs to be done, and

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[10] The definition of appropriate data for indicators includes relevance, robustness and statistical validation, adequate level of cross-country comparability, availability of underlying data, timeliness, suitability for revision, and responsiveness to policy interventions (plus non-susceptibility to manipulation). The setting of these criteria goes back to the Social Protection Committee 2001 decisions endorsed in Laeken, and these are consistently applied in later indicator-development processes.

[11] Definitions of these and other datasets used are given in online Annex 1 to this report.

Table 1.1: An integrated portfolio of child well-being indicators – the main indicators suggested and presented

Dimension	Child age group		
	0–5	6–11	12–17
A1: Income	At-risk-of-poverty rate	At-risk-of-poverty rate	At-risk-of-poverty rate
	Relative median poverty gap Persistent at-risk-of-poverty rate Dispersion around the poverty threshold		
A2: Material deprivation	Material deprivation		
	Severe material deprivation	Severe material deprivation	Severe material deprivation
A3: Housing	Housing costs Overcrowding		
A4: Labour-market attachment	Share of children in jobless households Share of children in low work-intensity (including jobless) households		
	Childcare use		
B1: Education	Participation in pre-primary education	(Low) Reading literacy performance of pupils aged 10 Educational deprivation	(Low) Reading literacy performance of pupils aged 15 Educational deprivation Early school-leavers (when 18–24)
B2: Health	Infant mortality Vaccination Low birth weight Breastfeeding	Oral health Fruit daily Breakfast every school day	General life satisfaction Physical activity
B3: Exposure to risk and risk behaviour			Teenage births Daily smoking Regular alcohol use Heavy episodic drinking Illicit drug use Tranquilliser use without doctor's orders
B4: Social participation and relationships, family environment			
B5: Local environment			

to this end, in the concluding part of this report (Part 5), we offer some aspects for consideration.

There have been major reports produced recently on the monitoring of child well-being by two international organisations that are active in this field: UNICEF (2007, 2010) and the OECD (2009). These reports – the most recent outcomes of a lengthy process – included extremely important conceptual and factual accounts of child well-being indicators. Besides the obvious variations in country coverage between the reports, there are also concep-

Table 1.2: An integrated portfolio of child well-being indicators – breakdowns suggested and presented

Dimension	Indicator with 0–17 age breakdown	Breakdown
A1: Income	A1.1: At-risk-of-poverty rate	Child age, work intensity, household type, migrant status
	A1.2: Relative median poverty gap	Child age
A2: Material deprivation	A2.1: Material deprivation	Child age, work intensity, household type, migrant status
	A2.2: Severe material deprivation	Child age, work intensity, household type, migrant status
B1: Education	B1.1: Low reading literacy performance of pupils aged 15	Parents' education, migrant status
	B1.2: Low reading literacy performance of pupils aged 10	Parents' education
	B1.5: Educational deprivation	Parents' education
B2: Health	B2.1: Infant mortality	Gender
	B2.2a–c: Vaccination in children	Gender
	B2.3: Low birth weight	Gender
	B2.4: Exclusive breastfeeding	Gender
	B2.5: General life satisfaction	Gender, family affluence scale
	B2.6: Oral health	Gender, family affluence scale
	B2.7: Eating fruit daily	Gender, family affluence scale
	B2.8: Having breakfast every school day	Gender, family affluence scale
	B2.9: Physical activity	Gender
B3: Exposure to risk behaviour	B3.2: Daily smoking	Gender
	B3.3: Regular alcohol use	Gender
	B3.4: Heavy episodic drinking	Gender
	B3.5: Illicit drug use	Gender
	B3.6: Tranquilliser/medicine use	Gender

tual differences in the selection and content of the indicator sets. Probably the most important difference rests in the strictness with which the reports assign direct policy relevance to the various indicators. While the report by the OECD clearly seeks to remain within the bounds of strictly policy-relevant domains, the UNICEF reports go further and cover a broader set of dimensions. Furthermore, while the OECD report compares country-level differences in the value of various indicators, the UNICEF reports (especially the 2010 one) rank countries on the basis of the distribution of the various variables in any given country.

In terms of coverage and content, this report of ours lies somewhere between those of UNICEF and the OECD. The domain coverage is broader here than in the OECD report (especially for the B1–B3 indicators). However, we use distributional statistics (for those same sets) only to measure social inequalities, unlike the 2010 UNICEF report, which attaches importance in itself

to the very variance in (education or health) outcome indicators. We try to stick to the guideline that variance *per se* is not 'bad'; it is only 'bad' if that variance corresponds too closely to parental socio-economic background.

In certain parts of our report we provide EU-level benchmarks for the country-level indicators: we felt a clear need for a set of contextual indicators that are specific to child well-being and that could provide more background information on which to assess the conclusions that are drawn on the basis of the suggested monitoring framework. Also, while child poverty reduction can be an obvious consequence of the implementation of the Europe 2020 strategy[12] (most notably the poverty reduction targets), it is clearly necessary to move ahead in terms of the development of indicators and of the reporting frame.[13]

Monitoring child well-being in Europe: cross-country comparative analysis and policy evaluations

A PILOT MONITORING SCHEME IS PROVIDED ON WHICH TOPICS AND DATASETS CAN BE TESTED.

In this report, we collected and selected indicators of child well-being and developed a framework for benchmark analysis to show how further monitoring could shed light on changes in time and comparisons across countries along different dimensions of child well-being. We regard this as a prototype for further monitoring exercises. As in the indicator-selection procedure, we paid specific attention to the availability and timeliness of the indicators, and the analysis we present here can be replicated at given intervals (we suggest every three years), so that relative change can be monitored. The prototype analysis is presented in Part 2.

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[12] EC (2010) 'Europe 2020: A strategy for smart, sustainable and inclusive growth', communication from the Commission, available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52010DC2020:EN:HTML. A recent and comprehensive analysis of the Europe 2020 strategy can be found in Marlier, E., D. Natali and R. Van Dam (2010) Europe 2020: Towards a more social EU, Work and Society Series No. 69, Brussels: P.I.E. Peter Lang.

[13] The Indicator Sub-Group of the SPC has developed a monitoring instrument called the Joint Assessment Framework to follow the progress of Member States in achieving the Europe 2020 poverty target and the implementation of the Employment Guidelines. Among other fields, the framework includes the continuous monitoring of the situation of children in the EU countries, using the Europe 2020 poverty target indicators. Recently, the European Commission also released a document on EU Youth Indicators. A Commission Staff Working Document on Youth Indicators was released on 25 March 2011, outlining a 'dashboard' of 40 indicators in the youth field. The indicators cover all eight fields of action of the EU Youth Strategy and further enhance the Commission's evidence-based approach to youth policy. We should note that the age definition applied for youth to some extent overlaps with the definition of children: 'youths' are considered to be aged 15–24. Therefore, there is also an overlap in the list of suggested indicators between this report and the Commission Staff Working Document.

Since the well-being of children is dependent on a great number of factors (relative and absolute factors, objective and subjective conditions, as well as the various policies that affect them), it is, we believe, very important to develop tools to evaluate country experiences. However, given that the aim of the evaluation exercise should be to assist Member States in identifying key challenges in the field of child well-being and in constructing an efficient policy strategy to overcome these shortcomings, we suggest the introduction of country-level summary cards for the comparisons. These contain trends and breakdowns for various indicators, EU benchmarks, cross-country comparisons and a summary comparison based on a selected set of *lead indicators*. We call this tool the *policy marker report card* to underline the fact that the basic aim is to evaluate the child well-being performance of each and every Member State in the light of cross-country comparisons, and also with regard to the profiles drawn up on the basis of the combination of indicators. These cards are explained in Part 3 of this paper and are produced for all 27 Member States (online Annex 2). A child well-being monitoring framework that is built on the evaluation methods followed within the policy marker report cards is introduced and is briefly analysed in section 4.2.

We base the analysis on cutting-edge international datasets (EU-SILC and EU-LFS for material indicators, PISA and PIRLS for education variables, HBSC for health indicators and ESPAD for risk behaviour indicators). We gratefully acknowledge the access that we (or our experts) have had to these, and we sincerely hope that further monitoring exercises to analyse the well-being of Europe's children will continue to use these datasets.

While analysing the available datasets, we have identified some serious data gaps: alternative sources are needed for many of the domains listed in the text. The problem of the lack of comparable data on institutionalised children and on Roma is particularly serious.

Before starting to make use of the set of indicators suggested above, we need to highlight the fact that almost all of them are derived from statistical surveys and are therefore estimates, which are prone to statistical inference. The widths of the confidence intervals depend on sampling design and sample size of the surveys in question. We did our best to take this into account wherever the data allowed. We use specific notation in a few cases where the estimates are highly unreliable (e.g. are based on very few observations), throughout the main report. We invite interested readers to consult the online Annexes for further details.

THE POLICY MARKER REPORT CARDS (FIRST SUGGESTED IN THIS REPORT) ASSIST NATIONAL GOVERNMENTS TO ASSESS THEIR ACHIEVEMENTS IN VARIOUS POLICY DOMAINS.

2. THE SITUATION OF CHILDREN IN THE EUROPEAN UNION

2.1   Material well-being

2.1.1   Income poverty[14]

The extent of poverty

According to the most recent data for the EU, one child in five is living in poverty, and the extent of poverty is even higher among children than among adults. The risk of child poverty has remained stable since 2006.

On average, one child in five in the European Union (EU-27) was living in poverty in 2009.[15] The risk of child poverty varies considerably across the Member States (*Figure 2.1*). Children face the greatest risk in Romania (33%), Latvia (26%) and Bulgaria (25%) and the smallest in the Nordic countries (Denmark 11%, Finland 12% and Sweden 13%), Cyprus (12%) and Slovenia (11%). The prevalence of income poverty among children is also high in the Southern countries (Italy, Spain, Greece and Portugal 23–24%), in Lithuania (24%) and in Poland (23%).[16]

The extent of poverty is greater among children than it is among the adult members of society. The risk of poverty for children was 4 percentage points higher than for the general population (16%) in the European Union as a whole in 2009 (*see Table A2 in the Annex*).[17] This pattern is evident in most of the Member States: the at-risk-of-poverty rate for children is higher than the overall poverty rate. The exceptions to this are Denmark, Finland, Cyprus and Germany, where the at-risk-of-poverty rate among children is lower than the

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[14] The structure of section 2.1 on material well-being is based on the very similar structure of the relevant part of the TÁRKI-Applica (2010) report. The contributions of Terry Ward (co-director of the project, Applica), Nirina Rabemiafara (Applica), Orsolya Lelkes (European Centre, Vienna), Anikó Bernát (TÁRKI) and Márton Medgyesi (TÁRKI) are especially acknowledged. In this part of the current report we have updated the results to the most recent available data for each indicator, and we have also considered the indicator-development process related to the Europe 2020 poverty target.

[15] The EU-SILC User Database (UDB) 2008, version 01.08.2010, on which most of the analyses in the report are based, does not include Malta and France. EUROSTAT figures. The report is based on EUROSTAT data wherever possible, in order to ensure the largest country coverage. For the 25 countries in the database, the at-risk-of-poverty rate for children is 19%, while for the overall population it is 16%. These latter figures are used as a benchmark in the next section and will be called either the 'EU-27 average' or 'EU-27'. The income reference period for the 2008 survey is year 2007, and the results need to be interpreted accordingly. Exceptions to this are the United Kingdom (for which the reference year is 2008) and Ireland (for which the survey is continuous and income is collected for the last 12 months).

[16] Taking into account the relative concept of poverty, we need to mention that the risk of poverty for a specific social group is related to the risk for others. In the case of children, their risk of poverty is, to some extent, conditional on that of adults, mainly the elderly. As an extreme case we might mention Cyprus: there the risk of poverty among the elderly is the highest of all Member States – 49% (*see Table A3 in the Annex*).

[17] All figures referring to the European Union as a whole in this report are weighted averages, unless otherwise specified.

overall at-risk-of-poverty rate. In Slovenia, Sweden and Latvia, the child poverty rate appears to be roughly the same as the overall poverty rate. The poverty risk of children relative to the overall population is highest in Hungary, where it exceeds that of the overall population by almost 70%, though the figure is also high in the Czech Republic, Luxembourg and Slovakia (50%). Table 2.1 summarises the position of countries according to the at-risk-of-poverty rate for children, relative to the national average and the EU-27 average.
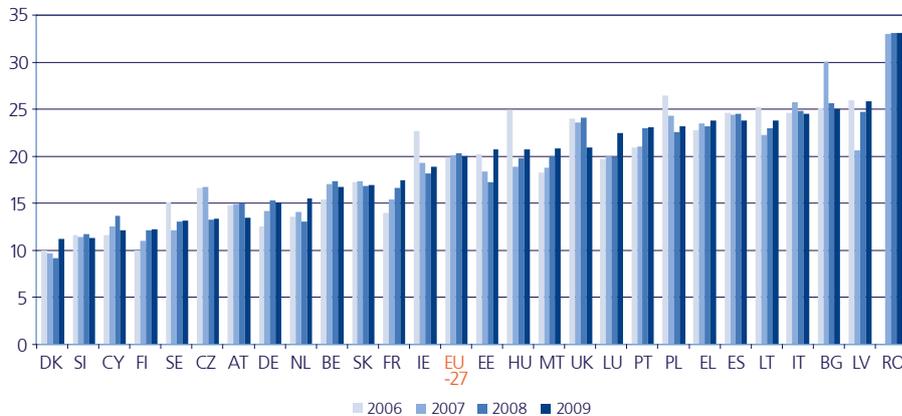
Figure 2.1: At-risk-of-poverty rates for children (percentage below 60% of the national equivalised median income), EU-27, 2006−09 (%)

Source: EUROSTAT.

Notes: Countries are ranked according to the 2009 data.

	At-risk-of-poverty rate lower than the EU average (by at least 3 percentage points)	At-risk-of-poverty rate around the EU average	At-risk-of-poverty rate higher than the EU average (by at least 3 percentage points)
At-risk-of-poverty rate lower than (or equal to) the national average	DK, DE, CY, SI, FI, SE		LV
At-risk-of-poverty rate slightly higher than the national average (0−4 percentage points)	BE, FR, NL, AT	EE, IE, UK	BG, EL, ES, LT
At-risk-of-poverty rate higher than the national average (by at least 5 percentage points)	CZ, SK	LU, HU, MT	IT, PL, PT, RO

Table 2.1: The risk of child poverty relative to the national and EU average, EU-27, 2009

Source: Own classification based on EUROSTAT data.

Trends (2006–09)

Of late, the risk of poverty among children has remained stable: in the European Union as a whole, 20% of children have been at risk of poverty in each year since 2006. At the level of Member States, the picture is similar: in 16 out of 25 EU countries (the EU-27 but France and Malta), no statistically significant changes in the risk of child poverty were observed between 2006 and 2009. Only in Germany and Finland did the extent of poverty increase considerably, while in Bulgaria, the Czech Republic, Estonia, Ireland, Poland and Sweden the at-risk-of-poverty rates observed in 2009 were lower than three years earlier (*Table 2.2*).

Table 2.2: Trends in the risk of child poverty in the EU, 2006–09

Source: EUROSTAT.

Notes: *No data are available for Romania for 2006, the figure for 2007 was considered here. For Hungary, the 2006 estimates are unreliable and it could be misleading to compare them directly with the 2009 results. According to alternative datasets, no significant decrease in the risk of poverty among children was observed in Hungary in this period.

Main trends	Member States
At-risk-of-poverty rate of children in 2009 significantly lower than in 2006	BG, CZ, EE, IE, (HU), PL, SE
At-risk-of-poverty rate of children largely unchanged between 2006 and 2009	BE, DK, EL, ES, IT, CY, LV, LT, LU, NL, AT, PT, RO*, SI, SK, UK
At-risk-of-poverty rate of children in 2009 significantly higher than in 2006	DE, FI

Recalling again the relative concept of poverty used by the European Union (as well as by this report), the at-risk-of-poverty threshold is defined as 60% of national equivalised median income. The value of this threshold, expressed either in Euro or in purchasing power standard (PPS), is to some degree related to the country's economic development, and at the same time gives an indication of the differences in the income levels of countries.

The risk of child poverty does not vary much across the Nordic or the Continental European countries according to general income level: the value of the poverty threshold varies within a relatively narrow range, while the at-risk-of-poverty rate has a larger range (Luxembourg being an exception). Consequently, very different levels of poverty risks are associated with quite similar thresholds in these Member States (*Figure 2.2*). There is a negative relationship, however, between the value of the poverty threshold and the at-risk-of-poverty rate for children in all the new Member States: the higher the threshold, the lower the poverty risk for children. On the other hand, the opposite is true of the Southern countries: the level of the at-risk-of-poverty rate increases with the poverty threshold value.
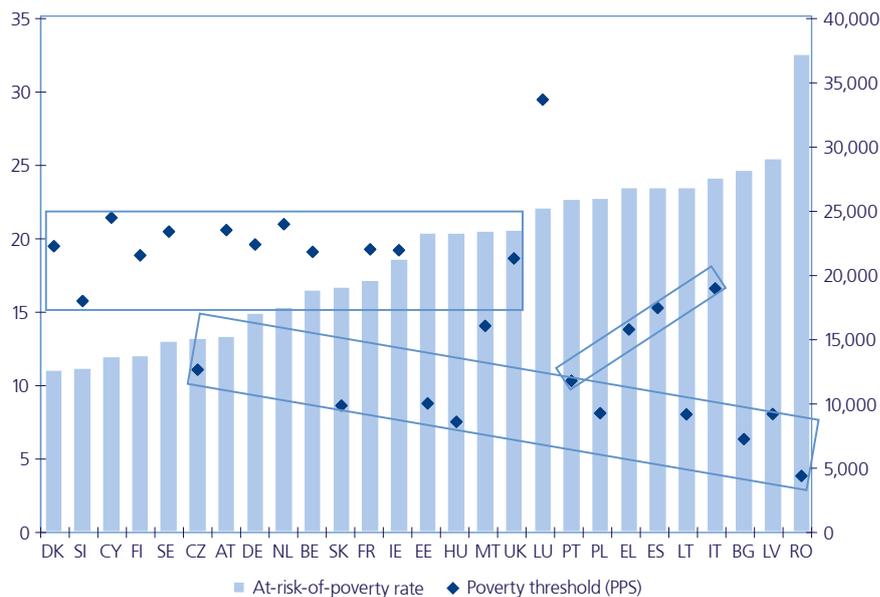
Figure 2.2: At-risk-of-poverty rate for children (% of all children) and at-risk-of-poverty threshold (illustrative values) for a household with two adults and two children (PPS), EU-27, 2009

Source: EUROSTAT.

Notes: The at-risk-of-poverty rate has been calculated as 60% of national equivalised median income.
Countries are ranked by the at-risk-of-poverty rate for children.

The incidence of poverty in selected social groups

Age of the child

In general, young people in the age range 0–17 are regarded here as 'children'. However, since childcare, education, health and social assistance policies relate to different age groups, and since some of the child outcomes differ greatly at different stages of childhood, an internal breakdown of this broad age span is especially useful if the final aim of the in-depth analysis has to do with policies. There is no totally agreed internal age breakdown, but it seems clear that differentiating by the age groups of 0–5, 6–11 and 12–17 reflects different developmental stages and childcare arrangements.

In the European Union as a whole, the incidence of poverty is highest among children aged 12–17 (an at-risk-of-poverty rate of 22%), though it shows no great variance across the groups (19% for the youngest and 20% for those

IN THE EU AS A WHOLE, THE INCIDENCE OF POVERTY IS GREATEST AMONG CHILDREN AGED 12–17. CHILDREN IN SINGLE-PARENT AND LARGE FAMILIES ARE CLEARLY AT HIGHEST RISK OF POVERTY, BUT COUNTRY VARIATION IS LARGE. LABOUR-MARKET ATTACHMENT OF THE HOUSEHOLD IS STRONGLY CORRELATED WITH THE RISK OF CHILD POVERTY; HOWEVER, CHILDCARE ARRANGEMENTS MAY HAVE A STRONG IMPACT ON CROSS-COUNTRY DIFFERENCES.

in the middle age group).[18] This general pattern is to be seen in several Member States (*see Figure 2.3*), but there is a great diversity of risk patterns by age group in other countries. The relative risk of poverty for the youngest tends to be low mainly in those countries that have a high risk of poverty for all children (Estonia, Ireland, Spain, Romania, Lithuania, Poland, Portugal), while children in the middle age group (6–11) face the lowest relative risk of poverty in countries with low national aggregate figures for children (Belgium, Germany, Cyprus, Finland, Sweden), and also in Luxembourg and Slovakia.

Figure 2.3: At-risk-of-poverty rate for children by the age of the child, EU-27*, 2008 (%)

Source: Own estimates based on the EU-SILC UDB (version 01.08.2010).

Notes: *FR and MT are missing. Data for these countries are not available in the public database. The at-risk-of-poverty rate has been calculated as 60% of national equivalised median income. Countries are ranked according to the poverty rate of children aged 0–5.
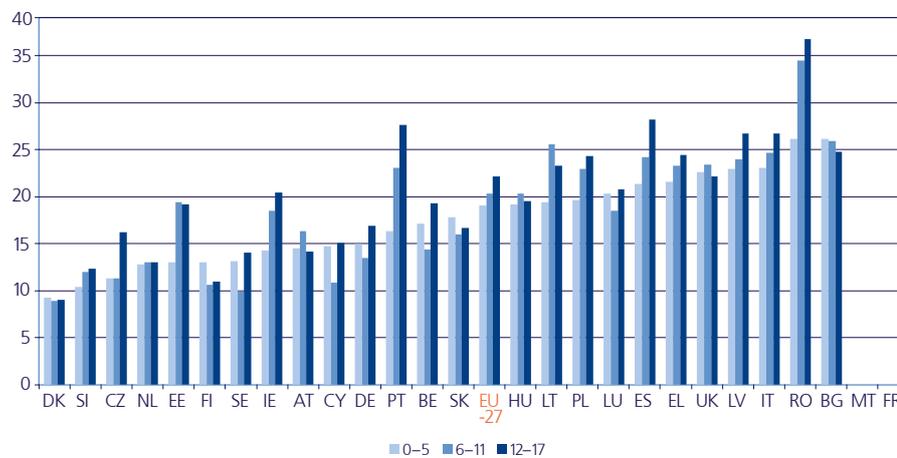
Household type

The way people form their families, their decision to live together or apart, the number of children they have and the timing of the births, whether they

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[18] Expectations regarding the relationship between the age of the child and poverty risk are ambiguous. The fact that the parents are on a lower rung of the career ladder and that they have forgone earnings (due to maternity and parental leave) would imply higher risks for the youngest. Young children are also more likely to live in families with a higher number of children. All these factors can be partly compensated for by the father boosting his earnings and by publicly financed maternity benefits, and might differ sharply according to the birth order of the child. On the other hand, the choice of equivalence scale might affect the estimates, giving a greater weight to older children and therefore implying a lower equivalent income for them.

Otherwise, multivariate analysis (*see TÁRKI-Applica 2010: Tables A1.5.4–A1.5.7*) shows that the marginal effect of belonging to a specific age group does not significantly differ from zero in most countries. In Estonia and Latvia, estimates are positive and statistically significant for both age groups 6–11 and 12–17 (with the youngest as reference group), while in the Netherlands and Sweden estimates are negative and significant in both cases. In some other countries (like the Czech Republic, Ireland, Lithuania, Poland and the UK) children aged 12–17 are at significantly higher risk than are the youngest children, all other things being equal.

choose to leave the parental home or continue to stay with the parents and care for them (often within a multigenerational setting) – all this might have an effect on the risk of poverty they and their children face, and in some cases these decisions are responses to changes in their risks of poverty. The household typologies used widely in the related empirical literature can be seen as an outcome of all these adult decisions.

Children in single-parent and large (3+ children) families are clearly at greatest risk of poverty in the European Union. Those belonging to the former group are most affected: some two-fifths of children in single-parent households are at risk of poverty – double the figure for the average child in the European Union (*see Figure 2.4*). At the same time, across the EU more than a quarter of children in large families face a risk of income poverty.

Member States show considerable differences when the relative risk facing children in these two types of household is considered. Children living with only one of their parents are at the greatest risk of poverty across household types in all but six countries. The exceptions are Bulgaria, Romania and Slovakia, where children in large families are at greatest risk, and Greece, Spain and Poland, where no significant difference in the poverty rates of children in these two types of household is to be observed. Bulgaria and Romania are extreme cases: in the former close to 80% of children in large families are at risk of poverty, while in the latter some 60% are. On the other hand, in Belgium, Ireland and Slovenia the relative risk facing children in single-parent families compared to those in large families is the highest in Europe.

Figure 2.4: At-risk-of-poverty rate for children by household type, EU-27*, 2008 (%)
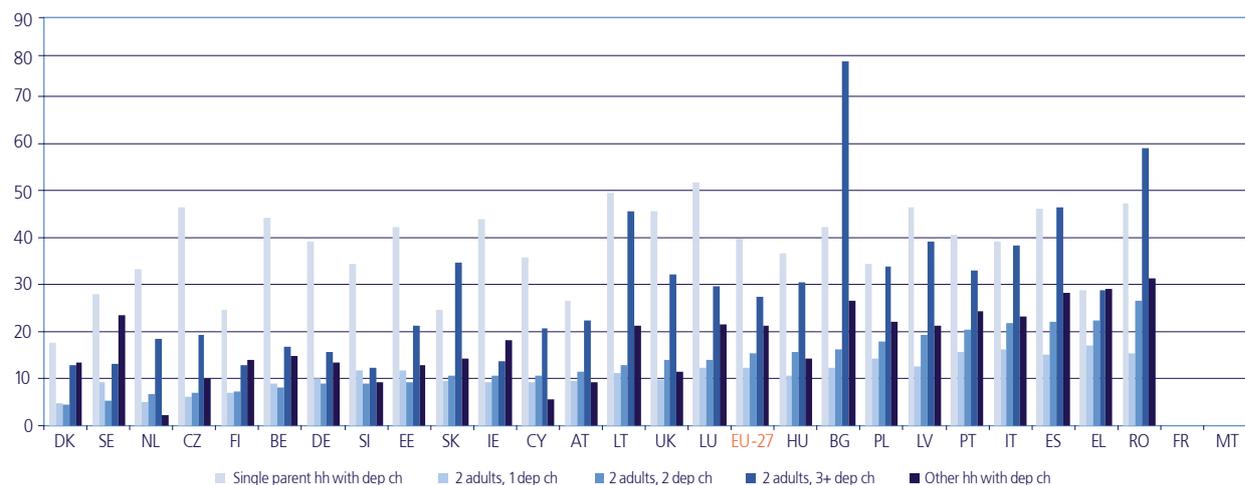
Source: Own calculations based on EU-SILC 2008, version 01.08.2010.

Notes: *FR and MT are missing. Data for these countries are not available in the public database. Countries are ranked according to the poverty rate of children in '2 adults with 2 dependent children' households.

Work intensity

The risk of poverty varies from country to country according to the level of work intensity, reflecting in particular the level and coverage of social transfers, the relative rates of pay between full-time and part-time work, and the distribution of earnings (or the degree of inequality in this). At the EU level, children in jobless households – those in which no one of working age was employed during the year[19] – are upwards of eight times more at risk of poverty than their counterparts in full work-intensity households (*Figure 2.5*): while 64% of children in the former group have income below the poverty line, those in the latter group are almost fully protected from income poverty (8%). In general, the higher the work intensity of the household, the lower the child poverty risk. Furthermore, in the EU as a whole, children in households with 0.50 work intensity still have a risk of poverty that is higher than average (25% versus 19%). Only children with both parents in employment are well protected.

Children in households with low work intensity – where someone is employed but not full time or not for the whole year – have a lower risk of poverty than those in workless households in all Member States apart from Greece, Lithuania and Luxembourg, though the extent does vary from country to country. In Lithuania, 85% of children living in low work-intensity households are at risk of poverty; in Luxembourg 69%, in Bulgaria 64%, in Latvia 66%, in Greece 62% and in Spain 61%. By contrast, the proportion of children at risk in low work-intensity households is 30–31% in Denmark, Germany, Ireland, the Netherlands and the UK.

For children living in a household with work intensity of 0.5, where typically one of the parents is employed and the other is not, the risk of poverty varies just as widely. In Spain, the proportion at risk is 42% and the figure is only slightly less in Portugal, while in Greece, Italy, Latvia, Romania and Slovenia it is still well over a third. In these countries, therefore, having just one parent in full-time work gives rise to a significant probability that a household has income below the poverty threshold. By contrast, the risk of pov-

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[19] This, it should be noted, differs from the indicator of joblessness used at the EU level to monitor social inclusion, which is based on the European Labour Force Survey (EU-LFS) and which relates to households in which no one was employed during the reference week. The measure used here is derived from the EU-SILC, since the aim is to measure various degrees of work intensity, which cannot be done using the LFS unless the dimension of the number of months worked during the preceding year is left out of the equation. In practice, despite the difference in the period to which the two measures relate, they show reasonably similar results for most countries, reflecting the fact that relatively few people tend to be employed for only part of the year – certainly compared to the relative numbers working part time.

erty among children in such households is relatively low in the Czech Republic (only 9% at risk), Germany (11%), Denmark (12%) and Austria (13%).

In Romania, the risk of poverty among children remains very high (around 37%) even when one parent is in full-time work and the other works part time (or part of the year), as is the case also in Portugal (26%), Lithuania and Poland (21%); in Greece, Spain, Latvia and Luxembourg, the risk is only slightly lower (16–19%). At the other extreme, the proportion of children at risk who live in such households is smallest in Ireland (6%), and is also very small (7%) in Belgium, the Netherlands, Finland and Sweden.

While in most countries having either both parents or a lone parent in full-time employment means a low risk of child poverty, this is less the case in Romania (15%), Latvia and Lithuania (where 12–13% of such children are at risk), Poland and the Netherlands (where the figure is around 10%). In these countries, therefore, at least part of the problem of child poverty seems to lie in relatively low wages.

Figure 2.5: At-risk-of-poverty rate for children by the work intensity of households, EU-27*, 2008 (%)
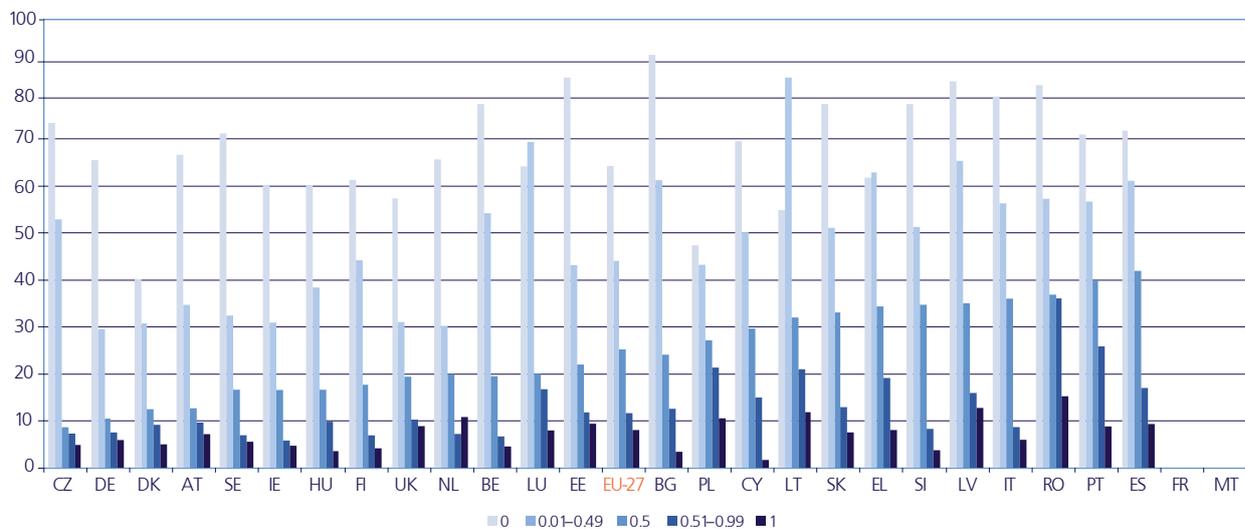
Source: Own calculations based on EU-SILC 2008, version 01.08.2010.

Notes: *FR and MT are missing. Data for these countries are not available in the public database. Countries are ranked according to the poverty rate of children in 0.5 work-intensity households.

The 'single-earner household' category has an important part to play in relation to the problem of in-work poverty. The risk of poverty among children living in households with a work intensity of 0.5 or more is largely determined by the risk of poverty of children in 'single-earner' households, as well as by their proportion of all children in in-work households. Since in

most cases it implies that the father is employed full time while the mother stays at home, the effect of the mother's employment on a child's risk of poverty is crucial, as is highlighted in the TÁRKI-Applica report (2010).

Migrant status

Migrant groups are fairly heterogeneous across the EU, in terms of both country of origin and motivation for migration, and it is hard for these differences to be captured by social surveys. For a variety of reasons, the measurement of the issue of migrants is somewhat limited in the EU-SILC survey.[20] Conceptually, the current EU-SILC question only explores the stock (number) of migrants, and there is no information on how long they have been in the country. The categorisation of migrant groups into 'EU' and 'non-EU' is rather sweeping: the categories are far too large and heterogeneous (although sample sizes would also need to be much higher to produce any more detailed breakdown). Even with the current design of the survey, the number of observations – especially in the 'born in another EU country' category – is very low in most countries. Also, as the EU is enlarged, so individuals may, without physically moving, switch from the 'non-EU' to the 'EU' category from one year to the next. That said, the effect of this factor is limited.

Moreover, there is no information on the ethnic status of respondents. Ethnic background may itself affect child well-being in general – and specifically the risk of poverty – and could form a sharp distinction between migrants who belong to the same EU-SILC category. Thus, the definition of migrants by country of birth may not capture ethnic differences *per se*. This shortcoming is particularly acute in the case of the Roma population, given the relatively large numbers of Roma and their apparent integration problems in many Eastern European countries.

At least one non-EU migrant child in three is at risk of poverty in 17 Member States for which such data are available (and are regarded as statistically reliable – i.e. where the number of observations for the category is at least 20). In Finland, Luxembourg, Spain and Cyprus, the at-risk-of-poverty rate reaches or even exceeds 50%. In the majority of countries, there is a substantial (and statistically significant) gap between the situation of non-migrant children and those with parents born outside the EU.

With respect to children with parents born in another EU country, there are only six countries for which robust estimates can be provided: in Belgium, Ireland, Spain, Italy, Luxembourg and the UK, estimated at-risk-of-poverty

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[20] Most challenges are posed by 'illegals' – those third-country nationals who do not fulfil the conditions of entry, stay or residence in the Member State in which they live. Most countries have only rough estimates for the number and proportion of such migrants, and they thus tend to be under-represented in censuses or surveys.

rates among EU migrant children range from 24% to 30%. Within these countries, the risk of poverty is lowest in Spain (24%), and highest in Italy (30%).

For many countries, the number of observations for migrants in general, or for specific migrant groups, is too small to provide reliable estimates for their risk of poverty.
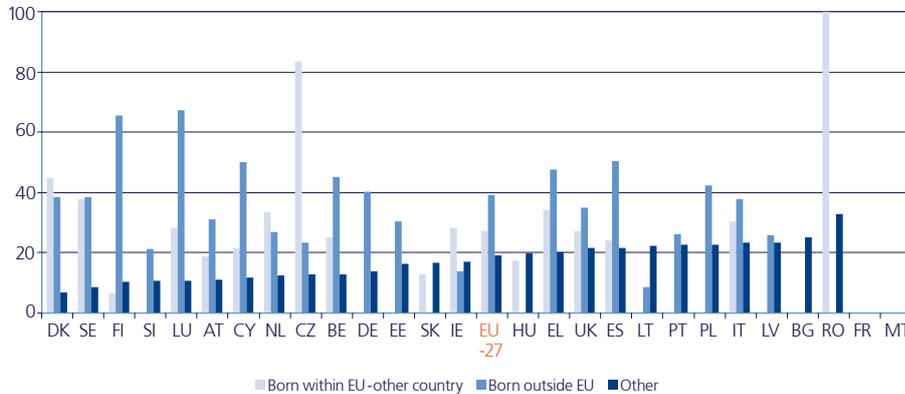

Figure 2.6: At-risk-of-poverty rate for children by migrant status, EU-27*, 2008 (%)

Source: Own calculations based on EU-SILC 2008, version 01.08.2010.

Notes: *FR and MT are missing. Data for these countries are not available in the public database. Countries are ranked according to the poverty rate of children with migrant status 'Other'.

■ Born within EU-other country ■ Born outside EU ■ Other

Composition of children at risk of poverty by household type and work intensity of the household

Analysing the distribution of children at risk of poverty by categories of main factors (a combination of the distribution of all children and the risk of child poverty in each category) allows us to assess which specific groups contribute most to poverty. The combination of the relative number of children living in a specific type of household and the risk of poverty associated with this determines the proportion of children at risk living in the different kinds of household. A high risk of poverty alone, therefore, does not necessarily mean that children living in the households concerned make up a large number of all children at risk. From this perspective, therefore, such children are less of a policy priority than they may be in other countries where they make up a much larger share of the total.

In the European Union as a whole, the highest proportion of children at risk of poverty is to be found in '2 adults with 2 dependent children' households (29%), but children in large families constitute a similar proportion of all children living in poverty (*see Table A4 in the Annex*). A fifth of children at risk live in single-parent households. But there is a large variation in these figures across Member States. While only 4–7% of children at risk of poverty live in single-parent households in Bulgaria, Greece, Spain, Romania and Slovakia, their share exceeds a third in Belgium, the Czech Republic, Germany, Estonia, Ireland, Sweden and the UK. In the case of children in '2 adults with

2 dependent children' families, the lowest values are registered in Belgium, Bulgaria, Denmark, Estonia, Ireland, Latvia and Sweden (12–19%), and the highest in Cyprus (42%), Spain (48%) and Greece (62%). Children in large families contribute most to the risk-of-poverty statistics in Belgium (37%), Denmark (36%), Hungary (32%), the Netherlands (47%), Austria (33%), Romania (33%), Slovakia (40%) and Finland (36%).

Those living in 0.5 work-intensity households provide the largest share of children living in income poverty (28%) at the EU level, but almost the same figure applies to children in jobless households (WI=0). Only one-tenth of children at risk of poverty live in full work-intensity households. Again, there is great variation across countries. Children in jobless households contribute most to poverty in Belgium (35%), the Czech Republic (39%), Germany (39%), Ireland (42%), Hungary (41%) and the United Kingdom (47%). We find the highest proportion of children in 'single-earner households' among children at risk of poverty in the Southern countries: Greece (46%), Spain (39%), Italy (49%) and Cyprus (35%).

The severity of poverty

THE SEVERITY OF POVERTY DOES NOT DIFFER BETWEEN CHILDREN AND ADULTS IN THE EUROPEAN UNION. AS A GENERAL PATTERN, THE SEVERITY OF POVERTY INCREASES SLIGHTLY WITH THE AGE OF THE CHILD. IN COUNTRIES WHERE THE AT-RISK-OF-POVERTY RATE IS ABOVE THE EU-27 AVERAGE, THE INTENSITY OF POVERTY TENDS TO BE ABOVE AVERAGE AS WELL.

In the European Union as a whole, the median income of children at risk of poverty falls 23% short of the poverty line (*see Figure 2.7*), according to the 2009 data. The smallest poverty gap among children is to be observed in Ireland, Malta, the Netherlands and Finland – in those countries the distance between the median income of children[21] at risk of poverty and the poverty line is 15% of the poverty threshold. Bulgaria, Latvia and Romania record the largest poverty gaps among children. In those countries, the median income of children at risk of poverty is 33%, 34% and 37% lower than the poverty line, respectively. Also in Spain (32%), the difference is over 5 percentage points more than the EU-27 average.

In the European Union as a whole, the severity of poverty increases slightly according to the age of the child. In the majority of countries, the narrowest poverty gap is estimated for the youngest (aged 0–5) (*Figure 2.8*). Children aged 6–11 are most affected in relative terms in Bulgaria and Romania, and those aged 12–17 in the Netherlands and Estonia.

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[21] As a main rule, children are units of analysis in this report. The income of the household is distributed equally across its members; the income of children should be interpreted within this framework.

As Figure 2.9 shows, there is a positive correlation (0.70, significant at level 0.05) between the at-risk-of-poverty rate of children and the relative median poverty gap of children. In countries where the at-risk-of-poverty rate is above the EU-27 average, the intensity of poverty tends to be above average as well. There are, however, a few countries that do not conform to this general pattern: in Estonia, Luxembourg, Hungary, Malta and the UK, the incidence of child poverty is above the EU-27 at-risk-of-poverty rate, while the intensity of child poverty (as measured by the relative at-risk-of-poverty gap) is lower than the EU benchmark. On the other hand, in Slovakia the at-risk-of-poverty rate is fairly close to the EU-27 average, but the poverty gap is somewhat above that level. The overall pattern differs rather from that observed in earlier years (EU Task-Force 2008; TÁRKI-Applica 2010), which is in line with a slight decrease in the severity of poverty across the Member States.

At-risk-of-poverty rate ◆ Relative median poverty gap
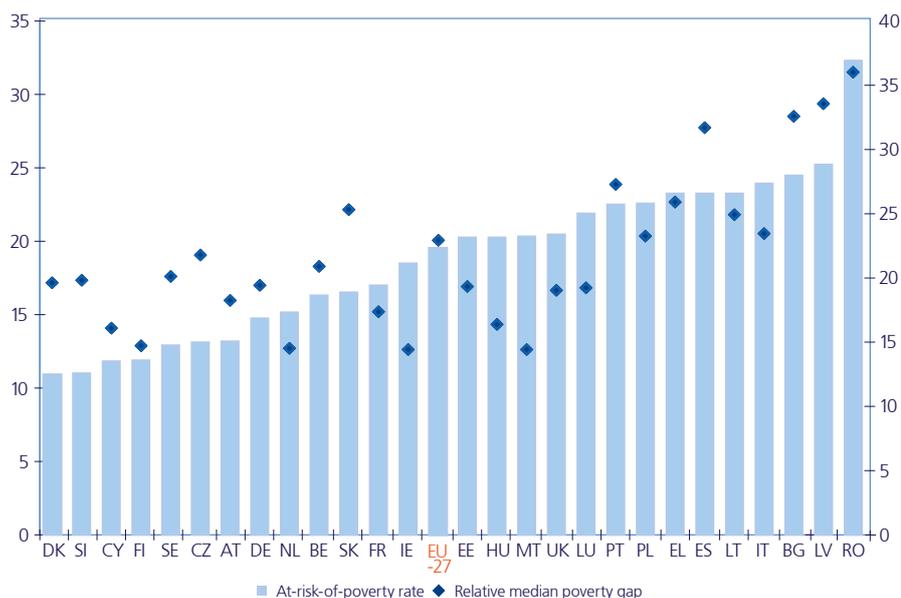
The persistence of the risk of poverty

THE HIGHER THE RISK OF POVERTY, THE HIGHER THE PERSISTENT RISK OF CHILD POVERTY, TOO.

Although the risk of child poverty in a given year gives some indication of the threat of deprivation and social exclusion children face, the threat is much more serious if they have an income below this level for several years on end. The *persistent rate of poverty* (defined as having income of below 60% of the median for at least two of the preceding three years, as well as in the survey year itself), therefore, represents an important complement to the indicator of the risk of poverty. The difficulty is, however, that the data from the EU-SILC needed to calculate persistent risk (as currently measured) are available for either 2007 or 2008 for only 20 of the Member States.

The proportion of children at persistent risk of poverty varies from around 4% in Austria and Finland to 21% in Italy (*see Figure 2.10*). The graph also shows that, in general, there is a positive correlation between the risk of poverty and the persistent risk of poverty of children in the European Union. The chances of those children at risk being at persistent risk are highest in Estonia and Italy: four out of five children at risk of poverty in 2008 also experienced income poverty in at least two of the preceding three years. In general, there is a strong positive correlation (0.87, significant at level 0.05) between the risk of poverty and the persistent risk of poverty facing children across those European countries for which both indicators are available.
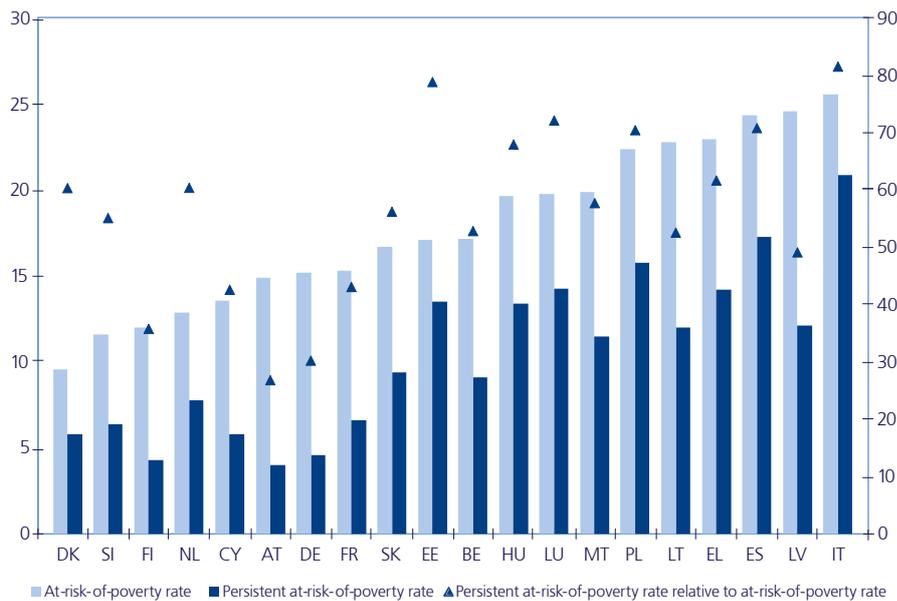
Children at persistent risk of poverty, 2005–08 (%)

Source: EUROSTAT.

Notes: 'Persistent at-risk-of-poverty rate' denotes those with income below 60% of the median in 2008 and in two of the preceding three years. Countries are sorted by the at-risk-of-poverty rate. Data for 2008 on persistent poverty are missing for countries not shown in the figure.

Child poverty risk outcomes: an overview

Table 2.3 summarises the main patterns to be observed across countries with respect to three different child poverty outcomes: extent, severity and persistence of poverty. Both the severity and the persistence of poverty among children tend to be high where the incidence of poverty is also high. Most of those countries with a risk of poverty lower than the EU average also have a relative median poverty gap narrower than (or similar to) the EU benchmark. In some of these countries (Germany, Cyprus, Austria, the Netherlands, Slovenia and Finland), for children observed to be at risk of poverty in a given year, the chances that they had income below the poverty threshold in consecutive years were low; in the remaining countries, the persistence of poverty is at a medium level. In all countries where the extent of poverty among children is low or near the EU average, the severity or the persistence of poverty stays below or near the EU average.

The severity of poverty varies across countries where the incidence of poverty among children is close to the EU average. In Ireland, Hungary and Malta, the relative median poverty gap is at least 5 percentage points narrower than the EU benchmark, while in Estonia, Portugal and the United Kingdom the poverty gap is near the EU average. In Estonia the persistence of poverty is also near the EU average. In Luxembourg, both indicators of child poverty are near the EU average, but the persistence of poverty is high.

	At-risk-of-poverty rate lower than the EU average (by at least 3 percentage points)	At-risk-of-poverty rate around the EU average (by at least 3 percentage points)	At-risk-of-poverty rate higher than the EU average
Relative median poverty gap lower than the EU average (by at least 5 percentage points)	(FR), CY, NL, FI	(IE), **HU**, **MT**	
Relative median poverty gap around the EU average	**BE**, (CZ), (DK), DE, AT, SI, **SK**, (SE)	**EE**, *LU*, (PT), (UK)	***EL***, (IT), **LT**, ***PL***
Relative median poverty gap higher than the EU average (by at least 5 percentage points)			(BG), ***ES***, **LV**, (RO)

High levels of poverty risk are associated with near EU-average relative median poverty gaps in Greece, Italy, Lithuania and Poland. In countries belonging to this group, the persistence of poverty is either near the EU average (Lithuania) or well above it (Greece, Poland). Both the extent and the severity of poverty are high among children in Bulgaria, Spain, Latvia and Romania. In Spain, children are also at high risk of persistent poverty.

2.1.2 Material deprivation

ALTHOUGH THE SHARE OF CHILDREN MATERIALLY DEPRIVED IS REMARKABLY SIMILAR TO THE PROPORTION OF THOSE AT RISK OF POVERTY, THE COUNTRY RANKINGS ARE QUITE DIFFERENT. DEPRIVATION REFLECTS DIFFERENCES IN ECONOMIC OUTPUT, AS WELL AS DIFFERENCES IN INEQUALITY ACROSS MEMBER STATES.

In the European Union, the percentage of those materially deprived is remarkably similar to the proportion of those who are poor in terms of income. According to the EUROSTAT figures, among all individuals, 17% face material deprivation, while among children the proportion is 20%. Inter-country differences according to the primary indicator of material deprivation reflect differences in economic development, as well as in inequality. The lowest proportion of children in households affected by material deprivation is to be observed in Luxembourg (5%), which is the Member State with the highest per capita income. Also the relatively high-income and low-inequality Nordic countries, together with the Netherlands, show low levels of deprivation (6–8%). The highest levels of material deprivation are to be found in countries that joined the EU most recently: Bulgaria (58%) and Romania (57%), but the prevalence of material deprivation is generally high in those new Member States with the lowest per capita income: Latvia, Hungary, Poland and Slovakia are also strongly affected. In these countries, around 28–47% of children are at risk of material deprivation (*see Figure 2.11*).
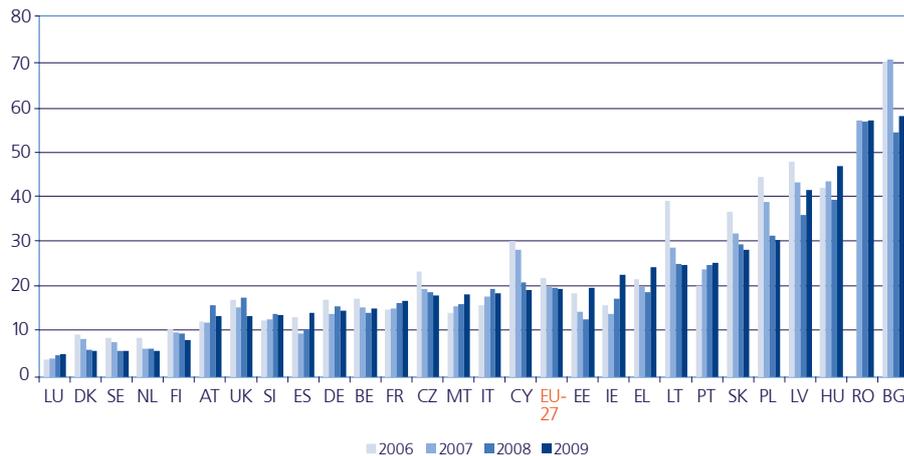
Figure 2.11: Material deprivation rate among children, EU-27, 2006–09 (%)

Source: EUROSTAT.

Notes: Data are missing for RO (2006). Countries are ranked according to the 2009 data.

Box 2.1: Measuring material deprivation

The extent of material deprivation among households with children gives an indication of the scale of absolute rather than relative poverty. Two commonly agreed indicators of material deprivation became part of the Social OMC portfolio in 2009. These indicators and their methodology were suggested by Guio[13] and are based on a list of deprivation items drawn up by Marlier *et al.* (2007)[14] that is available in EU-SILC. This list of items includes the inability to: (1) pay the mortgage or rent, utility bills, hire purchase instalments or other loan payments; (2) afford one week's annual holiday away from home; (3) afford a meal with meat, chicken or fish (or vegetarian equivalent) every second day; (4) to face unexpected financial outlay (a set amount corresponding to the monthly national at-risk-of-poverty threshold for the previous year); (5) afford a telephone (including mobile phone); (6) afford a colour TV; (7) afford a washing machine; (8) afford a car; and (9) pay to keep the home adequately heated. The *primary indicator* of material deprivation (material deprivation rate) is the proportion of people who are affected by at least three of the above nine items, while the secondary indicator of material deprivation is the mean number of items that affect the people deprived.

In setting the Europe 2020 poverty target, which comprises three indicators (income poverty, material deprivation and joblessness), the European Commission opted for a modified indicator of material deprivation: the so-called *severe material deprivation*. According to its definition, a person is considered severely deprived if the household in which he/she lives is affected by four (instead of three) of the above-mentioned items.

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22 Guio, A.-C. (2009) What can be learned from deprivation indicators in Europe? EUROSTAT Methodologies and Working Papers series, Luxembourg: Office for Official Publications of the European Communities. http://epp.eurostat.ec.europa.eu/portal/page/portal/product_details/publication?p_product_code=KS-RA-09-007

23 Marlier, E., T. Atkinson, B. Cantillon and B. Nolan (2007) The EU and Social Inclusion: Facing the challenges, Bristol: Policy Press.

Close to one in ten children in the European Union as a whole suffer from severe material deprivation (*see Figure 2.12*). By definition, the value of this indicator is lower than the primary indicator of material deprivation among children: in the EU as a whole, only half of children at risk of material deprivation are also at risk of *severe* material deprivation. The share of children living in households that are affected by at least four of the nine individual deprivation items varies across Member States in a similar way to the primary indicator of material deprivation: very low levels of severe material deprivation are observed in Luxembourg (1%), the Netherlands (2%) and the Nordic countries (1–2%), while high levels are to be found in EU-12 countries (Bulgaria 44%, Romania 40%, Hungary 26% and Latvia 24%).

Figure 2.12: Severe material deprivation among children, EU-27, 2006–09

Source: EUROSTAT.

Notes: Countries are ranked according to 2009 data.

As with the risk of poverty, in most countries the proportion of children who are severely deprived according to the material dimension increases slightly with age, though the reverse is the case in Germany, Ireland and Austria, while in some countries (Belgium, Denmark, Estonia, Luxembourg, the Netherlands, Finland and Sweden) no such clear pattern can be discerned (*see Table A5a in the Annex*). In terms of type of household, children who live with only one parent are those who are most severely materially deprived in the European Union as a whole (21%). Children in complex households ('Other households with dependent children') are also at high risk (17%), while children in large families are close to average (12%) in this respect. Children in large families are as deprived as (or indeed more deprived than) their counterparts in single-parent families in some Member States, largely in the EU-10 (Bulgaria, Lithuania, Romania) and the Southern countries (Spain, Italy).

In terms of the work-intensity level of the household, in every country children in jobless families are much more vulnerable to severe material deprivation than are those in households with a stronger labour-market attachment (*see Table A5b in the Annex*). Again, considerable cross-country variation can be observed: in Luxembourg only 7% of children in households with

zero work intensity face severe material deprivation, while the figure is above 50% in some of the new Member States (Bulgaria, Latvia, Hungary, Romania and Slovakia).

In only 14 Member States are severe material deprivation rates for 'non-EU' migrants estimated on the basis of at least 20 observations. The rates in these countries range from 2% (Luxembourg) to 34% (Portugal). Luxembourg is the only Member State for which the figures for EU migrants are considered to be statistically robust. According to these estimates, 1% of children in Luxembourg with parents born in other EU countries are severely deprived.

When examining the variance in the values of the material deprivation rate across the main breakdowns, one may detect very similar patterns to those observed and described previously for the severe material deprivation rate.

Relationship between the risk of poverty and material deprivation

Material deprivation and income poverty are related but distinct phenomena. Some individuals are both materially deprived and at risk of income poverty. Others are affected by just one of the two poverty types: some suffer from monetary poverty but not material deprivation, while others are materially deprived but not income poor.

The material deprivation of children with an income below the poverty line is, on average across the European Union, 3.5 times higher than of children who are above the poverty threshold (*Table 2.4*). In some new Member States, even children not at risk of poverty experience high levels of material deprivation (23–44%): Bulgaria, Latvia, Hungary, Poland, Romania and Slovakia. Two-thirds or more of children at risk of poverty are exposed to material deprivation in Bulgaria (93%), Latvia (66%), Hungary (65%) and Romania (82%).

While 72% of all children in the European Union are free of both types of poverty, 8% are both materially deprived and at risk of income poverty (*see Table 2.4*). Slightly more than one in ten of all children are affected by income poverty, but do not suffer from material deprivation, and a somewhat lower proportion of children are materially deprived but are not in income poverty (9%). In the low-income countries, material deprivation concerns far more children than income poverty. In Bulgaria, Latvia, Hungary, Romania, Poland and Slovakia, around a fifth or more of all children are materially deprived, though their income is above the poverty line.

Table 2.4: Income poverty and material deprivation among children, EU-27*, 2008 (%)

	At-risk-of-poverty rate for children	Primary indicator of material deprivation – children (%)			Income poverty and material deprivation – children (%)				
		Total	Above poverty threshold	Below poverty threshold	At risk of poverty only	Material deprivation only	Both	Neither	Total
BE	17	14	7	49	9	6	8	77	100
BG	26	49	34	93	2	26	24	49	100
CZ	13	19	13	55	6	12	7	75	100
DK	9	6	4	22	7	4	2	87	100
DE	15	16	10	47	8	8	7	76	100
EE	17	13	7	43	10	5	7	78	100
IE	18	17	13	36	12	11	6	71	100
EL	23	19	12	41	14	9	9	68	100
ES	24	10	7	21	19	5	5	70	100
FR									
IT	25	20	12	41	14	9	10	66	100
CY	14	21	17	46	7	15	6	72	100
LV	25	36	26	66	8	20	16	56	100
LT	23	25	17	53	11	13	12	64	100
LU	20	5	1	19	16	1	4	79	100
HU	20	39	33	65	7	27	13	54	100
MT									
NL	13	6	3	28	9	3	4	84	100
AT	15	16	10	46	8	9	7	76	100
PL	22	31	24	55	10	19	12	59	100
PT	23	25	18	48	12	14	11	63	100
RO	33	57	44	82	6	30	27	37	100
SI	12	14	11	38	7	9	4	79	100
SK	17	29	23	61	7	19	10	64	100
FI	12	9	7	32	8	6	4	83	100
SE	13	6	4	21	10	3	3	84	100
UK	23	17	11	38	14	9	9	69	100
EU-27*	19	17	12	42	11	9	8	72	100

Source: Own calculations based on EU-SILC 2008 (version 01.08.2010).

Notes: *FR and MT are missing. Data for these countries are not available in the public database.

Box 2.2: The need for a child-specific indicator of material deprivation

All indicators that are selected to provide information on the material resources a child possesses during his/her childhood are defined at the level of the household and characterise the situation of all members at the same time and to the same extent. The rationale for this is obvious: a child does not have any individual income, and his/her earning capacity would be marginal even if some child-related cash transfers were allocated to him/her. In general, the standard methodology of the most commonly used material well-being indicators does not take into account the within-household allocation of resources.

However, in 2009, within the EU-SILC survey, a specific module was designed to collect detailed data on material deprivation of the household and its members. The questionnaire for this module included a set of child-specific items. According to the EU-SILC Guideline, children's items relate to all household members aged under 16, to ensure compatibility with the data collection defined in the EU-SILC Framework Regulation. The questions had to be answered by the household respondent for all children aged under 16. If at least one child did not have the item in question, the whole group of children in the household was assumed not to have the item.

This specific data collection provided a unique opportunity to work out a child-specific indicator of material deprivation, which would reflect (even though to a very small extent) the position of children within the household and would provide a more direct proxy of their resources that may affect later development. Unfortunately, the dataset was published during the very last phase of this current project (mid-May 2011) and therefore was not available either for analysis or for indicator development. Nevertheless, we have the chance here to draw attention to possible directions for further work.

The relevant part of the EU-SILC 2009 questionnaire (child-specific items asked at household level) consists of three dimensions: (i) basic needs, (ii) educational and leisure needs, and (iii) medical needs. We consider that educational and leisure needs reflect two different dimensions of child well-being and should be treated separately.

Thus, if the following *four* dimensions were reflected in the questionnaire, that would provide a basis on which to enrich the suggested integrated child well-being portfolio.

- Indicators in the basic needs dimension may be used to develop a child-specific material deprivation indicator, using a methodology similar to the existing one.
- Educational items should be checked against the educational deprivation indicator suggested below, in section 2.2.1, based on the PISA survey of the OECD.
- Leisure needs variables, depending on the conclusions of later work, could serve as inputs either for (A2) Material deprivation or (B4) Social participation and family environment (or both).
- Indicators of medical needs may enrich the existing set of health indicators.

2.1.3 Housing

SOME 12% OF CHILDREN LIVE IN HOUSEHOLDS WHERE TOTAL HOUSING COSTS REPRESENT MORE THAN 40% OF DISPOSABLE INCOME. THE PROPORTION OF CHILDREN WHO LIVE IN OVERCROWDED DWELLINGS EXCEEDS 20% AND THERE IS CONSIDERABLE VARIATION ACROSS COUNTRIES.

Housing deprivation is an essential dimension of social exclusion. In recognition of its importance, two commonly agreed indicators of housing have recently become part of the Social OMC portfolio: housing costs overburden and overcrowding (*see Box 2.3 for details*).

Box 2.3: Measuring housing deprivation

Housing costs overburden rate: the percentage of children who live in a household where total housing costs (net of housing allowances) represent more than 40% of total disposable household income (net of housing allowances).

Overcrowding: The dwelling is considered to be overcrowded if one of the criteria below is not fulfilled:
- there is one room for the household
- there is one room for each couple
- there is one room for each single person aged 18+
- there is one room for two single people of the same sex aged 12–17
- there is one room for each single person of different sex aged 12–17
- there is one room for two people under 12 years of age.

The EU average for the housing costs overburden indicator among children is 12%, though the figure varies greatly (from 2% to 27%) across Member States (*see Figure 2.13*). Less than 4% of children are affected in France, Cyprus, Malta, Austria, Slovenia and Finland, while the value of this indicator is highest (22–27%) in Denmark, Germany and Greece.[24]

The proportion of children who live in overcrowded dwellings shows even greater variation across Member States. Almost no children are deprived in this respect in countries such as Cyprus and the Netherlands (*see Figure 2.14*). On the other hand, half (or even more) of all children live in such households in most of the Central-Eastern and Eastern European countries (with the highest rates in Bulgaria, Estonia, Latvia, Lithuania, Hungary, Poland, Romania and Slovakia). Of the EU-15 countries, some Southern countries (Italy, Greece and Portugal) and Austria also have high rates in this respect (though Portugal and Austria are below the EU average).

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[24] Data for a few Member States (like Bulgaria, Denmark, Portugal, Slovakia) seem to be especially vulnerable in this respect. Further analysis should be undertaken to explore the robustness of the data for these countries.
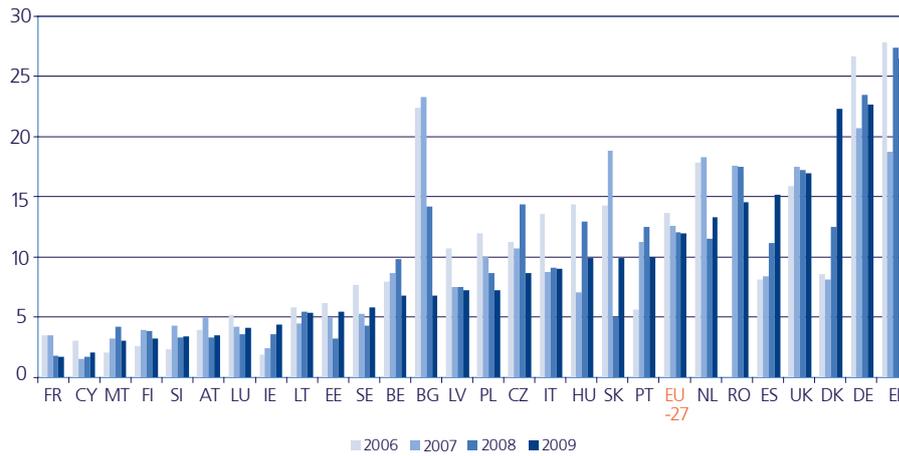
Figure 2.13: Housing costs overburden rate among children (aged 0–17), EU-27, 2006–09 (%)

Source: EUROSTAT.

Notes: Data are missing for RO (2006). Countries are ranked according to 2009 data.
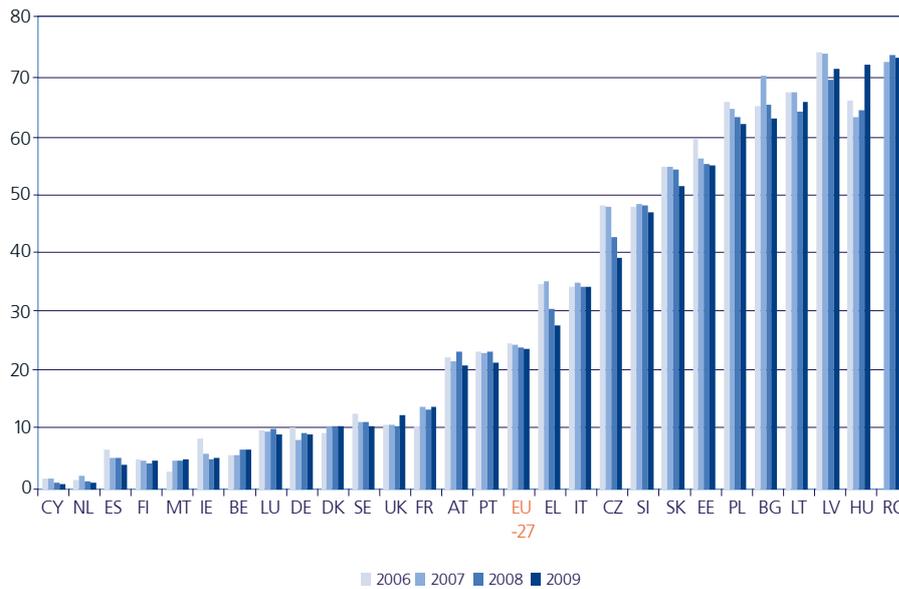
Figure 2.14: Overcrowding rate among children, EU-27, 2006–09

Source: EUROSTAT.

Notes: Data are missing for RO (2006). Countries are ranked according to 2009 data.

2.1.4 Labour-market participation of parents

The child well-being indicator portfolio suggested in Part 1 of this report includes two indicators that seek to measure the most important factor of poverty and social exclusion: joblessness and low work intensity.

The first indicator is already used at the EU level to monitor social inclusion in the different Member States – the proportion of children living in jobless households (which are defined as households in which no one of working age is in employment). The source of this indicator is the European Labour Force Survey (LFS), which defines employment as 'being in work for at least one hour during the reference week of the survey'. In other words, if no one in the household was employed in the week concerned – even for as little as one hour – then the household is classified as 'jobless'.

The second indicator is based on another concept and a different data source. An individual (in our case a child) is considered to live in a low work-intensity household if the value of the work-intensity indicator that characterises the household does not exceed 0.2. The indicator is extracted from the EU-SILC database. Since the work-intensity concept was first introduced, the indicator has been calibrated in several steps, and is now also used (for the overall population) as an individual indicator on which the Europe 2020 poverty target is based.

Children in jobless households

According to the EU-LFS based indicator, 10.2% of children in the EU-27 were living in jobless households in 2009. The figure was much the same throughout 2006–09, but it is worth noting that the figure in 2009 is the same as it was in 2002–03, when the share of children in jobless households peaked (10.2%). By far the highest proportion of children in jobless households is to be found in the United Kingdom (17.5%) and Ireland (17.2%). In the latter country, the proportion of children in jobless households has increased dramatically in recent years (11.5% in 2007 and 13.4% in 2008). The share of children living in jobless households is also extremely high in Hungary (15.6%), but more than one child in ten also lives in a jobless household in Bulgaria (12.2%), Belgium (11.8%), Estonia (12.2%), Latvia (11.3%) and Lithuania (10.9%), as Figure 2.15 shows. At the other end of the scale are Slovenia (3.9%), Cyprus (4.2%), Luxembourg (4.4%), Greece (4.8%) and the Netherlands (4.9%). In Denmark and Finland the latest figures are from 2008, but they also suggest good performance in this respect (3.3% and 4.1%, respectively).
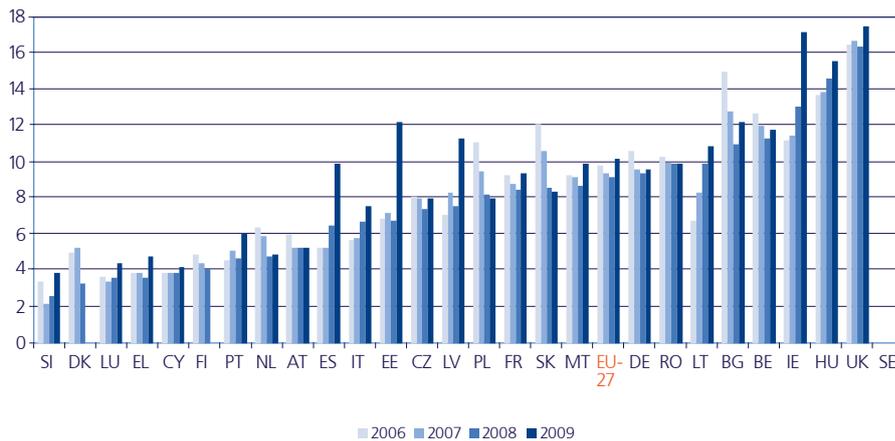
2006 2007 2008 2009

Children in low work-intensity households

If we look at the second indicator of joblessness, then, at the EU level, 9.7% of all children live in jobless and low (less than 0.2) work-intensity households. Countries with the highest figures for this indicator are: the United Kingdom, Hungary, Ireland and Germany (*Figure 2.16*). The list of countries is quite similar to that obtained on the basis of the EU-LFS measure of household-level joblessness. We should note that the estimated overall EU figure is slightly higher (about 5%) for the work-intensity concept than for the EU-LFS one. When we look at individual countries, we see that in Denmark, Portugal, Slovenia and the UK the share of children in low work-intensity households is at least 25% higher than the proportion of children in jobless households (based on 2008 figures). On the other hand, in Estonia, Spain, Cyprus, Romania and Slovakia the figure is lower.

The difference in these figures may be attributed to several reasons, beyond the differences in the data sources and the time lag between surveys. The TÁRKI-Applica report on child poverty and child well-being in the European Union suggested that, if the difference is large, there must be a question mark against the consistency of the results obtained using the standard indicator, as well as against the reliability of the EU-SILC data as a means of measuring employment status.[25] There are certain other things that need to be considered here. For example, there is the extent to which the data used to construct the work-intensity indicator (which relates to employment over a year rather than a week) give similar results to the data concerning those employed during the reference week. This gives an indication of how far the standard jobless measure used reflects worklessness over a period of longer than a week and, accordingly, of whether or not it can be combined, or used

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[25] TÁRKI-Applica (2010: 53–54).

in conjunction, with the measures of work intensity developed and analysed here. There is another reason why the two measures of joblessness might differ, and in practice this might be just as important as the difference in the period over which joblessness is measured: the EU-LFS measure (and the EU-SILC equivalent) is based on the International Labour Organization (ILO) definition of employment, which takes one hour a week as being the criterion for whether someone is employed or not; meanwhile the work-intensity measure is based on self-assessment – on the person concerned judging not only whether he or she was employed or not in a particular month, but whether or not being employed was his or her main activity (as opposed to being unemployed or inactive). Finally, one must be aware of the fact that the work-intensity threshold is set at 0.2, which might be of considerable significance in some countries.

Figure 2.16: Share of children living in low work-intensity households, EU-27*, 2006–08 (%)

Source: Own calculations based on EU-SILC 2008 (version 01.08.2010).

Notes: *Data missing for FR and MT. Data for these countries are not available in the public database. Countries are ranked according to 2008 data.
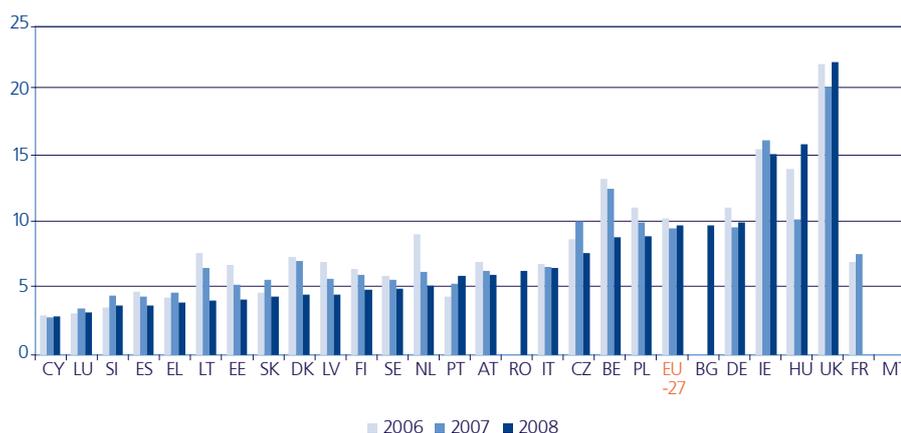
The role of childcare facilities in enabling parents' labour-force participation

The availability of childcare facilities at an affordable price is critically important if both parents are to be able to take up paid employment. Childcare services are, however, important as an end in themselves, as was highlighted by the TÁRKI-Applica report (2010). Childcare provides an opportunity for children to develop better social skills in pre-school settings and to benefit from care by professionals in formal and less formal (but socially organised) care institutions. Therefore, as well as the *availability* of childcare services, both the *quality* and the *accessibility* of childcare are important aspects that contribute to child well-being, insofar as a lack of quality and a lack of accessibility may deter parents from using the facilities. There is a need, then, to monitor quality frameworks for childcare, so that Member States are encouraged to collect and report service-quality measures. This may help resolve

the potential conflict between the interests of children and those of parents – especially, but by no means entirely, at an early stage in the development of children. This aspect is taken into account and discussed in section 2.2.1, which is related to the educational well-being of children.

For any given country, the share of children *not* in formal childcare gives some indication of the extent to which the publicly financed services allow parents to work. Figure 2.17 presents the values of this indicator across the Member States. About 70% of children aged 0–2 are looked after either by their parents or within some other form of non-formal childcare framework. There is, however, huge variation across countries. On the one hand, of children in this age group only slightly over a quarter fall into this category in Denmark, about a third in Sweden and half in the Netherlands. On the other hand, upwards of nine children in ten do not receive formal childcare in most of the Eastern European countries (Bulgaria, the Czech Republic, Hungary, Poland, Romania and Slovakia) and also in Malta and Austria.

THERE IS A HIGH VARIANCE ACROSS COUNTRIES IN THE SHARE OF THE YOUNGEST CHILDREN NOT IN FORMAL CARE.
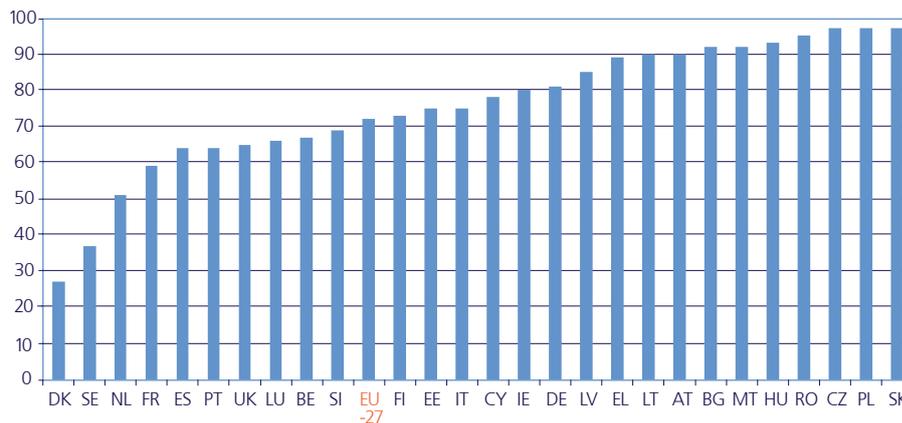
Figure 2.17: Share of children (0–2) not in formal childcare, EU-27, 2009 (%)

Source: EUROSTAT (EU-SILC). Date of extraction: 6 January 2011.

2.1.5 Children in the light of Europe 2020 poverty target indicators

Related to the attempt to promote smart, sustainable and inclusive growth in the period up to 2020, the European Commission proposed measuring progress in meeting the Europe 2020 goals by monitoring five headline targets that have been agreed for the whole EU.[26] This limited set of EU-level targets is being translated into national targets for each EU country, reflecting the different countries' circumstances.

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[26] European Council (2010) Conclusions on Europe 2020, the new strategy for jobs and smart, sustainable and inclusive growth, Brussels, 17 June 2010. http://ec.europa.eu/eu2020/pdf/council_conclusion_17_june_en.pdf

As part of the inclusive growth strategy, the European Council agreed a numerical target of lifting 20 million people out of the risk of poverty and exclusion by 2020. The population 'at risk of poverty and exclusion' is defined by three indicators: risk of poverty, severe material deprivation and low work intensity. This gives a total figure for the EU of 122 million people at risk of poverty and social exclusion.

28% OF **EU-27** CHILDREN ARE PART OF THE POVERTY TARGET.

In total, 28% of children aged 0–17 in the EU-27 countries (excluding France and Malta) are part of the Europe 2020 poverty target and the national strategies to promote inclusive growth across the EU. Two in five of these children live in income poverty, but are not at the same time affected by material deprivation or low work intensity. Some 14% of children are only materially deprived; and 10% only live in low work-intensity households, without being affected by the other two dimensions. Some 12% of children at risk are both income poor and materially deprived, while 14% are both at risk of income poverty and live in low work-intensity households. Children who are materially deprived and live in low work-intensity households account for 3%, the smallest distinct group of children at risk. Only 8% of children affected by the Europe 2020 definition of poverty and social exclusion are consistently poor across all dimensions.

The EU-wide estimated figure of 28% of children at risk (according to the Europe 2020 poverty target) is 40% higher than the figure for the population generally (20%, *see Table A6 in the Annex*). Within the overall population those affected only by joblessness make up a considerably higher proportion of the population at risk than is the case for children at risk (18% versus 10%), while the reverse is true for those at risk of poverty only (32% versus 40%).

The share of children at risk of poverty and social exclusion shows huge variation across Member States, with relatively low levels in the Nordic countries (Denmark 13%, Sweden 14% and Finland 15%), the Netherlands and Slovenia (both 15%), high values in Bulgaria (38%), Hungary and Poland (both 35%) and the UK (34%), and an extremely high level in Romania (51%). In some countries (mostly the Nordic and the Southern Member States) the majority of children at risk of poverty and social exclusion experience only income poverty: Luxembourg (an estimated 82%), Spain (76%), Estonia and the Netherlands (59%), Sweden (58%), Greece (56%), Denmark (55%), Italy (53%) and Finland (52%). Across the EU, the greatest proportions of children at risk who are only materially deprived are in the EU-10 countries: Romania (34%), Bulgaria (32%), Slovakia (28%), Hungary (27%), Poland and Latvia (24%), Cyprus (23%) and Lithuania (22%). In the United Kingdom (25%), Ireland (18%) and Denmark (17%), a considerable proportion of children live in low work-intensity households, but are not simultaneously exposed to poverty or material deprivation.

Table 2.5: The situation of children in the EU Member States according to the Europe 2020 poverty target, EU-27, 2008

	Children at risk	At risk of poverty only	Materially deprived only	In low work-intensity hhs only	AROP and materially deprived	AROP and in LWI hhs	Materially deprived and in LWS hhs	AROP, materially deprived and in LWI hhs	Total
BE	**21**	38	11	7	9	20	2	13	100
BG	**38**	14	32	1	29	3	0	21	100
CZ	**18**	29	18	8	12	19	2	12	100
DK	**13**	55	8	17	2	10	6	2	100
DE	**21**	35	11	12	7	20	4	12	100
EE	**19**	59	9	5	11	9	0	7	100
IE	**26**	33	8	18	1	23	7	10	100
EL	**29**	56	15	5	16	3	0	5	100
ES	**26**	76	4	4	6	8	0	2	100
FR									
IT	**29**	53	10	4	14	11	1	7	100
CY	**19**	49	23	3	13	5	1	6	100
LV	**32**	34	24	2	28	4	0	8	100
LT	**31**	45	22	4	20	3	1	6	100
LU	**21**	82	1	5	2	9	0	2	100
HU	**35**	18	27	10	10	11	7	16	100
MT									
NL	**15**	59	5	12	3	15	1	6	100
AT	**20**	46	17	8	7	10	2	9	100
PL	**35**	35	24	10	16	6	3	6	100
PT	**29**	49	18	4	13	7	1	8	100
RO	**51**	20	34	1	34	2	1	8	100
SI	**15**	49	19	5	8	12	1	7	100
SK	**24**	41	28	3	13	5	1	9	100
FI	**15**	52	10	10	4	17	2	4	100
SE	**14**	58	4	11	3	19	2	4	100
UK	**34**	30	4	25	2	27	5	7	100
EU-27	**28**	40	14	10	12	14	3	8	100

Source: Own calculations based on EU-SILC 2008 (version 01.08.2010).

Notes: No data available in the database for FR and MT. AROP – at risk of poverty, LWI – low work intensity.

Close to – or even more than – a third of children in Romania (34%), Bulgaria (29%) and Latvia (28%) are both at risk of income poverty and are materially deprived, but live in households where at least one member is employed full time. More than a quarter of British children live in households that have both low income and low work intensity, but are not materially deprived. A high proportion of children at risk of poverty and social exclusion are consistently affected according to all three indicators in Bulgaria (21%) and Hungary (16%), and this figure is also relatively high in Belgium (13%), the Czech Republic and Germany (both 12%).

2.2 Non-material well-being of children in the European Union

In this section, we survey some aspects of the non-material well-being of children across the EU-27 countries. While the material well-being dimensions of child well-being provide a general picture of the resources the child possesses by virtue of living in a specific family, non-material well-being is more focused on outcome: educational performance, health status, healthy behaviour and risk behaviours.

Unlike in previous sections, where the base source is EU-SILC, here we use a wide range of other surveys on education, health and risk behaviour among young people in various countries.

2.2.1 Education[27]

Reading literacy performance of pupils aged 15

THE PROPORTION OF CHILDREN WHO PERFORM BADLY IN READING LITERACY TESTS RANGES FROM 8% TO 41%, DEPENDING ON COUNTRY.

School attainment and performance at school are clearly among the most important components of child well-being. As an indication of both the current status of children and their possible future trajectories, school performance is an important outcome-type indicator. The PISA (Programme for International Student Assessment) research provides an appropriate comparison across countries for these variables. One indicator used to measure performance at school is the reading literacy performance of pupils aged 15 – we look at the share of 15-year-old pupils who are at level 1 or below on the PISA combined reading literacy scale. The range of low performers in reading in 2009 extends from 8% to 41% (5% to 54% in 2006) across the Member States (*Figure 2.18*).

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[27] Section 2.2.1 of this report is based on Gáti, A. (2011) Child well-being indicators in the European Union: Education-related indicators. For further references see online Annex 1.
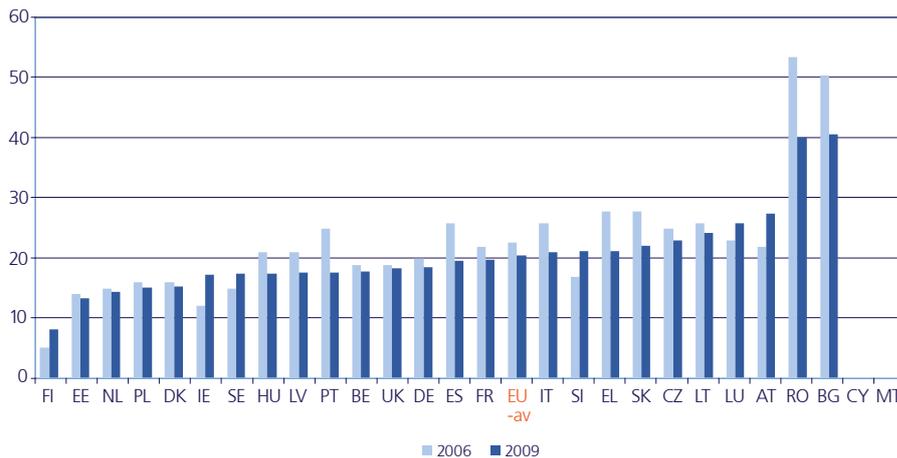
The lowest rate is observed in Finland, and the highest in Romania and Bulgaria, where the share of low achievers is about five times greater than in Finland (it was ten times greater in 2006). It should be noted that the narrowing of the gap is due largely to improvements in the worst-performing countries. The share of low performers in most countries was between 10% and 30% in both 2006 and 2009. Beyond the fact that all the Nordic states tend to be at the lower end of the scale, there is no clear pattern of country groupings. Among the Continental states, Austria and Luxembourg are closest to the worst-performing countries, while the new Member States Poland and Estonia are among the best performers. The rest of the Continental states and the Southern countries are spread out, with the best results coming from Portugal and the Netherlands.

From a social-inclusion point of view, the country-level differences in results by parental background are especially important. The difference in low reading literacy performance among pupils aged 15 by the highest level of education achieved by either parent varies considerably from country to country. However, in each country, children who have parents with a low level of education score significantly worse than do those who have at least one parent who is highly educated.

The biggest differences may be observed in some of the Central and Eastern European (CEE) countries (Slovakia, Bulgaria, Hungary and Poland), while the smallest differences are to be found in some Southern states (Spain and Italy). Interestingly, in 2009 Finland and Sweden were also in the middle of the ranking in terms of the difference – a rather unexpected finding on past performance. Figure 2.19 indicates that all the Southern states tend to be at the lower end of the scale, where the difference between students with highly educated and those with poorly educated parents is small. In all these countries, the difference is below one proficiency level (approximately 73

IT IS IN THE **CEE** COUNTRIES THAT PARENTAL EDUCATION IS MOST REFLECTED IN RELATIVE SCORES.

Figure 2.19: Difference in average reading literacy scores between pupils who have at least one parent who has completed tertiary education and pupils who have at least one parent with only lower secondary education (or below), EU-27*, 2006-09 (score point differences)

Source: OECD/PISA.

Notes: *Countries not participating in the 2009 survey: CY, MT. Countries are ranked according to the 2009 data.
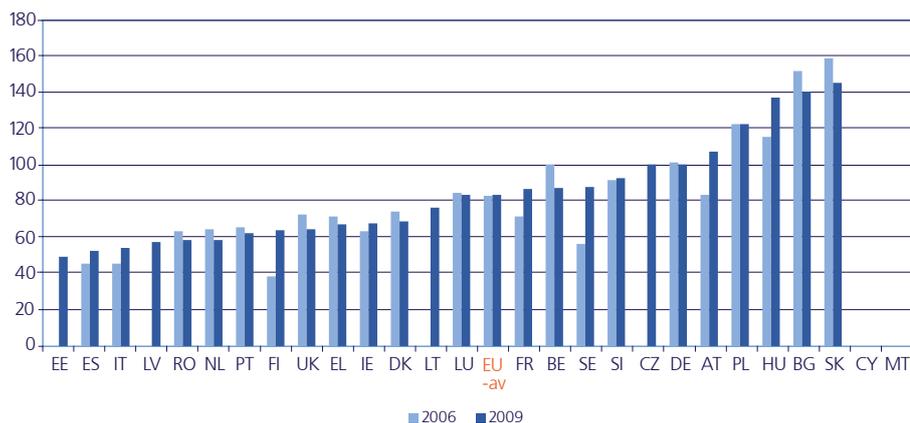
points). Continental states, on the other hand, are spread out across the scale: Austria and Germany are among the worst-performing countries, while once again the best result among the Continental countries comes from the Netherlands. Although Figure 2.19 does suggest that between 2006 and 2009 the differences decreased in the worst-performing countries and increased in the best-performing ones, the changes are not statistically significant. The same can be said of the changes in other countries, too. Although any analysis of the institutional background is beyond the scope of this work, it should be emphasised here that cross-country differences in the relationship between parental education and pupil performance highlight differences in the inclusiveness and efficiency of the schooling systems.

Reading literacy performance of pupils aged 10

Another perspective (and data source) on low reading performance is offered by PIRLS (Progress in International Reading Literacy Study), which shows the percentage of younger (aged 10) students who are at or below the 'low international benchmark' in reading. The figure for low performers ranges from 9% to 39% across the EU Member States (*Figure 2.20*). The lowest rates are in the Netherlands and Flemish Belgium, while the highest are to be found in French Belgium and Romania (where four times more pupils have a low level of reading than in the Netherlands). Data are available for only a limited number of countries, and therefore it is hard to spot tendencies in groups of countries. Luxembourg, Germany and (to some extent) Bulgaria, which were among the worst performers in terms of the PISA data, have low rates of low achievers according to the PIRLS data. Poland, on the other hand, while it has a low proportion of low achievers according to PISA, has one of the highest rates according to PIRLS.
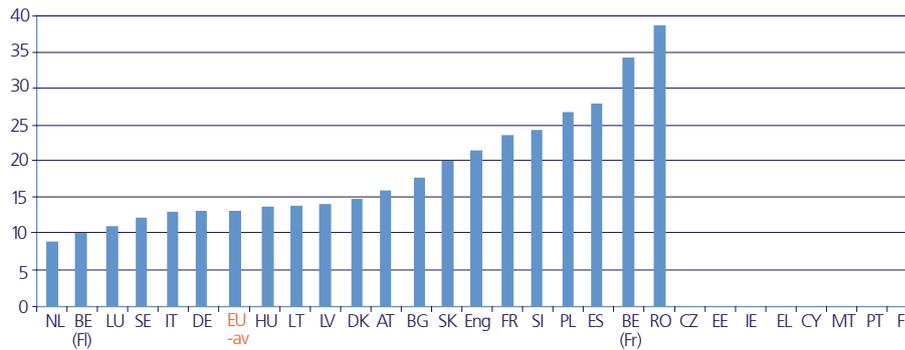
This survey also allows us to compare the relationship between school performance and parental education. It shows similar results for this younger age group to those we found for the 15-year-olds. The differences in the reading literacy of 10-year-old pupils are marked, depending on whether they have parents who have completed tertiary education or have less than lower secondary education. The largest differences by socio-economic background are to be found in Slovakia, Romania and Hungary, where the difference is 3–4 times greater than in the best-performing country – the Netherlands (*Figure 2.21*). In most countries, the difference in literacy scores is in the range of 50 to 80 points. Although Austria comes right after the four worst-performing countries, the difference observed in Austria is still 40–60 points lower than the differences detected in Slovakia and Romania. The Southern states are again towards the lower end of the scale, with results comparable to those of Denmark.

EVEN AT AGE 10, THERE IS A MARKED TENDENCY FOR THE PARENTAL EFFECT ON LITERACY TO BE STRONG.
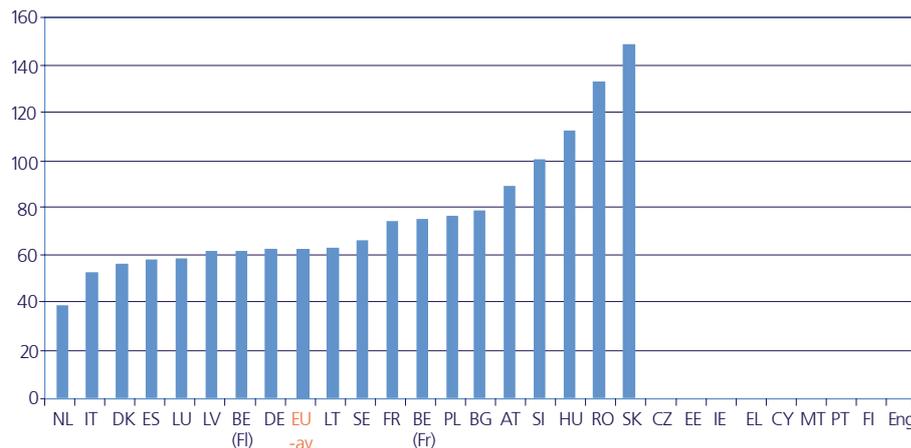
Early school-leavers

Another important indicator is the time pupils spend in education. The higher the incidence of early school-leaving, the greater the risk that young people will enter the labour market with inadequate skills. According to the targets declared in the Europe 2020 strategy, the proportion of early school-leavers is to be reduced to under 10% in every Member State.[28] The proportion of drop-outs is traditionally measured by the percentage of poorly educated adults. In 2009 the proportion of poorly educated young adults (those aged 18–24 who do not attend school of any kind) ranged from 5% to 37% (in 2006, the numbers were more or less the same in all countries, ranging from 4% to 37%) (*Figure 2.22*). The highest rates are in some Southern countries (Malta, Spain, Portugal), with more than 30% of poorly educated adults, while the lowest rates (5%) are in some of the CEE countries (Slovakia, Slovenia, the Czech Republic, Poland). The data thus indicate that seven countries (the new Member States of Slovakia, Slovenia, Poland, the Czech Republic and Lithuania, plus Austria and Luxembourg) have already reached the goal, and another ten (the three Nordic states, four Continental states, Hungary, Cyprus and Ireland) are very close to hitting the target. Of the rest of the countries, it would seem that the Southern states have the most to do to tackle the problem of early school-leavers.

Figure 2.22: Share of the population aged 18–24 with at most lower secondary education and not in further education or training, EU-27, 2006–09 (%)

Source: EUROSTAT/EU-LFS.

Notes: Countries are ranked according to the 2009 data.

Pre-school enrolment

Pre-school enrolment is generally considered to be essential for a successful educational career; therefore the proportion of children enrolled at the age of 4 is an indicator of their future prospects. Again, the figures vary widely across Europe: there are some countries (mostly EU-15 Continental and South-

[28] http://ec.europa.eu/europe2020/targets/eu-targets/index_en.htm

ern Member States) where (almost) all 4-year-olds are enrolled in education-oriented pre-primary institutions (these include France, Belgium, the Netherlands, Spain, Italy and Malta); conversely, only between four and six children out of ten are enrolled at age 4 in certain other parts of Europe – such as Finland, Greece, Poland or Ireland (*Figure 2.23*). As the figure suggests, from 2007 to 2008 there was little change in most of the countries; nevertheless, Greece and Sweden may be singled out as states where the enrolment rates decreased by 4–8 percentage points. The biggest improvement could be observed in the UK and Poland, where attendance rates rose by 6 percentage points and 4 percentage points, respectively.

Other indicators on childcare coverage are also available and reveal a more complex picture. EUROSTAT collects the figures for those children aged 0–3 and from 3 up to compulsory school age who are not in childcare in the different Member States. The rate for children aged 0–3 who are not in childcare ranges from 27% to 97%; and the figure for the older age group varies from 1% to 62% (*Figure 2.24*). Only in Denmark, Sweden and the Netherlands are around half or less than half of the two age groups not in childcare. While the share of those who do not receive formal childcare does clearly decline as we compare the younger and the older cohorts, in some countries (mainly new Member States) we see that around 40% or more of the older age group are not in childcare. The underlying reasons for this might include institutional settings and education policy (for example, the compulsory school age is not the same across EU Member States).

COUNTRY DIFFERENCES IN ENROLMENT OF 4-YEAR-OLDS ARE DUE TO POLICY DIFFERENCES, THOUGH THIS MEASURE DOES REQUIRE FURTHER HARMONISATION TO TAKE ACCOUNT OF INSTITUTIONAL DIFFERENCES.
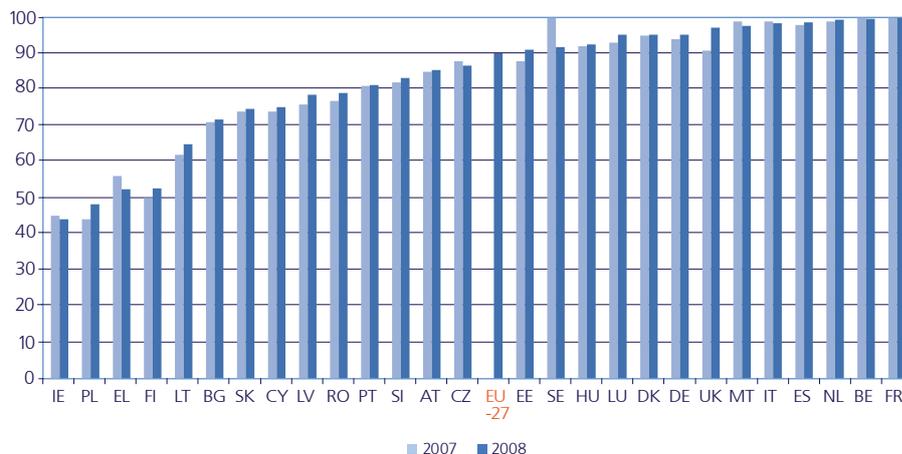
Figure 2.23: Percentage of 4-year-olds enrolled in education-oriented pre-primary institutions, EU-27, 2007–08 (%)

Source: EUROSTAT/EU-LFS.

Notes: Countries are ranked according to the 2008 data.

Figure 2.24: Percentage of children aged 0–3 and aged 3 to compulsory school age not in formal childcare, EU-27, 2008 (%)

Source: EUROSTAT/EU-SILC.

Notes: Countries are ranked according to the 'Under 3' data.

◆ 0–2   ■ 3–compulsory education
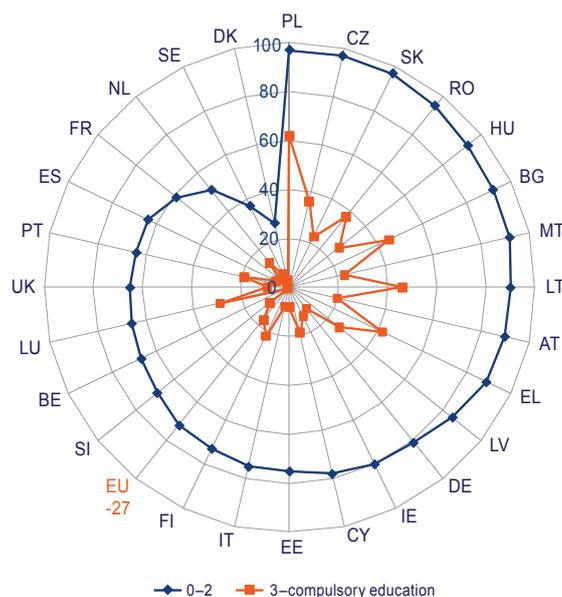
Educational deprivation

Finally, educational deprivation may be mentioned as an important factor of child well-being. By 'educational deprivation' we mean that the conditions for study are unsatisfactory. This is closely bound up with performance, and therefore has more relevance for later life than one might at first assume. Since all major research into pupil performance includes data on the educational resources in students' homes, educational deprivation indicators can easily be constructed. Of course, availability does not necessarily mean (good) use, and conversely deprivation at home does not necessarily mean bad conditions, if the school is able to compensate for much of the disadvantage. Still, since home conditions play the biggest role in a child's life, and since in several countries (the new Member States being notable examples) socio-economic status (which is correlated with home educational resources) is a strong predictor of the quality of the school that a pupil attends, such an indicator may well be meaningful in relation to well-being.

EDUCATIONAL DEPRIVATION – AS DEFINED BY THIS REPORT – DOES NOT FULLY CORRESPOND TO OVERALL ECONOMIC DEVELOPMENT.

Based on PISA 2009 data, the proportion of 15-year-olds who experience educational deprivation at home ranges from 3% to 19% in the EU Member States.[29] At the top end of the range we find almost exclusively new Member States (plus Greece and Ireland) (*Figure 2.25*). In these countries, 10–19% of

[29] Both OECD (2009) and UNICEF (2010) place emphasis on the educational resources of children and their suggested indicators are based on the PISA survey for the OECD, as well as the survey presented in this report (although the reference year for the OECD and UNICEF indicators is 2006).

15-year-old pupils suffer from educational deprivation at home. The figure is below 10% for all the Continental and Nordic states. Three of the post-socialist states have relatively low rates (Poland, the Czech Republic and Estonia), while the lowest percentages of all are in Slovenia, Denmark and Luxembourg, where the share of educationally deprived pupils is below 5%.
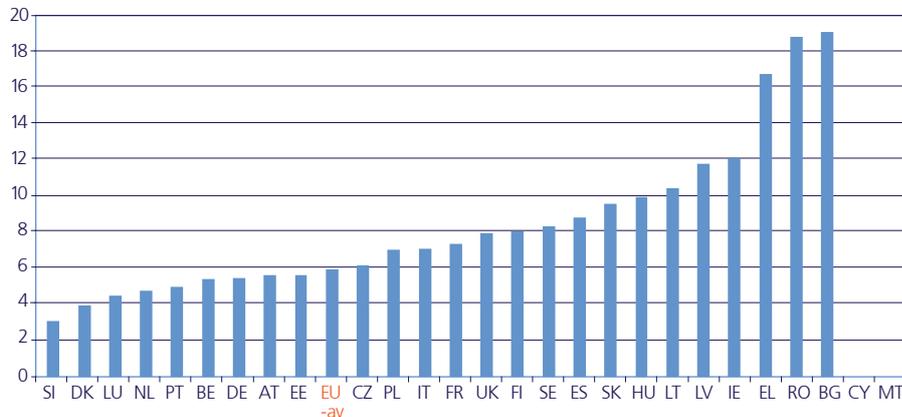
Figure 2.25: Percentage of 15-year-olds experiencing educational deprivation at home, EU-27*, 2009 (%)

Source: OECD/PISA 2009.

Notes: *Countries not participating in the survey: CY, MT.

2.2.2 Health[30]

Well-being is a multidimensional concept, and health – which is defined as a resource of both the individual and society, the accomplishment of the human potential – is an important element in it. The accomplishment of the human potential, through the development of the individual, serves the goal of advancing society, and this is also true of children and childhood.

In terms of health, child well-being refers to healthy birth and optimal somatic, psychomotor, social and cognitive development. In this section we provide a brief summary of the findings revealed when we map European Union countries using health-related indicators of child well-being. In line with the developed indicator set, the initial indicators of the health of children aged 0–5 (infant mortality, vaccination, proportion of children with low birth weight and proportion of babies who were exclusively breastfed in their first 6 months) will be discussed. The final part of the overview presents data on indicators reflecting the healthy behaviour of children aged 6–17: general life satisfaction, oral health status, daily fruit consumption and the habit of eating breakfast each school day.

A WHOLE SET OF HEALTH INDICATORS IS SUGGESTED AND TESTED BY THIS REPORT.

[30] Section 2.2.2 of this report is based on Aszmann, A. *et al.* (2011) Child well-being indicators in the European Union: Health-related indicators. For further references see online Annex 1.

Infant mortality

Infant mortality rates (per 1,000 live births) were highest in Romania, Bulgaria and Latvia in the years under observation (*Figure 2.26*). But infant mortality rates also declined in all countries during the same period: in Romania from 12 (in 2007) to 10.1 (in 2009), in Bulgaria from 9.2 to 9.0 and in Latvia from 8.7 to 7.8 per 1,000 live births. Infant mortality is also higher than the EU average (4.3 in 2009) in some CEE countries: in Slovakia 6.1 (2007) and 5.7 (2009), Hungary 5.9 (2007) and 5.1 (2009). The rate of infant mortality in the United Kingdom is likewise higher than the EU average, at 4.5 per 1,000 live births in 2009.

Figure 2.26: Infant mortality rate, EU-27, 2006–09 (per 1,000 live births)

Source: EUROSTAT.

Notes: Countries are ranked according to 2009 data.
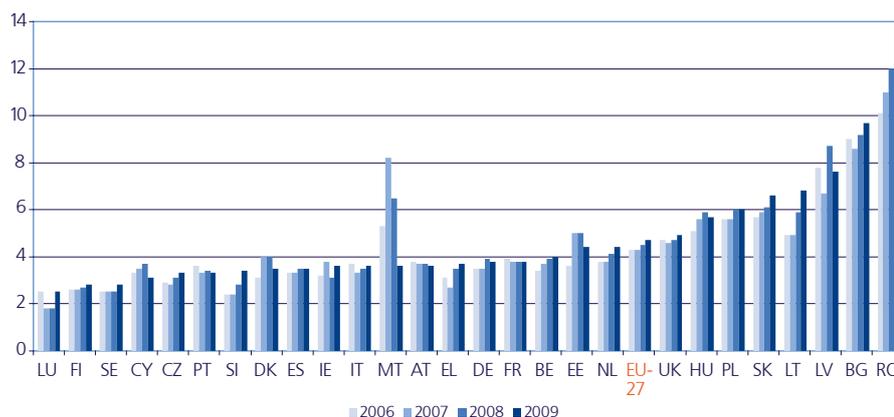
Many of the worst performers in infant mortality are new member states from the CEE region.

The lowest infant mortality rates in 2009 were in Luxembourg (2.5 per 1,000 births), Sweden (2.8), Finland (2.8), Cyprus (3.1) and the Czech Republic (3.3). Infant mortality rates decreased in the vast majority of countries between 2007 and 2009, apart from Luxembourg, Portugal, Italy and France.

Vaccination coverage

Almost all countries achieve high levels of DTP (diphtheria, tetanus and pertussis) vaccination coverage – above 90% (DTP1 and DTP3 refer to the first and third doses of immunisation). Some exceptions are Austria (DTP1 – 61%, DTP 3 – 83%), Denmark (DTP1 – 90%, DTP3 – 89%) and Malta (DTP3 – 73%). The highest rate of coverage (99%) is in the former socialist countries, where immunisation is obligatory, and in Finland, France, Luxembourg, Cyprus and Belgium. Data are missing for Romania and Germany. The EU average – without breaking the data down by dose – is 95% for immunisation containing vaccine against diphtheria.

Almost all countries achieve high levels of MCV (measles) vaccination coverage – between 90% and 97% (*Figure 2.27*). The highest rates are in Hungary (99.8%), Finland (98.9%), Greece and Slovakia (both 99%). The lowest rates reported were from Austria (76%) and Malta (82%). The data for the Czech Republic are missing. The EU average is 92.9%.

More than half of the countries achieved a high level (90% or more) of POL3 coverage (against poliomyelitis). The highest rates (99%) were reported by Luxembourg, Slovakia, Hungary, Finland, the Czech Republic and Belgium. Malta (73%), Austria (83%) and Denmark (89%) produced the lowest (relatively low) rates among the EU countries. The EU average is 96%.

The practice of (and policy on) vaccination in any given EU country depends not on the country's development and affluence, but rather on its customs, legislation and cultural traditions. Therefore its usefulness as a health-related indicator of child well-being is questionable.
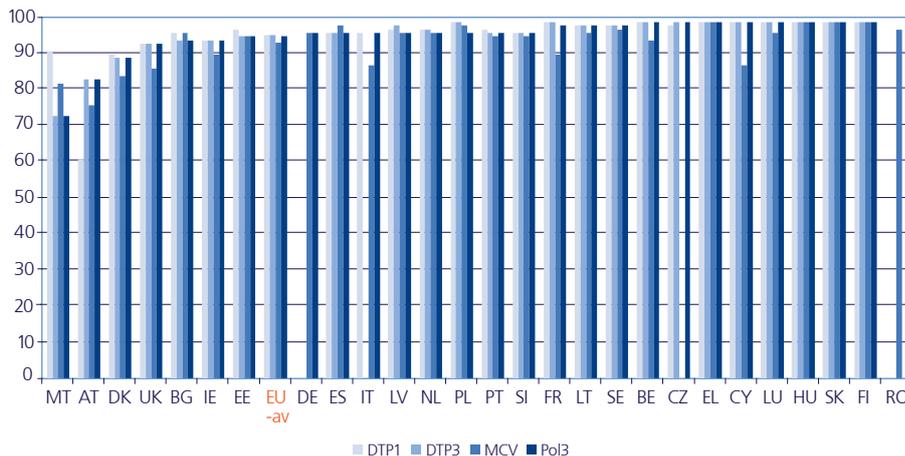
Figure 2.27: Vaccination coverage in children, EU-27, 2009 (%)

Source: Annual WHO/UNICEF Joint Reporting Form and WHO Regional offices reports; www.who.int/ immunization_monitoring/data/en/ index.html (accessed 9 February 2011). Countries are ranked according to Pol3.

Low birth weight

In 2007 low birth weight (LBW, meaning that when a baby is born it weighs less than 2,500 grams/5 lbs 8oz) was most prevalent in Bulgaria, Romania, Greece, Hungary and the UK, where 8–9% of infants were born with LBW (*Figure 2.28*). The rate of LBW was between 7% and 8% in Austria, the Czech Republic, Slovakia and Portugal. In the Baltic and Nordic states (Finland, Latvia, Lithuania, Sweden, Estonia) the rate was much lower at 4–5%. The EU average was 7.3%.

In 2008 the LBW rank order showed a similar pattern. It was most prevalent in Bulgaria, Spain, Greece, Hungary and Romania, and least prevalent in the Baltic and Nordic countries. Looked at regionally, LBW is more common in the south-eastern and central part of Europe (plus the UK).

Exclusive breastfeeding

Prevalence of breastfeeding is reported by only 14 Member States, and the available data concern different ages and different years. While some of the countries report the prevalence of breastfeeding at 3 or 4 months, others report the proportion of 6-month-old breastfed babies, or a combination of those data. Data seem to be patchy and, in many cases, unreliable. It may be due to the fact that, while in some countries the data refer to exclusively breastfed children, in other countries they include *partially* breastfed babies, too. Based on the WHO's guidelines, we would recommend that the relevant authorities should try to ensure systematic and reliable data collection, with the aim of investigating (and boosting) the proportion of exclusively breast-fed babies at 6 months.

Figure 2.29: Breastfeeding, proportion of children who are exclusively breastfed at 3, 4 and 6 months, EU-27, various years between 1999 and 2007 (%)

Source: OECD Family Database, collected from national surveys; www.oecd.org/document/4/0,3746,en_2649_34819_37836996_1_1_1_1,00.html (accessed 9 February 2011).

Note: Countries are ranked according to the proportion of children breastfed at 6 months.
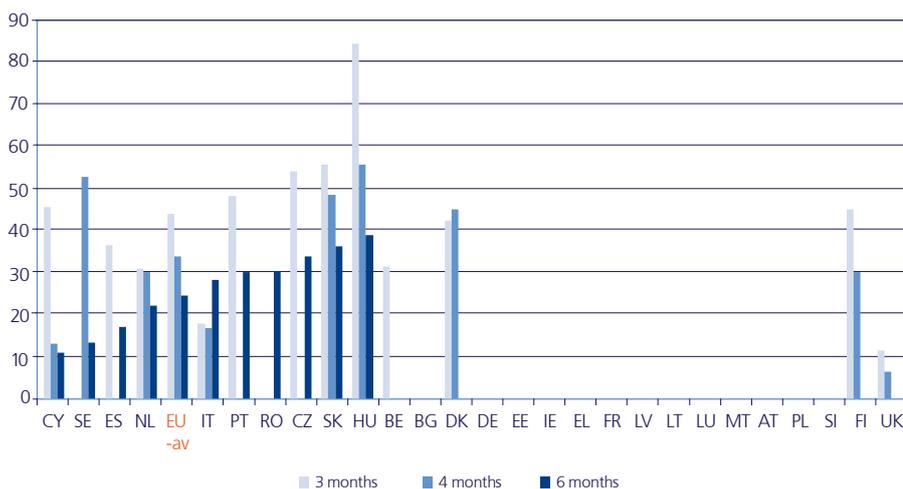
General satisfaction with life

The recent scientific definition of health includes not only the absence of illness, but also general somatic, emotional and social well-being. Subjective well-being is a good indicator of health status, both in childhood and adulthood. The most generalised subjective well-being indicator is overall satisfaction with life, which is influenced by many factors in childhood and adolescence (e.g. gender, age, socio-economic status, cultural environment).

The pattern of satisfaction with life by gender and age is quite consistent in EU countries: girls and boys do not differ significantly at age 11, but among 13- and 15-year-olds, boys have higher scores (*Figure 2.30*). There is a significant decline in satisfaction with life among girls between the ages of 11 and 15 in all EU Member States, but the same is true for boys in only a minority of countries.

The majority of young people in the region enjoy a high degree of satisfaction with life, but there is significant variation among countries (from 68% to 97%, depending on gender, age and country). The lowest rates for 'high life satisfaction' can be found in some post-communist countries (e.g. Bulgaria, the Czech Republic, Hungary, Latvia, Lithuania, Romania), while the highest scores are observable in Nordic and some Southern countries, as well as in the Netherlands and Flemish Belgium. There are obviously many factors underlying this phenomenon, but economic, cultural and climatic issues possibly play a part.
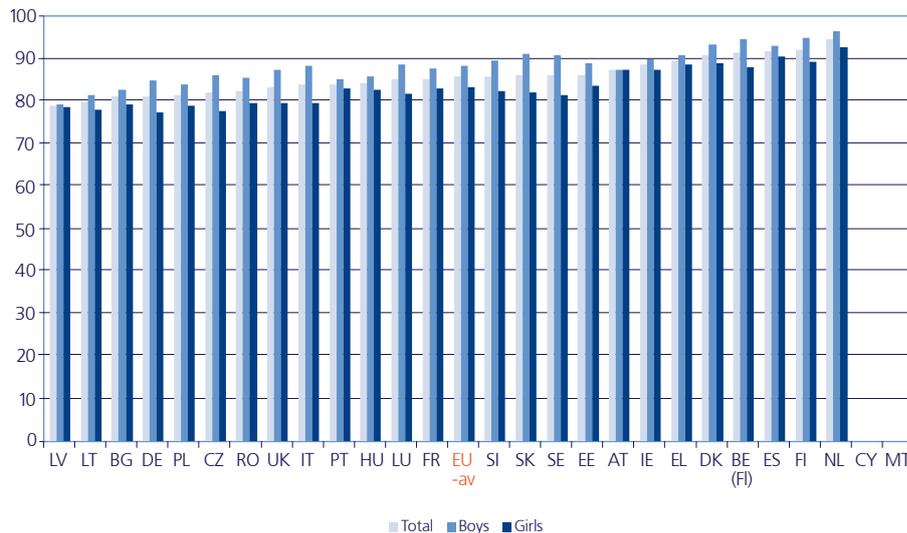
GENERAL SATISFACTION WITH LIFE DOES NOT VARY BETWEEN COUNTRIES, BUT DOES VARY BY FAMILY AFFLUENCE.

Figure 2.30: Proportion of 15-year-olds who report high life satisfaction, EU-27, 200506 (%)

Source: HBSC.

Note: Countries are ranked according to 'Total'.

Figure 2.31: Proportion of boys reporting high life satisfaction according to the Family Affluence Scale (FAS), EU-27, 2005/06 (%)

Source: HBSC.

Notes: *significant difference between FAS groups, p<0.05, FAS1 = low, FAS2 = middle, FAS3 = high family affluence. Countries are ranked according to 'Boys total'.
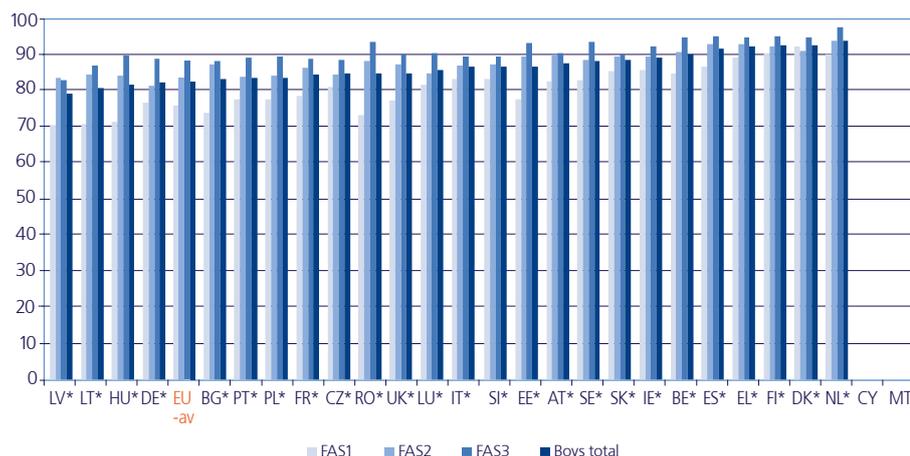
General well-being is influenced by social status and is reflected in the distribution of young people with high life satisfaction according to the wealth of their families. High life satisfaction is significantly associated with greater family affluence in both genders and in all countries surveyed, with the sole exception of Slovak girls. The greatest differences can be seen in countries with the lowest proportion of high life satisfaction.

Oral health

Not only is good oral health associated with general health, but it is also bound up with general well-being (the way you feel, social contact opportunities, self-esteem). Oral health is influenced mainly by nutrition and dental hygiene. Frequency of brushing is an easily measurable indicator of oral health. The recommended frequency is twice a day in order to maintain adequate oral hygiene.

In all the EU countries surveyed but one (Malta), a significantly higher proportion of girls than boys fulfil the above criteria for good oral health among 11-, 13-, and 15-year-olds (*Figure 2.32*). The differences between boys and girls increase with age in many countries. In about half the countries there is a significant increase in the number of girls who brush their teeth more than once a day, and the same goes for boys in a third of EU states.

There is a sizeable difference between countries, however. Greece, Lithuania and Malta are at the low end of the country rankings, with 28–58% depending on age and gender, whereas Austria, Denmark, Germany, the Netherlands and Sweden can be found at the high end, with 73–87%. The reasons behind this country pattern require further exploration.

Family affluence is significantly associated with the frequency of brushing: in almost all countries, a greater proportion of children who live in more affluent families brush their teeth at least twice a day than is the case among children who live in less affluent families. Exceptions to this are French boys and girls, as well as Irish and Maltese girls.

Daily fruit consumption

Diet and eating habits are both important components of a healthy lifestyle. They are determined by (among other things) economic, cultural, family and geographic-climatic factors. Data, where available, suggest that frequency of fruit consumption is one of the strongest indicators for healthy diet across Europe.

Typically, in the vast majority of EU countries, there is a pattern that is evident according to gender and age: significantly more girls and younger pupils eat fruit on a daily basis. There is considerable variation, however, across countries in the level of daily fruit intake: for all ages, the rates in the

EVEN IN THE BEST PERFORMING COUNTRIES ONLY A MINORITY OF CHILDREN EAT FRUIT DAILY.

country at the top of the rankings are about double those in the bottom country (*Figure 2.34*). Nevertheless, daily fruit consumption is not particularly prevalent in the EU: frequency ranges from 18% to 49%, according to gender, age and country. Finland, Latvia and Lithuania have the lowest rates, while Italy, Portugal and Romania have the highest ones (on the basis of country totals), which suggests that there is no clear geographic or socioeconomic pattern to children's fruit consumption across Europe.

Figure 2.34: Proportion of 11-year-olds who eat fruit daily, EU-27, 2005/06

Source: HBSC.

Note: Countries are ranked according to 'Total'.
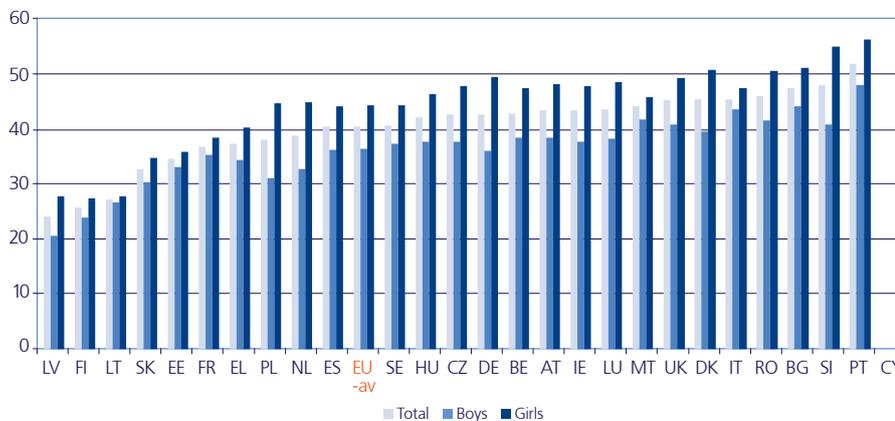
Daily fruit consumption is significantly and positively associated with family affluence in the majority of EU Member States (*Figure 2.35*). Exceptions to this are: Belgium, Denmark, Italy, Sweden and the UK for both girls and boys; Luxembourg and Slovenia for boys only; and Malta, the Netherlands and Austria for girls only.

Figure 2.35: Proportion of girls who eat fruit daily, according to the Family Affluence Scale (FAS), EU-27, 2005/06 (%)

Source: HBSC.

Notes: *significant difference between FAS groups, p<0.05, FAS1 = low, FAS2 = middle, FAS3 = high family affluence. Countries are ranked according to 'Girls total'.

Eating breakfast every school day

Another important indicator of healthy eating is breakfast consumption. Figures for those who eat breakfast every school day are available for all EU countries but one.

More boys eat breakfast in the age groups 13 and 15, but there is no significant difference between the genders in the youngest age group in most of the countries surveyed. Daily breakfast consumption is less frequent among younger girls in all countries, and among younger boys in most countries.

The wide range in the results across the EU also has to do with culture and habit: only slightly over half of all children eat breakfast regularly in some countries (Austria, the Czech Republic, Greece, Hungary, Malta, Romania, Slovakia and Slovenia), whereas the figure is closer to 90% in other countries (the Netherlands, Portugal, Spain and Sweden) (*Figure 2.36*).
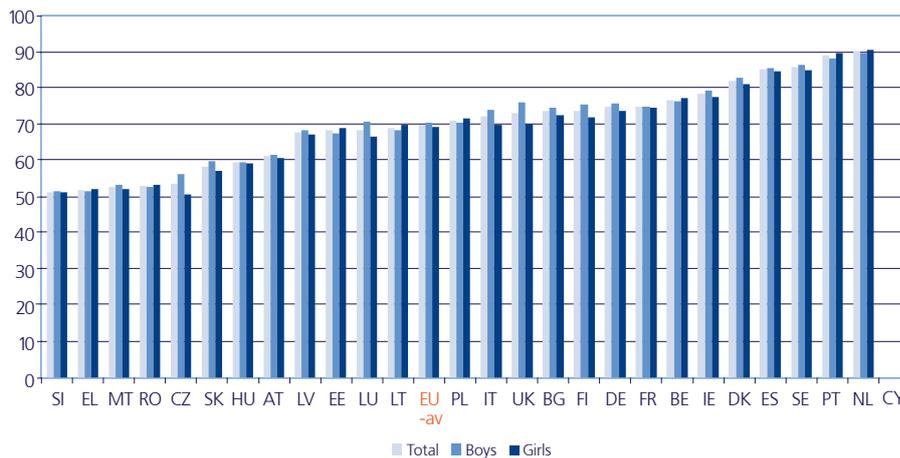
Figure 2.36: Proportion of 11-year-olds who eat breakfast every school day, EU-27, 2005/06 (%)

Source: HBSC.

Note: Countries are ranked according to 'Total'.

In the majority of EU countries, higher family affluence is significantly associated with more prevalent daily breakfast consumption. There is no significant association in this regard among Estonian, Hungarian, Maltese, Romanian, Portuguese or Slovenian pupils generally; among Austrian, Czech, Italian and Polish boys; or among Greek, Latvian, Lithuanian and Slovak girls (*Figure 2.37*).

Figure 2.37: Proportion of boys who eat breakfast every school day, according to the Family Affluence Scale (FAS), EU-27, 2005/06 (%)

Source: HBSC.

Notes: *significant difference between FAS groups, p<0.05, FAS1 = low, FAS2 = middle, FAS3 = high family affluence. Countries are ranked according to 'Boys total'.
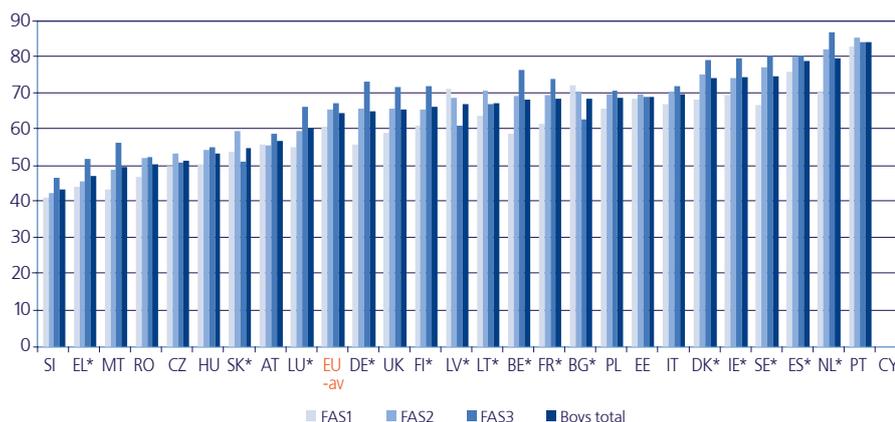
2.2.3 Exposure to risk and risk behaviour [31]

When child well-being is being monitored, it is not just the current health status of children that is important, but also various behaviours in childhood that may benefit a person in later life, or conversely may have a seriously adverse impact on the social inclusion of that individual (employability, health status in adulthood). The previous section of this report examined healthy (beneficial) behaviour; we now turn to the 'risk behaviours' of European children that could be associated with poor outcomes in later life, or indeed could have immediate adverse consequences. Besides smoking, a strong emphasis is placed on alcohol consumption and drug abuse. Teenage birth is also discussed, not just because it is a good proxy for the risk of parental social exclusion, but also because it is bound up with the intergenerational transmission of poverty.

Teenage birth

THE TEENAGE BIRTH RATE IS HIGHEST IN BULGARIA, ROMANIA AND THE UK.

There are considerable differences to be discerned across Europe in the adolescent fertility rate (the number of live births to women aged 15–19 per 1,000 women in this age range): the rate is around six in some countries (Denmark, the Netherlands, Sweden, Slovenia, Italy and Cyprus), but is eight times higher in Bulgaria and four times higher in the UK (*Figure 2.38*). There are other countries with high rates: in Hungary, Slovakia, Latvia, Estonia and Malta, the adolescent fertility rate is 20 per 1,000 live births or higher.

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[31] Section 2.2.3 of this report is based on Elekes, Zs. (2011) Child well-being indicators in the European Union: Social risk behaviour indicators. For further references see online Annex 1.
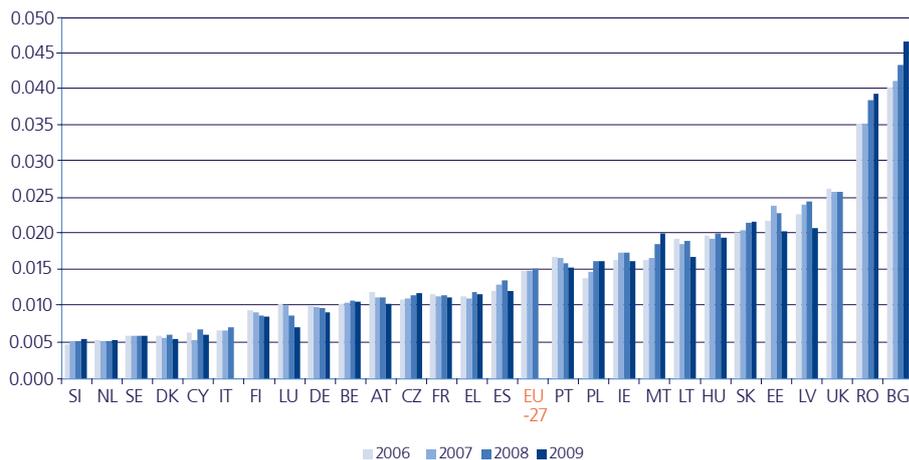
Smoking

On the basis of the 2007 European School Survey Project on Alcohol and Other Drugs (ESPAD), more than half (58%) of 16-year-old students in participating countries reported having tried smoking cigarettes at least once in their lives. Some 29% had used cigarettes during the previous 30 days and 18% smoked daily (*Figure 2.39*). According to the ESPAD results, the prevalence rates for smoking in the previous 30 days show a strong correlation with the rates for ever having tried smoking (so-called 'lifetime prevalence'). On average, 7% of the students said they had started smoking daily at or before the age of 13. The early start of smoking correlates with a high prevalence rate at the aggregate country level.[32]

Whether we rank countries in terms of those students who have tried smoking at any time in their lives, those who have smoked in the last 30 days or those who smoke daily, the picture looks more or less the same. The countries with a high prevalence rate are Austria, Bulgaria, Latvia and the Czech Republic. Portugal has the lowest prevalence rate of the EU-27 countries. The overall picture of the smoking trend is one of a slight decrease or a stabilisation in most participating countries.

ALMOST A THIRD OF AUSTRIAN CHILDREN SMOKED IN THE 30 DAYS PRECEDING THE SURVEY.

[32] Hibell, B., U. Guttormsson, S. Ahlström, O. Balakireva, T. Bjarnason, A. Kokkevi and L. Kraus (2009) The 2007 ESPAD Report. Substance use among students in 35 European countries, Stockholm: CAN, EMCDDA, Council of Europe.

Figure 2.39: Proportion of daily smokers among the 16-year-old population, EU-27, 2007 (%)

Source: ESPAD 2007.

Notes: BE: only the Flemish-speaking region; DE: only 7 Länder; ES: did not participate in ESPAD, but data are comparable; average: unweighted average for all participating countries. Countries are ranked according to the 'Total'.
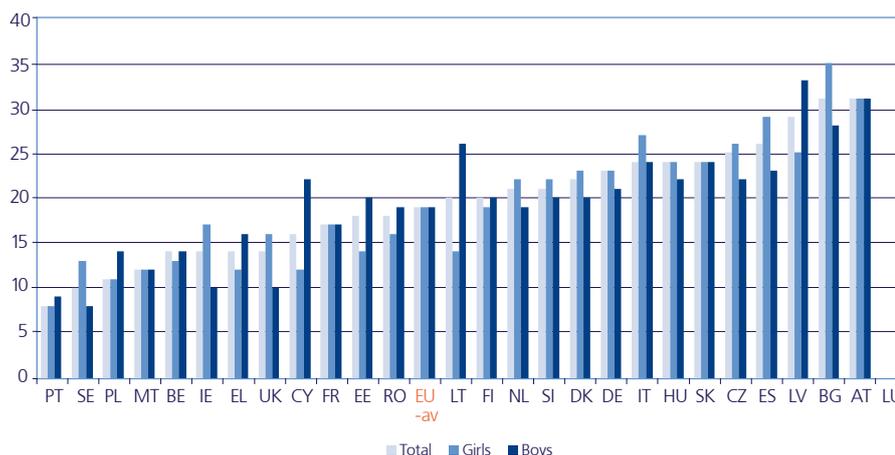
On the basis of the 2005/06 HBSC survey, 54% of 15-year-old pupils have tried smoking at some time, and 19% smoke at least once a week. This latter prevalence rate is similar to the ESPAD daily smoking rate, but the HBSC average includes countries with low smoking rates outside Europe.[33]

According to the HBSC, the weekly smoking rate at age 11 is low in all participating countries – an average of 1%. The proportion of weekly smokers at age 13 is only slightly higher (6%).

HBSC's daily smoking rate is slightly lower than ESPAD's (an average of 14% and 18%, respectively). HBSC's daily smoking rates are lower mostly in those countries where the daily smoking rate measured by ESPAD is high (like Austria, Latvia and the Czech Republic). These discrepancies may be caused by the one-year difference in the age of those questioned or by the different formulation of the question.

According to the ESPAD report, gender differences for smoking were not significant in 2007: in most participating countries, the indicators of smoking are similar for boys and girls. While the HBSC average for daily smoking is the same for boys and girls, according to the report the *weekly* smoking rates among girls are higher than among boys in almost half of the countries.

Alcohol consumption

On average, 90% of 16-year-olds have drunk alcohol. Prevalence is highest in Austria and lowest in Sweden and Finland.

According to ESPAD, 90% of 16-year-old students have drunk alcohol at least once in their lives. The prevalence rate for alcohol consumption in the last 12 months was 82%, and 61% of students had had a drink at least once in the last 30 days (*Figure 2.40*). The correlation between the prevalence rates for

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[33] Currie, C., S. Gabhainn, E. Godeau, C. Roberts, R. Smith, D. Currie, W. Picket, M. Richter, A. Morgan and V. Barnekow (2008) Inequalities in Young People's Health. HBSC International Report from the 2005/2006 Survey. World Health Organization.

having drunk alcohol ever, in the last 12 months and in the last 30 days is high. Alcohol use in the last 30 days differs significantly from country to country. The lowest frequencies are to be found in the Nordic countries, and the highest are in Austria, Denmark, the Czech Republic and Germany.[34]

As an average for the EU countries, 22% of 16-year-old students had drunk alcoholic beverages on *six or more occasions in the last 30 days* (i.e. more than weekly). Country differences are large: prevalence rates range from 5% in Sweden to 45% in Austria (*Figure 2.41*).
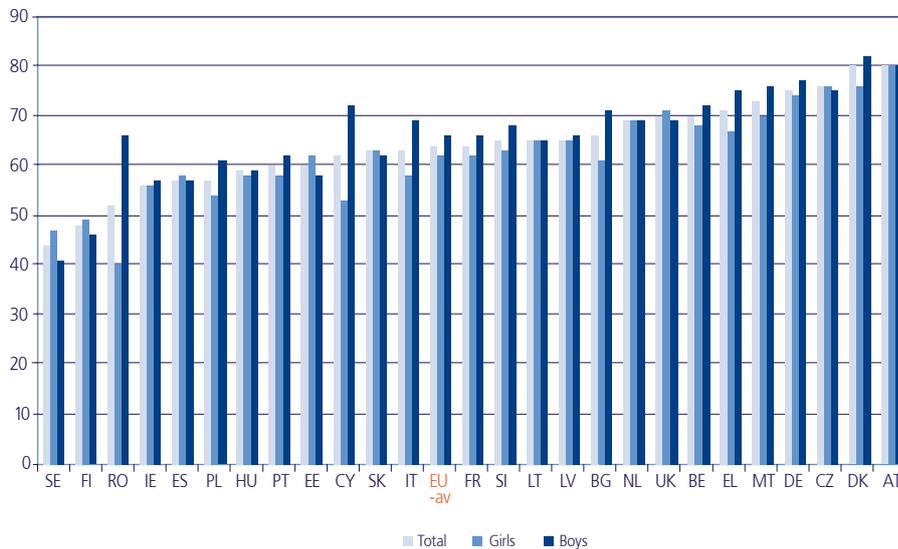
Figure 2.40: Alcohol use in the last 30 days among the 16-year-old population, EU-27, 2007 (%)

Source: ESPAD 2007.

Notes: BE: only Flemish-speaking region; DE: only 7 Länder; ES: did not participate in ESPAD, but data are comparable; average: unweighted average for all participating countries. Countries are ranked according to 'Total'.

Figure 2.41: Drinking six or more times in the last 30 days among the 16-year-old population, EU-27, 2007 (%)

Source: ESPAD 2007.

Notes: BE: only Flemish-speaking region; DE: only 7 Länder; ES: did not participate in ESPAD, but data are comparable; average: unweighted average for all participating countries. Countries are ranked according to 'Total'.

ESPAD also asks about the quantity of alcohol consumed on the last occasion. The total amount of alcohol consumed is usually smaller in those coun-

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[34] Hibell *et al.* (2009).

tries with higher drinking frequencies (like Greece), while students in countries with lower drinking frequencies drink greater quantities (like Finland and Sweden).

The ESPAD results show that the prevalence rates for ever having consumed alcohol and for having consumed it in the last 30 days were relatively stable between 1995 and 2007. The figures for having consumed it in the past 30 days rose up to 2003 and dropped slightly in 2007.[35]

Whichever period we take (lifetime, last 12 months or last 30 days), the gender differences are not significant; that said, among boys prevalence rates are higher for all timeframes.

The HBSC survey reports weekly alcohol drinking. As an HBSC average, 5% of 11-year-olds, 11% of 13-year-olds and 26% of 15-year-olds drink at least once a week. The prevalence rate for weekly drinking is higher for boys (31%) than for girls (21%). Country differences are high in all age groups.[36]

HBSC data on drinking at least once a week show a degree of comparison with ESPAD data on drinking at least three times in the last 30 days. The relationship is fairly strong on these variables.[37] That said, the differences in some countries are high.

Heavy drinking and drunkenness

Heavy episodic drinking, also called 'binge drinking' or 'risky single occasion drinking' or 'extreme drinking', is a widely used indicator of at-risk drinking. All these terms cover more intensive, concentrated alcohol consumption, taking place over a short period of time. Heavy episodic drinking is typical for young people and is a feature of their at-risk drinking habit. Drunkenness is another frequently used indicator of at-risk drinking. Drunkenness might mean totally different things for children living in different drinking cultures. While heavy episodic drinking is examined only by ESPAD, drunkenness is examined by both ESPAD and HBSC.

Some 43% of 16-year-old students reported heavy episodic drinking (5+ drinks) during the past 30 days. Country differences are important: the figures range from 29% in Spain to 60% in Denmark (*Figure 2.42*). Heavy episodic drinking is more common among boys than girls.

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[35] Hibell *et al.* (2009).
[36] Currie *et al.* (2008).
[37] Hibell *et al.* (2009: 54).
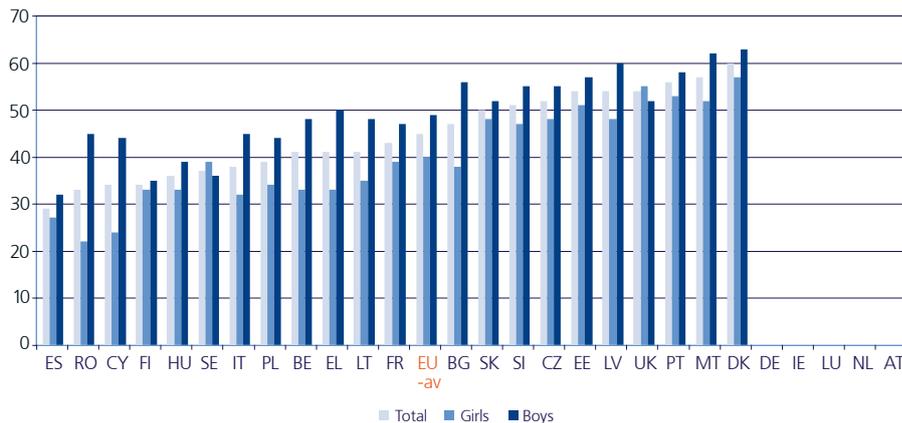
Figure 2.42: Heavy episodic drinking in the last 30 days in the 16-year-old population, EU-27, 2007 (%)

Source: ESPAD 2007.

Notes: BE: only Flemish-speaking region; DE: only 7 Länder; ES: did not participate in ESPAD, but data are comparable; average: unweighted average for all participating countries. Countries are ranked according to 'Total'.

Heavy episodic drinking is the only indicator examined by ESPAD that shows an upward trend across the whole period of data collection (1995–2007). As an ESPAD average, the rate for heavy episodic drinking in the timeframe of the 'last 30 days' increased from 35% in 1995 to 42% in 2007. In the most recent period, a significant increase was observed in more than half of the countries. This increase was higher among girls, so that the gender gap narrowed within the period.

Half of the ESPAD students had been intoxicated at least once in their lives; 39% in the last 12 months; and 18% in the last 30 days. The correlation between prevalence rates for drunkenness within different timeframes is high and significant. The correlation between intoxication in the last 30 days and heavy episodic drinking in the last 30 days is positive, but not significant. The reason might be the different meaning of a 'drink' in different countries and the different meaning of 'intoxication' in different countries.
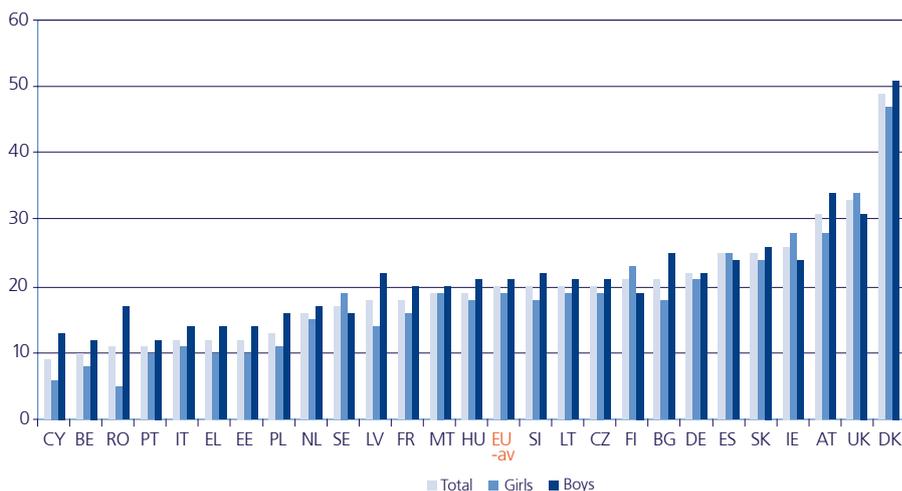
Figure 2.43: Having been drunk in the last 30 days in the 16-year-old population, EU-27, 2007 (%)

Source: ESPAD 2007.

Notes: BE: only Flemish-speaking region; DE: only 7 Länder; ES: did not participate in ESPAD, but data are comparable; average: unweighted average for all participating countries. Changes in the questions mean that the figures are not comparable with previous ESPAD data. Countries are ranked according to 'Total'.

The relationship between ESPAD and HBSC drunkenness figures is strong on the 'ever been drunk' variable.

Table 2.6: Drunkenness in the ESPAD and HBSC surveys (some EU countries only) (% of boys and girls)

Source: Hibell *et al.* (2009: 54).

Notes: Students who have ever been drunk (ESPAD) or have been drunk at least twice (HBSC).

Country	Boys		Girls	
	Ever been drunk – ESPAD	Drunk 2+ times – HBSC	Ever been drunk – ESPAD	Drunk 2+ times – HBSC
LV	`	50	60	39
LT	64	57	61	50
EE	57	57	53	42
SI	57	43	53	27
HU	55	40	52	32
FI	48	47	55	44
PL	48	42	41	27
MT	46	18	44	15
SE	41	26	48	26
IT	39	22	37	18
EL	39	21	34	17

Illicit drug use

According to ESPAD, 20% of 16-year-old students have tried some illicit drugs at least once in their lives.[38] The highest proportions were reported in the Czech Republic, Spain, France and Slovakia. The vast majority of those students who have tried illicit drugs have used cannabis. Cannabis use 'ever' was reported by 19%; 7% of students had tried illicit drugs other than cannabis (*Figure 2.44*).

Some 14% of students reported cannabis use in the last 12 months, and 7% had used it in the last 30 days. In most countries more boys than girls had tried illicit drugs.

As cannabis is the most widely used illicit drug in Europe, any change in cannabis use changes total illicit drug use. In countries where data are available for the whole period, the lifetime use of illicit drugs almost doubled between 1995 and 2003 (from 12% in 1995 to 21% in 2003). The 2007 results indicate a slight decrease in illicit drug use. This decrease is due to the decline in the cannabis lifetime prevalence rate. The average lifetime use of cannabis for all HBSC countries was 18%, and the 'past 12 months' prevalence rate was 12% in 2005/06. If we compare the results from the ESPAD and HBSC surveys, we see that there is a high correlation between the two for the use of cannabis 'ever' and its use in the 'last 12 months'.

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[38] Illicit drugs include cannabis, amphetamines, cocaine, crack, ecstasy, LSD and heroin.
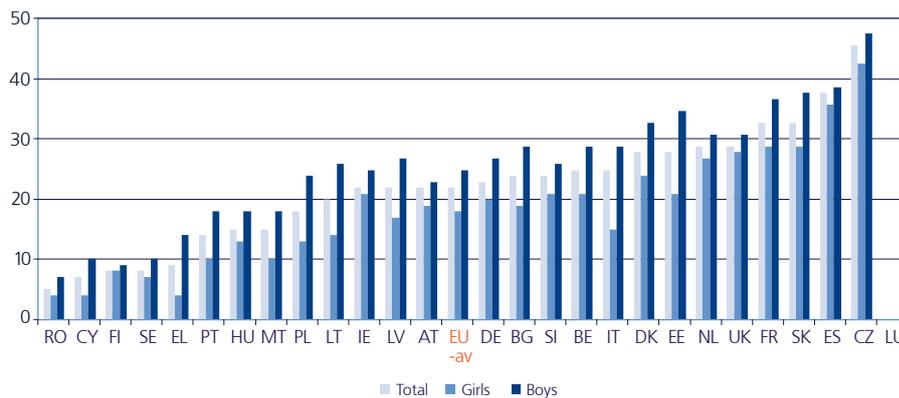
Use of tranquillisers/sedatives, alcohol with pills

The use of tranquillisers/sedatives might indicate the psycho-social status of a child (especially their use on medical advice) but it may also be an indicator of drug use (many young people use tranquillisers/sedatives or alcohol with pills just to change their mood). According to ESPAD, an average of 8% of 16-year-old students had used tranquillisers/medicines on doctor's orders, 6% had used them without prescription, and 6% had used alcohol together with pills to get 'high' (*Figure 2.45*).
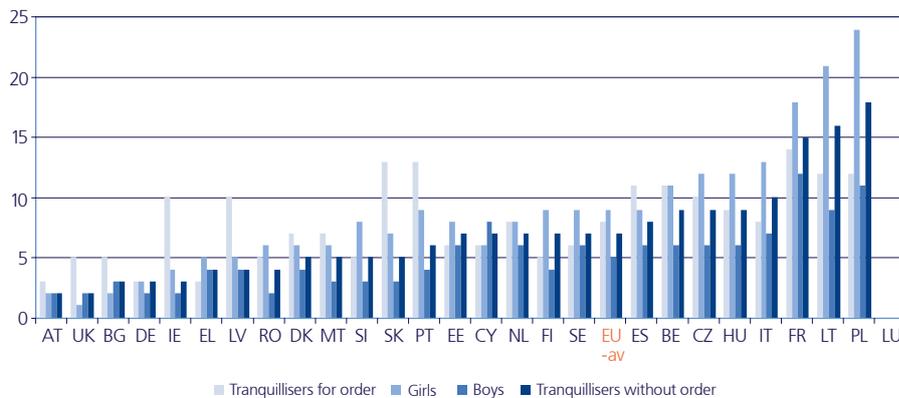
Breakdown by socio-economic status

Both ESPAD and HBSC ask questions about the socio-demographic status of a child's family. ESPAD asks about parental education and (not as a core question) about the family's economic circumstances (how well-off students think

their families are compared to other families). It analysed the relationship between socio-economic status and substance use in 2003.[39]

HBSC asks about the occupational status of parents, family affluence and family poverty. In 2005/06, the relationship between family affluence and substance use was analysed. The Family Affluence Scale was constructed on the basis of questions about the material conditions of the households in which young people lived.[40]

According to ESPAD, a higher level of parental education is associated with less smoking. Smoking is also more common in poorer families. HBSC also found a negative correlation between smoking and family affluence (the higher the family affluence, the lower the smoking rate), especially for girls in Nordic and Continental countries of Europe. Across the sample, in the new Member States and Southern countries, family affluence was not associated with weekly smoking.

In the case of alcohol consumption, the ESPAD association is not so clear. In some countries, parental education and alcohol consumption show a negative correlation (mostly in Nordic countries); in other countries the correlation is positive. The positive correlation was mostly found in the new Member States. Alcohol use shows no consistent association with economic circumstances. Nor did the HBSC find any clear-cut association between family affluence and weekly drinking: there was a positive association in over a third of countries for boys and in rather fewer for girls. But in the rest of the countries the association was not significant. Only a small minority of countries show any significant correlation between drunkenness and family affluence, but where it does exist, the association is largely positive.

The positive correlation between parental education and cannabis use is more characteristic in ESPAD. Cannabis use is either unrelated to the economic situation of the family, or is more prevalent in more affluent families. The HBSC study found some positive correlation, mostly in the new Member States and in Southern countries, while the association was mostly negative in Nordic countries.

By and large, the socio-economic status of the family (measured by parental education in ESPAD and by economic circumstances in both ESPAD and HBSC) is associated with the smoking habit of children: the lower the status, the more frequent the smoking. By contrast, drinking and the use of illicit drugs are not clearly associated with family status.

THERE APPEARS TO BE AN ASSOCIATION BETWEEN PARENTAL STATUS AND SMOKING, BUT NOT DRINKING AND ILLICIT DRUG USE.

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[39] Hibell, B., B. Andersson, T. Bjarnasson, A. Ahlström, O. Balakireva, A. Kokkevi and M. Morgan (2004) The ESPAD Report 2003. Alcohol and other drug use among students in 35 European countries, Stockholm: CAN, Council of Europe.
[40] Currie *et al.* (2008).

3. MAPPING INDIVIDUAL COUNTRIES
– POLICY MARKER REPORT CARD PROTOTYPE

We suggest introducing policy marker report cards to assess child well-being and policy efficiency at the country level. This will help to present combinations of performance in various domains.

Part 2 of this report provided a cross-country comparative overview of the situation facing children in the European Union, based on the suggested child well-being indicator portfolio (Part 1). The approach in Part 3 is different, though it still makes use of the same indicator portfolio. Here, we assess the well-being of children at the level of individual member states. In order to describe their situation in a specific country, a *policy marker report card* has been developed and is presented below.

The motivation for developing this policy marker report card was to present a concise, country-focused picture of children's well-being, in order to assist Member States to monitor the situation of children in their countries, to detect the weaknesses and main challenges, and to set targets and formulate policy responses in the field of child poverty and well-being. To ensure complete comparability, the policy marker report card has the same content and the same structure for all Member States (so far as the data available for these countries allow). We now present the structure and content of the policy marker report card.

There are three main sections to the report card, each of which corresponds to one of the three pages. We follow this segmentation of the report card in our description.

The main indicators of child well-being

The *first section* of the report card (Page 1) provides an overall country picture based on the main indicators of child well-being. The list of indicators is the same as was presented in Part 1 of the report, in Table 1.1. Table 3.1 (below) lists all the main indicators suggested by this report as constituting the integrated child well-being portfolio (*see also Table 1.1*).

For each of the indicators, data for the period 2006–09 were collected and have been entered in the table. Some of these indicators (mainly those from the EU-SILC and EU-LFS databases, as well as those extracted from regularly reported administrative data sources) are available for each year of this time period, whereas others are available for only a specific year or for selected years.

National averages are reported for the last point in time for which data are available, but only for those indicators where the figure for the overall population can be estimated and so provides a meaningful benchmark. Indicators of material well-being fall within this group of indicators – simply because they refer to household-level resources, rather than being directly related to the child. Indicators of child non-material well-being refer to individual outcomes instead of household resources, and therefore benchmarks for other age groups of the population either cannot be provided (early school-leavers, educational deprivation, early childhood health indicators, teenage birth) or are not comparable in a way that the material well-being indicators are.

An EU average is also provided for the last year for which data for a specific indicator are available. There are two types of average provided:

- a *weighted EU-27 average*, where either the external data source (mainly EUROSTAT) reported such a figure or a micro dataset allowed for such an estimation; and
- an *unweighted EU average*, where a weighted average was not available for reporting. Unweighted EU averages are shown in **bold**.

In the last column of Table 3.1, the relative performance of the country is assessed by each indicator, using the EU average as a benchmark. The assessment is built up using the following steps and parameters:

- First, z-scores are estimated for each indicator using the sample of 27 Member States.
- Second, based on these z-scores, seven country groups are identified by establishing cut-off points within the distribution of z-scores. These groups are:
  - VERY HIGH performance (+++): the value of the estimated z-score for the country is higher than +2 (it falls outside the range of two standard deviations from the EU average in a positive direction).
  - HIGH performance (++): the value of the estimated z-score for the country falls within the range of +1 to +2.
  - MODERATELY HIGH performance (+): the value of the estimated z-score for the country falls within the range of +0.25 to +1.
  - AVERAGE (0): the value of the estimated z-score for the country falls within the range of −0.25 to +0.25.
  - MODERATELY LOW performance (–): the value of the estimated z-score for the country falls within the range of −0.25 to −1.
  - LOW performance (––): the value of the estimated z-score for the country falls within the range of −1 to −2.
  - VERY LOW performance (–––): the value of the estimated z-score for the country is lower than −2 (it falls outside the range of two standard deviations from the EU average in a negative direction).

The grouping of countries we use here to place the status of children in an individual Member State within the context of the European Union also serves as a basis for an evaluation framework, to be presented later in this section of the report, following a technical description of the policy marker report card.

As well as painting an overall picture of the status of children in the country, the first section of the policy marker report card places a strong emphasis on trends. As was mentioned above, in this report we collected data for 2006–09. The structure of the report card allows for an extension of these trends when more up-to-date data become available. Trends in several mate-

rial well-being indicators are shown in three graphs, including both the national figures for children and the same figures for the EU-27 average.

Also, the policy marker report card reflects the decision of the European Commission to promote social inclusion by setting a poverty target for 2020. Not only were we aware of the decision during the process of selecting the indicators, but we also provide results in the first section of the report card for the status of children based on the joint distribution of individual Europe 2020 poverty target indicators (at-risk-of-poverty rate, severe material deprivation, share of children in low work-intensity households).

Breakdowns to provide an insight into determinants

The *second section* of the policy marker report card includes Table 3.2, which contains all the suggested breakdowns (*see Table 1.2 in Part 1*) to complement the list of main indicators and therefore to provide more detailed information on the possible factors that affect trends and outcomes. Time-series (2006–08) data are provided for the breakdowns of the material well-being indicators based on the EU-SILC, while in the case of the education indicators based on the PISA survey, data are provided for two points (2006 and 2009). Two-dimensional breakdowns are supplied for some health indicators, by gender and socio-economic status, and standard breakdowns by sex are provided for risk-behaviour indicators.

When breakdowns are used, the number of observations decreases and, as a consequence, estimates become less robust. This problem reveals itself most obviously in the case of migrant status. To draw attention to this problem, a hash (#) marks where estimates become unreliable (i.e. when the number of observations for a single cell of the cross table is less than 20).

Assessing relative performance

The focus in the *third section* is on relative performance. The values of all the main indicators are presented graphically, according to the main dimensions of child well-being (material well-being, education, health and exposure to risk and risk behaviour), together with minimum and maximum figures for the EU-27 countries. This form of presentation provides an opportunity to complete the EU average benchmark with a slightly more sophisticated evaluation of a country's performance along a specific indicator, in a cross-European comparison.

In addition, a spider web-type figure provides a strongly focused picture of the well-being of children in a given country, by including so-called *lead indicators*, which are considered to be of prime importance for each specific dimension of child well-being. The following measures have been selected as lead indicators:

- Income poverty: at-risk-of-poverty rate
- Material deprivation: severe material deprivation rate
- Housing: overcrowding rate
- Labour-market participation of parents: children in low work-intensity households
- Education: early school-leavers
- Health: low birth weight
- Exposure to risk and risk behaviour: daily smoking.

We based the lead indicator selection process on three main considerations:

(i)   on the general indicators selection criteria used within the Social OMC, including the criteria of the highest data coverage across Member States;

(ii) on the indicator developments related to Europe 2020 poverty-target setting in the case of material well-being dimensions; and

(iii) on expert judgement in the case on non-material well-being dimensions.

Generally speaking, in selecting lead indicators for the non-material well-being dimensions, the need to break the intergenerational transmission of poverty was given priority.

To that end, in the case of education it is the proportion of early school-leavers that is suggested as a lead indicator. The main reason for this choice is the concise way in which the measure deals with individual effort and the performance of the education system, as well as its strong correlation with parental background. The measure is an agreed indicator within the social inclusion portfolio (and is even part of the overarching Social OMC indicators), and it also serves as an indicator for one of the five Europe 2020 targets. It might be argued that the indicator itself does not quite square with 'childhood', as defined in the standard way (0–17 years). On the other hand, while early school-leaving is observed among teenagers, it is a direct outcome of what happened to the individual as a child, and has strong and direct policy consequences for childhood rather than for youth. A good alternative for the suggested indicator might be an indicator of reading literacy performance, which combines the outcome and equity aspects (e.g. the estimated individual effect of parental background on performance). However, it would require further development and would fail the test of being easily interpretable by a wide audience.

The choice of low birth weight to represent the health dimension can be justified by the complexity of mechanisms through which a disadvantaged start in life may impact negatively on later child and adult outcomes. Not only are the survival prospects of very pre-term babies and of those with

intrauterine growth retardation less favourable (they constitute the vast majority of infant deaths), but low birth weight infants who survive are at increased risk of health problems, ranging from neurodevelopmental disabilities to respiratory disorders. Being born with low weight has an impact beyond childhood as well. The relationship between low weight, premature birth and social status has been proved by several studies, as well as by the statistics of a number of countries (*see* online Annex 1). Counter-arguments exist for this indicator, too. A baby's birth weight is also dependent on parental factors, most notably on the height and weight of the father and mother. Therefore, some babies of low birth weight in absolute terms are, in fact, of normal weight, but born to smaller women.[41] This would imply that no policy intervention is required.

We are fully aware that applying the above considerations and empirical findings does not necessarily result in the suggested set of lead indicators, and that there is always a subjective factor in any choice. Both the indicator portfolio and the set of lead indicators are *suggestions* – they are flexible and open to later modifications and improvements.

For each lead indicator, the national figure for children is plotted against the EU average.

The third section of the policy marker report card ends with an integrated table (*Table 3.3*), which focuses, on the one hand, on performance assessment aspects, and, on the other hand, on country-specific data issues. Those indicators according to which a specific country shows a low or a high performance compared to the EU average are collected towards the left of the table (on the basis of the information in Table 3.1 of the first section of the report card). Only indicators on which the particular country shows high (or very high) and low (or very low) performance are presented in this table. Very high and very low performance is shown in **bold**.

The rightmost column of the table includes country-specific data problems, intended either to assist in a correct evaluation of the country's performance or to explain missing data.

* * *

The sample policy marker report card used here is for Hungary. Similar cards have been prepared for all EU-27 countries, and these are included in online Annex 2. For technical reasons and reasons of space, all the sections of the policy marker report card make use of shorthand for the indicators. Table 1.3 of Part 1 should help the reader fully understand the cards.

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[41] Lack, N., J. Zeitlin, L. Krebs, W. Künzel and S. Alexander (2003) Methodological difficulties in the comparison of indicators of perinatal health across Europe, European Journal of Obstetrics & Gynecology and Reproductive Biology, 111: S33-S44.

We distinguish between three types of missing data on the policy marker report card:

     not applicable
–   data not available (yet) for a specific year
:   data not available for a specific country or not collected within this project
unreliable estimates due to small number of observations (<20)

Table 3.1: Policy marker report card – Hungary: main indicators of child well-being

	Main Indicators	2006	2007	2008	2009	Overall pop.	EU-27	Rel. perf. (to the EU-27)
A1	**Income poverty**							
A1.1	At-risk-of-poverty rate after social transfers (%)	24.8	18.8	19.7	20.6	12.4	19.9	–
A1.2	Relative median poverty gap (%)	25.3	19.5	16.8	16.7	16.3	23.4	+
A1.3	Persistent at-risk-of-poverty rate (%)	–	:	13.4	–	6.4	9.4	
A2	**Material deprivation**							
A2.1	Material deprivation rate (%)	42.0	43.5	39.3	46.9	40.9	20.3	– –
A2.2	Severe material deprivation rate (%)	24.8	24.4	21.5	26.3	20.8	9.4	– –
A3	**Housing**							
A3.1	Housing costs overburden rate (% of disposable household income)	14.5	7.1	13.0	10.0	8.9	12.0	0
A3.2	Overcrowding rate (%)	66.1	63.2	64.4	72.2	55.0	24.0	– –
A4	**Labour-market participation**							
A4.1	Share of children in jobless households (%)	13.7	13.9	14.6	15.6	13.1	10.2	– –
A4.2	Share of children in low work-intensity households (%)	13.9	10.2	15.8	:	16.8	9.7	– –
A4.3	Childcare (% of children 0–2 years not in formal childcare)	:	:	:	93.0	–	72.0	–
B1	**Education**							
B1.1	Low reading literacy performance of children aged 15 (%)	21.0	–	–	17.6		20.6	+
B1.2	Low reading literacy performance of children aged 10 (%)	13.8	–	–	–		18.5	+
B1.3	Early school-leavers (% of population aged 18–24)	10.9	11.4	11.7	11.2		14.4	+
B1.4	Share of children aged 4 in pre-primary education (%)	:	92.0	92.5	–		90.1	+
B1.5	Educational deprivation (%)	–	–	–	9.9		8.5	–
B2	**Health**							
B2.1	Infant mortality rate (per 10,000 births)	5.1	5.6	5.9	5.7		4.7	–
B2.2a	Vaccination coverage in children (% of children at risk) – DTP3	–	–	–	99.0		95.4	+
B2.2b	Vaccination coverage in children (% of children at risk) – MCV	–	–	–	99.0		93.2	+
B2.2c	Vaccination coverage in children (% of children at risk) – Pol3	–	–	–	99.0		95.2	+
B2.3	Low birth weight (% of children<2,500 grams)	8.3	8.2	8.3	8.4		7.2	– –
B2.4	Exclusive breastfeeding rate (% of children aged 6 months)	–	43.9	–	–		27.7	++
B2.5	General life satisfaction (% of children aged 13 highly satisfied with life)	83.9	–	–	–		85.4	–
B2.6	Oral health (% of children aged 11 brushing more than once a day)	54.7	–	–	–		61.1	–
B2.7	Children who eat fruit daily (% of children aged 11)	42.1	–	–	–		40.4	0
B2.8	Children who eat breakfast every school day (% of children aged 11)	59.3	–	–	–		69.7	–
B2.9	Physical activity (% of children aged 13)	20.7	–	–	–		19.8	0
B3	**Risk behaviour**							
B3.1	Teenage births (births per 100 women aged 15–19)	2.0	1.9	2.0	1.9		1.5	–
B3.2	Daily smoking (share of daily smokers among those aged 16, %)	–	24.0	–	–		19.0	–
B3.3	Regular alcohol use (6+ drinking occasions per month, share of 16y, %)	–	14.0	–	–		22.0	+
B3.4	Heavy episodic drinking (at least once a month as share of 16y, %)	–	36.0	–	–		45.0	+
B3.5	Illicit drug use (lifetime prevalence rate among 16y, %)	–	15.0	–	–		22.0	+
B3.6	Tranquilliser/medicine use without doctor's orders (lifetime prevalence rate among 16y, %)	–	9.0	–	–		7.0	–

Income poverty outcomes

—HU-rate   – – EU-rate   —HU-gap   – – EU-gap

Material deprivation

—HU   – – EU-27   —HU–severe   – – EU-27–severe

Children in jobless households by data source

—HU–LFS   – – EU-27–LFS   —HU–SILC   – – EU-27–SILC

EU-2020 poverty target indicators-children and overall population

Share of population at risk-overall
Share of population at risk-child
Poor+deprived+jobless
Deprived+jobless
Poor+jobless
Poor+deprived
Jobless only
Deprived only
Poor only

Table 3.2: Policy marker report card – Hungary: breakdowns for main indicators of child well-being

	Income poverty	2006	2007	2008	EU-27
A1.1a	At-risk-of-poverty rate by age of child				
	0–5	26	20	19	19
	6–11	25	19	20	20
	12–17	24	18	20	22
A1.1b	At-risk-of-poverty rate by household type				
	Single-parent household with dep ch	44	31	37	40
	2 adults, 1 dep ch	16	12	11	12
	2 adults, 2 dep ch	19	14	16	15
	2 adults, 3+ dep ch	35	29	30	27
	Other household with dep ch	17	11	14	21
A1.1c	At-risk-of-poverty by work intensity of household				
	0	81	72	60	64
	0.01–0.49	61	47	39	43
	0.5	22	15	17	25
	0.51–0.99	9	12	10	11
	1	7	5	3	8
A1.1d	At-risk-of-poverty by migrant status of parents				
	Born within EU – other country	0#	100#	17#	27
	Born outside EU	23#	50#	0#	39
	Other	25#	42	20	19
	Material deprivation				
A2.2a	Severe material deprivation among children by age of child				
	0–5	25	24	20	9
	6–11	24	23	22	10
	12–17	26	25	22	11
A2.2b	Severe material deprivation rate (%) by household type				
	Single-parent household with dep ch	39	38	36	21
	2 adults, 1 dep ch	18	17	14	6
	2 adults, 2 dep ch	16	16	14	5
	2 adults, 3+ dep ch	35	34	32	12
	Other household with dep ch	25	22	23	17
A2.2c	Severe material deprivation rate (%) by work intensity of household				
	0	65	65	51	31
	0.01–0.49	51	47	39	22
	0.5	22	25	18	9
	0.51–0.99	18	16	18	6
	1	10	11	8	6
A2.2d	Severe material deprivation rate (%) by migrant status				
	Born within EU – other country	0#	70#	12#	10
	Born outside EU	28#	19#	37#	18
	Other	25#	24	21	9

	Education	2006	2009
B1.1	Difference in reading literacy performance of pupils aged 15		
	by education of parents (tertiary/lower secondary or below, point difference)	115	137
	by migrant status (first-generation immigrant/native, %)	110	100
B1.2	Difference in reading literacy score of pupils aged 10		
	by education of parents (tertiary/lower secondary or below, point difference)	112	–
B1.3	Educational deprivation (share of students with less than 5 educational items out of 7, %)		
	primary, lower secondary	–	47
	secondary	–	9
	tertiary	–	4
	Health	**Girls**	**Boys**
B2.5	General life satisfaction (% of children aged 13 with high life satisfaction)		
	LOW family affluence scale	70	71
	MIDDLE family affluence scale	84	84
	HIGH family affluence scale	87	90
	Total	80	82
B2.6	Oral health (% of children aged 11 brushing more than once a day)		
	LOW family affluence scale	57	37
	MIDDLE family affluence scale	67	50
	HIGH family affluence scale	72	67
	Total	65	51
B2.7	Children who eat fruit daily (% of children aged 11)		
	LOW family affluence scale	33	23
	MIDDLE family affluence scale	39	34
	HIGH family affluence scale	45	36
	Total	39	31
B2.8	Children who eat breakfast every school day (% of children aged 11)		
	LOW family affluence scale	45	50
	MIDDLE family affluence scale	49	54
	HIGH family affluence scale	46	55
	Total	47	53
	Exposure to risk and risk behaviour	**Girls**	**Boys**
B3.2	Daily smoking (share of daily smokers among aged 16, %)	13	14
B3.3	Regular alcohol use (6 or more drinking occasions in a month as share of 16y, %)	12	17
B3.4	Heavy episodic drinking (at least once a month as share of 16y, %)	33	39
B3.5	Illicit drug use (lifetime prevalence rate of total illicit drug use among 16y, %)	13	18
B3.6	Tranquilliser/medicine use w/out doctor's orders (lifetime prevalence rate among 16y, %)	12	6

Material well-being

Education

Health

Risk behaviour

Lead Indicators

Table 3.3: Relative performance and country-specific data notes

Low performance	High performance	Country-specific data notes
Material deprivation	Exclusive breastfeeding rate (% of children aged 6 months)	The SILC survey started in 2005 in Hungary.
Severe material deprivation		2008 was the first year Hungary participated in the SILC longitudinal database.
Overcrowding		At-risk-of-poverty estimates for 2006 are uncertain, to be interpreted cautiously.
Share of children in jobless households		
Share of children in low work-intensity households		
Low birth weight		

4. INSTRUMENTS FOR INTERNATIONAL BENCHMARKING, TARGET SETTING AND POLICY INTERVENTION

In this section we present two distinct monitoring frameworks that seek to provide methods for the European Commission and the Member States to establish and monitor international benchmarks in the field of child poverty and child well-being.[42]

The first instrument is an update of the analytical framework developed by the EU Task-Force (2008) that was agreed upon and accepted by Member States as a monitoring tool (section 4.1). This analytical framework reflects the status of children in each country in terms of income poverty and the main factors to which low household income is directly related (labour-market attachment and cash social transfers). As such, the framework builds on indicators that have proven to be solid and that were agreed by all Member States for use in such monitoring. This framework focuses on one specific aspect of child well-being (albeit one that has a distinguished record and is methodologically highly standardised), which provides this monitoring tool with coherence, good interpretability and robustness over time, as well as the capacity to capture relative changes in time and therefore to detect shifts in policy practice and social processes.

Section 4.2 presents a second instrument – the child well-being monitoring framework. This framework is based on the integrated child well-being indicator portfolio proposed in Part 1 of this report, as well as on the method for evaluating a country's relative performance that is used in the policy marker report cards. In developing the child well-being monitoring framework, we used an approach to evaluate country performance that is broadly similar to the EU Task-Force analytical framework, but that goes further, by including other dimensions of child well-being as well.

4.1 Material well-being: international benchmarking and key challenges for each Member State

The EU Task-Force report (2008) developed a common framework to analyse and monitor child poverty and social exclusion at the EU and national levels. This addresses the key challenges, including the poverty risk outcomes of children and the main factors that underlie these outcomes. Member States agreed on the monitoring framework in the Social Protection Committee. In its recommendations, the EU Task-Force encouraged Member States to ensure that their monitoring systems feed into the common EU framework.

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[42] We also emphasise the Europe 2020 Joint Assessment Framework (which is under development within the Indicator Sub-Group of the Social Protection Committee of the EC Member States) as a monitoring tool, based on the related indicators, to assist Member States in making progress towards the Europe 2020 poverty target.

Here, we validate this analytical framework using 2008 data and three pieces of earlier work: the EU Task-Force report (2008), which undertook validation on 2005 data; a short paper prepared by DG Employment (EC 2008),[43] which used 2006 data; and the TÁRKI-Applica report (2010), which took 2007 data.[44]

The framework includes two main dimensions: one on outcomes and the other on determinants. The latter consists of two sub-dimensions (labour-market participation and government intervention), and includes three main indicators: number of children in jobless households, in-work poverty and policy impact. The indicators involved in the process are as follows.

- Child poverty risk outcomes: at-risk-of-poverty rate and relative median poverty gap; the difference between the national figure for children and the overall national figure for both the at-risk-of-poverty rate and the poverty gap is calculated, as is the difference between the national figure for children and the EU average for children in the case of the at-risk-of-poverty rate; these three measures are standardised and added together, without weighting, to obtain a score for child poverty risk outcomes.

- Number of children in jobless households: the standardised distance from the national average and the standardised distance from the EU average are added together (as above).

- In-work poverty of children: similarly, the standardised distance from the national average and the standardised distance from the EU average are added together.

- The effectiveness of government intervention, measured by the poverty-reduction effect of social transfers (excluding pensions): only the standardised distance from the EU average is considered in this case.

In each dimension, countries are assessed by their relative performance, using a six-level categorisation: from +++ (highest performance) to – - – (lowest performance).[45] The analysis is completed with some additional characteristics for households with children: household composition, the age of the mother, and the education of the parents.

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[43] European Commission (2008) Thematic study on policy measures concerning child poverty. The EU Social Protection and Social Inclusion, Process Policy studies findings – 10.

[44] This section of the report is based on a paper presented by András Gábos at the ESPANET 2010 conference, Budapest (www.espanet2010.net/en/12/Poverty_and_Social_Exclusion.page) and at the year-one conference of the GINI project, 4–5 February, Milan. Supporting tables and graphs, as well as earlier validations of the analytical framework, can be found in the referenced discussion paper.

[45] For further methodological description and supporting tables, see Annex 1.5 in TÁRKI-Applica (2010).

Table 4.1: Relative outcomes of countries related to child poverty risk and main determinants of child poverty risk

Source: Own calculations based on data from EUROSTAT and EU-SILC 2008 UDB (version 01.03.2010), following the methodology developed by the EU Task-Force (2008).

Note: In each dimension, countries are assessed by their relative performance, using a six-level categorisation: from +++ (highest performance) to – - – (lowest performance).

		Child poverty risk outcomes	Joblessness: children living in jobless house-holds	In-work poverty: children living in households confronted with such poverty	Impact of social transfers (cash benefits excl. pensions) on child poverty
Group A	DK	+ + +	+ + +	+ + +	+ + +
	EE	+ +	+	+	–
	FR	+	+	+ +	+ +
	CY	+ + +	+ +	+ +	–
	NL	+ +	+ +	+ +	+
	AT	+ +	+ +	+ +	+ + +
	SI	+ + +	+ + +	+ +	+ +
	FI	+ + +	+ + +	+ +	+ + +
	SE	+ +	+ +	+ + +	+ + +
Group B	BE	+	–	+ +	+ +
	CZ	+	–	+ +	+ + +
	DE	+ +	–	+ +	+ +
	IE	+	– –	+ +	+ + +
	HU	–	– –	+	+ + +
	BG	– – –	–	+	– – –
Group C	LV	–	–	– –	– –
	LT	– –	–	– –	–
	SK	–	–	–	+
	UK	–	– – –	–	+
	RO	– – –	–	– – –	– –
Group D	EL	– –	+ + +	– –	– – –
	ES	– –	+	– – –	– – –
	IT	– –	+ +	– – –	– –
	LU	–	+ + +	– –	+
	PL	– –	+	– –	–
	PT	– –	+ +	– –	– –

Table 4.1 includes the validation of this analytical framework based on the 2008 data.[46] While, in many respects, the country clusters remain stable, we can register some important changes in the course of the four waves. Four country clusters can be identified.

Group A includes countries with good child poverty outcomes and that are also good performers in all determinant-side dimensions: the Nordic countries (Finland, Denmark, Sweden), Cyprus, the Netherlands, Austria and Slovenia all appeared in this cluster on the basis of the 2005 and 2006 data. On the basis of the 2007 and 2008 estimates, France is also included in this group, and Estonia joins on the basis of the latest figures (both countries having earlier been part of Group B). These outcomes are the result of a combination of three main factors: high labour-market participation of parents, low in-work poverty and effective income support.

High labour-market participation of both parents is the key factor behind good outcomes in most of these countries. In Denmark, Finland, Sweden, Cyprus and Slovenia, children live predominantly with two-earner couples. In Denmark and Finland, the share of children with one parent working full time is also considerable; in Cyprus and Slovenia, the 'single-breadwinner' arrangement is still widespread. In the Netherlands, the role of the second earner in a part-time job is dominant, and it is not common to have both parents in full-time employment. As an outlier, in Austria the 'single-breadwinner' model is dominant, with high earnings and income support compensating for the lack of a second earner (though it is also not uncommon to have one full-time and one part-time earner).

In the Nordic countries, France and Slovenia, childcare provisions are a great help to parents participating in the labour market. Social transfers in Group A countries are not specifically targeted at children – only in France and Austria are they preferred by the benefit system; however, the effectiveness of transfers is generally high, apart from in Cyprus and Estonia.

Only in the Nordic countries of Group A (Denmark, Finland and Sweden) is the share of children living in single-parent families considerably higher than the EU average; most of these children have a parent (mostly the mother) in full-time employment and experience the lowest risk of poverty in the European Union for such single-parent households. Nor are children in large families at high risk of poverty in these countries – except for in the Nether-

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[46] The validation closely followed the methodology described in detail in EU Task-Force (2008). However, we cannot exclude the possibility of minor biases. We are aware of three deviations. First, not being part of the publicly available EU-SILC dataset, Malta can be assessed in only three of the four dimensions considered in this analysis. Second, France is also not part of the EU-SILC 2008 UDB, therefore figures on in-work poverty for this country are from 2007. Third, data on joblessness in Sweden were taken from the EU-SILC dataset, the jobless status of household members being estimated according to the ILO definition.

lands, where they not only experience close to the EU average risk of poverty, but also account for almost half of all children with income below the poverty line.

Group B includes countries with high numbers of children in jobless households and low in-work poverty: Belgium, Bulgaria, the Czech Republic, Germany, Ireland and Hungary. This group shows a considerable level of fluctuation. Slovakia and the United Kingdom were part of it during the last wave, while both countries were included in Group C according to the first validation using 2005 data (EU Task-Force 2008).

Within this group, Germany and Belgium have above-average child poverty outcomes, though no country (excepting Bulgaria – see below) performs really badly in this respect (not even Hungary, where the risk of poverty among children relative to the overall population is the reason for the slightly above-average aggregate outcome). One explanation could be that relatively effective income supports in almost all these Member States (the Czech Republic, Ireland and Hungary, as well as Belgium and Germany) result not only in a considerable reduction in the extent of poverty, but also in narrower-than-average relative median poverty gaps. Also, some countries perform well in the field of in-work poverty, resulting in levels of poverty incidence that are lower than the EU average (Belgium, the Czech Republic and Germany).

According to the analysis, Bulgaria, too, belongs in Group B, but it differs from the other countries in the group in many respects. First, unlike the other group members, Bulgaria performs badly in the dimension of government intervention: Bulgarian income support is one of the least effective in the European Union. Secondly, in part because of the ineffectiveness of cash transfers, Bulgaria shows very poor child poverty risk outcomes (the worst in the EU after Romania). However, since its performance is slightly above average in terms of in-work poverty, the country has been included in Group B instead of Group C, in order to establish country clusters that clearly differentiate between the key challenges that Member States face in this respect.

In some of these countries, joblessness is closely related to living in a single-parent family. In Belgium and Ireland, the share of children with lone parents is high; furthermore, in these two countries, those parents are also highly likely to be jobless. On the other hand, in Hungary, joblessness and weak labour-market attachment mainly affect children in large families, and this is compensated for by generous income supports (mostly cash family benefits).

Group C consists of Member States with below-average performance in all dimensions. Poor outcomes are rooted mainly in the inadequate labour-market participation of families with children, and we might also observe that in these countries income support largely fails to prevent children from staying poor. The members of this group include Latvia, Lithuania, Slovakia,

the United Kingdom and Romania. Group C is the group that is most changed from the previous wave of validation (2007 data): the TÁRKI-Applica report (2010) found that Latvia and Lithuania were the only countries with poor performance in all dimensions. Latvia and Lithuania were in Group D on the basis of the 2005 and 2006 data (EU Task-Force 2008; EC 2008). According to the first validation, the group contained Hungary, the UK, Slovakia and Malta (which is not included in the present exercise). Romania, appearing for the first time, is included in Group C according to our analysis.

It is no accident that Slovakia and the United Kingdom seem to oscillate between groups. The two countries differ substantially from the other members of this group. First, their outcomes are – although in the negative range – better than those of the others. Secondly, their performance is slightly positive when we look at the effectiveness of cash transfers.

Group D includes countries with poor poverty outcomes and where children experience high levels of in-work poverty, but where their share in jobless households is low. The group features all the Southern countries (Greece, Spain, Italy and Portugal), Luxembourg and Poland, all of which have stayed in the same cluster throughout the validation waves. In earlier validation exercises, Latvia and Lithuania were also in this group, but they have now shifted to Group C.

None of the countries in this group have child poverty outcomes near (or above) the average. In fact, these Member States have the worst performance in this respect. Not only is the extent of poverty high, but the poverty gap is likewise wide.

High levels of in-work poverty can be attributed to the high proportion of children in single-breadwinner households, and to the high risk of poverty among them. In all Member States concerned, the share of children in families where one parent works full time while the other is not in employment exceeds 40% of all children at risk of poverty, and they even account for the majority of such children in Italy, Spain and Greece. In Portugal, the high presence of mothers in the labour market (partly facilitated by the childcare services available) results in a relatively low share of all children with only one parent in employment – but also, next to Spain, in the highest risk of poverty for such children (*see Figure 2.5*).

In countries where joblessness is identified as a key challenge, the problem is mostly associated with single-parent households. By contrast, in Group D Member States, in-work poverty is generally related to couples with at least two dependent children; the share of children in single-parent families among those at risk of poverty is low, despite the high risk of poverty among them. In most of these countries, it is the children in households of couples with three or more dependent children that are most severely affected – apart from in Greece, where those in households with two dependent children face a similar risk of poverty as children in large families, accounting for

more than half of all children in poverty. In Luxembourg, children in single-breadwinner households form not only the largest group of all children, but also the largest among those at risk of poverty. There, the main difference between it and the other countries in the group is the extremely high risk of poverty (the highest in any Member State) faced by children in single-parent families and the relatively high proportion of them among those at risk of poverty, even though the share of all children in such households is lower than the EU average and there is a high level of participation of single parents in the labour market.

4.2 Child well-being monitoring framework: summary of country performances based on the policy marker report cards

In this section we present an instrument that aims to provide an *overall* picture of child well-being in the Member States, and therefore goes beyond the analytical framework of the EU Task-Force in terms of dimensions and indicators considered. Though the set of indicators suggested in Part 1 builds on previous steps of the child mainstreaming process within the European Union, this framework is at a very early stage in development. Further work on indicator development needs to be done for several items, as is discussed in more detail in Part 5 of this report. This framework is also not as concise or compact as the EU Task-Force analytical framework, and therefore further analytical experience is required to interpret all the information in an efficient and balanced way.

Table 4.2 encapsulates the child well-being monitoring framework.

Assessing relative country performance – further methodological details

As was noted above, the framework builds on the country relative performance exercise described in Part 3, when we presented the policy marker report cards. In Table 4.2, Member States are ranked according to a weighted average of their performance in each dimension and for each available indicator. For each Member State, this average is calculated according to the following formula:

$$\text{Weighted Average} = (3 * N_{\text{VERY HIGH}} + 2 * N_{\text{HIGH}} + 1 * N_{\text{MOD. HIGH}} + 0 * N_{\text{AVERAGE}} + (-3) * N_{\text{VERY LOW}} + (-2) * N_{\text{LOW}} + (-1) * N_{\text{MOD. LOW}}) / N_{\text{items}}$$

Some indicators are excluded from the ranking exercise. There are two reasons for this: either data availability is poor, or else one issue is covered by more than one indicator. The rationale behind excluding indicators for the former reason is that we seek to assess country performance on the basis of indicators that are available for the *greatest number* of Member States. As for the latter reason, we deliberately wanted to avoid double-weighting of an issue. Thus the following indicators were excluded:

- A1.3: Persistent poverty. Poor data availability.
- A2.1: Material deprivation. The integrated child well-being portfolio includes two alternative indicators of material deprivation: 'material deprivation' and 'severe material deprivation'. To avoid double-weighting an indicator, we dropped the primary indicator of 'material deprivation'. In choosing 'severe material deprivation', we reflect the ongoing process to monitor the Europe 2020 poverty target.
- A4.1: Children in jobless households. The issue at stake is similar to that of material deprivation, as is the solution we propose.
- B1.2: Low reading literacy performance of pupils aged 10. Poor data availability: in nine countries the PIRLS survey was not conducted in 2006.
- B2.2a–c: Vaccination in children. Allowing three items on the same issue would have grossly overstated its role within the overall picture. We rejected both the option of choosing just one of the three indicators (given the nature of the problem, even relying on expert opinion could not ensure that the correct decision was taken), and of combining them in a single indicator (by taking the average, for example).
- B2.4: Exclusive breastfeeding. Poor data availability: there are comparable data for only ten countries.

The results on country relative performance for all excluded indicators are provided in the bottom section of the table, keeping the same ranking of countries as in the top section.

It should be underlined that the definition of 'high' and 'low' performance does not guarantee any sort of 'balanced' distribution across countries. The method of z-scores we applied (the standardised distance of the country average from the international average calculated on the basis of the available EU countries) takes account of the distribution of the given 'good' across European children, while the cut-off points we established also aimed at identifying natural country groups for that particular indicator. But even so, some indicators give an 'unbalanced' picture. This is most acute for some of the health indicators, for which most countries are average or near-average performers, with a few low or very low performers (as is the case with infant mortality or vaccination, for example).

Table 4.2: Country performances across dimensions and indicators of child well-being in the European Union

Code	Indicator	RO	BG	LV	LT	HU	SK	EL	PL	UK	CZ	MT	PT	IT	ES	EE	DE	FR	AT	IE	BE	SI	LU	DK	FI	NL	CY	SE
A1.1	Poverty rate	---	---	---	-	-	+	-	-	-	++	-	-	-	-	-	+	+	++	0	+	++	-	++	++	+	++	++
A1.2	Poverty gap	---	---	---	-	+	-	-	0	+	0	++	-	-	--	+	+	+	+	++	0	+	+	+	++	++	+	+
A2.2	Severe material deprivation	---	---	---	-	---	0	0	-	0	+	+	0	0	+	+	+	+	+	0	+	+	+	+	+	+	+	+
A3.1	Housing costs overburden	-	+	+	+	0	0	---	+	--	0	+	0	0	-	+	+	++	+	+	+	+	+	+	+	-	++	+
A3.2	Overcrowding	---	---	---	---	0	-	0	--	+	-	+	0	0	+	-	+	+	+	+	+	-	+	+	+	++	++	+
A4.2	Low work intensity	0	-	+	+	+	+	+	-	---	0	-	0	0	+	+	-	..	0	---	-	+	+	+	+	+	+	+
A4.3	Childcare	--	-	-	-	+	---	-	---	+	--	-	+	0	+	0	-	+	-	0	+	+	+	+++	0	++	0	+++
B1.1	Low reading perf. – 15 y	---	---	+	-	+	0	0	+	+	-	..	+	0	0	+	+	0	-	+	+	0	-	+	++	+	..	+
B1.3	Early school-leavers	-	0	0	+	+	++	0	++	-	++	..	---	-	---	0	+	0	+	+	+	++	-	+	+	+	..	+
B1.4	Pre-school enrol. – 4 y	0	-	0	---	+	-	---	---	+	0	..	0	+	+	+	++	++	0	----	+	0	0	+	---	+	..	+
B1.5	Educational deprivation	---	---	-	-	-	0	---	+	0	+	0	+	+	0	+	-	+	+	-	+	++	+	++	0	0	0	0
B2.1	Infant mortality	---	---	-	-	-	-	+	-	0	+	+	+	+	+	0	+	+	+	0	+	+	+	+	+	0	+	+
B2.3	Low birth weight	-	--	++	++	---	-	---	+	-	-	0	-	0	---	++	0	0	-	+	-	0	++	0	++	0	..	++
B2.5	General life satisfaction	-	--	---	---	-	0	+	---	-	-	..	-	-	++	0	0	0	+	+	++	0	0	++	++	+++	..	0
B2.6	Oral health	---	0	-	---	-	0	---	0	+	+	..	-	+	0	0	++	0	++	0	-	-	+	++	---	++	..	++
B2.7	Eating fruit every day	+	++	-	---	0	++	-	-	+	+	+	++	+	0	-	+	-	+	+	+	---	+	+	----	0	..	0
B2.8	Eating breakfast every school day	--	+	0	0	-	---	---	0	+	--	---	++	0	++	0	+	+	-	+	+	-	0	++	+	++	++	++
B2.9	Physical activity	-	+	+	-	0	-	-	-	0	+	-	-	-	0	-	-	---	0	++	0	+++	-	0	0	+	..	-
B3.1	Teenage birth	---	---	-	-	-	-	+	0	--	+	-	0	+	0	-	-	+	+	0	+	++	+	+	+	++	+	+
B3.2	Daily smoking	0	--	--	0	-	0	+	++	+	-	++	++	-	--	0	-	+	--	+	+	0	..	0	0	0	++	++
B3.3	Regular alcohol use	+	-	+	+	+	-	0	+	-	-	---	0	+	+	+	-	0	---	+	+	+	..	-	++	-	0	++
B3.4	Heavy episodic drinking	++	-	--	+	+	-	+	+	--	-	---	--	+	++	--	..	0	..	..	+	-	..	++	++	..	++	+
B3.5	Illicit drug use	++	0	0	0	+	---	++	+	-	----	+	+	-	---	-	0	---	0	0	-	0	0	-	++	-	++	++
B3.6	Tranquilliser use	+	+	-	---	---	---	++	0	+	-	+	---	0	-	+	++	---	0	-	+	+	..	+	+	0	..	-
A1.3	Persistent poverty	..	..	-	-	0	0	-	--	..	..	-	..	..	--	-	++	..	++	..	+	+	-	..	++	+	++	..
A2.1	Material deprivation	----	---	---	0	---	-	0	-	+	+	0	-	0	+	0	+	+	+	0	+	+	+	++	+	++	0	++
A4.1	Joblessness	-	-	0	-	---	0	++	0	---	0	-	+	0	+	+	+	0	+	---	-	++	++	++	0	+	++	0
B1.2	Low reading perf. – 10 y	---	0	+	+	+	0	..	--	-	..	-	+	+	--	..	+	-	+	..	0	-	+	+	----	++	..	+
B2.2a	Vaccination – DTP3	..	0	+	+	+	+	+	+	-	+	+++	0	..	0	0	---	+	----	0	+	0	+	+	+	+	+	+
B2.2b	Vaccination – MCV	+	+	+	+	+	+	+	+	--	0	---	+	---	+	+	---	-	----	-	0	+	+	+	+	+	---	+
B2.2c	Vaccination – Pol3	..	0	0	+	..	+	+	0	..	+	+++	0	0	0	0	---	+	----	0	+	0	..	0	+	0	+	+
B2.4	Exclusive breastfeeding	+	..	..	..	++	++	..	..	..	+	..	+	0	-	..	..	..	..	..	..	..	..	..	..	-	---	---

Source: Own classification based on the indicator portfolio suggested in Tables 1.1 and 1.2 and on the policy marker report cards presented in Part 3.

Notes: The methodology of evaluating relative performance is presented in Part 3 of this report. Countries ranked by a weighted average of performance achieved in each dimension and for each indicator shown in the top section of the table. Indicators in the bottom section of the table (A1.3, A2.1, A4.1, B1.2, B2.2a–c, B2.4) were not part of the ranking exercise.

Assessing the relative performance of Member States in a comparative framework – an overview

One of the main findings to emerge from Table 4.2 is that there are no countries where the situation facing children is perfect. Even in those countries where positive signs predominate (such as SE, FI, DK, LU and NL, where around 20 (or more) indicators out of the 32 show a positive performance relative to other countries), there are some dimensions on which performance is low (SE: 2, FI: 3, LU, NL: 4). By the same token, even the least well performing countries have some positives (for example Romania, which boasts seven high-performance indicators alongside its nineteen low-performance ones). Thus, there is always room for improvement.

The distinction that is drawn between material resources and non-material child outcomes may serve as a basis on which to analyse how the former may affect the latter at the country level. Table 4.2 suggests that there is a positive correlation between the two: countries in which the material well-being of children is better are also likely to perform well in the non-material dimensions. However, one might also argue that the overall picture is more complicated and puzzle-like.

To gain a clearer picture, we prepared charts (*Figures 4.1a–c*) that plot overall performance across all material well-being dimensions against the performance on each of the three main dimensions of non-material well-being: education, health and risk behaviour. A composite measure of material well-being has been prepared by adding up the z-scores previously calculated for all material well-being indicators in the top section of Table 4.2 (seven in total). The same has been done separately for education (four individual indicators), health (seven individual indicators) and risk behaviour (six individual indicators). The distribution of countries according to this composite measure is presented in Figure A1 in the Annex.

It is mainly the Nordic and Continental countries that are to be found in the positive half of the distribution. Two of the Nordic countries (Sweden and Finland) are positioned at the positive end of the range, along with Cyprus. Denmark, the Netherlands and France also show very good performance across the dimensions of material well-being. The position of both Denmark and the Netherlands suffers somewhat on account of the high housing costs overburden rate. The position of France might be biased, since data for persistent poverty and children in low work-intensity households are missing.

These countries are followed by a group of still good performers. Slovenia is by far the best player among the new Member States when the material well-being of children is considered. However, a relatively high figure for the overcrowding rate is a feature of the housing dimension of children's material well-being in Slovenia. Luxembourg's generally good performance is weakened by moderately high levels of poverty risk among children, ac-

cording to both a cross-sectional and a longitudinal approach. The next group of countries, which have a moderately positive score on aggregate material well-being, includes Austria, Malta and Belgium. These countries do have some shortcomings, however. In both Austria and Belgium, the position of parents on the labour market is comparatively weak in cross-EU terms. (Interestingly, although the two countries have similar work-intensity outcomes, their levels of childcare availability are very different.) Also, the poverty gap estimated for Belgian children is wider than the EU average. Malta is characterised by lower than average performance for the poverty risk facing children, observed both cross-sectionally and persistently, over time. Finally, two other countries – Ireland and Estonia – figure in the positive range of the distribution of the aggregate material well-being measure, but their scores are close to the average. Ireland performs poorly in the labour-market attachment dimension, while child poverty outcomes are negative for children in Estonia, as measured by the at-risk-of-poverty and the at-persistent-risk-of-poverty rates.

The Southern countries and the new Member States make up the group of negative performers in the dimensions of material well-being, along with Germany and the UK. For some of these countries, overall performance, although negative, is very close to the average. These include Italy, Germany, Portugal, Spain and the Czech Republic. While Germany performs better than average on four of the seven individual indicators, its position is severely affected by its high housing costs overburden rate, as well as by the relatively high inactivity of mothers. High rates of overcrowding and low availability of childcare facilities affect the performance of Czech children. Italy performs close to the average on almost all the indicators, but it has a moderately negative performance for the at-risk-of-poverty rate and the relative median poverty gap. For Spain, very low performance in the country's income position is balanced somewhat by positive outcomes in terms of material deprivation and labour-market attachment of the household.

A relatively large group of countries show a negative performance on aggregate in the field of material well-being – mostly new Member States (Latvia, Lithuania, Hungary, Poland and Slovakia), but also Greece and the UK. The position of children in those EU-10 countries is affected mainly by the poverty risk outcomes, the severe material deprivation rate and the overcrowding rate. In the United Kingdom, the decidedly negative scores for housing costs overburden and children in low work-intensity households is balanced somewhat by moderately positive scores for the median poverty gap, overcrowding and childcare. Greece shows a negative performance on almost all individual indicators. At the most negative end of the range we find the extreme cases of Bulgaria and Romania. It is only on the housing costs overburden indicator that Bulgaria can be assessed positively; in all other dimensions, these two countries perform badly.

A brief summary of the main findings based on the three material resources/non-material outcomes two-way charts is as follows.

Material well-being and education. At the level of Member States, education shows a clear, statistically significant and strong correlation with material well-being (an estimated R^2=0.54 based on the regression line). The top-right quadrant of Figure 4.1a includes Member States that show a consistent performance across the two analysed dimensions (material well-being and education). The Nordic countries, the Benelux states, Estonia, France, Austria and Slovenia show a higher than average performance in both. From this group of countries, Denmark and the Netherlands excel as the best performers in the dimension of education. Belgium, Slovenia and Estonia also score high in the field of education. Moreover, Estonia and Slovenia perform much better than their position in the field of material well-being would predict. By contrast, the aggregate measure of education is considerably lower in Sweden, Finland and Austria than might be expected on the basis of the material well-being performance of those countries.

Germany, the UK, Italy and the Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia) are placed in the low–high quadrant of the chart. Children in these countries perform well in the field of education, but their material well-being is below the average for the European Union. All these countries score higher than we would estimate on the basis of their position on the material well-being dimension. Among them, Germany and the Czech Republic are the best performers: their score is close to the highest scores registered across all countries. On the other hand, if we consider its position relative to the regression line, we see it is Hungary that most exceeds its expected performance.

The other inconsistent position in the two-dimensional figure (a high score in the material well-being dimension and a low score in education) is that of Ireland. Its performance in the field of education is a long way from what one would expect on the basis of the country's position on the dimension of material well-being. The main reasons for this low educational score are the low levels of pre-school enrolment at age 4 and the high rates of educational deprivation.

The three remaining Southern countries (Greece, Spain and Portugal), the two other Baltic states, plus Bulgaria and Romania all perform badly in both dimensions. Of these, Bulgaria and Romania perform worst on both material well-being and education. Greek children score much lower on education than their average material well-being index would predict, while Latvian children score higher.

We must note that this short analysis does not attempt to isolate the role played in these outcomes by the education system.

Material well-being and health. The relationship between the performance of European countries in the dimensions of material well-being and

health is presented in Figure 4.1b. The direction and the strength of this correlation is similar to that observed previously for material well-being and education (R^2=0.56). The cluster of consistently good performers is very similar to what we found in the case of education. However, some important differences should be mentioned. Among Member States with the highest aggregate material well-being scores, the position of Denmark, the Netherlands and Finland is basically the same in both the education and the health dimensions, but France performs much better on the former: on the health dimension the position of French children is even worse than the average, placing the country, together with Malta, in the bottom-right quadrant (low–high performance) of the chart. Both countries score much lower than one would predict from their material well-being scores. Ireland should also be mentioned here: while the performance of Irish children was lower than average on the education dimension, their health status and healthy behaviour put them among the best performers across the EU.

Germany, the UK and three Southern countries (Spain, Italy and Portugal) are in the top-left quadrant of the two-dimensional figure, with – rather surprisingly – the UK and Germany as the worst within-group performers. However, the differences are not considerable.

While the Czech Republic appears in the bottom-left section of the chart, its position is very close to the origin. Low–low performance is shown by the other new Member States (apart from Estonia and Slovenia), together with Greece. On the health dimension, Romania is by far the worst performer, while, in terms of their health status and healthy behaviour, Bulgarian, Polish and Slovakian children are placed slightly ahead of Greece, Latvia, Lithuania and Hungary.

As with our analysis of educational performance in relation to material well-being, we should bear in mind that the analysis of the health dimension does not attempt to isolate the role played in these outcomes by the health system.

Material well-being and risk behaviour. In contrast to education and health, no macro-level correlation has been found between material well-being and socially risky behaviour among children in the EU (R^2=0.06). While Sweden, Finland and Cyprus, as best performers in the field of material well-being, also perform extremely well when we look at teenage pregnancy, smoking, alcohol and drug use, other countries with similar material well-being scores (Denmark, France, the Netherlands and Austria) are among the worst performers on the risk behaviour dimension. We can find similarly large differences at the other end of the material well-being range. While Greece, Romania and (to a lesser extent) Poland and Hungary score well above average on the risk behaviour dimension, Bulgaria, Latvia, Slovakia and the Czech Republic are the worst performers of any Member States.

THERE IS A SIGNIFICANT CORRELATION BETWEEN MATERIAL WELL-BEING ON THE ONE HAND AND EDUCATION AND HEALTH PERFORMANCE ON THE OTHER. THIS IS NOT THE CASE FOR RISK BEHAVIOUR.

The above analysis combines cross-country and country-level evaluation. Obviously, this kind of evaluation should go into much more depth for each and every country. Our aim here is to show that the child well-being monitoring framework based on the policy marker report cards can provide a useful tool for a balanced evaluation of the situation facing children in various countries, and that, with the help of these cards, regular policy feedback can become a feature of the monitoring framework.
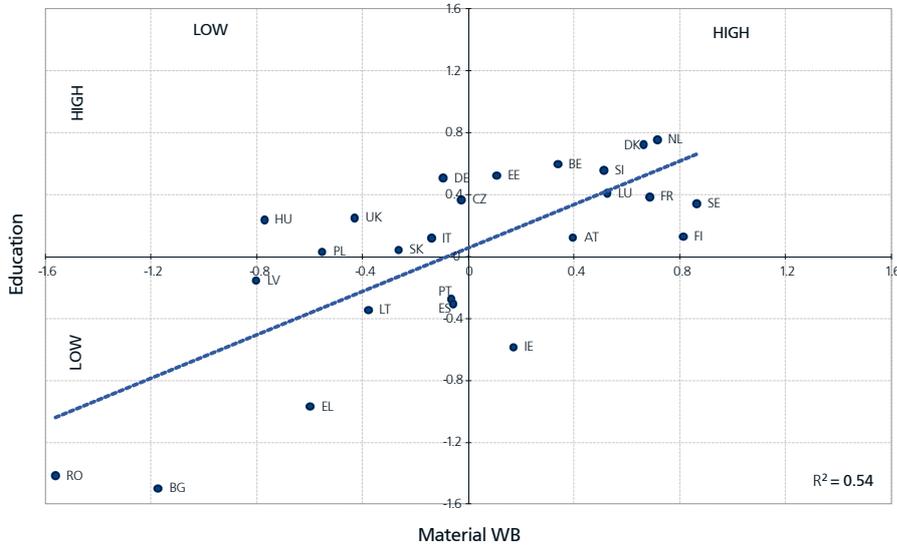
Figures 4.1a–c: Non-material child well-being outcomes (education, health, risk behaviour) and material resources, EU-27

Source: Own estimations following the methodology described in section 4.2 of this report.

Notes: CY and MT are missing from Figure 4.1a due to the lack of data for all indicators considered in the (B1) Education dimension. The same holds for LU in (B3) Risk behaviour (Figure 4.1c). CY has been dropped from Figure 4.1b, since its performance would have been evaluated using only one indicator (B2.1 Infant mortality) out of seven in (B2) Health dimension, due to lack of data for others,
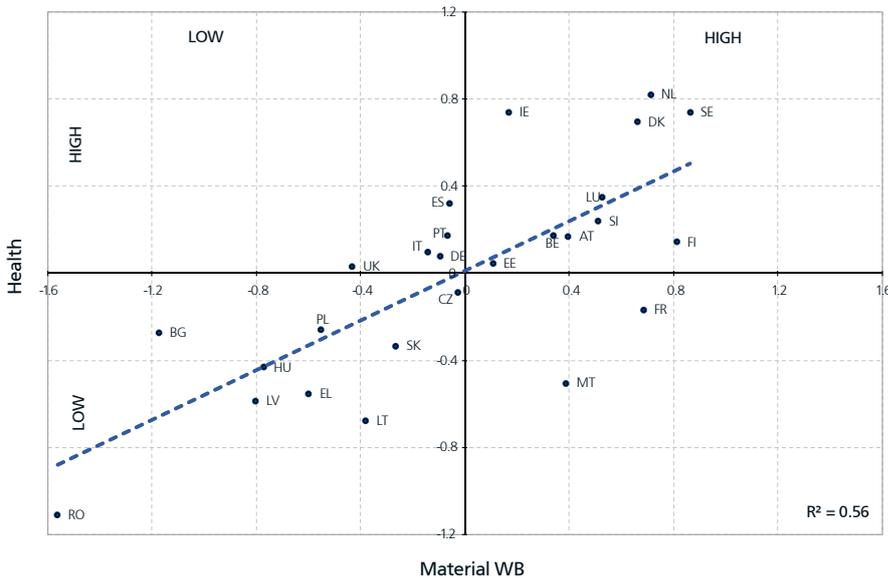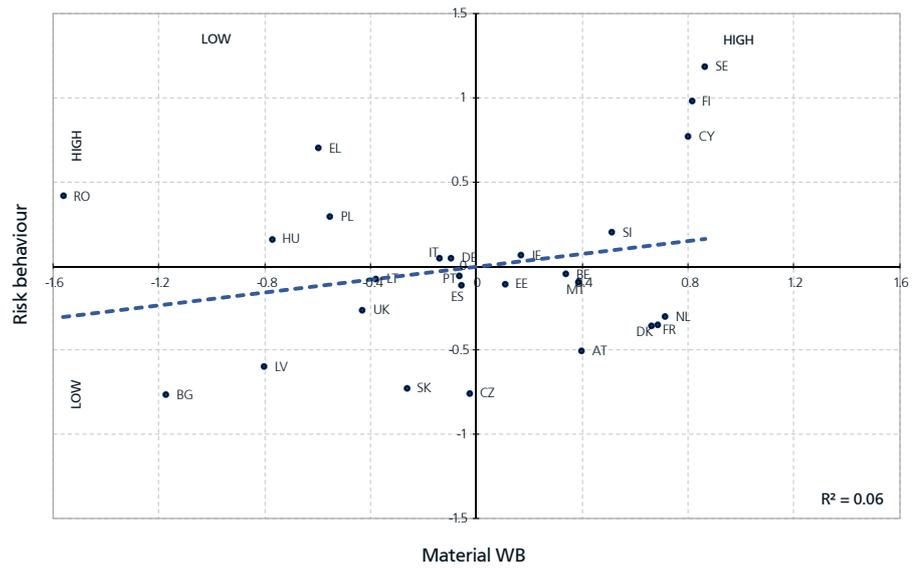
5. SUGGESTIONS FOR THE WAY FORWARD

As we mentioned in the introductory part of this report, our proposal for an integrated child well-being indicator portfolio, which builds solidly on preceding works in the field (EU Task-Force 2008, TÁRKI-Applica 2010), seeks to provide a 'value added' to the indicator-development process within the Social OMC. However, we also highlighted the fact that, while we consider the current proposal to be an important step towards achieving a workable child well-being monitoring framework, neither the suggested integrated portfolio nor the monitoring tools proposed on the basis of it are anywhere near to being completely integrated into the framework of the Social OMC. Further work needs to be done in three main areas: (1) indicator development, (2) monitoring and reporting and (3) further exploration of data infrastructure.

Steps to be taken in indicator development

We can distinguish six types of intervention that would take forward the indicator-selection process. Specific recommendations at the level of each indicator are summarised in Table A1 in the Annex.

- There are a number of suggested indicators and breakdowns for which certain *refinements* and *validations* should be continued. First among these would be the indicators of material deprivation and housing.
- In certain cases, the *existing indicators should be replaced* with others, once better and more harmonised data are available.
  - The *child-specific indicators of material deprivation* are one such. There is a need here to explore the thematic EU-SILC 2009 module on material deprivation, and particularly the child-specific sub-module. A child-specific material deprivation module would provide better information on the resources that are directly available for the development of the child than do the existing indicators, which are general for all members of the household. One or more such indicators (to be regularly monitored on the basis of the EU-SILC data) would best replace the suggested educational deprivation indicator (B1.5).
  - *Outcome-based indicators* should replace input-based indicators wherever they are available. Pre-school enrolment at age 4 is used as a proxy here for cognitive and psycho-social development in the early phase of childhood. When such results – based on standardised and EU-wide data collection – come to be available, they would replace the existing input-based indicator, which would be better fitted as a contextual indicator (see below).
  - Similarly, if widely available, harmonised and good-quality *objective data* are available, they should replace existing subjective indicators in the non-material dimensions. For example, the incidence of dental decay would be more suitable for policy intervention and monitoring than whether or not tooth-brushing took place. Also, if a Body Mass

Index based on objective measurement rather than on self-reporting were available, overweight could be included in the suggested portfolio.

- Additional work to supplement the existing set of *breakdowns* should be undertaken. While this report takes an important step forward by adding breakdowns based on the socio-economic status of parents and by strengthening the equity aspect of indicator selection, we are still a long way from having this across the entire portfolio. Also, certain other important factors that shape well-being need to be considered. Above all, we should mention the ethnic and the regional/territorial dimensions. Unfortunately, ethnicity is not observed at the level of microdata, while standardised survey data do not really make it possible to undertake any statistical analysis below the NUTS-2 level (and in some cases statistical robustness is also a problem).

- For two specific dimensions of non-material well-being, the indicator-development process needs to be enhanced: (B4) *social participation* and relationships, family environment and (B5) *local environment*. We have limited the scope of this report to the education, health and social risk behaviour dimensions of non-material well-being, but the need to complete the portfolio with the other two is compelling. In our view, a strong emphasis should be placed on the role of social capital in the present well-being and later performance of children, once these two dimensions are further explored. General life satisfaction (B2.5 in the suggested portfolio) should be moved to B4 once the latter is completed.

- Beyond the already specified dimensions of child well-being, a specific focus should be put on the *most vulnerable*: migrant children (both unaccompanied minors and children of migrant families), children from an ethnic minority background, children with a disability (or whose parents are disabled) and children in or leaving institutions.

- A set of *contextual indicators* (in line with the practice of other Social OMC indicator portfolios) needs to be defined for the child well-being portfolio. These contextual indicators should reflect some structural aspects of children's lives (e.g. their population share, their distribution across the main socio-demographic factors), as well as the institutional environment in which they live (e.g. the level of child-related expenditure, the availability and quality of education, health and social services).

Monitoring and reporting

Building on the suggested indicator portfolio, this report has developed and presented two instruments for monitoring child well-being and identifying key challenges for policy intervention at the level of Member States. The first tool, the *policy marker report card*, provides a descriptive analysis of the

situation facing children in a Member State, but at the same time also provides a performance appraisal against the achievement of other countries and the EU average. The second instrument, the *child well-being monitoring framework*, focuses exclusively on each country's relative performance in the European context, and goes further by grouping Member States in terms of the main challenges they face in the field of child well-being. This allows a context to develop, whereby national governments compare themselves to *achievements* rather than to *one another*. In this respect, both instruments are very much in line with other Social OMC instruments (developed within the European Commission), represented, for example, by the child poverty analytical framework of the EU Task-Force report (2008) or the Joint Assessment Framework recently developed by the Indicator Sub-Group of the SPC in connection with the Europe 2020 poverty target monitoring process. Our suggestions for the way forward in this respect are as follows.

- There is a need to minimise the overlap between the *existing analytical frameworks*, but also to take advantage of the value added each of them brings to the whole child mainstreaming process.

- Neither the content nor the structure of the *policy marker report cards* is quite complete at this stage. There is a need to devote further resources to *upgrading* the scheme in terms of its scope and analytical capacity, in line with the suggestions of this current report and based on the feedback of various stakeholders.

- The process of selecting *lead indicators* needs to be further improved and validated. Not only does the idea of lead indicators pursue the goal of providing a simplified, yet comprehensive summary of the situation facing children in a particular country, but it could also be viewed as an important step within the Social OMC indicator-selection process if the idea of an integrated child well-being indicator portfolio does not win support within the Social OMC process.

- The evaluation methods that have been drawn up in this report (the benchmarks, the averages, the thresholds) need to be further refined and calibrated, based on stakeholder feedback and on later validation waves.

- A great deal of work still needs to be done to improve the *country-specific data gaps*. For most of the indicators, though it was our intention to do so, it proved impossible to cover all 27 Member States. For a few indicators for which country coverage was extremely limited (e.g. persistent poverty, low reading literacy performance of pupils aged 10, exclusive breastfeeding), we decided to forgo using the data that were available at this stage. That is not to say that these indicators are not needed – quite the contrary. There is a real need to extend them to the other countries, so that we can have a meaningful 'country universe' on which to draw comparisons.

- It is important to stress that the monitoring of child well-being using the suggested tools cannot be fully delegated to Member States. *Professional control* of the whole exercise must be maintained in order to ensure data definition, cross-country harmonisation, validation, etc. Also, continuous interaction between Member States, data providers and those doing the monitoring is indispensable.

Data infrastructure

The indicator-selection process and the monitoring itself should not be exclusively data driven (i.e. bound by the already existing datasets and data-collection exercises). We think it highly advisable that continuous efforts should be devoted to improving data infrastructure. In this respect, the recommendations and summary statements of TÁRKI-Applica (2010) are all relevant and timely. We replicate most of them here.

- Wherever possible, we have tried to use the most relevant datasets for the various domains and indicators. Especially for the non-material indicators, it required a fairly substantial investment of energy to gain access to some of the *micro datasets* that are not yet part of the EU monitoring processes. Undoubtedly, the investment was worth it. The use of micro-data from HBSC and ESPAD (via the involvement of contracted experts), as well as the utilisation of PISA, clearly opened up new vistas for the monitoring of child well-being in the EU. We therefore suggest that further attempts to ensure continuous access to these datasets would be beneficial in future.

- Despite the fact that we relied heavily on several datasets in this study, there is still a need to have *substitute datasets* wherever possible – at least in the national context. The encouragement and support of individual Member States for alternative datasets can help monitoring be more timely and balanced, and can also help ensure quality control over EU-level datasets. This is important for the regular cross-country comparisons, but is also vital to ensure balance in and improvement of the policy marker report cards.

- Despite the wealth of available datasets, there are still some *serious data gaps*. For many domains listed in the text, alternative sources are needed. There is a crying need for instruments that are better suited to such issues as the situation facing the children of *migrants* and *minority ethnic groups* (like the Roma, in particular), and that can explore the status of those categories of children *who do not generally show up in national/ international surveys* – e.g. children in institutions; victims of violence, crime and trafficking; children affected by addiction problems; etc. The problem of the lack of comparable data on institutionalised children is particularly acute. So as to improve this situation and obtain a more bal-

anced and complete picture, a group of particularly vulnerable children should be included.

- A very specific and vulnerable group of children in a number of Member States are those in *Roma* families. To identify the situation in a comparable way and to help countries set national targets if they so wish, agreed guidelines on data collection could be approved and comparative data collection launched. Given the inadequacy of most established surveys in monitoring the situation of Roma and migrant children, this would appear to be a task of some urgency.

- More reliance on *panel data* could also be encouraged. The rotating features of EU-SILC could be better utilised. However, it should be made clear that analysis of the long-term development of children and monitoring of truly outcome-based indicators both require monitoring over a far longer time period than could ever be offered by the rotating panels of EU-SILC. Therefore, it could prove very useful to explore the possibility of better panel datasets for the monitoring of child well-being.

- Non-EU-SILC-based indicators could also include administrative and register data. This should be encouraged, though for *administrative data* the reflection of socio-economic background is problematic. Areas where a greater reliance could be placed on harmonised administrative data include crime statistics and contextual data on local neighbourhoods where children live. For some of the non-material elements of well-being, statistical data provision lags behind statistics for material well-being. In the case of, for example, crime statistics or children in institutionalised care, further improvements could be encouraged.

- In addition, we suggest that the revision of EU-SILC, which is now due, should be child-sensitive. In order to proceed with this, a group of stakeholders and researchers on child poverty and well-being could be invited to participate in a *special workshop* to improve and complete the core EU-SILC questionnaire, once the first round of analyses based on EU-SILC 2009 (including the specific module on material deprivation) becomes available.

* * *

The authors hope that the findings of this report will be instrumental in helping decision-makers develop better and more comprehensive indicator systems of child well-being for the Member States of the European Union. The indicator-development process does not end, however. Data are necessary for informed decision-making, and informed decisions change the context for policies and policy evaluations. This process of trial and error helps produce better knowledge of the challenges and more effective policy mixes – hopefully to the ultimate benefit of all, but most importantly to the benefit of children and future generations. We are proud to have the chance to contribute with this study.

This report and all supporting documents (including Annexes) are available online at: www.tarki.hu/en/

ANNEX
COMPLEMENTARY TABLES FOR THE MAIN TEXT OF THE REPORT

Table A1: Definition of main indicators of child well-being

	Indicator	Definition	Methodological and data issues	Specific recommendations
A1. Income poverty				
A1.1	At-risk-of-poverty rate	Share of persons with an equivalised disposable income below 60% of the national equivalised median income. Europe 2020 poverty target indicator.	Source: EUROSTAT/EU-SILC. Countries missing from the EU-SILC 2008 UDB: FR, MT. All member states are covered in EUROSTAT data. EU-SILC survey is conducted every year. The survey is based on a highly harmonised methodology and question-naire. Includes a rotating panel module, as well as thematic modules.	To be analysed together with: - at-risk-of-poverty threshold - relative median poverty gap - at-persistent-risk of poverty rate - at-risk-of-poverty rate of the overall population - at-risk-of-poverty rate before transfers - severe material deprivation and share of children in low work-intensity households (Europe 2020 poverty target). To provide results and analysis on the composition of children at risk of poverty by household type and work-intensity of household.
A1.2	Relative median poverty gap (%)	Difference between the median equivalised income of persons below the at-risk-of-poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.	Source: EUROSTAT/EU-SILC.	To be analysed together with: - at-risk-of-poverty rate - at-persistent-risk of poverty rate.
A1.3	Persistent at-risk-of-poverty rate (%)	The share of persons with an equivalised disposable income below the risk-of-poverty threshold in the current year and in at least two of the preceding three years. The threshold is set at 60% of the national median equivalised disposable income.	Source: EUROSTAT/EU-SILC.	To be analysed together with: - at-risk-of-poverty rate - relative median poverty gap.

	Indicator	Definition	Methodological and data issues	Specific recommendations
A2. Material deprivation				
A2.1	Material deprivation rate (%)	Proportion of children in households lacking at least 3 items in the list. The list of items: (i) The household could not afford (1) to face unexpected expenses, (2) one week's annual holiday away from home, (3) to pay for arrears, (4) a meal with meat, chicken or fish every second day, (5) to keep the home adequately heated. (ii) The household could not afford (if it wanted to) to have (6) a washing machine, (7) a colour TV, (8) a telephone, (9) a personal car.	Source: EUROSTAT/EU-SILC.	To be analysed together with: - at-risk-of-poverty rate - relative median poverty gap - at-persistent-risk of poverty rate - secondary indicator of material deprivation - material deprivation rate of the overall population. To provide results and analysis on the composition of materially deprived children by household type and work intensity of household.
A2.2	Severe material deprivation rate (%)	Proportion of children in households lacking at least 4 items in the list. The list of items: see above. Europe 2020 poverty target indicator.	Source: EUROSTAT/EU-SILC.	To be analysed together with: - at-risk-of-poverty rate - relative median poverty gap - at-persistent-risk of poverty rate - severe material deprivation rate of the overall population. To provide results and analysis on the composition of children at risk of severe material deprivation by household type and work intensity of house-hold.
A3. Housing				
A3.1	Housing costs 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).	Source: EUROSTAT/EU-SILC.	

	Indicator	Definition	Methodological and data issues	Specific recommendations
A3.2	Overcrowding rate (%).	The percentage of the population living in an overcrowded household. A person is considered as living in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to: – one room for the household – one room per couple in the household – one room for each single person aged 18 or more – one room per pair of single people of the same gender between 12 and 17 years of age – one room for each single person between 12 and 17 years of age and not included in the previous category – one room per pair of children under 12 years of age.	Source: EUROSTAT/EU-SILC.	
A4. Labour-market participation of parents				
A4.1	Share of children living in jobless households (%).	The share of children living in households in which none of the members has been in paid work during the last four weeks.	Source: EUROSTAT/EU-LFS. Countries missing from the EU-LFS: SE. The EU-LFS is a large house-hold sample survey providing quarterly results on labour participation of people aged 15 and over, as well as on persons outside the labour force.	To provide results and analysis on the distribution of children in jobless households by the number of parents they live with and by parents' level of education.

	Indicator	Definition	Methodological and data issues	Specific recommendations
A4.2	Share of children living in low work-intensity households (%).	Share of children in households with work intensity of less than 0.2. Work-intensity measure: the total number of months worked by the working-age (18–64) members of the household in the income reference period, divided by the total number of months these members could work in principle. Europe 2020 poverty target indicator.	Source: EUROSTAT/EU-SILC.	To provide results and analysis on the distribution of children in jobless households by the number of parents they live with and by parents' level of education.
A4.3	Share of children aged 0–2 not in formal childcare (%).	Share of children aged 0–2 not in formal childcare (%).	Source: EUROSTAT/EU-SILC.	
B1. Education				
B1.1	Low reading literacy performance of pupils aged 15 (%).	Share of 15-year-old pupils who are at Level 1 or below on the PISA combined reading literacy scale. Proficiency at Level 1 and below means that the pupils are not likely to demonstrate success in the most basic type of reading that PISA seeks to measure. Such students have serious difficulties in using reading literacy as an effective tool to advance and extend their knowledge and skills in other areas. In PISA, reading literacy is defined as understanding, using and reflecting on written texts, in order to achieve one's goals, to develop one's knowledge and potential and to participate in society.	Source: OECD/PISA. Countries missing from PISA 2009: CY, MT. PISA survey is conducted every third year (last round in 2009, next round in 2012).	To follow changes in country performances according to maths and science literacy scores. To reflect performance in younger ages based on PIRLS.

	Indicator	Definition	Methodological and data issues	Specific recommendations
B1.2	Low reading literacy performance of pupils aged 10 (%).	Share of 10-year-old pupils at or below the Low International Benchmark in reading, according to the PIRLS survey.	Source: PIRLS. Countries missing from PIRLS 2006: CY, CZ, EE, FI, EL, IE, MT, PT. Separate surveys are conducted in the Flemish and the French part of Belgium, as well as in England and Scotland for the UK. PIRLS is conducted every fifth year (last round in 2006, next round in 2011).	To reflect performance in later phases of child's cognitive development (based on PISA).
B1.3	Early school-leavers (%).	Early school-leavers refer to persons aged 18–24 who meet the following two conditions: (i) the highest level of education or training attained is ISCED 0, 1, 2 or 3c; (ii) respondents declared that they had not received any education or training in the four weeks preceding the survey (numerator). The denominator consists of the total population of the same age group, excluding those who do not give answers to the questions seeking the 'highest level of education or training attained' and 'participation in education and training'. Both the numerators and the denominators come from the EU-LFS.	Source: EUROSTAT/ EU-LFS.	

	Indicator	Definition	Methodological and data issues	Specific recommendations
B1.4	Share of children aged 4 in pre-primary education (%).	Percentage of 4-year-olds who are enrolled in education-oriented pre-primary institutions. These institutions can either be schools or non-school settings, which generally come under authorities or ministries other than those responsible for education. They must recruit staff with specialised qualifications in education. Day nurseries, playgroups and daycare centres where the staff are not required to hold a qualification in education are not included.	Source: EUROSTAT/ EU-SILC.	To carry out further research in finding outcome- rather than input-based indicators for pre-school age cognitive and psycho-social development.
B1.5	Educational deprivation (%).	Percentage of students who report having less than 5 educational items in their homes (out of 7). Items: quiet place to study, desk, computer, educational software, internet connection, textbook, dictionary.	Source: OECD/PISA.	Further work on item selection and regular monitoring using EU-SILC is strongly recommended.
B2. Health				
B2.1	Infant mortality rate (per 1,000 births).	The ratio of the number of deaths of children under 1 year of age during the year to the number of live births in that year. The value is expressed per 1,000 live births.	Source: EUROSTAT.	

	Indicator	Definition	Methodological and data issues	Specific recommendations
B2.2	Vaccination coverage in children (% of children at risk) –DTP3, MCV, Pol3.	Percentage of infants reaching their 1st birthday in the given calendar year who have been fully vaccinated against pertussis (whooping cough), diphtheria, tetanus (DTP) poliomyelitis and measles. Data for the World Health Organization (WHO) database are collected for the immunisation and the dosage and vaccine components. There are differences between countries as regards immunising children against DTP in 1, 2 or 3 doses (WHO collects DTP1 and DTP3 data), third dose of vaccine against poliomyelitis (Pol3) and immunisation with vaccine containing serum against measles (MCV).	Source: WHO. DTP3 data missing for DE and RO. MCV data missing for CZ. Pol3 data missing for RO.	While vaccination is a widely used indicator of child well-being for the earliest stages of childhood (even within the Social OMC – Health strand), further work is suggested to look for better indicators in this field. Vaccination data show small variance across countries. Also, unimmunised children regularly differ in social status from those incompletely immunised, so policy conclusions are not always obvious.
B2.3	Low birth weight (% of children<2,500 grams).	Share of children born with low birth weight. As defined by the WHO, an infant is considered to be of low birth weight if his/her weight at birth is less than 2,500 grams (5.5 pounds) irrespective of the gestational age of the infant.	Source: OECD Health Database 2007 and Health for All database (WHO RO Europe). Data missing for CY.	To further evaluate the use of very low birth weight (using 1,500 grams as a threshold), premature birth and intrauterine growth retardation indicators to strengthen the early childhood phase.
B2.4	Exclusive breastfeeding rate (% of children aged 6 months).	Share of infants aged 6 months exclusively breastfed. This concerns infants who have only received breast milk (including expressed milk or from a wet nurse) without any other liquid during a specified period of time (except for vitamins or medication). The cut-off points for the duration of exclusive breastfeeding – 3, 4 and 6 months – are in line with past and current WHO guidelines.	Source: national surveys collected in OECD Family Database. Overall data are missing for AT, BG, DE, EE, FR, EL, IE, PL, LV, LT, LU and MT.	A major improvement in data collection is needed here. Data provision is ad hoc across time and across countries, and the data harmonisation level is also uncertain.

	Indicator	Definition	Methodological and data issues	Specific recommendations
B2.5	General life satisfaction (% of children aged 13 with high life satisfaction).	Share of children aged 13 reporting high life satisfaction – i.e. a score 6 or more. Young people rate their life satisfaction on a scale from 0 to 10. A 10 on the scale indicates the best possible life and a 0 the worst. Students are asked to mark the point on the scale at which they would place their lives at present (between 0 and 10).	Source: HBSC 2005/06. Data available for all Member States except BE (French), CY and MT. For the UK, separate surveys are conducted in England, Scotland and Wales. HBSC survey is conducted every fourth year (last round in 2009/10, next round in 2013/14).	To be moved to B4 when the latter is completed.
B2.6	Oral health (% of children aged 11 brushing their teeth more than once a day).	Share of children aged 11 who report brushing their teeth more than once a day. Young people are asked how often they brush their teeth. Response options range from 'never' to 'more than once a day'.	Source: HBSC 2005/06.	To search for an objective indicator instead of the present subjective one.
B2.7	Children who eat fruit daily (% of children aged 11).	Share of children aged 11 who report eating fruit at least every day or more than once a day. Young people are asked how often they eat fruit. Response options range from 'never' to 'more than once a day'.	Source: HBSC 2005/06.	To search for an objective indicator instead of the present subjective one.
B2.8	Children who eat breakfast every school day (% of children aged 11).	Share of children aged 11 who report eating breakfast every school day. Young people are asked how often they eat breakfast on school days and at weekends. Breakfast is defined in the question as 'more than a glass of milk or fruit juice'.	Source: HBSC 2005/06.	To search for an objective indicator instead of the present subjective one.
B2.9	Physical activity.	Proportion of children who were physically active on every day of the week for a total of at least 60 minutes per day.	Source: HBSC 2005/06.	To search for an objective indicator instead of the present subjective one.

	Indicator	Definition	Methodological and data issues	Specific recommendations
B3. Exposure to risk and risk behaviour				
B3.1	Teenage births (births per 1,000 women aged 15–19).	The number of children born alive to women aged 15–19 per 1,000 women in this age range.	Source: EUROSTAT.	
B3.2	Daily smoking (share of daily smokers among 16-year-olds, %).	Share of children aged 16 who report smoking at least one cigarette per day. Young people are asked how frequently they have smoked cigarettes during the last 30 days. Response options range from 'not at all' to 'more than 20 cigarettes per day'.	Source: ESPAD 2007. ESPAD survey is conducted every fourth year (last round in 2007, next round in 2011). Data available for all Member States, except LU.	To be analysed together with and checked against similar HBSC data.
B3.3	Regular alcohol use (6+ drinking occasions per month, share of 16-year-olds, %).	Share of children aged 16 who report having drunk alcoholic beverages 6 or more times in the last 30 days. Young people are asked on how many occasions (if any) they have had any alcoholic beverage to drink during the last 30 days. Response options range from '0 occasions' to '40 or more occasions'.	Source: ESPAD 2007.	To be analysed together with and checked against similar HBSC data.
B3.4	Heavy episodic drinking (at least once a month as share of 16-year-olds, %).	Share of children aged 16 who report having had 5 or more drinks on one occasion at least once in the last 30 days. Young people are asked on how many occasions (if any) they have had 5 or more drinks on one occasion during the last 30 days (one drink is about 16 grams of ethanol). Response options range from '0 occasions' to '40 or more occasions'.	Source: ESPAD 2007.	To be analysed together with and checked against similar HBSC data.

	Indicator	Definition	Methodological and data issues	Specific recommendations
B3.5	Illicit drug use (lifetime prevalence rate among 16-year-olds, %).	Share of children aged 16 who report having ever used any illicit drugs in their lifetime. 16-year-olds are asked on how many occasions they have ever taken any kind of illicit drugs. Different illicit drugs (cannabis, amphetamines, cocaine, crack, ecstasy, LSD and heroin) are asked separately. Response options range from 'never' to '40 times or more'.	Source: ESPAD 2007.	To be analysed together with and checked against similar HBSC data.
B3.6	Tranquilliser/medicine use without doctor's order (lifetime prevalence rate among 16-year-olds, %).	Share of children aged 16 who report having ever used tranquillisers/sedatives. 16-year-olds are asked whether they have ever taken any kind of tranquillisers/ sedatives because a doctor told them to. Response options are: 'no, never', 'yes, but for less than 3 weeks', 'yes for 3 weeks or more'. A separate question asks young people on how many occasions they have ever taken tranquillisers or sedatives **without** a doctor's prescription). Response options range from 'never' to '40 times or more'.	Source: ESPAD 2007.	To be analysed together with and checked against similar HBSC data.

Note: Definitions are based on the EUROSTAT definition where available.

Table A2: At-risk-of-poverty rates for overall population and children (%), and the relative poverty risk of children, EU-27, 2006–09

	Overall population				Children				Relative risk of children			
	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
BE	14.7	15.2	14.7	14.6	15.3	16.9	17.2	16.6	1.04	1.11	1.17	1.14
BG	18.4	22.0	21.4	21.8	25.0	29.9	25.5	24.9	1.36	1.36	1.19	1.14
CZ	9.9	9.6	9.0	8.6	16.5	16.6	13.2	13.3	1.67	1.73	1.47	1.55
DK	11.7	11.7	11.8	13.1	9.9	9.6	9.1	11.1	0.85	0.82	0.77	0.85
DE	12.5	15.2	15.2	15.5	12.4	14.1	15.2	15.0	0.99	0.93	1.00	0.97
EE	18.3	19.4	19.5	19.7	20.1	18.2	17.1	20.6	1.10	0.94	0.88	1.05
IE	18.5	17.2	15.5	15.0	22.5	19.2	18.0	18.8	1.22	1.12	1.16	1.25
EL	20.5	20.3	20.1	19.7	22.6	23.3	23.0	23.7	1.10	1.15	1.14	1.20
ES	19.9	19.7	19.6	19.5	24.5	24.3	24.4	23.7	1.23	1.23	1.24	1.22
FR	13.2	13.1	12.7	12.9	13.9	15.3	16.5	17.3	1.05	1.17	1.30	1.34
IT	19.6	19.9	18.7	18.4	24.5	25.6	24.7	24.4	1.25	1.29	1.32	1.33
CY	15.6	15.5	16.2	16.2	11.5	12.4	13.6	12.0	0.74	0.80	0.84	0.74
LV	23.1	21.2	25.6	25.7	25.8	20.5	24.6	25.7	1.12	0.97	0.96	1.00
LT	20.0	19.1	20.0	20.6	25.1	22.1	22.8	23.7	1.26	1.16	1.14	1.15
LU	14.1	13.5	13.4	14.9	19.6	19.9	19.8	22.3	1.39	1.47	1.48	1.50
HU	15.9	12.3	12.4	12.4	24.8	18.8	19.7	20.6	1.56	1.53	1.59	1.66
MT	13.6	14.3	14.6	15.1	18.1	18.7	19.9	20.7	1.33	1.31	1.36	1.37
NL	9.7	10.2	10.5	11.1	13.5	14.0	12.9	15.4	1.39	1.37	1.23	1.39
AT	12.6	12.0	12.4	12.0	14.7	14.8	14.9	13.4	1.17	1.23	1.20	1.12
PL	19.1	17.3	16.9	17.1	26.3	24.2	22.4	23.0	1.38	1.40	1.33	1.35
PT	18.5	18.1	18.5	17.9	20.8	20.9	22.8	22.9	1.12	1.15	1.23	1.28
RO	:	24.8	23.4	22.4	:	32.8	32.9	32.9	:	1.32	1.41	1.47
SI	11.6	11.5	12.3	11.3	11.5	11.3	11.6	11.2	0.99	0.98	0.94	0.99
SK	11.6	10.5	10.9	11.0	17.1	17.2	16.7	16.8	1.47	1.64	1.53	1.53
FI	12.6	13.0	13.6	13.8	9.9	10.9	12.0	12.1	0.79	0.84	0.88	0.88
SE	12.3	10.5	12.2	13.3	15.0	12.0	12.9	13.1	1.22	1.14	1.06	0.98
UK	19.0	18.9	18.7	17.3	23.9	23.4	24.0	20.8	1.26	1.24	1.28	1.20
EU-27	16.5	16.7	16.4	16.3	19.8	20.0	20.2	19.9	1.20	1.20	1.23	1.22

Source: EUROSTAT.

Note: The relative risk of children is calculated as the at-risk-of-poverty rate of children as a proportion of at-risk-of-poverty rate for overall population.

Table A3: At-risk-of-poverty rates of children by age groups, EU-27, 2009 (%)

	At risk-of-pov-erty rate for overall population	At-risk-of-poverty rates by age groups			Relative risk of poverty by age groups		
		0–17 years	18–64 years	65+ years	0–17 years	18–64 years	65+ years
BE	14.6	16.6	12.1	21.6	1.14	0.83	1.48
BG	21.8	24.9	16.4	39.3	1.14	0.75	1.80
CZ	8.6	13.3	7.6	7.2	1.55	0.88	0.84
DK	13.1	11.1	12.3	19.4	0.85	0.94	1.48
DE	15.5	15.0	15.8	15.0	0.97	1.02	0.97
EE	19.7	20.6	15.8	33.9	1.05	0.80	1.72
IE	15.0	18.8	13.2	16.2	1.25	0.88	1.08
EL	19.7	23.7	18.1	21.4	1.20	0.92	1.09
ES	19.5	23.7	16.9	25.2	1.22	0.87	1.29
FR	12.9	17.3	11.9	10.7	1.34	0.92	0.83
IT	18.4	24.4	16.4	19.6	1.33	0.89	1.07
CY	16.2	12.0	11.5	48.6	0.74	0.71	3.00
LV	25.7	25.7	20.3	47.5	1.00	0.79	1.85
LT	20.6	23.7	18.5	25.2	1.15	0.90	1.22
LU	14.9	22.3	14.2	6.0	1.50	0.95	0.40
HU	12.4	20.6	11.9	4.6	1.66	0.96	0.37
MT	15.1	20.7	12.6	19.0	1.37	0.83	1.26
NL	11.1	15.4	10.3	7.7	1.39	0.93	0.69
AT	12.0	13.4	10.8	15.1	1.12	0.90	1.26
PL	17.1	23.0	16.0	14.4	1.35	0.94	0.84
PT	17.9	22.9	15.8	20.1	1.28	0.88	1.12
RO	22.4	32.9	19.8	21.0	1.47	0.88	0.94
SI	11.3	11.2	9.2	20.0	0.99	0.81	1.77
SK	11.0	16.8	9.6	10.8	1.53	0.87	0.98
FI	13.8	12.1	12.2	22.1	0.88	0.88	1.60
SE	13.3	13.1	12.1	17.7	0.98	0.91	1.33
UK	17.3	20.8	14.9	22.3	1.20	0.86	1.29
EU-27	16.3	19.9	14.8	17.8	1.22	0.91	1.09

Source: EUROSTAT.

Table A4: Distribution of children at-risk-of-poverty by household type and work intensity, EU-27, 2008 (%)

	Household type						Work intensity					
	Single parent hh	2 adults 1 dep ch	2 adults 2 dep ch	2 adults 3+ dep ch	Other with dep ch	Total	WI=0	WI= 0.01–0.49	WI=0.50	WI= 0.51–0.99	WI=1.0	Total
BE	36	7	12	37	7	100	35	25	16	16	8	100
BG	7	9	16	18	51	100	24	45	13	13	5	100
CZ	38	8	25	21	9	100	39	17	17	12	16	100
DK	33	7#	19	36	4	100	18	11#	14	24	33	100
DE	37	12	23	24	5	100	39	14	20	22	5	100
EE	36	14	19	22	10	100	16	14	26	19	25	100
IE	40	6	17	24	13	100	42	21	21	11	5	100
EL	4	11	62	10	13	100	9	17	46	14	15	100
ES	7	13	48	15	17	100	7	18	39	22	13	100
FR												
IT	13	14	39	23	11	100	18	18	49	8	7	100
CY	19	8#	42	27	4	100	12	18	35	29	6	100
LV	23	10	19	22	27	100	11	22	24	17	25	100
LT	25	9	21	26	20	100	8	24	19	18	30	100
LU	21	11	36	25	7	100	8	21	29	34	9	100
HU	18	9	27	32	14	100	41	20	26	7	5	100
MT												
NL	27	4#	22	47	1#	100	20	16	21	37	6	100
AT	20	10	27	33	9	100	23	21	19	28	10	100
PL	8	10	25	27	30	100	15	21	26	21	17	100
PT	13	16	35	16	20	100	14	18	22	25	20	100
RO	5	8	22	33	31	100	14	18	28	19	20	100
SI	20	13	35	19	13	100	22	13	32	11	22	100
SK	7	7	21	40	25	100	19	14	25	16	26	100
FI	26	9	22	36	6	100	17	26	22	19	16	100
SE	35	10	16	28	11	100	23	25	12	22	18	100
UK	36	7	22	31	4	100	47	16	16	14	7	100
EU-27	21	10	29	26	14	100	25	18	28	17	11	100

Source: Own calculations based on EU-SILC UDB 2008 (version 01.08.2010).

Note: Data for FR and MT are not available in the public database.

Table A5a: Severe material deprivation rate among children by main socio-economic factors, EU-27, 2008 (%)

	Child age			Household type				
	0–5	6–11	12–17	Single parent hh with dep ch	2 adults, 1 dep ch	2 adults, 2 dep ch	2 adults, 3+ dep ch	Other hh with dep ch
BE	7	8	7	23	5	3	4	13
BG	30	32	33	46	25	25	68	31
CZ	7	9	10	24	7	4	11	8
DK	3	2	3	8	0	1	3	7
DE	7	7	6	22	5	3	8	3
EE	4	6	5	14	3	2	7	5
IE	8	6	6	23	1	2	4	8
EL	9	8	14	33	11	8	10	19
ES	3	2	4	10	1	2	12	5
FR								
IT	9	8	11	13	5	7	15	15
CY	7	8	9	27	8	5	11	7
LV	18	21	21	42	12	14	31	16
LT	0	14	14	27	9	11	33	10
LU	1	1	1	3	0	0	2	1
HU	20	22	22	36	14	14	32	23
MT								
NL	2	2	2	11	0	0	3	0
AT	8	7	7	17	5	5	8	6
PL	15	17	20	38	10	11	24	20
PT	8	12	15	30	8	6	25	14
RO	38	39	40	62	22	30	61	43
SI	4	5	7	14	5	3	6	8
SK	12	10	14	24	9	6	19	16
FI	3	3	3	14	3	1	1	1
SE	2	2	2	5	0	1	2	1
UK	6	6	7	22	3	2	5	5
EU-27	9	10	11	21	6	5	12	17

Source: Own calculations based on EU-SILC UDB 2008 (version 01.08.2010).

Note: Data for FR and MT are not available in the public database.

Table A5b: Severe material deprivation rate among children by main socio-economic factors: work intensity and migrant status, EU-27, 2008 (%)

	Work intensity					Migrant status		
	0	0.01–0.49	0.5	0.51–0.99	1	Born within EU – other country	Born outside EU	Other
BE	36	18	6	5	1	12	28	5
BG	84	62	27	24	14	0	0	0
CZ	38	14	7	7	4	69	13	8
DK	24	23	3	1	0	0	19	2
DE	35	19	2	3	4	0	11	7
EE	36	14	7	3	2	0	4	5
IE	25	19	3	2	1	10	11	6
EL	41	27	10	11	6	45	30	8
ES	16	12	3	2	2	2	15	2
FR								
IT	32	26	10	6	4	19	23	8
CY	41	29	11	8	4	17	26	7
LV	56	47	25	16	13	0	24	19
LT	48	38	27	13	8	0	2	15
LU	7	4	1	1	0	1	2	1
HU	51	39	18	18	8	12	37	21
MT								
NL	18	13	1	1	1	24	17	2
AT	41	22	4	4	3	4	20	5
PL	40	30	18	19	8	0	0	17
PT	41	29	13	16	5	0	34	11
RO	78	57	42	46	26	100	0	39
SI	29	15	10	6	3	0	9	5
SK	58	32	15	12	8	20	0	13
FI	25	14	2	2	1	17	14	3
SE	14	7	1	0	1	0	7	1
UK	21	5	2	3	2	6	19	6
EU-27	31	22	9	6	6	10	18	9

Source: Own calculations based on EU-SILC UDB 2008 (version 01.08.2010).

Note: Data for FR and MT are not available in the public database.

Table A6: Situation of children according to the Europe 2020 poverty target, EU-27, 2008 (%)

	Population at risk	At-risk-of-poverty only	Mat. deprived only	In low work-intensity hhs only	AROP and mat. deprived	AROP and in LWI hhs	Mat. deprived and in LWI hhs	AROP, mat. deprived and in LWI hhs	Total
BE	16	26	10	23	6	19	3	12	100
BG	25	11	39	3	25	3	3	17	100
CZ	13	26	21	17	9	14	3	11	100
DK	12	37	5	30	1	20	4	3	100
DE	16	27	10	18	5	25	4	11	100
EE	14	50	9	6	8	17	1	8	100
IE	20	31	9	24	2	20	7	8	100
EL	21	44	15	15	14	6	2	5	100
ES	17	61	5	13	4	13	0	3	100
FR									
IT	19	41	12	16	10	13	2	6	100
CY	15	40	27	8	10	8	2	6	100
LV	23	32	27	3	22	6	1	10	100
LT	21	38	26	7	15	5	1	7	100
LU	14	71	1	13	2	11	0	2	100
HU	26	14	29	19	7	10	9	12	100
MT									
NL	12	40	4	30	2	18	2	4	100
AT	15	36	17	17	6	11	3	9	100
PL	28	27	25	18	12	6	5	7	100
PT	20	44	20	11	10	7	1	6	100
RO	35	18	37	6	26	3	3	7	100
SI	14	33	22	16	6	13	2	8	100
SK	17	32	33	10	10	5	3	8	100
FI	12	39	9	18	4	21	3	6	100
SE	11	50	4	22	2	17	2	3	100
UK	22	26	5	33	3	23	4	6	100
EU-27	20	32	15	18	9	14	3	7	100

Source: Own calculations based on EU-SILC 2008 (version 01.08.2010).

Notes: Data for FR and MT are not available in the public database. AROP – at risk of poverty, LWI – low work intensity.

Figure A1: The aggregate measure of child material well-being in the EU-27

Source: Own estimations following the methodology described in section 4.2 of this report.

Notes: The aggregate measure is a sum of individual z-scores for material well-being indicators, except for persistent poverty (A1.3), material deprivation (A2.1) and children in jobless households (A4.1).