



# EU Children's Participation Platform

Findings from the consultation with  
children on the review of the progress  
made in the implementation of the  
European Child Guarantee

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A report submitted by [ICF S.A.](#)  
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# Contents

Executive summary .....	i	
<b>1</b>	<b>Introduction .....</b>	<b>4</b>
1.1	Consultation theme, policy context, and aims and objectives .....	4
1.2	Consultation methodology .....	4
<b>2</b>	<b>What children think about education and school-based activities .....</b>	<b>6</b>
2.1	Schools are seen as inclusive though perspectives vary .....	6
2.2	Safety, resourcing, and extra support remain barriers to participation .....	7
2.3	Costs and hidden costs can exclude pupils from school life .....	9
2.4	Teaching quality and learning conditions shape whether pupils can keep up .....	10
2.5	School-based pressure and need for support .....	10
2.6	Bullying and discrimination affect safety, belonging, and participation .....	11
2.7	Practical barriers affect participation in school life .....	12
2.8	A stronger voice in school decisions .....	13
2.9	Recommendations .....	13
<b>3</b>	<b>What children think about healthcare .....</b>	<b>15</b>
3.1	Access to health knowledge and healthcare varies .....	15
3.2	Awareness, faster access, and costs are key barriers to appropriate healthcare ...	16
3.3	What being healthy means .....	17
3.4	Unequal access to healthcare services .....	17
3.5	Limited understanding of where to get information and ask for help .....	19
3.6	Everyday habits and prevention matter for staying healthy .....	20
3.7	Access to healthcare with dignity and trust .....	20
3.8	Recommendations .....	20
<b>4</b>	<b>What children think about housing .....</b>	<b>22</b>
4.1	Stable homes are provided for most children .....	22
4.2	Priorities for improving safety and comfort in homes .....	23
4.3	What good enough homes mean in practice .....	24
4.4	Unequal chances of safe and comfortable housing .....	25
4.5	Safe neighbourhoods linked to good housing .....	26
4.6	Unaffordability of renting out and homelessness .....	27
4.7	Recommendations .....	28
<b>5</b>	<b>What children think about one school meal per day and healthy food .....</b>	<b>29</b>
5.1	Healthy food is thought to be accessible, though perspectives vary .....	29
5.2	Improving access to healthy food .....	30
5.3	Healthy food as balanced and varied .....	31
5.4	Unequal access to healthy food among children .....	32
5.5	Food quality, taste and variety affect whether children eat the food .....	33
5.6	Participation in food choices and more nutrition education .....	33
5.7	Recommendations .....	33
<b>6</b>	<b>Every child and teenager is included .....</b>	<b>35</b>
6.1	Minority group inclusion .....	35
6.2	Practical support and fairness help children grow up safe, healthy, and included ..	36
6.3	Poverty shapes who can participate as equal rights do not always mean equal opportunities .....	37

6.4	Social exclusion undermines belonging and safety .....	38
6.5	Some children face more barriers than others.....	38
6.6	What helps children feel and be included.....	39
6.7	Recommendations.....	40
7	Children’s priorities to improve access and strengthen services .....	42
7.1	Education and school-based activities .....	42
7.2	Healthcare .....	43
7.3	Housing .....	44
7.4	One school meal a day and healthy food .....	45
7.5	Every child and teenager is included.....	46
Annex 1	Consultation methodology and characteristics of children participating in the consultation activities .....	48

## Executive summary

This report presents the **findings from the consultation with children on the review of progress made in the implementation of the European Child Guarantee**. Children's views are intended to inform the European Commission's understanding of how access to key services is experienced in practice, and where gaps and barriers remain. This consultation was the fourth conducted under the EU Children's Participation Platform and was guided by the Lundy model of child participation. Children taking part in Platform activities in 2023 and 2024 asked for a stronger focus on child poverty, and this consultation was therefore linked to the Commission's review of progress under the European Child Guarantee.

The consultation was conducted between 17 October and 8 December 2025 through an online survey, complemented by interviews and focus groups.

In total, **41,736** children participated in the consultation activities, including **41,518** survey respondents, **173** children participating in focus groups, and **45** children participating in interviews. Survey participants were aged **8 to 17** and came from all **27** EU Member States and EU citizens living abroad. The largest number of survey participants were from **Poland (83%)**, followed by **Romania (5%)**, **Bulgaria (5%)**, and **Portugal (3%)**, together accounting for **nearly 96%** of all surveyed children. Survey respondents were broadly spread across the age range, with the largest shares aged **13 to 15**, and **51% girls**.

## Key findings

Across all topics, children shared a consistent message. While many recognise that services exist and that progress has been made, access is not always experienced equally, and equal rights do not always translate into equal chances in everyday life. Children repeatedly linked inclusion and fairness to practical conditions, whether families can afford costs, whether support is available when needed, whether adults intervene when problems arise, and whether children are treated with dignity and listened to.

**Children described education as central to their futures and schools were seen as inclusive in general. However, children also noted that not all children are able to benefit equally from school life.** Children highlighted costs linked to trips, activities, and equipment as a key barrier to participation, even where schooling is formally free. Uneven learning support, pressure linked to tests and exams, large class sizes, and inconsistent responses to bullying and discrimination were described as affecting children's ability to learn, feel safe, and take part fully in school life. Children described delays and gaps in support for children with disabilities and additional needs, and difficulties translating formal plans into everyday practice.

**Children described health as more than being free from illness. They linked it to mental wellbeing, everyday habits, and access to help when needed, including seeing a family doctor, accessing specialist or mental health services, and speaking to school-based staff such as nurses or counsellors where available.** While many consulted children believed that most children have some access to healthcare and health information, views were mixed, particularly regarding timely access to doctors, specialist care, and mental health support. Long waiting times, travel barriers, and costs for services such as dentistry and therapies were repeatedly identified as barriers. Mental health support was described as unevenly available and slow to access, including within schools. Children often said they do not always know where to go for help, especially if parents cannot act.

**Children described housing as a basic foundation for safety, dignity, health, and learning.** A majority of surveyed children believed that most children live in stable and comfortable homes, but some children reported concerns about insecurity, poor housing conditions, and unequal access, particularly for children in poverty, in alternative care, or from

marginalised groups. Children described inadequate housing in concrete terms, including cold homes, damp, unsafe buildings, overcrowding, and lack of privacy. Affordability pressures, rent and utility costs, and risks of homelessness were highlighted, alongside concerns about young people leaving care without sufficient housing support.

**Children described access to healthy food as essential, but not accessible for all children every day.** Survey responses showed mixed views on whether children can access healthy food at home and at school, with particular gaps identified in relation to free school meals, food provision for older pupils, and access during school closures. Consulted children linked unequal access to household income, the higher cost of healthier food, and limited or poor-quality school provision. Quality, variety, and taste were described as affecting whether children actually eat the food provided.

**Children described inclusion as shaped by poverty, discrimination, and whether adults take responsibility to act.** Many children said that poverty limits participation in everyday activities and creates shame and exclusion, even where services exist. Children described discrimination linked to disability, ethnicity, migration, gender, and other differences, and said that passive or inconsistent adult responses undermine safety and belonging. Trusted adults, mental health support, and environments where children are listened to were described as central to feeling included.

## Children's suggestions and recommendations

Children's suggestions and recommendations were consistent across countries and topics. Key thematic recommendations emerging from the consultation evidence are presented below.

### Making access affordable in practice

Children repeatedly asked for costs to be reduced so that participation in school, healthcare, housing, and access to food does not depend on family income. This included covering or subsidising school activities, reducing out of pocket healthcare costs, supporting rent and utility bills, and expanding free or affordable school meals.

### Improving access and timeliness of services

Children emphasised the importance of faster access to healthcare, mental health support, learning assistance, and housing support, particularly for children who need extra help. Waiting times and delays were described as worsening problems and increasing inequality.

### Ensuring safety, dignity, and respectful treatment

Children asked for stronger action against bullying, discrimination, and unsafe conditions in schools, healthcare settings, homes, and neighbourhoods. They stressed the importance of being treated with respect, having privacy protected, and not being singled out when receiving support.

### Strengthening support for children facing greater barriers

Children highlighted the need for practical, consistent support for children with disabilities, children in poverty, children from minority backgrounds, migrant children, and young people leaving care. They emphasised that support should work in everyday practice, not only exist on paper.

### Using schools as a key route to support and prevention

Schools were repeatedly identified as important places for learning, prevention, health support, food provision, and access to trusted adults, provided that services such as counsellors, nurses, and learning support are consistently available.

### Listening to children and making participation meaningful

Children asked to be listened to in decisions that affect their lives, including in schools, communities, and services. They emphasised that participation should be meaningful, inclusive, and lead to visible change, rather than consultation without follow up.

# 1 Introduction

This report presents findings from the fourth consultation<sup>1</sup> with children conducted for the EU Children’s Participation Platform. It has the following structure:

- Section 2, 3, 4, 5 and 6 report on the consultation findings;
- Section 7 reports on the collated key recommendations from children;
- Annex 1 presents the consultation methodology, the characteristics of children participating in the consultation activities, and children’s feedback.

## 1.1 Consultation theme, policy context, and aims and objectives

This fourth consultation of the EU Children’s Participation Platform<sup>2</sup> focused on **reviewing the progress made in the implementation of the European Child Guarantee (ECG)**.

Children taking part in the EU Children’s Participation Platform activities in 2023 and 2024 asked that the Platform focus on **child poverty**. The consultation provides insights from children and teenagers on how to strengthen access to education, healthcare, housing services and healthy food, and how to support inclusion. The consultation results help the EU to better understand what works in the provision of and access to these key services, the challenges and barriers that children face, and show what changes and actions are needed at both EU and national level to improve access to services and provision to better support children.

## 1.2 Consultation methodology

The consultation was conducted online and in-person between 17<sup>th</sup> October and 8<sup>th</sup> December 2025. In total, **41,736 children from 27 EU Member States and EU citizens living abroad participated in the online survey (41,518 survey respondents), interviews (45 children) and focus groups (173 children in 26 focus groups)**. The largest number of survey responses were from Poland<sup>3</sup> (83%, N=34,302), Romania (5%, N=2,164), Bulgaria (5%, N=1,957), and Portugal (3%, N=1,282), together accounting for nearly 96% of survey responses.

This report should be regarded as a summary of the contributions made by children and teenagers to the consultation on the European Child Guarantee. Responses cannot be considered a representative sample of the views of children and teenagers in the EU and EU citizens living abroad.

As noted above, participation levels varied substantially between countries. The high number of survey responses from Poland appears linked to differences in dissemination routes. In Poland, the survey was circulated through schools using existing digital communication systems, often referred to as e-registers, which schools use to share routine information with pupils and families. This approach supported wide reach (while aligning with the parental control requirements) and contributed to the high volume of survey responses in Poland. More generally, dissemination through school communication channels can be an effective route for achieving broad participation,

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<sup>1</sup> The previous three consultations can be found here [https://eu-for-children.europa.eu/childrens-voices\\_en](https://eu-for-children.europa.eu/childrens-voices_en)

<sup>2</sup> The [EU Children’s Participation Platform](#) aims to strengthen children’s rights and participation across the EU. One of the ways the Platform promises to achieve this is through direct consultation with children.

<sup>3</sup> This dataset is heavily skewed by respondents from Poland. To mitigate this, the study team has complimented all analysis with a review by country and provided commentary where results differ significantly from the aggregated dataset. Weighting of responses according to national population statistics was not possible due to the low number of responses in many EU Member States.

and it supports parental awareness where these systems are also used to communicate with parents or carers. Further detail on participation patterns and the within country comparison for Poland is provided in Annex 1.

**Characteristics of survey respondents** are summarised in Annex 1. In brief:

- **Age**, survey respondents were aged 8 to 17, with the largest shares aged 13 (16%, 6,454), 14 (16%, 6,802) and 15 (15%, 6,070), and smaller proportions at ages 8 and 9 (both 1%).
- **Gender**, 51% girls (21,327) and 43% boys (18,034), with smaller proportions selecting “I don’t want to say” (2%, 1,368) or “other” (3%, 789).
- **Disability or medical difficulty**, 17% reported a disability or medical difficulty (such as a physical health condition, a learning difficulty like dyslexia, or a mental health condition) (6,987), 67% reported no disability or medical difficulty (27,845), 12% selected “I don’t know” (5,062) and 4% selected “I don’t want to answer” (1,622).
- **Minority background**, this question allowed multiple selections so categories may overlap. Respondents from minority backgrounds represent a small share in percentage terms, but a considerable number of respondents in absolute terms. 12% identified as belonging to a minority ethnic or religious group (4,946), 7% identified as LGBTIQ+ (2,937), 2% identified as an asylum seeker or refugee (759), and 1% identified as Roma or from Traveller communities (460). 7% selected “other groups” (2,717). 48% selected “none of these” (19,999), and 26% selected “I don’t know or I don’t want to say” (10,946).
- **Living status**, 77% reported that they lived with their family in one household (32,064). 13% reported living with one parent (5,445) and 4% reported living with both parents who do not live together (1,544). Smaller proportions reported living with relatives (1%, 260), being in foster care (1%, 523), or living in alternative care (1%, 484), and 3% preferred not to say (1,196).

In the survey analysis, subgroup differences are reported where they are notable and help interpret findings, rather than for every survey question.

Interviews and focus groups complemented the survey by providing deeper insight into children’s lived experiences and the reasons behind their views. Focus groups involved 173 children across 26 groups in 13 Member States, and interviews involved 45 children in 9 Member States, as set out in Annex 1.

## 2 What children think about education and school-based activities

Children and teenagers described education as central to their futures, but they also said that many children do not get a fair chance to learn, to take part in school life, or to feel that they belong.<sup>4</sup> Across the consultations, the main issues they raised were costs linked to participation, uneven learning support and teaching conditions, pressure and motivation, barriers linked to disability and accessibility, and school environments where bullying and discrimination are not addressed consistently. However, some children also said that, in their own experience, school feels broadly fair and safe, and that pupils are treated the same and get the same help, which shows that good experiences exist alongside the concerns raised elsewhere.

### 2.1 Schools are seen as inclusive though perspectives vary

**Among survey respondents (N=33,860)<sup>5</sup> across all the question options, 45% to 73% said that ‘almost all’ or ‘all’ children have access to the listed education and school-based activities, depending on the item, but overall views were mixed** (see Figure 2.1). Specifically, respondents felt that ‘almost all’ or ‘all’ children had access to extra support for those that need it (45%, n=15,070)<sup>6</sup>, that poor and wealthy children attended the same schools (63%, n=21,176), that children with disabilities were and are included and treated the same at school (45%, n=14,859), that all children could do sport, play, and go on school trips (73%, n=24,479), and that all children were included and treated the same in schools (47%, n=15,558). However, between 12-32% selected ‘hardly any’ or ‘a few’ across the options, and between 15-29% answered that ‘some’ children have access to the listed education and school-based activities.

Analysis<sup>7</sup> of responses suggested no significant difference between boys and girls, or those with and without disabilities/medical conditions.

**Younger respondents (aged 8-10) (N=2,992) were more likely than older respondents (aged 11-17) (N=30,868) to indicate that ‘almost all’ or ‘all’ children had access across all sub questions.** Typically, agreement that ‘almost all’ or ‘all’ children have access declines and ‘hardly any’ or ‘a few’ increases across the options selected by older respondents.

**Many respondents believed that schools bring together pupils from different economic backgrounds.** However, respondents in Austria, Germany, Portugal, Spain, and EU citizens living abroad were less likely to agree that ‘almost all’ or ‘all’ children from both poorer and wealthier backgrounds attended the same school.

**Positive perceptions of inclusion for children with disabilities were particularly evident in Luxembourg and Spain, where higher proportions of respondents believe that ‘almost all’ or ‘all’ children with disabilities were included and treated the same at school.** In contrast, respondents in Germany and EU citizens living abroad were more likely to feel that inclusion is more limited for these children.

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<sup>4</sup> [1 ES INT 1, 12 FR FG 1, 14 PT FG 2]

<sup>5</sup> “N” refers to the ‘statistical base’ or number of children who answered the question. Alternative “n” refers to a subset who answered a particular way or possess a particular characteristic.

<sup>6</sup> Across all survey analysis sections, a cumulative percentage and number of responses is provided when reporting together on ‘almost all’ and ‘all’ responses, and on ‘hardly any’ and ‘a few’ responses.

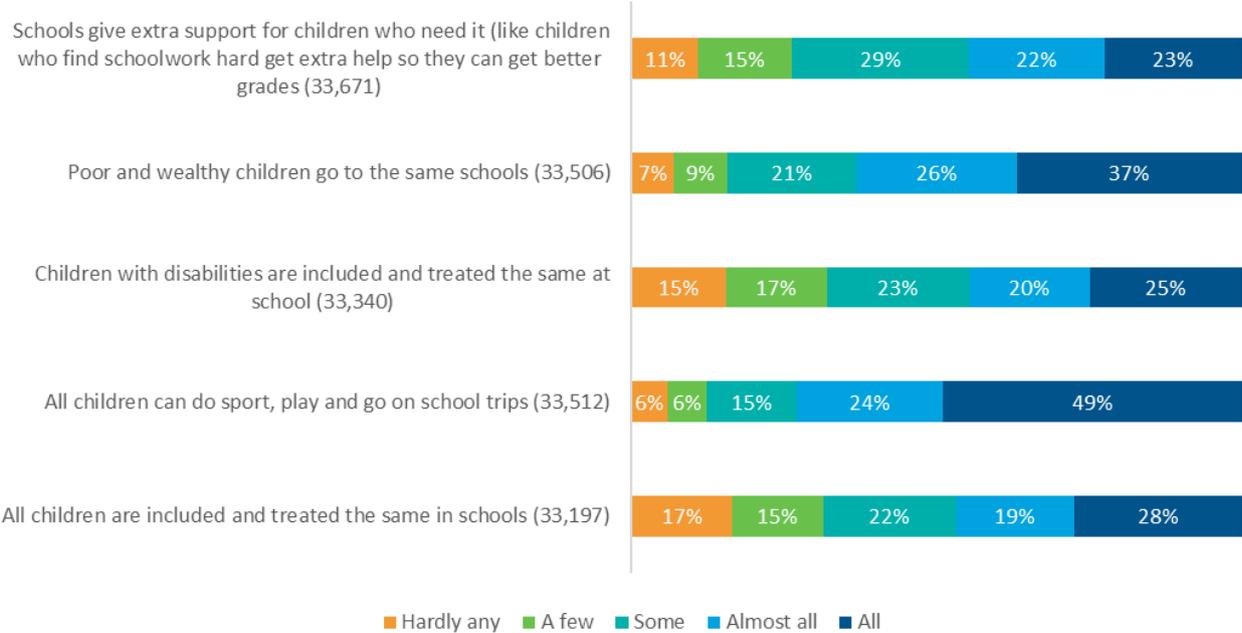
<sup>7</sup>Please note that in-depth analysis of surveyed children by their characteristics is only reported for variables with at least 100 responses and where characteristic results differ from the overall result by more than 10%. This is a pragmatic threshold to highlight differences that might be meaningful in practice, even if they cannot be statistically validated.

Recognising the data is biased due to a disproportionate number of responses from Poland, geographic analysis has been performed on a country-by-country basis with the same rules applied (>100 responses, >10% difference). This approach applies to all analysis and findings presented in this report.

**Participation in school activities was seen positively by many respondents.** However, respondents in Austria, Germany, and EU citizens living abroad were less likely to agree (compared with other countries) that ‘almost all’ or ‘all’ children are able to take part in sports, play, and school trips.

**Finally, respondents in Germany were more likely to indicate ‘hardly any’ or ‘a few’ children were included and treated the same in schools.**

Figure 2.1 Children’s access to education and school-based activities (N=33,860)



Note: Q7: ‘We would like you to think about all children and teenagers in your community. Do you think they get access to education and school-based activities (e.g. school trips, events). Please tell us how true you think each option is from ‘hardly any’ to all.’ Single choice question.

## 2.2 Safety, resourcing, and extra support remain barriers to participation

**Asked what they believe would help children and teenagers participate in school-based activities (N=38,468), the majority of respondents pointed to aspects related to safety, and access to resources and support.** As shown in the figure below, a majority believed ensuring safety is a key driver to support participation in school-based activities (65%, n=25,168). Over half believe key drivers for children are access to free resources for school and after school activities (57%, n=21,763), that extra support required by children who need it is provided (54%, n=20,956), and more chances to play and do physical activities at school are provided (51%, n=19,639). Other options selected by respondents focused on involving children and teenagers in decision making about activities (41%, n=15,584), making school-based activities free or cheaper for families (37% n=14,367), and making it easier for children and teenagers to understand what activities are available and how to join them (37%, n=14,076).

**Girls (N=20,205) were more likely to state safety was a key driver (72%, n=14,622) than boys (N=16,389) (57%, n=9,349).** No other significant difference was observed across genders.

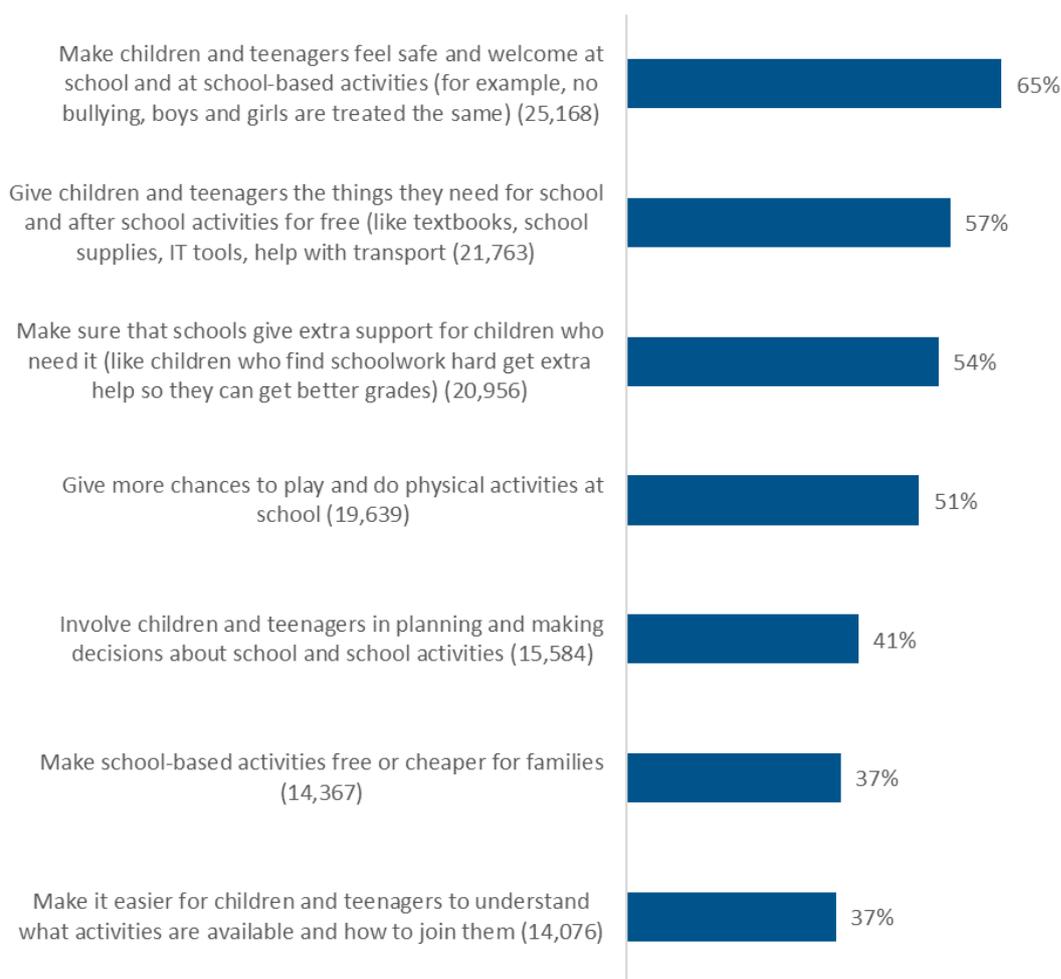
**Younger children (aged 8-10) (N=3,480) were also more likely to select making school-based activities free or cheaper for families (46%, n=1,609).** There was no significant difference in options selected by respondents with or without a disability or medical condition.

**Respondents living in alternative care settings and foster care (N=887) were more likely to select making school-based activities free or cheaper for families (48%, n=426) than children with other living status types.** The same group (N=887) was also more likely to select making it easier for children and teenagers to understand what activities are available and how to join them (42%, n=369).

LGBTIQ+ respondents (N=2,752) were more likely to select making children and teenagers feel safe and welcome (76%, n=2,092) than other minority groups (although scores are above 50% for all minority groups). Surveyed respondents from Roma and traveller communities (N=394) were least likely to select this option (55%, n=218) but they (N=394) were more likely than other groups to select making school-based activities free or cheaper for families (51%, n=201).

**Responses varied considerably across EU Member States, showing that respondents in different countries prioritised different actions to improve access to school and school-based activities** (see Figure 2.2). Respondents in Portugal were more likely to select options relating to safety and welcoming, resources, making activities free of charge, and providing extra support for those that need it. In Austria, Germany, Luxembourg, Portugal, Romania and Spain, respondents were more likely to select making school-based- activities free or cheaper for families. Respondents from Portugal and Romania were more likely to select making it easier for children and teenagers to understand what activities were available and how to join them.

Figure 2.2 Supporting participation in school-based activities (N=38,468)



Note: Q8: What do you think would help more children and teenagers go to school and take part in school-based activities? Multiple choice

## 2.3 Costs and hidden costs can exclude pupils from school life

Children participating in interviews and focus groups said that **schooling may be free in principle, but that costs linked to trips, events, class activities, and equipment mean some children cannot take part.**<sup>8</sup> They said that this can create shame and separation, because children notice who can afford to join and who cannot.<sup>9</sup> Children suggested making trips and activities genuinely affordable, setting clear limits on costs, and ensuring support is provided in a way that does not single children out.<sup>10</sup> Children in Hungary also described a class fund contribution collected from pupils to cover shared costs such as class trips and other activities, and suggested that where a family cannot pay, the contribution should be covered so that the child is not excluded from these programmes.<sup>11</sup>

<sup>8</sup> [1 ES INT 1, 3 RO FG 2, 3 RO INT 1, 5 IT INT 2, 6 SE FG 1 and 6 SE INT 1, 10 CR FG 2, 12 FR FG 1]

<sup>9</sup> [3 RO INT 3, 5 IT INT 2, 7 HU INT 1, 12 FR FG 1]

<sup>10</sup> [1 ES FG 1, 3 RO INT 1, 3 RO FG 2, 6 SE FG 1 and 6 SE INT 1, 7 HU FG 1, 12 FR FG 1]

<sup>11</sup> [7 HU FG 1]

Children also raised the issue of the cost of everyday learning materials, and suggested providing free textbooks, digital devices, and basic supplies, so that learning and participation do not depend on what families can afford.<sup>12</sup> Children in Hungary described approaches such as providing textbooks free of charge and lending digital devices for studying.<sup>13</sup> Where extra textbooks are requested, children suggested teachers provide materials directly, for example by sharing downloads. Children also asked for textbooks to be accurate and up to date.<sup>14</sup>

Some children also suggested free hot meals at school as part of making school participation genuinely equal.<sup>15</sup>

*“Many students cannot afford trips or paid events, and even small costs can make them feel excluded.” Focus Group, 16-17 Romania<sup>16 17</sup>.*

*“Yes, everyone can go there, but in my class, there is a little girl, and therefore on expensive trips, sometimes she does not come.” Girl, 15, Italy<sup>18</sup>.*

## 2.4 Teaching quality and learning conditions shape whether pupils can keep up

Across interviews and focus groups, children raised concerns about **lessons being hard to follow, teachers not always adapting explanations, and children being left behind when teaching moves on quickly.**<sup>19</sup> Children linked learning conditions to **class size, disruption, lack of time for individual help, and pressure on teachers.**<sup>20</sup> Children suggested improving teaching conditions, including smaller classes where possible, more staff time, and learning approaches that are more engaging and interactive.<sup>21</sup>

*“There are people who do not come to class because they are unmotivated.”<sup>22</sup> Girl, 16, Spain.*

## 2.5 School-based pressure and need for support

### 2.5.1 Heavy school workload and pressure can reduce motivation and wellbeing

During interviews and focus groups, children discussed **heavy schedules, homework, tests, and exams, and described how pressure can affect motivation and mental wellbeing.**<sup>23</sup> Children’s views varied, but a common ask raised by children focus on the need to take stress seriously and to provide continuous support beyond short periods around exams.<sup>24</sup> Children also stressed that support should not be generalised, schools should offer more specialised support according to the needs of young people. Children suggested reducing harmful pressure, adapting homework and exams where needed, and offering school support throughout the year, not only close to exam

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<sup>12</sup> [3 RO FG 1, 7 HU INT 1, 10 CR FG 2, 12 FR FG 1]

<sup>13</sup> [7 HU FG 1]

<sup>14</sup> [3 RO FG 2]

<sup>15</sup> [3 RO FG 2, 12 FR FG 1]

<sup>16</sup> [3 RO FG 2]

<sup>17</sup> The report aims to include gender, age and country for each quotation. However, this level of detail was not always available in the country reports. For that reason, some quotations may report fewer characteristics.

<sup>18</sup> [5 IT INT 2]

<sup>19</sup> [3 RO INT 3, 9 LT INT 1, 12 FR FG 1, 13 MT FG 1]

<sup>20</sup> [2 DE FG 1, 7 HU INT 1, 12 FR FG 1, 13 MT FG 1]

<sup>21</sup> [1 ES FG 1, 2 DE FG 1, 7 HU INT 1, 13 MT FG 1]

<sup>22</sup> [1 ES FG 1]

<sup>23</sup> [1 ES FG 1, 7 HU FG 1, 9 LT FG 1, 12 FR FG 1, 13 MT FG 1, 14 PT FG 2]

<sup>24</sup> [12 FR FG 1, 14 PT FG 2]

periods.<sup>25</sup> Some children also suggested changes to the school day and workload, including later start times, fewer lessons, and better schedules, so children are less tired and can more easily take part in school life and activities.<sup>26</sup> Some children also suggested clearer rules on mobile phones at school to support concentration and reduce distraction.<sup>27</sup>

*“School support throughout the year, not just before exam periods.”<sup>28</sup> Child, 12-18, France.*

### 2.5.2 Learning support is uneven, and some children rely on tutoring or informal help

Children noted that **extra help is not equally available, and that some families use paid tutoring to cope with gaps in learning support.**<sup>29</sup> Children suggested that schools should provide structured support within schools, for example teacher led sessions, after school preparation, and peer to peer learning approaches.<sup>30</sup>

### 2.5.3 Disability related support and adjustments do not always work in practice

Children noted **barriers faced by children with disabilities and additional needs**, including delays in setting up support and gaps between formal plans and realities of everyday teaching.<sup>31</sup> They also noted that teachers do not always understand specific learning difficulties, and that this affects whether adjustments are provided and applied properly.<sup>32</sup> Children appreciated dedicated support staff, describing them as helpful where they assist in putting support plans into practice in everyday school life.<sup>33</sup> Children suggested making support timelier and more consistent, strengthening staff understanding, and ensuring schools adapt teaching and activities so children can participate without being singled out.<sup>34</sup> Children also suggested flexible options where needed, including online classes and, in some cases, teaching at home for children who cannot attend in person, alongside practical adaptations such as ramps.<sup>35</sup>

## 2.6 Bullying and discrimination affect safety, belonging, and participation

Children noted **bullying and peer to peer aggression as persistent problems**, and have observed that adult responses and approaches are often inconsistent and superficial.<sup>36</sup> Children also described discrimination in school settings, including racism and stigma linked to identity and difference, and said this can affect attendance, confidence, and willingness to participate.<sup>37</sup> To increase safety levels in schools, children suggested stronger action against bullying, clearer responsibilities for adults, trusted reporting routes, more adults present in school spaces, and time in school to talk about what is happening and how children feel.<sup>38</sup>

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<sup>25</sup> [1 ES FG 1, 12 FR FG 1]

<sup>26</sup> [9 LT FG 1, 12 FR FG 1]

<sup>27</sup> [9 LT FG 1]

<sup>28</sup> [12 FR FG 1]

<sup>29</sup> [3 RO INT 4, 12 FR FG 1]

<sup>30</sup> [2 DE FG 1, 3 RO INT 1, 3 RO INT 4, 12 FR FG 1]

<sup>31</sup> [12 FR FG 1, 14 PT FG 3]

<sup>32</sup> [12 FR FG 1]

<sup>33</sup> [12 FR FG 1]

<sup>34</sup> [12 FR FG 1, 14 PT FG 3]

<sup>35</sup> [1-ES-INT-2]

<sup>36</sup> [3 RO INT 1, 3 RO INT 5, 6 SE FG 1 and 6 SE INT 1, 14 PT FG 3]

<sup>37</sup> [2 DE FG 1, 6 SE FG 1 and 6 SE INT 1, 10 CR FG 2, 14 PT FG 3]

<sup>38</sup> [4 DK FG 1 and 4 DK INT 1, 6 SE FG 1 and 6 SE INT 1, 7 HU INT 1, 14 PT FG 3]

*“There was a lot of bullying in my school, sometimes even aggression, and teachers didn’t intervene. The anti-bullying efforts were just posters.”<sup>39</sup> Boy, 16-17, Romania.*

*“The consultative councils at schools that are established to counteract violence, are not effective at all.”<sup>40</sup> Child, Bulgaria.*

*“It would be nice if there was some time in school to talk about what’s happening and how we feel.”<sup>41</sup> Girl, 15, Denmark.*

## 2.7 Practical barriers affect participation in school life

### 2.7.1 Transport and basic school conditions matter

Children highlighted **transport barriers, especially for children in rural areas and for children who cannot travel independently**, and said this can limit attendance and participation in activities.<sup>42</sup> Children also raised aspects related to basic school conditions that affect dignity and wellbeing, including toilets and hygiene.<sup>43</sup> Children suggested free or reliable school transport, support for children who need help travelling, improvements to accessibility,<sup>44</sup> and practical improvements to facilities, such as toilets that are cleaner and more hygienic, with more regular cleaning and oversight, and ensuring basic hygiene products are available, such as toilet paper and soap.<sup>45</sup>

*“Not everyone who wants to play football or music can do it because they do not have transport, there is no transport in our city.”<sup>46</sup> Focus Group, 10-17, Croatia.*

*“For students who live outside the city, free or reliable school transportation would make a huge difference (many European countries already provide this). Increasing educational funding and creating a dedicated support fund for students would help reduce barriers and ensure fair access to school activities.”<sup>47</sup> Boy, 16-17, Romania.*

### 2.7.2 Language barriers can limit access to opportunities and participation

Children raised **language barriers** as affecting whether children and families can understand what is available and complete the practical steps for taking part, for example forms and applications for support linked to school attendance and trips.<sup>48</sup> To address this, children in Germany suggested stronger language support and practical help with applications and processes linked to participation in school life and activities.<sup>49</sup> Children in Lithuania also suggested that there should be teachers who teach or speak the language of children coming from other countries.<sup>50</sup>

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<sup>39</sup> [3 RO INT 1]

<sup>40</sup> [8 BU FG and 8 BU INT 1]

<sup>41</sup> [4 DK FG 1 / 4 DK INT 1]

<sup>42</sup> [2 DE FG 1, 3 RO INT 2, 7 HU INT 1, 10 CR FG 2, 13 MT FG 1, 14 PT FG 2, 14 PT FG 3]

<sup>43</sup> [2 DE FG 1, 7 HU INT 1]

<sup>44</sup> [2 DE FG 1, 3 RO INT 2, 7 HU INT 1, 14 PT FG 3]

<sup>45</sup> [2 DE FG 1, 7 HU INT 1]

<sup>46</sup> [10 CR FG 2]

<sup>47</sup> [3 RO INT 5]

<sup>48</sup> [2 DE FG 1, 12 FR FG 1]

<sup>49</sup> [2 DE FG 1]

<sup>50</sup> [9 LT FG 1]

### 2.7.3 Documentation and status can affect access to education related opportunities

Children also raised issues linked to documentation and “papers”, including how administrative barriers can limit access to some opportunities linked to education and travel.<sup>51</sup> They also highlighted how status and hostile treatment can affect inclusion within education settings, including whether children receive support to participate and learn.<sup>52</sup> Children suggested that systems should work so children are not excluded by administrative barriers, and that schools should ensure support is provided in practice to the children who need it.<sup>53</sup>

### 2.7.4 Selection and restricted access to opportunities inside school

Children described situations where **opportunities inside school are not equally available**, including selection practices that favour high achievers and exclude others from initiatives, representation, and exchanges.<sup>54</sup> Children suggested widening access to opportunities, reviewing selection criteria, and ensuring student participation structures are open and representative, rather than limited to a small group.<sup>55</sup>

*“The tendency is that only good students with good grades have better access to different initiatives and activities.”<sup>56</sup> Children in focus groups and interview, Bulgaria.*

## 2.8 A stronger voice in school decisions

Children **asked for stronger participation structures**, including student bodies with meaningful influence and voting rights on decisions that affect school life.<sup>57</sup> Children also suggested that participation should be inclusive and representative, so that decision making does not reflect only confident or high achieving pupils.<sup>58</sup> In Hungary, children suggested strengthening the effectiveness of student council, so that their decisions lead to concrete outcomes, and ensuring representation includes children from disadvantaged backgrounds, so that participation structures do not reflect only a narrow group of pupils.<sup>59</sup>

*“There should be more student panels with more voting rights in schools. School conferences should be expanded.”<sup>60</sup> Boy, 15 Germany.*

## 2.9 Recommendations<sup>61</sup>

### Box 1: Recommendations from children on improving access to education and school-based activities

#### Make school and school-based activities affordable in practice

- Cover or subsidise the costs of trips, clubs, sport, and other school-based activities, so participation does not depend on family income.

<sup>51</sup> [12 FR FG 1]

<sup>52</sup> [5 IT FG 1 and 5 IT INT 1]

<sup>53</sup> [5 IT FG 1 and 5 IT INT 1, 12 FR FG 1]

<sup>54</sup> [8 BU FG 1 and 8 BU INT 1]

<sup>55</sup> [8 BU FG 1 and 8 BU INT 1]

<sup>56</sup> [8 BU FG 1 and 8 BU INT 1]

<sup>57</sup> [2 DE FG 1, 6 SE FG 1 and 6 SE INT 1, 13 MT FG 1]

<sup>58</sup> [6 SE FG 1 and 6 SE INT 1, 7 HU FG 1, 8 BU FG 1 and 8 BU INT 1]

<sup>59</sup> [7 HU FG 1]

<sup>60</sup> [2 DE FG 1]

<sup>61</sup> The recommendations summarise children’s suggestions across the consultation activities, drawing on survey responses, interviews and focus groups.

- Reduce hidden costs by setting clear limits on what schools can ask families to pay, and by sharing learning materials directly where possible.
- Provide free resources for learning and participation, including textbooks, digital devices where needed, and basic school supplies.
- Provide free hot meals at school, so children can participate and learn, and basic needs do not act as a barrier.

### **Make schools safe, welcoming, and fair**

- Make children and teenagers feel safe and welcome at school and during school-based activities, including through consistent action on bullying and discrimination.
- Put in place trusted reporting routes, clear adult responsibilities, and regular time in school to discuss wellbeing, relationships, and what is happening in school life.
- Ensure adult support is available and accessible, including counselling or psychological support where children need it.

### **Improve learning support and reduce avoidable pressure**

- Provide extra support for children who need it, as part of everyday school provision, including teacher led support sessions, help throughout the year, and peer learning opportunities.
- Improve teaching conditions where possible, including smaller classes and more staff time, so teachers can adapt explanations and support different needs.
- Reduce harmful pressure linked to homework and exams, and adapt tasks and assessment where needed so pupils do not disengage or fall behind.
- Review school routines that affect learning and wellbeing, including workload, timetables, and where helpful, clear rules on mobile phones to support concentration.

### **Ensure inclusion for children with disabilities and additional needs**

- Make disability related support timely and consistent, and ensure adjustments are applied in everyday teaching and activities.
- Improve accessibility of school buildings and activities, and avoid approaches that single children out.

### **Remove practical barriers and improve facilities**

- Provide free or reliable school transport, especially for children in rural areas and for those who cannot travel independently.
- Improve facilities that affect dignity and wellbeing, including clean toilets, regular maintenance, and access to basic hygiene products.
- Give more chances to play and do physical activities at school, so all children can benefit, including those who cannot access activities outside school.

### **Strengthen information and children's voice**

- Provide clear, child friendly information in the languages children and families need, and practical help with the steps to take part, including forms and applications for activities and support.
- Involve children and teenagers in planning and decisions about school life and activities, with participation structures that are inclusive and meaningful.

### 3 What children think about healthcare

Children and teenagers described health as more than being free from illness. They linked it to the day-to-day conditions that help children develop and feel well, including healthy food, sleep, hygiene, physical activity, safe homes and neighbourhoods, a clean environment, and support for mental wellbeing. Across the consultation activities, they often felt that access to healthcare is not experienced as equal for all children, particularly where families face long waiting times, travel barriers, or costs for services such as dentistry, specialist therapies, and psychological support. Children also highlighted that information about health and about how to access services is not always clear or consistent, and that support in schools, including access to school nurses and counsellors, varies. Their suggestions focused on improving timely access, reducing financial barriers, strengthening mental health support, and making prevention and health education more practical and available to all children.

#### 3.1 Access to health knowledge and healthcare varies

**Respondents (N=34,285) provided mixed feedback on the extent they believe children have access to appropriate healthcare. Whilst not a majority, the highest proportion of responses were often positive about access for most children. Yet, fast access to see a doctor was felt to be less accessible** (see Figure 3.1).

The highest proportion of respondents believed ‘almost all’ or ‘all’ children know what being health means (47%, n=16,094), have chances to play and be active (56%, n=19,020), and can get special help when needed (46%, n=15,516). There was no consensus as to whether families have enough money to keep children and teenagers healthy. Similar proportions of respondents believed ‘hardly any’, ‘a few’ (28%, n=9,504), or ‘some’ (34%, n=11,567), and ‘almost all’ or ‘all’ (37%, n=12,509). In contrast, the highest proportion of respondents believed ‘hardly any’ or ‘a few’ are able to see a doctor quickly (44%, n=14,877) whereas 30% (n=10,088) believed this ‘almost all’ or ‘all’ were able. Approximately one quarter of all respondents consistently believed ‘some’ have access to each of the listed options.

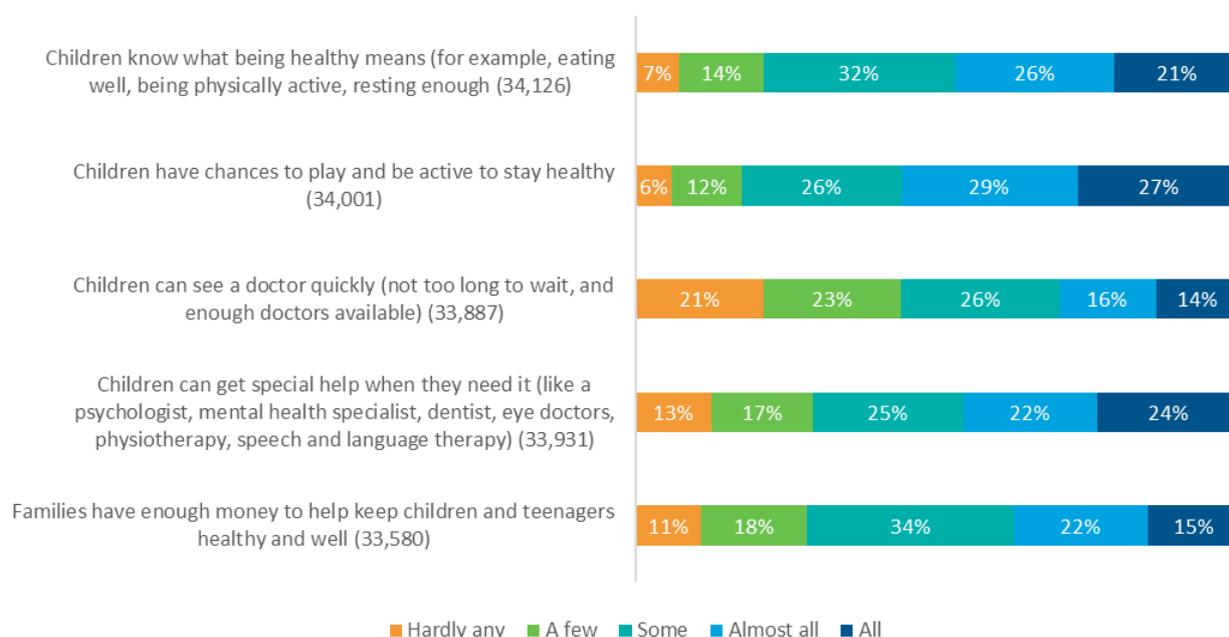
**There were no significant differences in how boys and girls answered this question.**

**Younger respondents were more likely than older respondents to believe that all children have knowledge and access to healthcare.** Respondents aged 8-9 (N=1,010) were more likely to believe ‘all’ children know what being healthy means. Respondents aged 8-10 (N=3,008) were more likely than other ages to believe that children have chances to play and be active. Respondents aged 8 (N=500) were less likely than other age groups to believe special help is available.

**The responses varied among respondents representing different socio-economic and demographic characteristics.** Respondents with disabilities or medical conditions (N=5,834) were more likely than other respondents to believe that ‘hardly any’ or ‘a few’ children can see a doctor quickly. Compared with other minority groups, respondents from Roma and traveller communities (N=336) were more likely to think ‘hardly any’ or ‘a few’ children know what being healthy means (35%, n=119) and were more likely to select ‘hardly any’ or ‘a few’ children have chances to play and be active (34%, n=114). LGBTIQ+ respondents (N=2,530) were more likely to think ‘hardly any’ or ‘a few’ children can see a doctor quickly (59%, n=1,481).

**Overall, respondents in Germany were more likely to report limited access to key aspects of health and wellbeing, while reflecting broader variation across EU Member States.** There was little consensus by German respondents that children understood what it meant to be healthy. In addition, respondents in Germany were more likely to perceive that only a small proportion of children could access special help when needed, and that relatively few families could afford to keep children and teenagers healthy.

Figure 3.1 Knowledge and access of healthcare by children (N=34,285)



Note: Q10: ‘Do you think all children and teenagers in your community get help to feel healthy and well? Do they all get the same chances as other children? Please tell us how true you think each statement is, from ‘hardly any’ to ‘all’. Single choice

### 3.2 Awareness, faster access, and costs are key barriers to appropriate healthcare

Overall, a majority of respondents (N=38,507) recommended raising awareness and understanding of health related issues, faster access to healthcare, low-costs, and help in finding support. Specifically, respondents selected helping children understand how to stay healthy (64%, n=24,761), giving faster access to healthcare when children and teenagers need it urgently (64%, n=24,650), making health services free or low-cost for families who need support (58%, n=22,364), and helping children and teenagers understand where to look for help (54%, n=20,790). The remainder of answer options were selected by under half of respondents.

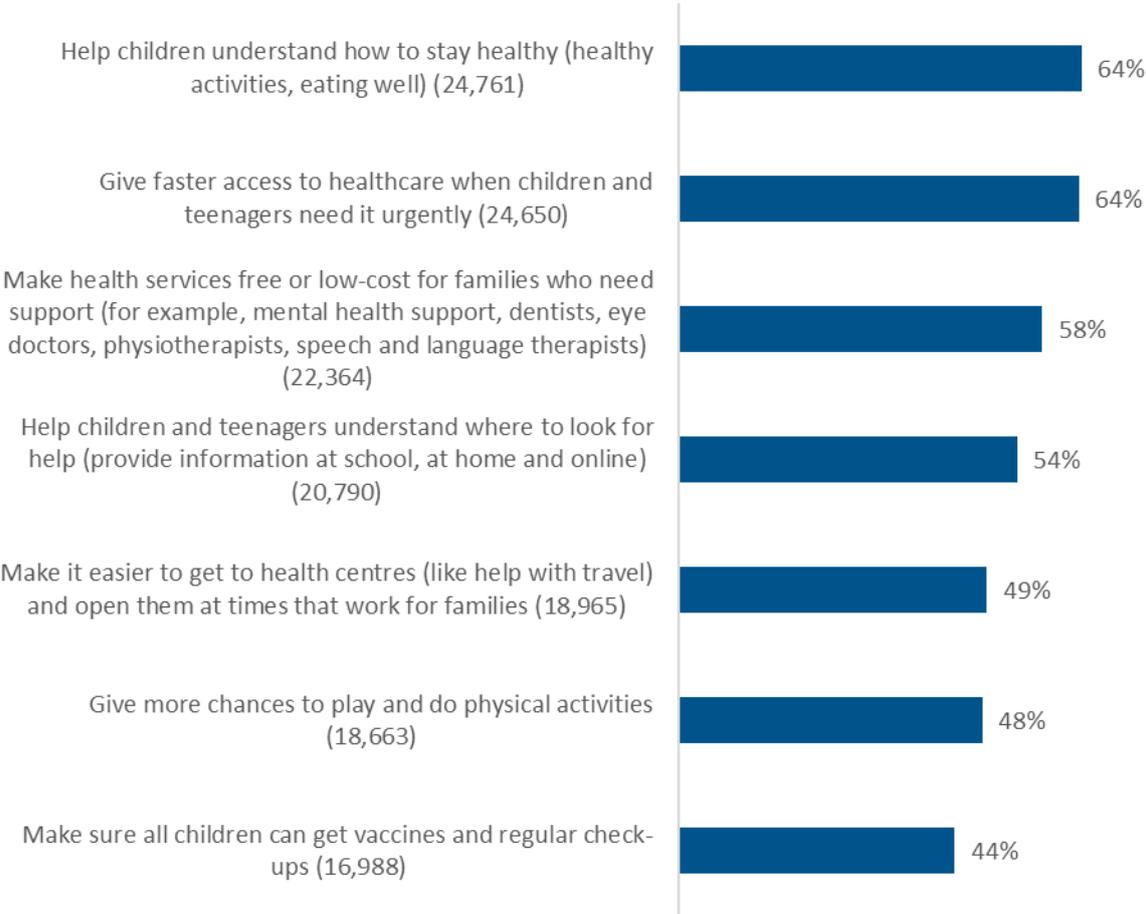
Girls (N=20,225) tended to select most of the listed options more often than boys (N=16,392). For example, 12% more girls selected making health services free or low-cost for families who need it, 9% more girls selected giving faster access to healthcare, 9% more girls selected helping to understand where to look for help, and 5% more girls selected easier access to health centres.

Younger respondents aged 8-9 were more likely to select the first three options than other age groups. Other significant differences across age ranges were not observed. Respondents with disabilities or medical condition did not display significantly different results from other respondents.

Overall, survey responses highlighted clear differences in healthcare priorities between EU Member States. Respondents in Portugal and Romania were more likely to select helping children understand how to stay healthy. Respondents in Portugal were also more likely to choose giving faster access to healthcare when children and teenagers needed it, making it easier to get to health centres and open them at times that worked for families, as well as making sure all children receive vaccines and regular checkups. In addition, respondents in Luxembourg, Portugal, and Romania were more likely to select making health services free or low-cost for families who needed support,

whereas respondents in Romania were more likely to choose helping children and teenagers understand where to look for help.

Figure 3.2 Supporting children to stay healthy (N=38,507)



Note: Q11: ‘What could be done to help more children and teenagers be healthy and get care when they need it?’ Multiple choice question.

### 3.3 What being healthy means

Children participating in interviews and focus groups described **being healthy as a mix of physical health, mental wellbeing, and the routines and environments that support both.** They spoke about eating well, resting enough, and being active, and they also linked health to being supported by adults, having access to trustworthy information, and being able to ask for help when needed. In some national consultations, children also linked health to the effectiveness of schemes designed to support children, for instance whether schemes such as food support provide good quality nutrition that supports child’s development.<sup>62</sup>

### 3.4 Unequal access to healthcare services

**Many children felt that not all children have the same chance to receive healthcare when they need it.** They linked differences to family income, the ability to pay for private services, and the additional burdens created by travel, waiting times, and associated costs. Children also described

<sup>62</sup> [1 ES INT 1, 1 ES FG 1, 10 CR FG 1, 14 PT FG 3]

how access can depend on parents' time and capacity to arrange appointments, and on whether families understand how to navigate systems, including what is free and how to register.<sup>63</sup> In some consultations, children also highlighted that certain groups can face additional barriers, including migrant children and some communities, such as Roma, where cultural or structural factors were seen as challenges complicating access.<sup>64</sup>

### 3.4.1 Waiting times and timely care were highlighted as a challenge

**Long waiting times** were raised repeatedly, including delays for family doctor appointments, specialist referrals, and help for mental health. Children described systems that feel overloaded, and they linked delays to worsening problems while children wait, or to families turning to private options when they can afford them. One young person described the sense of not being taken seriously early enough.<sup>65</sup>

*"They don't take it seriously unless you're about to die, and that's not just for kids but in general"*  
Girl, 16, Sweden.

Children's suggestions in these discussions focused on increasing capacity, including more staff and more appointments, and improving access to family doctors and specialist consultations through public systems.<sup>66</sup>

### 3.4.2 Geography and travel barriers

Children described how **location shapes access**, particularly for those living in rural areas, villages, and places described as "medical deserts".<sup>67</sup> They spoke about the need to travel to reach hospitals and specialist services, and the difficulty of repeated appointments where transport is limited or time off work is not possible for parents. Children also described different healthcare access pressures in larger cities, where children reported difficulties finding a family doctor or accessing emergency care appropriately.<sup>68</sup>

Children's suggestions included strengthening local provision, improving transport support, and using outreach approaches to bring services closer to families where distance is a barrier.<sup>69</sup>

### 3.4.3 Cost and affordability act as a key barrier

**Cost was raised as a major barrier even where children expected healthcare to be free. Dentistry was a particular concern**, with children describing it as expensive and a key source of inequality.<sup>70</sup>

Children also raised issues related to the cost of medicines, scans, and specialist support, including therapies such as speech therapy and physiotherapy, where limited public provision was described as pushing families towards private services that require financial affordability. In some consultations, children noted that being able to pay privately can determine whether a child gets faster or more comprehensive care.<sup>71</sup>

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<sup>63</sup> [6 SE FG 1 and 6 SE INT 1, 7 HU INT 1, 9 LT FG 1, 1-ES-FG-2, 14 PT FG 3]

<sup>64</sup> [14 PT FG 3]

<sup>65</sup> [6 SE FG 1 and 6 SE INT 1, 3 RO INT 1, 9 LT FG 1, 14 PT FG 3]

<sup>66</sup> [1 ES INT 1, 7 HU INT 1, 9 LT FG 1, 14 PT FG 3]

<sup>67</sup> The term 'medical deserts' refers to areas where local access to healthcare is limited, for example due to shortages of healthcare professionals or services, meaning families may need to travel further for care.

<sup>68</sup> [12 FR FG 1, 14 PT FG 3, 7 HU FG 1]

<sup>69</sup> [7 HU FG 1, 14 PT FG 3, 12 FR FG 1]

<sup>70</sup> [1 ES FG 1]

<sup>71</sup> [7 HU INT 1, 9 LT INT 1, 14 PT FG 3, 3 RO INT 1]

Children also described uncertainty about entitlements, including not knowing what is free and what must be paid for, and they suggested that clearer guidance would help families seek support earlier. In some consultations, children also noted practical rules that can penalise families under pressure, including receiving a fine for a missed appointment.<sup>72</sup>

*“The most expensive thing is the dentist, it’s very expensive”* Boy, 14, Spain.

### 3.4.4 Unequal access to mental health support

**Children consistently framed mental health as part of health, but they often described access as limited, inconsistent, or reactive.** They spoke about long waiting lists, insufficient support, and high costs when help is only available privately. Some also described how stigma discourages children from seeking support, including fear of judgement, and concern that the way support is delivered can harm dignity and privacy.<sup>73</sup>

Children also highlighted the role of adults, including teachers and parents, in shaping whether children feel able to talk about mental health and access support. In one consultation, children argued for more learning and open dialogue in school, including education that helps students understand stress and psychological challenges.<sup>74</sup>

*“I think we should learn more about mental health in school, so we can understand students better.”* Girl, 17, Denmark.

## 3.5 Limited understanding of where to get information and ask for help

### 3.5.1 Schools play an important role in signposting

Children frequently described **schools as a practical place for prevention, early support, and guidance on where to go for medical help**, particularly for children who cannot rely on parents to act quickly. Some children described routine checks and supportive systems as beneficial.<sup>75</sup> At the same time, children emphasised that access to school nurses and counsellors varies widely between schools, and that limited availability can mean help is not there when a child needs it.<sup>76</sup>

*“The school nurse has to check you every term, your height and how you’re doing. Also asks about your mental health.”* Boy, 17, Sweden

*“It can be like this: I gather up my courage, ‘okay, today I’m going to tell,’ and then she’s [school nurse] not even there.”* Girl, 17, Sweden.

### 3.5.2 Health education, information, and knowing where to go for help

**Children often said they receive too little practical explanation about health risks and healthy behaviours, and that information depends heavily on which adults and services they have around them.**<sup>77</sup> In some consultations, children said health topics are not sufficiently covered in schools, and they also described using online sources to fill gaps. In Bulgaria, children reported receiving information about health topics mainly through AI tools.<sup>78</sup>

<sup>72</sup> [6 SE FG 1 and 6 SE INT 1, 8 BU FG 1 and 8 BU INT 1, 9 LT INT 1]

<sup>73</sup> [3 RO INT 1, 5 IT FG 1 and 5 IT INT 1, 10 CR FG 2, 6 SE FG 1 and 6 SE INT 1, 14 PT FG 3]

<sup>74</sup> [4 DK FG 1 and 4 DK INT 1]

<sup>75</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>76</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>77</sup> [4 DK FG 1 and 4 DK INT 1]

<sup>78</sup> [8 BU FG 1 and 8 BU INT 1]

Children's suggestions focused on clearer, age appropriate, practical information, delivered through schools and trusted professionals, including programmes supported by health staff, such as nurses, and sessions led by experts.<sup>79</sup>

*"I think we get so little information about health... you're not allowed to smoke, but they don't really explain why."* Boy, 15, Denmark.

### 3.6 Everyday habits and prevention matter for staying healthy

Children explained **the importance of prevention and staying healthy through balanced nutrition and physical activity**, and they emphasised the value of safe spaces to play and be active. They also raised points related to smoking and vaping, and offered suggestions related to stronger prevention and restrictions on access for children.<sup>80</sup> Some children also linked prevention to education and routines, including regular monitoring of physical health and efforts to support healthy living habits. In Portugal, children referred to limiting screen time as part of healthy living habits,<sup>81</sup> and in the Netherlands, children highlighted the influence of social media on health and wellbeing.<sup>82</sup>

*"I think social media plays a very big role in children and their health and social media very often gives 'the perfect picture'. I think it is unhealthy for a child to see such images."* Boy, 17, Netherlands.

### 3.7 Access to healthcare with dignity and trust

Children highlighted that **the experience of healthcare matters**, including whether professionals listen, explain, and treat children with respect. In Sweden, they also raised issues of privacy and independence, asking whether children should be able to access healthcare without parents being present.<sup>83</sup>

*"Kids should be able to go to the doctor, or whatever, by themselves, without parents."* Girl, 12, Sweden.

### 3.8 Recommendations

#### Box 2: Recommendations from children on improving access to healthcare services

##### Faster access

- Increase primary and specialist capacity to cut waiting times.
- Improve triage and referral pathways so children can see a doctor quickly when needed.
- Offer service hours that work for families, where opening times are a barrier.

##### Affordable care, medicines, and dentistry

- Reduce out of pocket costs for families who need support, including for medicines and dental care.
- Strengthen free or low-cost routes for essential care.
- Improve awareness of entitlements and how to access support.

<sup>79</sup> [4 DK FG 1 and 4DK INT 1, 8 BU FG 1 and 8 BU INT 1, 14 PT FG 3]

<sup>80</sup> [1 ES INT 2, 10 DR FG 1, 14 PT FG 3]

<sup>81</sup> [14 PT FG 3]

<sup>82</sup> [11 NL INT 1]

<sup>83</sup> [6 SE FG 1 and 6 SE INT 1]

### **Mental health**

- Expand timely access to counselling and therapy for children and teenagers.
- Strengthen school-based mental health support, including trained staff, supervision, and clear confidentiality arrangements.
- Provide clear, age-appropriate information on where to get help, and reduce stigma for accessing mental healthcare support.

### **Prevention and school-based services**

- Strengthen school health provision, including routine checks and clear routes to advice and referrals.
- Use schools for prevention, including vaccinations and practical health promotion where relevant.

### **Health literacy and navigation**

- Improve practical health education, including nutrition, hygiene, mental health, and how to navigate services.
- Provide simple signposting so children know where to look for help.
- Target health literacy support where children report lower understanding of what being healthy means.

### **Healthy lifestyles and physical activity**

- Increase safe, affordable opportunities to be active, including sport and local play spaces.
- Support healthy eating and everyday habits that underpin wellbeing.
- Remove practical barriers to being active, for example cost, safety, and access to suitable facilities.

### **Equal access and targeted support**

- Target support to children facing financial, geographic, or social barriers.
- Improve local access and transport solutions where distance is a barrier.
- Prioritise children who report poorer access, including those with disabilities or health conditions. Ensure children who need special help can access it quickly and consistently.

## 4 What children think about housing

Across the consultations, children framed adequate housing as a basic foundation for stability and wellbeing. They described how housing conditions affect dignity, safety, health, sleep, learning, and inclusion, and they pointed to recurring building blocks for improvement, affordability, reliable utilities, sufficient space and privacy, safer local environments, repairs and minimum standards, clearer access to support, and stronger support for families and for young people moving into independence.

### 4.1 Stable homes are provided for most children

**Overall, a majority of respondents (N=34,232) believed most children and teenagers have access to stable and comfortable homes** (see Figure 4.1). Specifically, survey results suggested over half of the respondents believed ‘almost all’ or ‘all’ children and teenagers live in stable homes and do not have to move house to house (56%, n=18,984), have secure housing and do not become homeless due to essential costs (62%, n=21,090), are able to stay with their families and not taken into a children’s home due to bad housing (59%, n=19,950), and that children live in nice, comfortable homes (52%, n=17,532).

Conversely 39% (n=12,746) believe ‘almost all’ or ‘all’ children or teenagers’ who leave alternative care are helped to become independent. Around a quarter to a third of respondents (24% to 33%) believed that ‘some’ children have access to the standards of housing listed in this question. However, a small share of respondents (14% to 27%) believed that ‘hardly any’ and ‘a few’ children or teenagers experience this, with the option of young people leaving alternative care indicated by 27% of respondents.

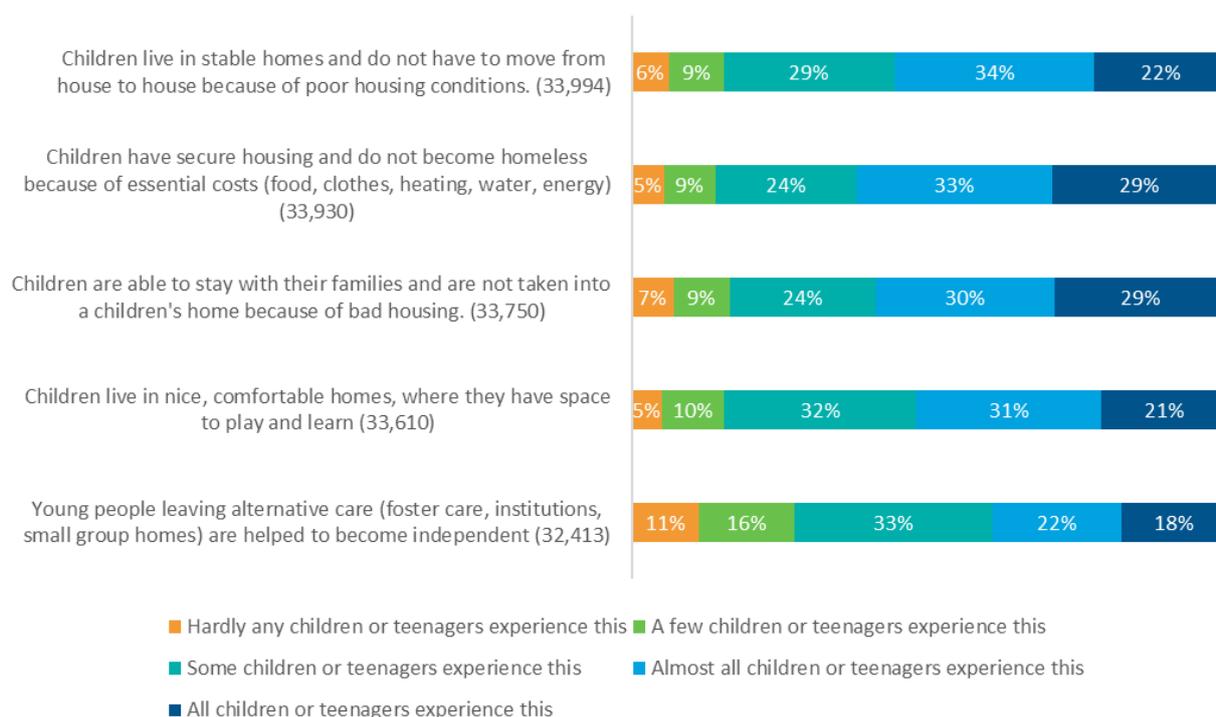
**There was no significant difference in responses from boys and girls.** Respondents aged 8-11 (N=6,265) were more likely to state ‘almost all’ or ‘all’ children or teenagers were able to stay with their families and were not taken into a children’s home due to bad housing.

Respondents from Roma and traveller communities (N=336) were more likely than other groups of respondents to believe ‘hardly any’, ‘some’, or ‘a few’ children have access to stable and comfortable homes.

Respondents who lived with relatives (N=201), are in foster care (N=417), or in alternative care (N=346) were more likely to answer ‘hardly any’ or ‘some’ to all statements in this question, except the statement on whether young people leaving alternative care are helped to become independent.

**Overall, respondents in some countries expressed more positive perceptions of children’s housing stability and family living arrangements.** In particular, respondents in Luxembourg, Poland, Romania, and Spain were more likely to believe that ‘almost all’ or ‘all’ children and teenagers’ lived in stable homes, while those in Luxembourg, Poland, and Romania were more likely to believe that ‘almost all’ or ‘all’ children and teenagers’ lived in secure housing. Respondents in Bulgaria, Luxembourg, and Poland were more likely to believe that ‘almost all’ or ‘all’ children and teenagers’ lived in nice and comfortable homes. Across Bulgaria, Luxembourg, Poland, and Romania, respondents were also more likely to believe that ‘almost all’ or ‘all’ children and teenagers’ were able to stay with their families.

Figure 4.1 Standard of housing for children and families (N=34,232)



Note: Q13: 'Do you think all children in your community live in good enough homes? Do they all get the same chances as other children? Please tell us how true you think each statement is from 'hardly any' to 'all' Single choice question.

## 4.2 Priorities for improving safety and comfort in homes

The majority of respondents (N=38,323) provided recommendations to improve safety and comfort at home (see Figure 4.2). Specifically, they believed that fixing homes that are broken, cold or unsafe (69%, n=26,552), making sure children have their own space at home (64%, n=24,460), giving support with heating, water, and energy bills (57%, n=22,011), and listening to children and young people more when making decisions about homes (53%, n=20,245). Over half (majority) of respondents also felt making it easier for children and families to understand what housing support is available would be beneficial (51%, n=19,624), and just under half believed that families staying in the same home for longer if it's in the child's best interests (45%, n=17,116).

**No significant difference was observed across respondent genders, or disabilities and medical conditions.**

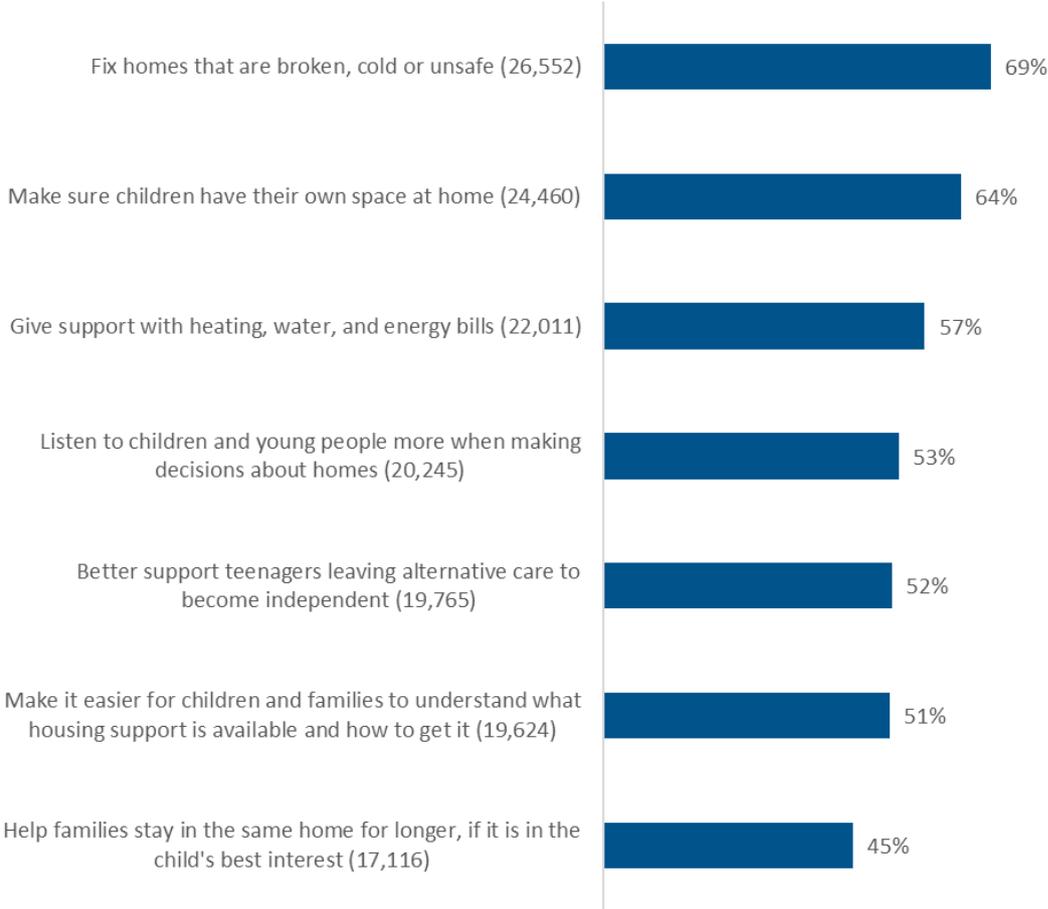
**Respondents aged 8-9 (N=1,056) were more likely than respondents in other age ranges to select 'better support for teenagers leaving alternative care to become independent'.**

Respondents living with relatives (N=230) were less likely to select making sure children have their own space at home (54%, n=124), and listening to children and young people more when making decisions about homes (43%, n=100) than children with other living status types. Those in foster care (N=473) and alternative care (N=437) were more likely to select help families stay in the same home for longer if it's in the child's best interests (55%, n=261 (foster care)) (54%, n=237 (alternative care)).

**Responses across EU countries showed general alignment with the options selected.** Respondents in Luxembourg were more likely to select giving support with heating, water and energy bills. Respondents from Portugal were more likely to select better supporting teenagers

leaving alternative care to become independent. Respondents from Austria and Portugal were more likely to select make it easier for children and families to understand what housing support is available and how to get it. And finally, respondents from Luxembourg, Portugal, and Romania were more likely to select helping families stay in the same home for longer, if it is in the child's best interest.

Figure 4.2 Supporting safety and comfort of children in homes (N=38,323)



Note: Q14: 'What would help all children and teenagers to have safe and comfortable homes?' Multiple choice question.

### 4.3 What good enough homes mean in practice

Children and teenagers participating in interviews and focus groups described **good enough homes as places that meet basic needs and support children's wellbeing**. They referred to warmth, functioning utilities, clean and adequate facilities, and enough space to rest and study, alongside privacy and respect within the household<sup>84</sup>. Children also framed adequate housing as essential for children to grow up with dignity, not as a luxury<sup>85</sup>.

Where children described what would help, they suggested practical checks on children's living conditions, including whether children have space to study and live comfortably, and practical

<sup>84</sup> [1 ES INT 1] [1-ES-FG-2] [2 DE FG 1] [7 HU FG 1] [9 LT INT 1] [14 PT FG 2] [14 PT FG 3]

<sup>85</sup> [RO FG 3]

support to improve conditions at home, including ensuring homes are warm and have functioning utilities<sup>86</sup>.

*“Privacy in the room is important to me. Others should not look into my things.”* Boy, 17, Germany<sup>87</sup>”

*“Children need a home where they can live safely: one with hot water, heating, and basic utilities. Not luxury, but the essential conditions that allow them to grow up with dignity and comfort”.* Girl, 16, Romania<sup>88</sup>

## 4.4 Unequal chances of safe and comfortable housing

### 4.4.1 Several factors contribute to unequal housing conditions

In interviews and focus groups, children described **unequal chances of having safe and comfortable housing**, and linked this to poverty, household income, unemployment, family size, rural disadvantage, migration, and discrimination, including references to Roma communities in some consultations<sup>89</sup>. Some children also said they did not see frequent moves or very poor housing in their own surroundings, which contrasted with other accounts describing visible hardship and homelessness<sup>90</sup>.

Children suggested strengthening affordable housing provision and targeting support to families most in need, including support that helps families remain stable in their community where this is safe and improves children’s lives<sup>91</sup>.

### 4.4.2 Housing quality is important to meet basic living conditions

**Children described inadequate housing conditions in concrete terms, including damp, mould, cold, missing basic facilities, and homes that are unsafe or poorly maintained.** They described situations where families cannot afford repairs, or where basic needs such as bathrooms, heating, and electricity are not reliably available<sup>92</sup>.

Children suggested renovation and repair programmes that lead to real improvements, including practical support restricted to materials, help from maintenance workers, and checks to ensure support is used as intended<sup>93</sup>. Some also suggested community-based support where housing conditions are very poor, including centres offering basic services alongside space for homework, and transport support where access is difficult.<sup>94</sup>

### 4.4.3 Housing affordability seen as important for stability and security

**Children linked housing insecurity to affordability pressures, including rent and utility bills,** and described how debt can lead to utility disconnections and, in some cases, loss of the home. They also linked financial pressure to exclusion from activities that matter to children and teenagers, because family budgets are consumed by essentials first.<sup>95</sup> Children recognised that inadequate

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<sup>86</sup> [1 ES INT 1] [1-ES-INT-2] [2 DE FG 1] [3 RO INT 4] [7 HU FG 1]

<sup>87</sup> [2 DE FG 1]

<sup>88</sup> [RO FG 3]

<sup>89</sup> [3 RO INT 2] [3 RO FG 1] [3 RO FG 2] [9 LT FG 1] [14 PT FG 1] [14 PT FG 2] [14 PT FG 3]

<sup>90</sup> [11 NL INT 1] [11 NL INT 2] [11 NL INT 3] [5 IT INT 2] [1 ES INT 1] [12 FR FG 1]

<sup>91</sup> [6 SE FG 1 and 6 SE INT 1] [7 HU FG 1] [14 PT FG 2] [14 PT FG 3]

<sup>92</sup> [3 RO INT 1] [3 RO INT 2] [3 RO INT 4] [3 RO FG 2] [7 HU FG 1]

<sup>93</sup> [3 RO INT 4] [3 RO FG 2] [7 HU FG 1] [9 LT FG 1] [RO FG 3]

<sup>94</sup> [3 RO INT 2]

<sup>95</sup> [7 HU INT 1] [1 ES FG 1] [9 LT INT 1]

housing contribute to family stress and, in severe situations, to separation from families, while also emphasising that removal should be a last resort and that families should be supported to improve housing conditions.<sup>96</sup>

Children suggested more affordable housing, support with rent and bills, and targeted support for heating and energy costs, particularly in winter, to prevent disconnections and reduce housing insecurity<sup>97</sup>.

#### 4.4.4 Children asked for having space and privacy

**Overcrowding, lack of privacy, and lack of space to study** came through repeatedly, particularly among older children. Children described sharing rooms, lacking quiet space to concentrate, and relying on libraries or other places outside the home for studying<sup>98</sup>.

Children suggested reducing overcrowding, supporting families to access homes with enough rooms for children to have privacy, and providing safe, warm local spaces where children can study and spend time with friends<sup>99</sup>.

*“Small things that can make people not feel comfortable in their home, like traditions, old traditions, things you have to do against your will. I think things like that make you not feel so safe at home.”* Boy, 17, Sweden<sup>100</sup>

#### 4.4.5 Good housing contributes to social inclusion and participation

**Children linked housing and household resources to inclusion**, including whether they can socialise with friends and take part in everyday activities. They also described dignity and shame linked to poor housing, including whether homes are clean, warm, and provide personal space.<sup>101</sup> Children suggested addressing exclusion through affordability measures and awareness raising, including helping children recognise when peers may not have adequate conditions at home.<sup>102</sup>

*“It is a matter of dignity or shame: have your own space, clean, heated spaces”* Child, France<sup>103</sup>

*“To raise awareness about kids who don’t have a good home, talk more about this in schools, more ads about how life at home or living situations can be bad, what a good family looks like and a bad one. So you know the difference.”* Girl, 14, Sweden<sup>104</sup>

### 4.5 Safe neighbourhoods linked to good housing

**Children linked safety to both the home and the wider neighbourhood.** They described concerns about home security, crime nearby, and how local conditions affect how safe children feel in daily life<sup>105</sup>. Children also noted that strong community ties can sit alongside safety concerns.<sup>106</sup>

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<sup>96</sup> [14 PT FG 2] [14 PT FG 3] [10 CR FG 1]

<sup>97</sup> [6 SE FG 1 and 6 SE INT 1] [7 HU FG 1] [7 HU INT 1] [14 PT FG 1] [14 PT FG 2] [14 PT FG 3]

<sup>98</sup> [1 ES INT 1] [3 RO FG 2] [6 SE FG 1 and 6 SE INT 1] [13 MT FG 1]

<sup>99</sup> [6 SE FG 1 and 6 SE INT 1] [7 HU FG 1] [13 MT FG 1] [2 DE FG 1]

<sup>100</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>101</sup> [1 ES FG 1] [7 HU INT 1] [12 FR FG 1]

<sup>102</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>103</sup> [12 FR FG 1]. Child’s gender and age was not provided in the consultation report.

<sup>104</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>105</sup> [1-ES-INT-2] [6 SE FG 1 and 6 SE INT 1] [8 BU FG 1 and 8 BU INT 1]

<sup>106</sup> [6 SE FG 1 and 6 SE INT 1]

Children also raised safety issues linked to domestic violence, including situations where seeking refuge with friends can create risks for those offering help.<sup>107</sup>

Where children discussed safety, they suggested improving the local environment, including more parks or places to play near homes, clearer routes to report safety concerns and ask for support from authorities, and safe spaces that children can go to if they do not feel safe.<sup>108</sup>

*“You’re affected by the place you live. So, if you live in a suburb, like where I live, it’s really— it’s unsafe.”* Girl, 16, Sweden<sup>109</sup>

*“There are negative aspects where I live, but there are so many positive ones too.”* Girl, 17, Sweden<sup>110</sup>

## 4.6 Unaffordability of renting out and homelessness

### 4.6.1 Barriers to renting

**Key barriers to accessing rental housing** according to children and teenagers included **complex administration, extensive documentation requirements, guarantors, and the need for adult signatures for some steps.**<sup>111</sup> Some children also highlighted the need for more housing that young people can access as they move into work or independence.<sup>112</sup> Where children discussed access barriers, they suggested clearer information on what support exists and how to access it, and simpler routes to help with clear signposting.<sup>113</sup>

*“Housing requires a lot of administration, but we are never taught about it in school, [on how to] write a CV or an application [for housing, work, etc.]”* Child, France<sup>114</sup>

### 4.6.2 Homelessness and empty homes

Some children described seeing people sleeping on the street and raised **concerns about children experiencing homelessness.**<sup>115</sup> Children suggested immediate practical support for people who are homeless, including accommodation options, and using empty homes so that housing is not left unused when people need somewhere to live.<sup>116</sup> Children also suggested that local authorities should help people who cannot afford housing, and provide accommodation for people living on the street.<sup>117</sup>

*“It is outrageous that we can send people into space, that we are a great power but that we still have children on the streets.”* Child, France<sup>118</sup>

*“There are many children on the street, here are plenty of dwellings not used for a period, it should be rented out again”* Child, France<sup>119</sup>

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<sup>107</sup> [12 FR FG 1]

<sup>108</sup> [1-ES-FG-2] [13 MT FG 1] [12 FR FG 1]

<sup>109</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>110</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>111</sup> [12 FR FG 1]

<sup>112</sup> [12 FR FG 1]

<sup>113</sup> [12 FR FG 1] [14 PT FG 1] [14 PT FG 2]

<sup>114</sup> [12 FR FG 1]

<sup>115</sup> [1 ES INT 1] [12 FR FG 1]

<sup>116</sup> [1-ES-FG-2] [12 FR FG 1]

<sup>117</sup> [1-ES-FG-2]

<sup>118</sup> [12 FR FG 1]

<sup>119</sup> [12 FR FG 1]

### 4.6.3 Support for children leaving care is essential

Children and teenagers also highlighted **housing challenges for young people leaving alternative care and moving towards independent living**, including the risk of homelessness without adequate support, and the importance of preparation, mentoring, and housing solutions beyond the point of leaving care.<sup>120</sup> Where children discussed leaving care, they suggested longer term housing and financial support into early adulthood, and practical help so young people can secure and sustain housing as they become independent.<sup>121</sup>

*'In the majority, when you leave child protection, you have to have more financial aid/housing (RAP, EVA, etc.) up to the age of 21 or even 25'* Child, France<sup>122</sup>

## 4.7 Recommendations

### Box 3: Recommendations from children on what would improve access to housing

#### Safe, decent homes

- Fund repairs and renovation programmes, with clear standards for safety, warmth and basic services, including sanitation, water, electricity and hot water.
- Inspect rental units to reduce exploitation, and require timely landlord action where homes are unsafe.
- Renovate abandoned houses and bring them back into use as part of affordable housing provision.

#### Affordability and essential costs

- Lower rents and increase affordable housing supply, including public investment in new affordable homes and affordable housing programmes.
- Provide tax incentives and financial support for vulnerable households, including support that helps families sustain rent payments.
- Provide support with utilities, including targeted help with heating, water and energy costs.

#### Stability for children in and leaving care

- Improve housing pathways for care leavers, with practical and financial support for independent living, and clear routes into affordable rentals.

#### Community support and safe spaces

- Provide community centres where poverty and housing hardship are acute, offering hot meals, showers and space for homework, with transport support from villages where access is difficult.
- Provide more youth houses or youth cafés that are free or low cost, warm, safe, and suitable for play and learning.

#### Access routes and accountability

- Provide accessible reporting systems so children and families can raise housing problems, and ensure support and follow up from authorities.

<sup>120</sup> [3 RO INT 2] [7 HU FG 1] [7 HU INT 1] [10 CR FG 1] [12 FR FG 1]

<sup>121</sup> [12 FR FG 1] [7 HU FG 1] [10 CR FG 1]

<sup>122</sup> [12 FR FG 1]

## 5 What children think about one school meal per day and healthy food

Children and young people described healthy food every day as essential for health, wellbeing, and learning, but many felt that not all children can access it consistently. They linked unequal access to affordability at home, the cost and quality of food in schools, and the ease of buying cheaper, less healthy options. Across the consultations, children suggested practical improvements, including stronger food and nutrition education, making healthier options cheaper, improving school meal quality and choice, and ensuring support continues when schools are closed.

### 5.1 Healthy food is thought to be accessible, though perspectives vary

**Of respondents (N=34,607) the highest proportion believed ‘almost all’ or ‘all’ children have access across all options listed in this question. However, these views were not held by a majority and overall, the feedback was mixed** (see Figure 5.1). Just over half of the respondents (52%, n=17,477) believed that ‘almost all’ or ‘all’ parents had the knowledge and resources to feed children healthy food. Almost half (49%, n=16,711) believed that ‘almost all’ or ‘all’ families fed children healthy food. **Fewer respondents believed that healthy food was universally available in school settings.** Around two in five believed that ‘almost all’ or ‘all’ children had at least one healthy meal a day at school for free (43%, n=14,886) and that ‘almost all’ or ‘all’ children had healthy meals when schools were closed (41%, n=13,799). A similar proportion believed that ‘almost all’ or ‘all’ children had enough food to eat before going to school (43%, n=14,567). In addition, 43% (n=14,714) of respondents believed that ‘almost all’ or ‘all’ children knew about healthy food. To a lesser extent, just over one third (37%, n=12,733) believed that ‘almost all’ or ‘all’ children could have healthy snacks and drinks in schools. Those selecting ‘hardly any’ or ‘a few’ to these options make up between 17-36% of responses, with those selecting ‘some’ between 25-34%.

**There were no significant differences in responses from boys or girls.**

**Overall, younger respondents reported more positive perceptions of children’s access to healthy food and nutrition than other age groups.** Respondents aged 8–11 (N=6,469) were more likely than other age groups to select that ‘almost all’ or ‘all’ children had at least one healthy meal a day in schools for free. **Respondents aged 8–10 consistently expressed more favourable views across several measures.** Compared with other age groups, this age range was more likely to select that ‘almost all’ or ‘all’ children had enough food to eat before going to school (N=3,019), could have healthy snacks and drinks in schools (N=3,037), and knew about healthy food (N=3,029).

Respondents from Roma and traveller communities (N=342) were more likely to select ‘hardly any’, ‘a few’ and ‘some’ than other minority groups across all options in this question. Respondents in foster care (N=421), and alternative care (N=349) were more likely to suggest ‘hardly any’, or ‘a few’ to all answer options than other living status groups.

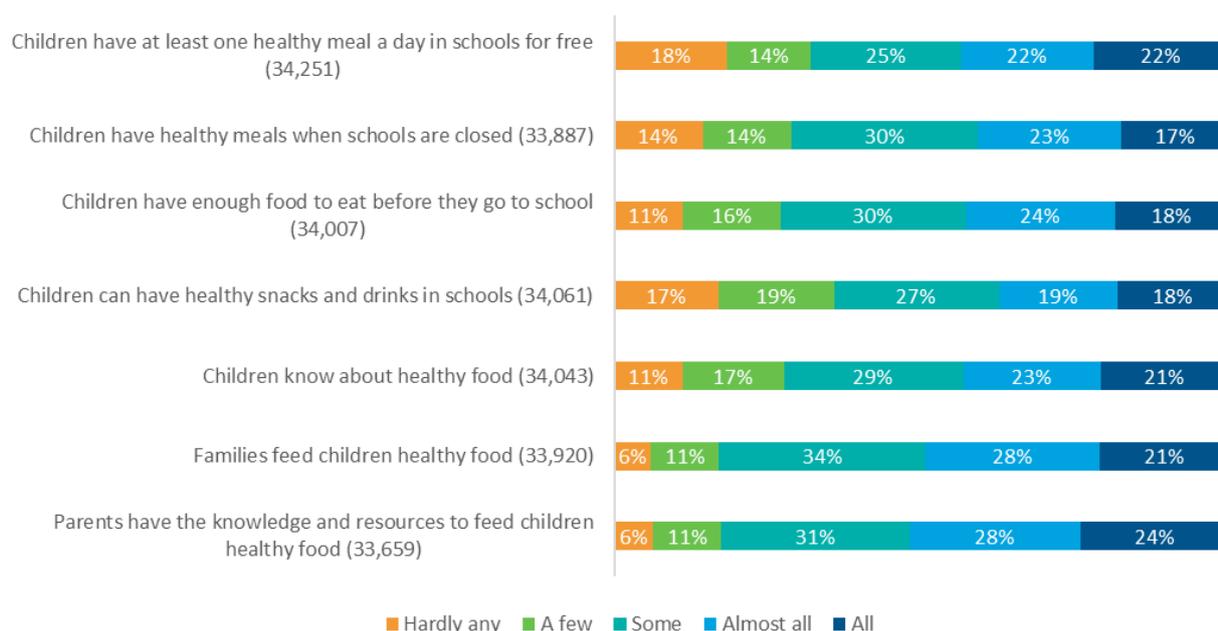
**In some countries respondents believed that ‘hardly any’ or ‘a few’ children had access to healthy food at school and/or at home.** For example, respondents were more likely to report that ‘hardly any’ or only ‘a few’ children had access to one free healthy meal per day at school in Bulgaria, Germany, Luxembourg, Romania, and Spain.

Respondents were also more likely to believe that ‘hardly any’ or only ‘a few’ children had access to healthy meals when schools were closed in Bulgaria, Germany, Luxembourg, Romania, and for EU citizens living abroad.

In addition, respondents were more likely to believe that ‘hardly any’ or only ‘a few’ children in Germany had enough to eat before going to school, had access to healthy snacks and drinks at

school, were fed healthy meals by their families, or had parents with sufficient knowledge and resources to provide healthy meals.

Figure 5.1 Healthy food is not felt to be accessible for most children (N=34,607)



Note: Q16: ‘Do you think all children in your community get healthy food every day, at school and at home? Do they all get the same chances as other children? Please tell us how true you think each statement is, from ‘hardly any’ to ‘all’. Single choice question.

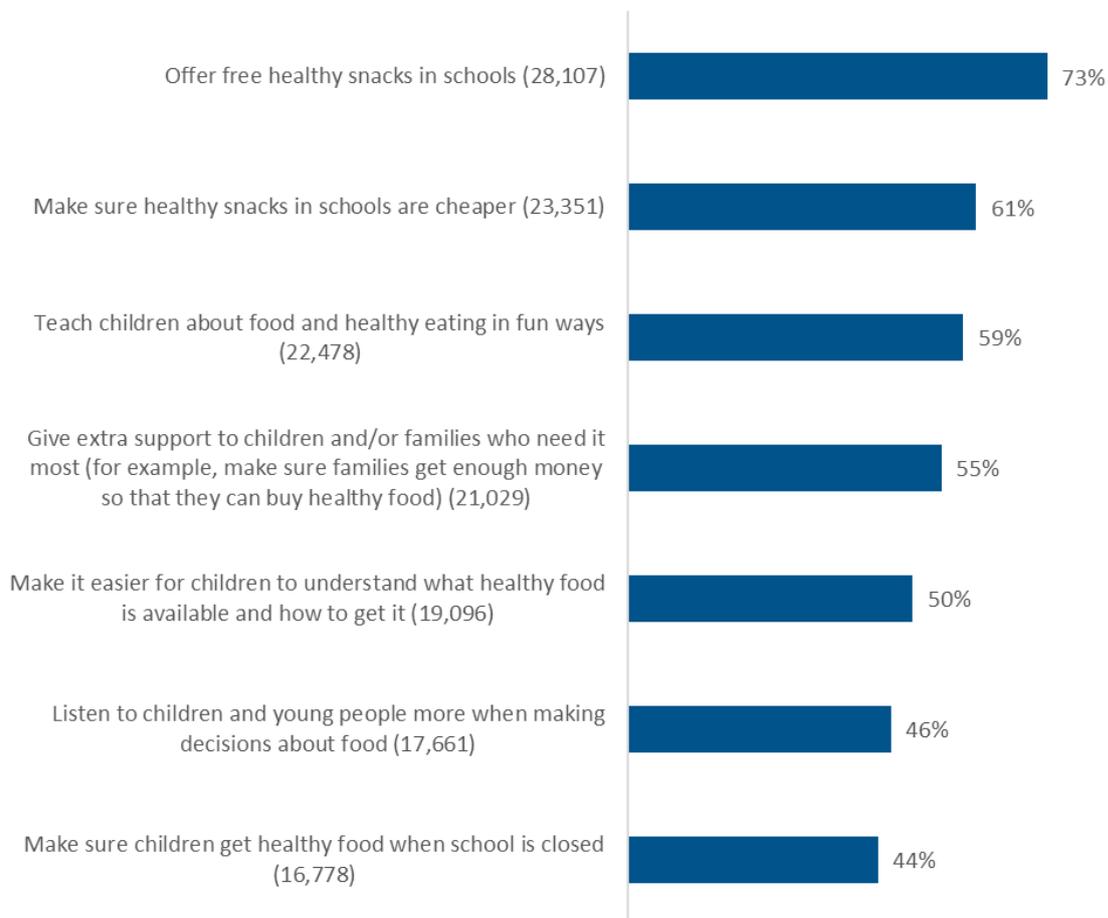
## 5.2 Improving access to healthy food

Overall, a clear majority of respondents (N=38,324) support school-based measures to improve children’s nutrition, with strongest backing for free or cheaper healthy snacks, alongside education, targeted support, and better access to healthy food (see Figure 5.2). Almost three quarters (73%, n=28,107) believed free healthy snacks in schools would be beneficial. Under two thirds (61%, n=23,351) supported making sure healthy snacks in schools are cheaper. A similar proportion (59%, n=22,478) supported teaching children about food and healthy eating in fun ways. Over half (55%, n=21,029) supported giving extra support to children and/or families who need it most. Half (50%, n=19,096) support making it easier for children to understand what healthy food is available and how to get it. Under half (46%, n=17,661) support listening to children more when making decisions about food, and 44% (n=16,778) support making sure children get healthy food when school is closed.

**No significant difference was observed by gender, age, disability or medical condition, or living status.** Roma and traveller community (N=396) respondents were more likely to select making sure children get healthy food when school is closed than other minority groups.

**Respondents in some countries were more likely than those elsewhere to prioritise specific actions to improve food and health.** In Romania, respondents were more likely to select offering free healthy snacks in schools and giving extra support to children and/or families who needed it most compared with other countries. In Portugal, respondents were more likely to select teaching children about food and healthy eating in fun ways and listening to children and young people more when making decisions about food. Finally, respondents in Luxembourg, Portugal and Romania were more likely than those in other countries to select making sure children received healthy food when school was closed.

Figure 5.2 Supporting access to healthy food every day (N=38,324)



Note: Q17: ‘What could make sure all children and teenagers get healthy food every day?’ Multiple choice question.

### 5.3 Healthy food as balanced and varied

Children taking part in interviews and focus groups often described **healthy food as balanced and varied, including fruit and vegetables, and meals that support energy and concentration.** Some contrasted this with diets that rely heavily on processed foods, or repeated carbohydrate-based meals, and felt that healthier options are often less visible and less available than processed snacks.<sup>123</sup> Some children also suggested that healthy eating is not talked about enough, and that children and families do not always have clear, practical information about what a healthy diet involves, especially compared with other topics that receive more attention.<sup>124</sup>

Children’s suggestions included food education that is practical and engaging, and that helps children understand everyday choices at home and in school.<sup>125</sup>

<sup>123</sup> [1 ES INT 1]

<sup>124</sup> [1 ES INT 1, 3 RO INT 1]

<sup>125</sup> [1 ES INT 1, 3 RO INT 1, 3 RO INT 2]

## 5.4 Unequal access to healthy food among children

### 5.4.1 Food affordability and practical constraints in accessing healthy food

**Children frequently linked access to healthy meals at home to family income and said healthier food can be more expensive.** They described situations where families rely on cheaper foods, and where the range and quality of food available at home is limited by finances.<sup>126</sup> A small number of children described experiences consistent with food scarcity at home.<sup>127</sup>

Children also pointed to time constraints, including parents working long hours, and felt this can make it harder to prepare balanced meals at home, even where families want to eat more healthily.<sup>128</sup>

Suggestions included stronger financial support for families with low incomes, and practical guidance that helps families plan and prepare healthy meals within limited budgets and time.<sup>129</sup>

### 5.4.2 Availability and affordability healthy food provision in schools varies

Children's experiences varied in terms of whether schools provide meals, whether food is free or subsidised, and whether what is available is sufficient. In some consultations, children said schools do not offer food, and that support during the school day is limited or absent.<sup>130</sup> Some children described limited school provision and said the snacks available do not amount to a healthy meal, even if they are valued by children who otherwise may be hungry.<sup>131</sup> Where free provision existed or was discussed, children often framed it as a way to reduce inequality and ensure everyone can eat at school.

*"School meals should be made free of charge so that everyone can eat"* Boy, 12, Germany<sup>132</sup>

Children also suggested that school food should not place an unreasonable cost burden on families, and that children from low income households should receive free meals. Some proposed clearer limits on what families should be expected to pay, alongside state support.<sup>133</sup>

### 5.4.3 Access to healthy food when school is closed can be a challenge

**Children raised concerns that support linked to school meals can disappear during holidays, even though need continues.** They suggested year-round provision through community structures, including county centres that could provide warm meals.<sup>134</sup> Children also proposed solutions focused on reducing food waste, including redistributing food so that it is not wasted and can reach children who need it.<sup>135</sup>

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<sup>126</sup> [1 ES INT 1, 1 ES FG 1]

<sup>127</sup> [1 ES FG 1]

<sup>128</sup> [7 HU FG 1]

<sup>129</sup> [3 RO INT 2]

<sup>130</sup> [3 RO INT 1]

<sup>131</sup> [3 RO INT 2]

<sup>132</sup> [2 DE FG 1]

<sup>133</sup> [2 DE FG 1]

<sup>134</sup> [3 RO INT 2]

<sup>135</sup> [3 RO INT 3]

## 5.5 Food quality, taste and variety affect whether children eat the food

Children described that **access to school meals is not enough if the food is not appealing, varied, or perceived as healthy**. In one focus group in Spain, children discussed school food as having “a lot of fat”, and suggested more fruit and vegetables in menus, alongside stronger support for families to follow healthier routines at home.<sup>136</sup> Children also suggested that schools should improve variety and quality so that children actually want to eat school food, rather than choosing less healthy options. Suggestions included cooking food differently, increasing variety, and ensuring food is freshly made.<sup>137</sup> Some children linked access to food at school directly to energy and learning.

*“Maybe the school could make sure everyone gets some healthy food, so we have energy to learn.”* Boy, 15, Italy<sup>138</sup>

## 5.6 Participation in food choices and more nutrition education

Children suggested that **children and young people should have more influence over food decisions, including through opportunities to shape menu choices**. One child described a voting approach, saying, *“At school, sometimes we get to choose a favourite meal, on Children’s Rights Day. We vote for what we want to eat.”* Girl, 14, Hungary).<sup>139</sup>

They also suggested that food and nutrition education should be practical and relevant, including for parents and families, not only children.

*“We should focus on showing parents and kids how to eat healthy at home. It should be taught more.”* Boy, 17, Hungary<sup>140</sup>

## 5.7 Recommendations

### Box 4: Recommendations from children on what would improve access to healthy food and one school meal a day

#### Access to and affordability of healthy meals in schools

- Ensure every child can access at least one nutritious meal during the school day, free or affordable, with clear protections for children in poverty and other vulnerable situations.
- Address gaps in services provision in secondary schools to ensure older pupils have reliable access to a healthy meal and are not expected to buy food they cannot afford.

#### Quality, variety and availability of school food

- Improve school meal quality and variety, including daily fruit and vegetables, sufficient portions, and consistent availability so food does not run out
- Ensure menus accommodate dietary needs and habits, including religious requirements.

#### Healthy snacks

<sup>136</sup> [1-ES-FG-2]

<sup>137</sup> [1-ES-INT-2]

<sup>138</sup> [5 IT FG 1 and 5 IT INT 1]

<sup>139</sup> [7 HU FG 1]

<sup>140</sup> [7 HU FG 1]

- Make healthy snacks and drinks the easiest and cheapest option in schools, through free healthy snacks and lower prices for healthier items
- Review what is sold in and around schools to eliminate unhealthy food being cheaper and available near schools.

### **Support when schools are closed**

- Extend food support into holidays and weekends via schools and local community provision.
- Explore safe redistribution of surplus food to reduce waste and reach children in need.

### **Food education and children's participation**

- Strengthen practical, engaging food and nutrition education for children and families to learn cooking and everyday healthy eating skills.
- Involve children in food decisions through feedback and food councils to improve menus and healthy food take up.

## 6 Every child and teenager is included

Children and teenagers shared mixed experiences of inclusion. Some said that, in their own lives, children are treated the same and have the same opportunities, with only isolated cases of unfairness. Others said that equal rights do not always translate into equal opportunities, and that unfairness is often felt in everyday life, through poverty and cost barriers, discrimination and racism, stigma, and unequal treatment by adults and peers.

Across the consultations, children often linked inclusion to three practical tests: (1) whether children can meet their basic needs, (2) whether they feel safe and respected, and (3) whether they are listened to in decisions that affect them. Children also noted that priorities and perspectives can vary by age, with younger children more focused on everyday life and worries such as family change, poverty, and war, and older children more likely to raise issues such as mental health, bullying, and exclusion.

### 6.1 Minority group inclusion

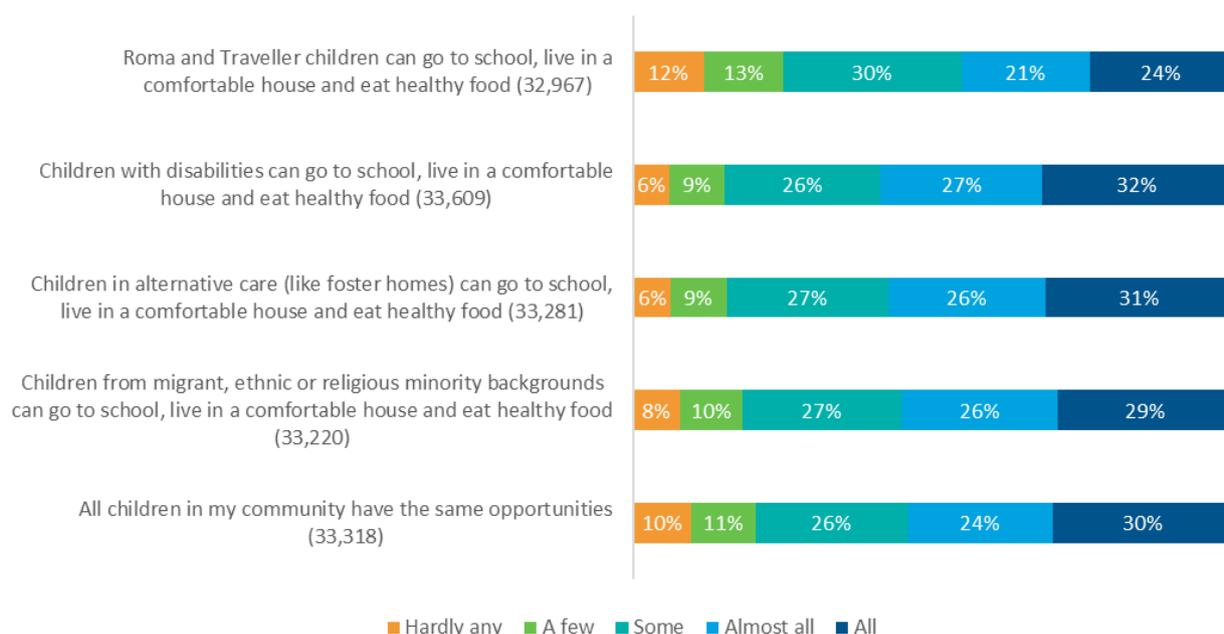
**A majority of respondents (N=34,045) noted that most children from minority backgrounds are included and receive the same opportunities as other children** (see Figure 6.1). Overall, most respondents believed that ‘almost all’ or ‘all’ children with disabilities (59%, n=19,746), children in alternative care (57%, n=19,101), children from migrant, ethnic, religious minority backgrounds (55%, n=18,330), and generally all children in their community (54%, n=18,048) have access to schools, live in comfortable houses, and eat healthy food. Nearly half (45%, n=14,924) of respondents believe Roma or traveller children also have this access. Approximately one quarter of respondents replied ‘some’ to the answer options, with less than a fifth selecting ‘hardly any’ or ‘a few’.

**No significant differences were detected across respondent genders, disability or medical conditions.** Respondents from Roma and traveller backgrounds (N=348) were more likely than other minority groups to answer ‘hardly any’ and ‘a few’ for all answer options suggesting they are more likely to see themselves as less included.

Respondents who live with relatives (N=203), are in foster care (N=428), and alternative care (N=358) were more likely to believe ‘hardly any’ or ‘a few’ to all options in this question.

Respondents expressed differing views on the extent to which minority groups had equal access, with no clear consensus among those in Bulgaria, where responses were spread from ‘hardly any’ to ‘all.’ Views among respondents in Germany were particularly divided in relation to children with disabilities or medical conditions. Respondents in both Bulgaria and Germany were less likely than those in other countries to believe that children from migrant, ethnic, or religious backgrounds had equal access. Overall, respondents in Bulgaria and Germany were more likely to be split on whether all children had equal access.

Figure 6.1 Inclusion of specific children and minority groups (N=34,045)



Note: Q19: 'Do you think all children in the below groups are included as much as other children? Do they all get the same chance as other children? Please tell us how true you think each statement is, from 'hardly any' to 'all'. Single choice question.

## 6.2 Practical support and fairness help children grow up safe, healthy, and included

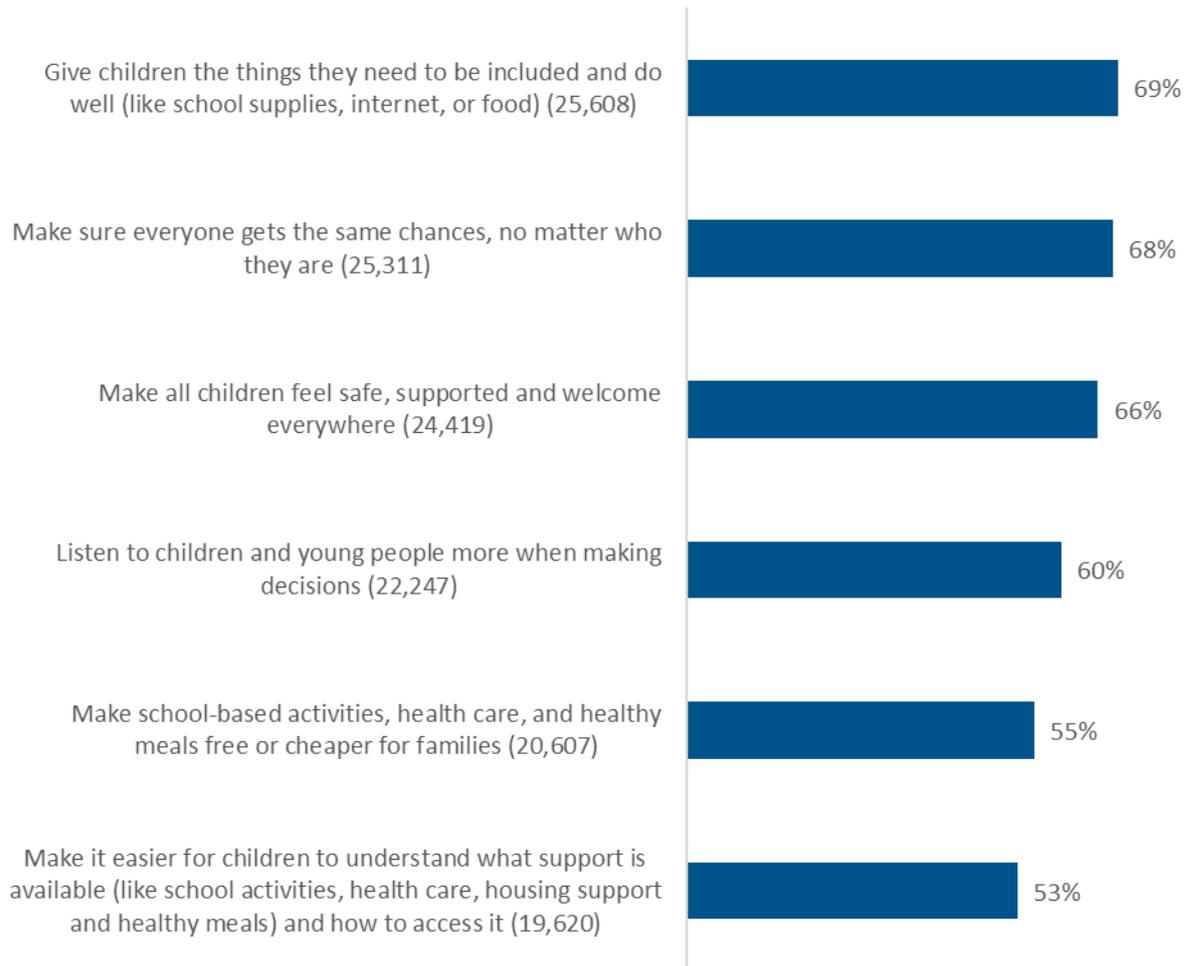
The majority of respondents (N=37,202) agreed that practical support and fairness are key factors in helping them grow up safe, healthy, and included (see Figure 6.2). Over two thirds (69%, n=25,608) believed that providing children with the things they need to be included and do well (such as resources), would best support these outcomes. Similarly, 68% (n=25,311) felt that making sure everyone gets the same chance, regardless of who they are was important. Just under two thirds (66%, n=24,419) selected making all children feel safe, supported, and welcome everywhere. Six in ten (60%, n=22,247) reported that listening to children and young people more when making decisions would make a positive difference. Over half of the respondents (55%, n=20,607) selected making school-based activities, health care, and healthy meals free or cheaper for families, while 53% (n=19,620) highlighted the importance of making it easier for children to understand what support is available.

No significant differences were observed by respondent gender or by disability or medical condition.

Respondents aged 8-9 (N=1,040) were more likely to select making sure everyone gets the same chances, no matter who they are, make all children feel safe, supported and welcome everywhere, making school-based activities, healthcare, and healthy meals free or cheaper for families, and making it easier for children to understand what support is available, than all other ages.

Respondents in Luxembourg, Portugal, and Spain were more likely to suggest making school-based activities, healthcare, and health meals free or cheaper for families, whereas, respondents living in Austria, Luxembourg, Portugal, and Romania, were more likely to suggest making it easier for children to understand what support is available (like school activities, health care, housing support and healthy meals) and how to access it. Other significant geographic variances were not identified.

Figure 6.2 What would help all children and teenagers get the same chances to grow up safe, healthy and included (N=37,202)



Note: Q20: ‘What do you think would help all children and teenagers – including those who may need more support – get the same chances to grow up safe, healthy and included? Multiple choice question.

### 6.3 Poverty shapes who can participate as equal rights do not always mean equal opportunities

Children taking part in interviews and focus groups said that **money affects whether children can take part in school life, activities, and everyday opportunities**, even when services are formally available to everyone.<sup>141</sup> Children stressed that poverty is not a child’s fault, and they wanted adults and public systems to address it directly so that children are not excluded because their parents have little money.<sup>142</sup> Children’s suggestions included better wages for parents, financial support for

<sup>141</sup> [1 ES FG 1, 2 DE FG 1, 3 RO INT 2, 3 RO FG 1, 10 CR FG 1, 10 CR FG 2, 11 NL INT 3]

<sup>142</sup> [2 DE FG 1, 10 CR FG 2]

families, and practical measures that reduce everyday costs for children, including school meals and support for trips, supplies, and participation.<sup>143</sup>

*“It is important to talk about poverty. The kids can't help the parents having little money. We need to ensure that all children have equal opportunities.”<sup>144</sup> Boy, 12, Germany.*

*“The state should ensure that all good wages are paid so that families do not need additional assistance. Then everyone can take part in school trips and excursions.”<sup>145</sup> Boy, 12, Germany*

## 6.4 Social exclusion undermines belonging and safety

Children described **discrimination linked to race, disability, gender, and other differences, and said it can happen in school and in wider society**, including through everyday behaviour and comments, and through how adults respond.<sup>146</sup> Some children spoke about racism as something they face regularly, including in public spaces and through treatment by teachers, even when laws are not discriminatory.<sup>147</sup> Children also described stigma linked to behaviour, where children labelled as “bad” can be treated as beyond help, with adults seen as passive or quick to judge instead of trying to understand reasons and support change.<sup>148</sup>

Children’s suggestions focused on adults taking responsibility to intervene, strengthening training and awareness for teachers and professionals, and building an inclusive culture based on respect, empathy, and acceptance of difference.<sup>149</sup>

*“It’s become a norm to hate people for how they look.”<sup>150</sup> Girl, 16, Sweden.*

*“I’ve been called a terrorist several times. I’m like, maybe I shouldn’t wear my bag anymore when I take this bus, people stare.”<sup>151</sup> Girl, 17, Sweden*

*“Adults are guilty of their passiveness. Being passive is active participation”.<sup>152</sup> Child, Bulgaria*

## 6.5 Some children face more barriers than others

### 6.5.1 Children with disabilities and special needs face extra barriers

Children **frequently identified children with disabilities and additional needs as a group that may face exclusion or practical barriers**, and they described both formal support gaps and everyday social exclusion, including bullying.<sup>153</sup> Some children also noted that physical accessibility can be uneven, with ramps and facilities present in some places but difficult to retrofit in older buildings.<sup>154</sup> Children’s suggestions included timely and practical support in everyday settings,

<sup>143</sup> [1 ES FG 1, 2 DE FG 1, 3 RO INT 4, 3 RO INT 3, 10 CR FG 1, 13 MT FG 1]

<sup>144</sup> [2 DE FG 1]

<sup>145</sup> [2 DE FG 1]

<sup>146</sup> [3 RO INT 5, 4 DK FG 1 and 4 DK INT 1, 5 IT FG 1 and 5 IT INT 1, 6 SE FG 1 and 6 SE INT 1, 8 BU FG 1 and 8 BU INT 1, 10 CR FG 1, 13 MT FG 1]

<sup>147</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>148</sup> [8 BU FG 1 and 8 BU INT 1]

<sup>149</sup> [3 RO INT 4, 4 DK FG 1 and 4 DK INT 1, 5 IT FG 1 and 5 IT INT 1, 6 SE FG 1 and 6 SE INT 1, 8 BU FG 1 and 8 BU INT 1, 13 MT FG 1]

<sup>150</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>151</sup> [6 SE FG 1 and 6 SE INT 1]

<sup>152</sup> [8 BU FG 1 and 8 BU INT 1]

<sup>153</sup> [1-ES-INT-2, 3 RO INT 1, 3 RO INT 3, 3 RO INT 4, 3 RO FG 1, 7 HU INT 1, 9 LT FG 1, 9 LT INT 1, 10 CR FG 1, 13 MT FG 1, 14 PT FG 1]

<sup>154</sup> [3 RO FG 1]

specialist staff where needed, accessible buildings, and approaches that avoid isolating children with special needs from their peers.<sup>155</sup>

*“Children who are disadvantaged, whether Roma, living with disabilities, or in state care, are much more exposed to bullying at school. Something should really be done about this as well.”<sup>156</sup> Girl, 16, Hungary.*

## 6.5.2 Language and communication can become barriers to inclusion

Children described **language and communication as a barrier that can affect access to services and everyday inclusion**, including in school and healthcare settings, where lack of language mediation can lead to poorer support and segregation.<sup>157</sup> Children’s suggestions included language mediation support, and practical help so children and families can understand what is available and take part without being singled out.<sup>158</sup>

## 6.6 What helps children feel and be included

### 6.6.1 Children want trusted adults, safe spaces, and proper mental health support

Children described feeling **safer and more included when there are trusted adults available**, including psychologists and counsellors, **and when adults take concerns seriously** rather than dismissing them.<sup>159</sup> Some younger children raised war and fear of war as a priority message to policy makers, showing that feelings of safety can extend beyond local services and into wider events.<sup>160</sup> Other children noted that mental health is as important as physical health, and they wanted better access to services and less stigma.<sup>161</sup> Children’s suggestions included more school-based psychologists, more present adults in everyday spaces, work on conflict prevention, and clear support routes so asking for help is normal and safe.<sup>162</sup>

*“The people who make decisions have to make sure that the wars stop.”<sup>163</sup> Girl, 11, Netherlands.*

*“We need more access to mental health facilities! Mental health is as important as physical health. We need more psychologists in schools to whom we can go to when we need to talk to someone.”<sup>164</sup> Focus Group, 16-17, Romania.*

*“You need to make sure kids are heard, you need to make kids realise that there is help and that it shouldn’t have to be taboo to ask for help. If things are tough at home, you should dare to speak up, so that all kids can grow up safe and as well as possible.”<sup>165</sup> Girl, 17, Sweden.*

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<sup>155</sup> [1-ES-INT-2, 3 RO INT 3, 3 RO FG 1, 7 HU INT 1, 9 LT FG 1, 13 MT FG 1]

<sup>156</sup> [7 HU INT 1]

<sup>157</sup> [5 IT FG 1 and 5 IT INT 1, 9 LT FG 1, 9 LT INT 1, 13 MT FG 1, 14 PT FG 1]

<sup>158</sup> [5 IT FG 1 and 5 IT INT 1, 9 LT FG 1, 9 LT INT 1, 13 MT FG 1]

<sup>159</sup> [3 RO INT 4, 3 RO FG 1, 3 RO FG 2, 3 RO INT 1, 6 SE FG 1 and 6 SE INT 1, 10 CR FG 2, 13 MT FG 1]

<sup>160</sup> [11 NL INT 2, 11 NL INT 3]

<sup>161</sup> [3 RO INT 2, 3 RO FG 2]

<sup>162</sup> [3 RO FG 1, 3 RO FG 2, 6 SE FG 1 and 6 SE INT 1, 13 MT FG 1]

<sup>163</sup> [11 NL INT 3]

<sup>164</sup> [3 RO FG 2]

<sup>165</sup> [6 SE FG 1 and 6 SE INT 1]

## 6.6.2 Being heard: children's participation is seen as part of inclusion

Children repeatedly **asked adults and decision makers to listen to children, treat their concerns as real, and involve them in decisions that affect their lives.**<sup>166</sup> Children also emphasised the importance of access to information, **including awareness raising on children's rights and on what services and support exist, and how to access them.**<sup>167</sup> Some children suggested formal ways for children to participate in decision making, including representation and direct participation structures.<sup>168</sup> Children's suggestions also included stronger child participation in schools and communities, training for adults so they work with children's participation properly, and systems that act on what children say rather than collecting views without change.<sup>169</sup>

*"Children should be a part of the Bundestag so that they can take part in the decision."*<sup>170</sup> Boy, 17, Germany

*"Children's concerns are real and deserve to be taken seriously and validated, even if adults see them as not important."*<sup>171</sup> Boy, 16-17, Romania

## 6.6.3 Inclusion is also about kindness, friendship, community, and family stability

Children often described **inclusion in everyday terms**, being treated well by adults, having at least one friend, feeling safe, and having someone to talk to.<sup>172</sup> Some children emphasised love, encouragement, and supportive relationships as central to a good life, alongside material support.<sup>173</sup> Children's suggestions included building a stronger sense of community, supporting peer inclusion, and ensuring that family economic stability is addressed so children can grow up with dignity.<sup>174</sup>

*"Maybe if the sense of community was stronger, more people could join in."*<sup>175</sup> Boy, 15, Denmark

*"I think it's important that there are no disadvantaged children, but what's even more important is that every child has someone by their side who encourages them and loves them sincerely."*<sup>176</sup> Girl, 16, Hungary

## 6.7 Recommendations

### Box 5: Recommendations from children and teenagers on how to make sure every child is included

#### Reduce poverty related exclusion and remove cost barriers

- Improve family incomes and reduce financial pressures, so children are not excluded from everyday life because of poverty.
- Provide practical support that reduces everyday costs for children, including free school meals, help with trips and activities, and targeted financial support for families who need it.

<sup>166</sup> [1-ES-FG-2, 2 DE FG 1, 3 RO INT 2, 3 RO INT 1, 3 RO FG 3, 6 SE FG 1 and 6 SE INT 1, 10 CR FG 2, 13 MT FG 1, 14 PT FG 1]

<sup>167</sup> [13 MT FG 1, 8 BU FG 1 and 8 BU INT 1]

<sup>168</sup> [2 DE FG 1, 3 RO INT 2]

<sup>169</sup> [3 RO INT 1, 6 SE FG 1 and 6 SE INT 1, 13 MT FG 1]

<sup>170</sup> [2 DE FG 1]

<sup>171</sup> [3 RO INT 1]

<sup>172</sup> [1-ES-INT-2, 5 IT INT 2, 8 BU FG 1 and 8 BU INT 1, 9 LT FG 1, 9 LT INT 1]

<sup>173</sup> [1 ES INT 1, 7 HU INT 1, 8 BU FG 1 and 8 BU INT 1]

<sup>174</sup> [4 DK FG 1 and 4 DK INT 1, 7 HU INT 1, 9 LT FG 1, 9 LT INT 1, 10 CR FG 2]

<sup>175</sup> [4 DK FG 1 and 4 DK INT 1]

<sup>176</sup> [7 HU INT 1]

- Ensure children have the resources they need to take part on equal terms, for example school supplies, digital access where needed, and support with transport.

### **Tackle discrimination, stigma, and unequal treatment**

- Strengthen adult responsibility to intervene when discrimination, bullying, or unfair treatment happens, in schools and in public spaces.
- Improve training for teachers and professionals, so they respond consistently and respectfully, and challenge racism, bias, and harmful stereotypes.
- Promote inclusive cultures based on respect, empathy, and acceptance of difference, and avoid labelling children as beyond help.

### **Improve support for children facing additional barriers**

- Ensure disability support and accessibility are practical, timely, and consistent, including specialist support where needed and accessible buildings and activities.
- Reduce social exclusion by tackling bullying linked to difference, and supporting inclusive peer environments.
- Provide language and communication support so children and families can access services and take part, without being singled out.

### **Make children feel safe, supported, and able to get help**

- Improve access to school-based psychologists and counsellors, and make help seeking normal and safe.
- Ensure trusted adults are available in everyday settings, and that children's concerns are taken seriously and acted on.

### **Listen to children and make participation meaningful**

- Involve children in decisions that affect them, with participation structures that are inclusive and lead to visible change.
- Make it easier for children to understand what support exists, how to access it, and where to go for help, using clear, child friendly information in accessible languages.

## 7 Children's priorities to improve access and strengthen services

Children were invited to give their own suggestions and recommendations about how to strengthen provision across education, healthcare and housing services, and how to improve access to healthy food and make all children more included. The recommendations listed below are based on input received through an open-text survey question<sup>177</sup> and suggestions and feedback received during focus group and interview discussion.

The most common themes from these responses are summarised below. They are presented by order of prevalence. Many comments were short and simple feedback, mostly repeating similar ideas and recommendations.

### 7.1 Education and school-based activities

#### 1. Make school and school-based activities affordable in practice

- Subsidise trips, clubs, sport, and other activities so cost does not limit participation.
- Reduce hidden charges by setting clear limits on costs schools can pass to families.
- Provide core learning resources free, including textbooks, basic supplies, and digital devices where needed.
- Provide a free hot meal at school so basic needs do not block learning.

*“Funding free extracurricular programs (sports, arts, STEM clubs), especially in poor areas. Free or reduced-price school transportation for all children, including those from rural areas”. Boy, 16, Romania*

#### 2. Improve teaching and learning, and reduce avoidable pressure

- Balance academic content with practical learning that builds everyday skills and confidence.
- Moderate homework and testing, keeping standards high while reducing unnecessary stress.
- Provide timely extra learning support through the year for pupils who need it.
- Review routines that affect concentration and wellbeing, including workload, timetables, and mobile phone rules where helpful.

*“More practical classes, less dry theory. Lighter backpacks.” Boy, 14, Bulgaria*

#### 3. Make schools safe, welcoming, and supportive

- Act consistently on bullying and discrimination across school life and activities.
- Put trusted reporting routes in place, with clear adult responsibilities and follow up.
- Ensure accessible wellbeing support, including counselling and clear links to external services.

*“There should be a requirement for at least one psychologist and one social worker per school.” Girl, 8, Portugal*

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<sup>177</sup> A total of 16,636 responses were received to Q22 and included in the analysis. Many comments were short and provided simple feedback, often repeating ideas and recommendations already covered earlier in the survey questionnaire. All quotations provided in this section come from online survey Q22 (Q22: *Do you have any other recommendations for the EU to help children and teenagers access services like education and school-based activities, healthcare, good enough*).

#### **4. Remove practical barriers, improve facilities and ensure disability support is consistent**

- Provide free or reliable transport where travel is a barrier, especially in rural areas.
- Maintain clean, safe facilities, including toilets and access to basic hygiene products.
- Increase opportunities for play and physical activity within the school day.
- Deliver timely adjustments and accessible buildings and activities, without singling children out.

#### **5. Strengthen children's voice**

- Provide clear, child friendly information in relevant languages, including help with forms.
- Involve children in decisions about school life through inclusive participation structures.

## **7.2 Healthcare**

### **1. Cut waiting times and streamline access to the right care**

- Expand primary care, paediatric and specialist capacity to reduce waiting times.
- Improve triage and referrals so children reach the right service quickly, without repeated appointments.
- Set, track, and publish child focused waiting time expectations, and adapt opening hours to fit families.

*"Long waits for specialists are an impossible barrier for many families." Boy, 17, Poland*

*"Facilitate access to specialists and doctors. Free visits, no waiting lines." Boy, 17, Poland*

### **2. Make essential healthcare affordable, including medicines and dentistry**

- Cut out of pocket costs for families who need support, especially for medicines, dental care, and follow up visits.
- Strengthen free or low cost routes for essential care, reducing the need to pay privately to get timely treatment.
- Provide clear information on entitlements, where to go, and how to access support quickly.

*"Free dental and medical check-ups in schools" Girl, 11, Bulgaria*

### **3. Expand timely mental health support, with confidentiality and trust**

- Improve access to counselling and therapy, prioritising early help before needs escalate.
- Strengthen school linked mental health support, with trained staff, supervision, and confidentiality that young people can rely on.
- Reduce stigma through clear, age-appropriate information and visible, normalised support pathways.

*"Seeing a psychologist should be free." Girl, 15, France*

### **4. Strengthen prevention through schools and local services**

- Use schools to deliver routine checks, vaccinations, and practical health promotion, with clear referral routes.

- Improve coordination between schools, primary care, and specialist services, especially where access is limited.

## 5. Improve health literacy and equal access for children facing barriers

- Improve practical health education, including hygiene, nutrition, mental health, and how to use services.
- Provide simple signposting and targeted support for children facing financial, geographic, or social barriers, including transport solutions where distance is a problem.

## 7.3 Housing

### 1. Raise housing quality and enforce basic standards

- Invest in repairs and upgrades so homes are warm, safe, and have reliable water, sanitation, electricity, and hot water.
- Strengthen inspections and enforcement in the private rented sector, with clear duties for landlords and follow up by authorities.
- Prioritise action on damp, mould, poor insulation, and cold homes to protect children's health and reduce energy costs.

*“Landlords should be legally obligated to adhere to minimum standards, clean water must come out of the tap, insulation must be good enough.” Girl, 17, Germany*

### 2. Make housing more affordable for families

- Expand affordable housing through public investment and targeted programmes, with measures to reduce extreme rent pressures.
- Bring empty and abandoned properties back into safe use.
- Provide tax incentives and targeted financial help for vulnerable households, including support with rent and essential utilities.

*“Construct a high number of new rental apartments” Boy, 13, Hungary*

*“The apartments are very expensive, we can't afford them. These should be cheaper and the bills should be cheaper too.” Girl, 11, Hungary*

### 3. Provide stable housing pathways for children in care and care leavers

- Ensure practical routes into secure, affordable accommodation, backed by financial support and help to live independently.
- Join up housing with other essential services so housing instability does not block access to education, healthcare, and support.

### 4. Strengthen local support where housing hardship is severe

- Provide community hubs offering essentials such as meals, washing facilities, and study space, with transport support where needed.
- Expand safe, low cost youth spaces, and strengthen prevention of homelessness, including family suitable temporary accommodation and clear routes into permanent housing.

*“Find homeless people and create a hotel for them to rest in, with food provided.” Boy, 11, Portugal*

## 5. Improve reporting routes and accountability, so families can report housing problems and get support

- Create accessible, trusted ways for families to report housing problems, and ensure support and follow up from authorities.
- Set clear responsibilities and timescales for resolving unsafe conditions and exploitation.

## 7.4 One school meal a day and healthy food

### 1. Ensure every child receives a nutritious meal during the school day

- Provide at least one healthy meal daily at no cost or low cost, with safeguards for children in poverty and other vulnerable situations.
- Close gaps in secondary schools so older pupils can eat well without having to pay for food they cannot afford.
- Keep access simple and discreet, and treat food support as part of enabling learning and participation.

*“Provide at least one free meal for children aged 10 to 18” Girl, 17, Bulgaria*

*“Free school lunches” Girl, 12, Poland*

### 2. Raise the standard, variety, and reliability of school meals

- Set and apply clear meal standards, including balanced nutrition, fresh ingredients, daily fruit and vegetables, and age appropriate portions.
- Ensure food is consistently available and does not run out.
- Provide suitable options for dietary needs, including religious requirements.

*“School meals should be better. It’s very poor right now.” Girl, 13, Estonia*

### 3. Make healthy choices the default in and around schools

- Price healthier snacks and drinks cheaper and provide free healthy options where feasible.
- Limit sales and promotion of unhealthy items in schools, including vending machines and canteen choices.
- Work with local partners to reduce the easy availability of cheap unhealthy food near school sites.

*“Schools should provide free, healthy meals or snacks at school. School should be a safe place.” Boy, 16, Poland*

### 4. Extend food support beyond term time and build children’s food skills

- Maintain support during holidays and weekends through schools and local community provision.
- Coordinate provision locally so families know how to access help with food.
- Reduce waste by safely redistributing surplus food where appropriate.
- Strengthen practical food education and involve children in menu decisions, using feedback to improve take up and quality.

## 7.5 Every child and teenager is included

### 1. Reduce poverty related exclusion

- Ease financial pressure on families so children are not excluded from everyday activities. Prioritise low income households, and make support quicker to claim through simpler processes and clearer information.
- Lower day to day costs through practical support, such as meals, help with trips and activities, and targeted financial assistance.
- Ensure children have what they need to participate, including school supplies, digital access where required, and transport support.
- Deliver support discreetly to avoid stigma.

*“Though you can't make everything cheap, you could try to make the important things an affordable price.” Girl, 17, Portugal*

*“Access to prenatal benefits/support should be a right of the child and not dependent on the parents' income.” Girl, 8, Portugal*

### 2. Tackle discrimination and unequal treatment

- Require adults to act consistently when discrimination, bullying, or unfair treatment occurs, in schools and public spaces.
- Improve training for teachers and professionals to challenge bias, stereotypes, and racism, and to respond fairly and respectfully.
- Promote inclusive cultures based on empathy and respect, with clear reporting routes and follow up so concerns are addressed.

*“The thing about discrimination and different treatment between students is a big problem.” Boy, 12, Romania*

*“Training for teachers so that they can better help and support students and treat them equally regardless of their knowledge and skills.” Boy, 16, Poland*

### 3. Improve support for children facing additional barriers

- Provide timely, consistent disability support, including accessible buildings, activities, and specialist help where needed.
- Reduce exclusion linked to difference through proactive anti bullying approaches and inclusive peer environments.
- Offer language and communication support so children and families can access services without being singled out.

*“A school that can offer equal opportunities to all children and people with disabilities”  
Boy, 12, Romania*

*“Integration of migrant children: language, assistants, and psychological support.” Boy,  
14, Poland*

### 4. Ensure children feel safe, supported, and able to get help

- Improve access to school-based wellbeing support, including counsellors and psychologists.
- Make trusted adults visible and available, and ensure children's concerns are taken seriously.

- Use whole school approaches to wellbeing, with early support and appropriate confidentiality.

#### **5. Make participation meaningful and information accessible**

- Involve children in decisions that affect them, with inclusive structures that lead to visible change.
- Ensure participation is safe and inclusive, and show clearly what changes have followed their input.
- Provide clear, child friendly information on available support and how to access it.
- Use children's feedback to identify gaps and improve services, especially for those less often heard.

*"To allow children and young people to be heard by governments and to participate in government decisions." Girl, 11, Portugal*

# Annex 1 Consultation methodology and characteristics of children participating in the consultation activities

## A1.1 Consultation methodology

### 7.5.1 Consultation design

Children's contribution to EU-level consultation addresses the first objective of the Platform 'to gather the views of and to consult children, across several EU Member States, on matters that concern them, including on future specific policy and legislative initiatives.'

The Platform consultations were designed to provide a meaningful, inclusive and safe space for children to share their ideas. The Platform's consultations are implemented via online surveys, and online and in-person focus groups and interviews. Guidance documents, supporting materials and the online survey were available in all EU languages.

The consultation on the progress made in the implementation of the ECG was carried out as an online survey, and in-person and online interviews and focus groups, and was guided by the principles of the Lundy model of child participation<sup>178</sup>. The consultation themes were aligned with the ECG priorities, and were adapted for a child-audience.

### 7.5.2 Outreach & recruitment

The survey was shared and promoted through social media channels, the Platform outreach (the Child Empowerment Officers (CEOs), Central Office Colleagues and Secretariat), the Platform's website, the European Commission Rights of the Child's newsletter, the European Commission's press release and Child Guarantee Coordinators. Several social media channels were used as well to disseminate the survey, including LinkedIn (EU\_Rights), Instagram (EU Youth, Commissioner Micallef), Facebook and X as well as the European School Education Platform, European Youth Portal and EU Learning Corner.

The CEOs encouraged a diverse participation to the survey by sharing information with underrepresented groups of children.

## Challenges and limitations

This fourth consultation was conducted under the EU Children's Participation Platform. It builds on the experiences of earlier consultations and addresses previously identified challenges and limitations. The survey was hosted on the Forsta platform, which supported a more child friendly design and user experience. Overall, the consultation achieved a high number of responses, although participation varied between countries. The largest number of survey responses were from Poland, Romania, Bulgaria and Portugal, together accounting for nearly 96% of all surveyed children.

Differences in participation levels appear linked to differences in dissemination routes. In Poland, the survey was circulated through schools using existing digital communication systems that schools commonly use to share routine information with pupils and families, known as 'E-registers'. This approach supported wide reach and contributed to the high volume

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<sup>178</sup> [https://commission.europa.eu/system/files/2022-12/lundy\\_model\\_of\\_participation\\_0.pdf](https://commission.europa.eu/system/files/2022-12/lundy_model_of_participation_0.pdf)

of responses in Poland. More generally, dissemination through school communication channels can be an effective route for achieving broad participation.

When analysing the survey data, we first reviewed the full dataset to identify overall patterns and trends. Given that more than 80% of surveyed children were from Poland, we also systematically disaggregated responses from Poland from other countries to check whether the patterns observed were driven by the large Polish subgroup or were also visible across the wider sample. This approach helped ensure that the findings reported in the analysis reflect consistent trends, rather than artefacts of the uneven distribution of responses.

### 7.5.3 Approach to survey analysis

#### Data cleaning

Prior to analysis all survey data underwent a rigorous data cleaning procedure, including the assignment and checking of unique identifiers against all responses, automated recoding of all responses into Boolean format, detection and removal of test, duplicate, blank, malicious/spurious replies. Overall, no responses were omitted from the analysis. Due to the targeted nature of the survey's intended audience, influencing campaigns were not deemed relevant and by extent campaign detection was not performed on the dataset. Machine translations were performed using AI from the respondent's original language into English for consistent analysis.

#### Closed questions

The analysis of closed questions was performed using Microsoft Excel Power Query to define complex relationships between variables. The study team automatically extracted quantitative data using pivot tables, preventing human error in calculations, and allowing for dynamic cross-tabulation of results to multiple questions.

#### Open text questions

Thematic analysis was used as the primary method to assess open text responses of Q22 (supported by the Perplexity AI tool). This included uploading cleaned data to the tool, producing formal coding libraries to act as an analytical framework. Coding libraries were heavily informed by the responses provided in the replies to each question, however the study team reviewed these for suitability prior to continuing the analysis. AI tool was then used to produce a summary narrative of key arguments and recommendations. The study team verified these through cross-checks of findings.

## A1.2 The consultation in numbers

In total, 41,736 children participated in the consultation activities, including 41,518 children providing responses in the online survey, 45 children participating in the interviews and 173 children participating across 26 focus groups<sup>179</sup>. Table A1.1 provides a break down for each consultation format.

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<sup>179</sup> Disclaimer: This document should be regarded solely as a summary of the contributions made by children to the consultation on review of the progress made in the implementation of the European Child Guarantee. Responses to the consultation activities cannot be considered as a representative sample of the views of the EU population. It has to be noted that over 80% of the survey respondents were from Poland.

Table A1.1 The consultation in numbers

Criterion	Survey	Focus groups	Interviews
Number of participating children	Total number of responses: 41,518 (all included in analysis).	173 children in 26 focus groups	45 children
Location	27 EU Member States and EU citizens living abroad	13 EU Member States (Bulgaria, Croatia, Denmark, France, Germany, Hungary, Italy, Lithuania, Malta, Portugal, Romania, Spain, Sweden)	9 EU Member States (Bulgaria, Denmark, Hungary, Italy, Lithuania, the Netherlands, Romania, Spain, Sweden)

### A1.3 Characteristics of survey respondents

In total, 41,522 children aged between 8-17 years participated in the survey. Total number of valid responses to the survey was 41,522 (no omissions).

#### Respondents by gender:

Gender	N	%
Girl	21,327	51%
Boy	18,034	43%
I don't want to say	1,368	2%
Other	789	3%
<b>Total</b>	<b>41,518</b>	<b>100%</b>

#### Respondents by country:

Country	N	%
Poland	34,302	83%
Romania	2,164	5%
Bulgaria	1,957	5%
Portugal	1,282	3%
Luxembourg	202	0.5%
Spain	195	0.5%
I'm an EU citizen living abroad	171	0.4%
Germany	151	0.4%
Austria	121	0.3%
Cyprus	94	0.2%
Hungary	88	0.2%

Country	N	%
Ireland	86	0.2%
Italy	78	0.2%
France	73	0.2%
Greece	68	0.2%
Estonia	60	0.1%
Croatia	56	0.1%
Malta	55	0.1%
Netherlands	55	0.1%
Lithuania	55	0.1%
Czechia	43	0.1%
Belgium	33	0.08%
Finland	30	0.07%
Denmark	26	0.06%
Sweden	25	0.06%
Latvia	23	0.06%
Slovakia	16	0.04%
Slovenia	9	0.02%
<b>Total</b>	<b>41,518</b>	<b>100%</b>

#### Respondents by age:

Age (years)	N	%
8	576	1%
9	589	1%
10	2,658	6%
11	4,246	10%
12	5,298	13%
13	6,454	16%
14	6,802	16%
15	6,070	15%
16	5,202	13%
17	3,623	9%
<b>Total</b>	<b>41,518</b>	<b>100%</b>

**Respondent by disability, or medical difficulty (a physical health condition, a learning difficulty like dyslexia, or a mental health condition):**

Disability or medical difficulty	N	%
Yes	6,987	17%
No	27,845	67%
I don't know	5,062	12%
I don't want to answer	1,622	4%
<b>Total</b>	<b>41,516</b>	<b>100%</b>

**Respondent by group (multiple choice):**

Group	N	%
Minority ethnic or religious group	4,946	12%
LGBTIQ+	2,937	7%
Asylum seeker or refugee (someone who left their home country because it was not safe)	759	2%
Roma and Traveller communities	460	1%
Other groups	2,717	7%
None of these	19,999	48%
I don't know or I don't want to say	10,946	26%
<b>Total</b>	<b>41,516</b>	<b>100%</b>

**Respondent by living status:**

Living status	N	%
Yes, we all live together	32,064	77%
Yes, I live with both my parents, but they do not live together	1,544	4%
Yes, I live with one of my parents	5,445	13%
No, I live with relatives	260	1%
No, I am in foster care	523	1%
No, I live in alternative care (institution, small group home etc.)	484	1%
Prefer not to say	1,196	3%
<b>Total</b>	<b>41,516</b>	<b>100%</b>

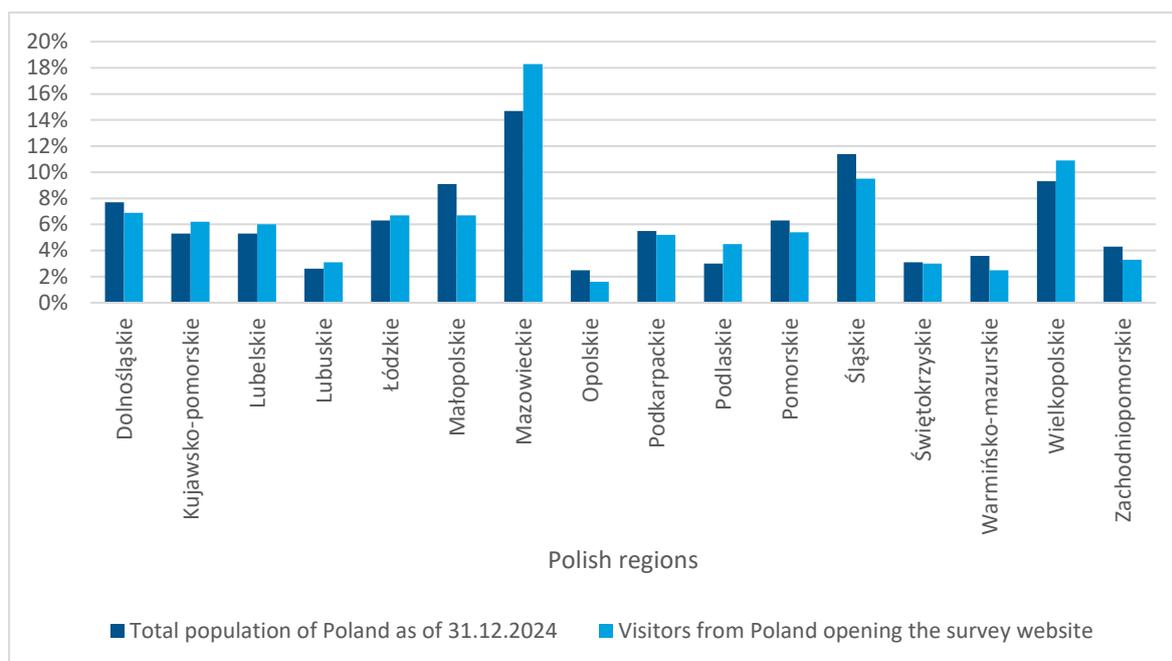
**Population of survey respondents from Poland**

The table and figure below compare the total population of Poland with data on visitors from Poland who accessed the survey website from the EU Children’s Participation Platform website. Data on the regional distribution of the population in Poland are based on official statistics from the Polish Statistical Office. Data on survey website visitors are based on EU Children’s Participation Platform metadata.

As shown in the table and figure below, the share of survey website visitors from specific Polish regions is broadly consistent with the overall regional distribution of the population in Poland.

### Comparison of the distribution of visitors from Poland with the distribution of the population across Polish regions

Region	Total population of Poland as of 31.12.2024		Visitors from Poland opening the survey website	
	Absolute number	%	Absolute number	%
Dolnośląskie	2,868,242	7.7%	547	6.9%
Kujawsko-pomorskie	1,984,479	5.3%	489	6.2%
Lubelskie	1,996,440	5.3%	477	6.0%
Lubuskie	969,819	2.6%	249	3.1%
Łódzkie	2,345,924	6.3%	534	6.7%
Małopolskie	3,429,084	9.1%	529	6.7%
Mazowieckie	5,508,322	14.7%	1,452	18.3%
Opolskie	930,296	2.5%	125	1.6%
Podkarpackie	2,062,997	5.5%	415	5.2%
Podlaskie	1,132,641	3.0%	359	4.5%
Pomorskie	2,359,493	6.3%	425	5.4%
Śląskie	4,291,441	11.4%	754	9.5%
Świętokrzyskie	1,157,991	3.1%	240	3.0%
Warmińsko-mazurskie	1,349,172	3.6%	195	2.5%
Wielkopolskie	3,479,986	9.3%	863	10.9%
Zachodniopomorskie	1,622,760	4.3%	260	3.3%
<b>Total</b>	<b>37,489,087</b>		<b>7,913</b>	



Source: Total population of Poland based on Główny Urząd Statystyczny, 2025, Rocznik Demograficzny, data as of 31.12.2024. Downloaded on 02.02.2026 from: <https://stat.gov.pl/obszary-tematyczne/roczniki-statystyczne/roczniki-statystyczne/rocznik-demograficzny-2025.3.19.html>. Data on visitors from Poland based on the EU Children's Participation Platform website metadata.

## A1.4 Characteristics of children participating in focus groups and interviews

### Focus groups

Country	Number of focus groups	Number of children	Gender		Age
			Boy	Girl	
Bulgaria	2	10	3	7	14-17
Croatia	2	18	6	12	10-17
Denmark	2	6	3	3	14 (4 children), 15
France	1	19	N/A	N/A	12-18
Germany	2	14	N/A	N/A	10-17
Hungary	1	6	6		14, 16 (3 children), 17
Italy	2	4	1	3	12, 14, 15
Lithuania	2	23	7	16	8-14
Malta	1	11	6	5	12-17
Portugal	3	14	6	8	10, 11 (2 children), 12 (2 children), 13, 14 (4 children), 16 (2 children), 17 (2 children)
Romania	3	12		12	16-17
Spain	2	19	9	10	9-17

Sweden	3	17	2	15	11 (3 children), 12 (3 children), 13 (3 children), 14 (2 children), 15, 16 (4 children), 17
<b>Total</b>	<b>26</b>	<b>173</b>			

## Interviews

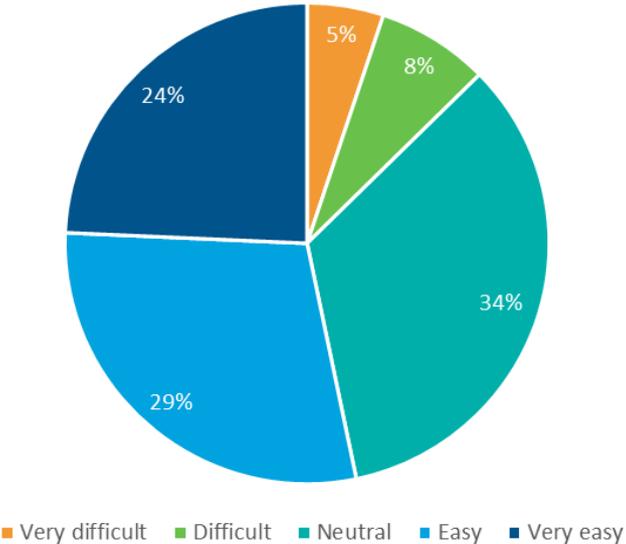
Country	Number of children	Gender		Age
		Boy	Girl	
Bulgaria	9	2	7	14-17
Denmark	5	1	4	15
Hungary	5	2	3	14, 16 (3 children), 17
Italy	3		3	9, 10, 15
Lithuania	4		4	11, 12
Netherlands	3	1	2	9, 11, 17
Romania	5	2	3	16-17
Spain	5	1	4	9, 10, 11 (2 children), 12
Sweden	6	2	4	17
<b>Total</b>	<b>45</b>	<b>11</b>	<b>34</b>	

## A1.5 Feedback from children

### A1.5.1 Majority of respondents found the survey easy to answer

Respondents were asked for feedback on how they found the questions in the survey (see Figure 7.1) (N=25,160). The majority of respondents found the questions in the survey easy to answer with 24% (n=6,112) reporting that it was 'very easy' and 29% (n=2,321) reporting that it was 'easy'. A total of 34% (n=8,586) reported that they were 'neutral' about the questions, and 8% (n=1,890) reporting that they were 'difficult' and 5% (n=1,284) reporting that they were 'very difficult'.

Figure 7.1 Children found the questions in the survey easy to answer. (N=25,160)



*Note: Q23: 'How easy did you find the questions in this survey?' Single choice question.*

Over 5,000 respondents provided further comments and suggestions (Q24) on how to improve the survey. Across the responses, several thematic areas were identified relating to:

- ensuring clarity of wording prevent confusing questions
- suggestions that the survey was too long or demanding
- suggestions to improve answer choices or formats
- accessibility issues
- relevance and appropriateness of questions
- technical problems in accessing the survey platform