2024 module: 6-yearly module on access to services: Commission Implementing Regulation (EU) N°2022/2498 of 9 December 2022; and as well 3-yearly module on children health, access to health care (children), children specific deprivation: Commission Implementing Regulation (EU) 2019/2242 of 16 December 2019

6-YEAR ROLLING MODULE - ACCESS TO SERVICES

The mode of the data collection used for the list of variables in access to services module is as below: Household respondent

RC370 Payment for formal childcare services HC040 Affordability of formal childcare services RC380 Unmet needs for formal childcare services RC390 Main reason for not making (more) use of formal childcare services HC190 Presence in the household of people who need help due to long-term physical or mental illhealth, infirmity, or because of old age HC200 Professional homecare received HC221 Payment for professional home care services HC230 Affordability of professional home care services HC240 Unmet needs for professional home care HC250 Main reason for not receiving (more) professional home care services HC300 Financial burden of public transport Personal interview (proxy as an exception for persons temporarily away or incapacitated) or registers PC280 Frequency of use of public transport PC290 Main reason for not using regularly public transport PC310 Entitlement to unemployment benefits PC320 Entitlement to sickness benefits PC330 Feeling discriminated when in contact with administrative offices or public services (including job center, health and social services) PC340 Feeling discriminated when looking for housing PC350 Feeling discriminated in education PC360 Feeling discriminated in public spaces (shop, café, restaurant, leisure facilities etc.)

Access to services related to children

The questions related to access to services for children refer to households in which there is at least one child between the ages of 0 and 12 (at the time of the interview), and the answers are indicated for each child separately.

• RC370: PAYMENT FOR FORMAL CHILDCARE SERVICES

This variable indicates whether the household pays for formal childcare for any children aged 0-12 (at the time of interview) living in the household.

Formal childcare refers to variables RL030 childcare at center-based services and RL040 childcare at day-care center. Costs of formal childcare services should include tuition fees, costs of a canteen and other costs that are expected for children participating in formal childcare services. The total cost of formal childcare services should be taken into consideration. If childcare is provided completely free of charge, for example, through a government scheme, the respondent should answer 'No'. Costs related to cultural and sporting activities outside school or nursery such as clubs or music lessons shall

not be included insofar as they are not used as a childcare service but rather for the child's leisure. (If the child attends clubs etc. during the time when a childcare service is required, and not attending it would require the household to try to organise another type of care for the child, then the main role of the club is childcare. However, if a child attends a club purely for its leisure it should not be taken into consideration in RC370).

HC040: AFFORDABILITY OF FORMAL CHILDCARE SERVICES

This variable describes the respondent's feeling about the level of difficulty experienced by the household in paying the costs of formal childcare services.

If in the household there are three children, two of them attend a public formal childcare service, for which the household pays a very small fee and the third child attends a private formal childcare service which is expensive, then the household needs to decide how easy or difficult (in total) it is to pay for formal childcare services for all the children together.

RC380: UNMET NEEDS FOR FORMAL CHILDCARE SERVICES

This variable captures the respondent's assessment of whether there are any children aged 0-12 (at the time of interview) in the household who require (more) formal childcare.

• RC390: MAIN REASON FOR NOT MAKING (MORE) USE OF FORMAL CHILDCARE SERVICES

This variable captures the main reason for not making (more) use of formal childcare services. Understanding the barriers (cost, quality, availability and accessibility) that prevent parents from using (more) childcare services is crucial to adapting policy tools.

Category '2 No places available' should be selected if the household does not know a place where the service is available.

Category '3 Places available, but not nearby' should be selected if the household knows a place where the service is available but they consider it to be too far or without easy access to be suitable.

When more than one reason applies to the person, the respondent should select the category that best describes their situation. No criteria for this are specified.

Access to services for people who need help

• HC190: PRESENCE IN THE HOUSEHOLD OF PEOPLE WHO NEED HELP DUE TO LONG-TERM PHYSICAL OR MENTAL ILL-HEALTH, INFIRMITY, OR BECAUSE OF OLD AGE

This variable indicates whether there is at least one person in the household who needs the help/assistance of another person due to long-term health problems. The main characteristics of a long-term health problem are that it has already lasted or is expected to last for at least six months (for each person) and may be expected to require a long period of supervision, observation or care. Members of the household who only require help temporarily should be excluded.

The need for home care should be considered without distinguishing the type of care or who provides it (professional or not). Home care aims to make it possible for people to remain at home rather than use residential, long-term or institution based nursing care. Home care may include healthcare and/or life assistance. Home healthcare could include e.g. medical treatment, care for an injury, pain management or therapy. Life assistance includes help with daily tasks such as meal preparation, medication reminders, laundry, light housekeeping, shopping, transport, and companionship.

HC200: PROFESSIONAL HOMECARE SERVICES RECEIVED

This variable indicates whether the person or persons concerned receive any home care services provided by professional healthcare workers or professional/paid care workers.

If two members of the household require professional home care but only one of them receives such care, the answer 'Yes' should be selected in this variable.

A professional care worker shall be understood as a person for whom providing home care represents a job: work or paid activity. The term 'professional' does not include a notion of a qualification or quality of care.

Friends, relatives, neighbors etc. who provide care on a voluntary basis, and for whom providing home care isn't their job, should not be considered.

• HC221: PAYMENT FOR PROFESSIONAL HOME CARE SERVICES

This variable is available for households with at least one person receiving any home care services provided by professional healthcare workers or professional/paid care workers (HC200=1). It indicates whether the cost of professional home care services is fully covered by insurance (cost-free for the household), or whether it is fully or partially paid for by the user's household. If the household receives professional home care services for more than one person, the answer should refer to the total costs for all members of the household.

The cost refers to the payment at the time of receiving the care. Taxes and social security contributions or any other contributions which are used by the government or other institutions to invest in professional home care in general (but are not specific to the delivery of home care for this household) should not be taken into account. In addition, costs other than for professional home care such as the costs of equipment used for physiotherapy or for adapting the home etc. should be excluded.

When the full/partial payment is made by other sources, e.g. donations (people or companies donating money), then the modality '3- Fully paid by the user/household' or '2-Partially paid by the user/household' should be selected (if the donations are made on a regular basis or cover at least 6 month of services, they should also be included in the questions Q35÷Q38: Regular inter-household cash transfer received).

HC230: AFFORDABILITY OF PROFESSIONAL HOME CARE SERVICES

This variable describes the level of difficulty experienced by the household in covering the costs of professional home care services. If the household receives professional home care services for more than one person, the answer should be in reference to the total household cost of the services. If the household receives professional home care services for more than one person, the answer should refer to the total costs for all members of the household.

Taxes and social security contributions or any other contributions which are used by the government or other institutions to fund healthcare services should not be taken into account. In addition, costs other than for professional home care such as the costs of equipment used for physiotherapy etc. should be excluded.

If the household it is not able to pay at all for the professional home care services then the modality '1-with great difficulties' should be selected.

HC240: UNMET NEEDS FOR PROFESSIONAL HOME CARE

This variable captures the respondent's assessment of whether there are household members who require professional home care, but are not provided any or are provided less professional home care than they require.

• HC250: MAIN REASON FOR NOT RECEIVING (MORE) PROFESSIONAL HOME CARE SERVICES

This variable captures the main reason for not making (more) use of professional home care services.

If two members of the household require home care but only one of them receives such care, the main reason why the household does not receive more professional home care should be provided in this variable. Similarly, if a member of the household receives professional home care once a week for a

couple of hours and requires help twice a week, the main reason why the household does not receive more professional home care should be provided in this variable.

When more than one reason applies to the person, the respondent should select the category that best describes their situation. No criteria for this are specified.

HC300: FINANCIAL BURDEN OF PUBLIC TRANSPORT

This variable describes the financial burden of public transport for the household during the last 12 months. It indicates the level of difficulty experienced by the household in covering the costs of using public transport. If more than one household member used public transport, the answer should be in reference to the household's total costs of the using public transport.

Please consider the following:

- 'Heavy burden' describes households that experience a lot of difficulties in covering their costs of using public transport.

- 'Somewhat burden' describes the households that experience some difficulties in covering their costs of using public transport.

- 'Not a burden at all' describes households that experience no difficulties in covering their costs of using public transport.

Access to services on an individual level

PC280: FREQUENCY OF USE OF PUBLIC TRANSPORT

This variable describes the frequency with which household members used public transport during the last 12 months.

Public transport includes a variety of transit options such as buses, trams, trains and underground/metro. These systems are available to the general public, may require a fare, and run at scheduled times. Taxis, Uber, bicycles, etc., that the person can pay for/rent privately at their own convenience, should not be considered.

• PC290: MAIN REASON FOR NOT USING REGULARLY PUBLIC TRANSPORT

This variable captures the main reason for not using public transport regularly during the last 12 months for each member of the household. If the respondent or another member of the household has a physical disability or reduced mobility, and the available public transport is not adapted to their needs, the category 'physical access too difficult' should be recorded.

When more than one reason applies to the person, the respondent should select the category that best describes their situation. No criteria for this are specified.

The term "regular" is related to repeated activity(ies) and should be defined by the respondent.

• PC310: ENTITLEMENT TO UNEMPLOYMENT BENEFITS

This variable indicates whether the respondent is entitled to unemployment benefits, in case of need.

The variable should refer to respondents who are employed and:

- Formally covered by existing legislation, regarding their right to participate in a social protection scheme that includes unemployment benefits. Official coverage can be provided through compulsory (NSSI Unemployment Benefit) or voluntary schemes (individual or group insurance packages covering the risk of unemployment or dismissal); or

- Unemployment insurance is a mechanism for meeting financial difficulties that would arise in the most difficult life situations, covering the following risks: death (in case of illness and/or accident);

disability (over 70%); long-term illness (temporary incapacity for work) and unemployment due to dismissal

Respondents who answer 'no' are those who are not formally covered and/or those who are formally covered but who would not receive benefits if they lose their job (e.g. because they do not meet requirements such as having worked for a sufficiently long period).

• PC320: ENTITLEMENT TO SICKNESS BENEFITS

Sickness benefits refer to cash benefits that replace, in whole or in part, loss of earnings during a temporary inability to work due to sickness or injury.

This variable indicates whether the respondent is entitled to sickness benefits, in case of need.

The variable should refer to respondents who are employed and:

- Formally covered by existing legislation, regarding their right to participate in social protection schemes that include temporary incapacity and sickness benefits. Official coverage can be provided through mandatory or voluntary schemes;

- Concluded individual or group insurance packages "Temporary incapacity due to illness", if additional protection insurance is used in the event of the corresponding event, apart from the social protection schemes provided by the state.

Respondents who answer 'no' are those who are not formally covered and/or also those who are formally covered but who would not receive benefits if they get sick and cannot work (e.g. as they do not meet requirements such as having worked for a sufficiently long period).

• PC330: FEELING DISCRIMINATED WHEN IN CONTACT WITH ADMINISTRATIVE OFFICES OR PUBLIC SERVICES (INCLUDING JOB CENTRE, HEALTH AND SOCIAL SERVICES)

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, sexual orientation, disability, etc.

This variable indicates whether the respondent has during the last 12 months (even only once) felt discriminated against when in contact with administrative offices or public services (including a job center or health and social services). In this case, the discriminating behavior can occur when the respondent has felt harmed or disadvantaged by someone exercising a public function.

PC340: FEELING DISCRIMINATED WHEN LOOKING FOR HOUSING

This variable indicates whether the respondent has during the last 5 years (even only once) felt discriminated against when looking for housing, for example when trying to rent or buy an apartment or a house.

Examples of discriminating behavior perceived by the respondent when looking for housing include:

- refusal to rent to a family with children under a certain age;

- refusal to rent or sell to someone based on their race, religion or skin colour;

- a landlord refusing accessible parking or otherwise denying access to people with a disability;

- housing advertisements that express a preference for people of a certain race, sex, or religion; or making reference to the composition of a neighborhood in which a property is listed to discourage a home purchase;

- a landlord treating one tenant less favorably than others in terms of renting or maintaining the property

PC350: FEELING DISCRIMINATED IN EDUCATION

This variable indicates whether the respondent has during the last 12 months (even only once) felt discriminated against when in contact with anyone from an educational institution.

In this case, the discriminating behavior can occur during the process of admission or the provision of education; in relation to school policies and procedures relating to, for example, discipline, exams and school uniforms; or in relation to access to benefits, facilities or services, including school meals, sports and other activities, school trips, libraries and IT facilities, careers services and information.

If the person was not a student or the parent of a student during the last 12 years (e.g. no children of school age, no children, not attending school, etc.), then modality 1 should be selected.

• PC360: FEELING DISCRIMINATED IN PUBLIC SPACES (SHOP, CAFÉ, RESTAURANT, LEISURE FACILITIES ETC.)

This variable indicates whether the respondent has during the last 12 months (even only once) felt discriminated against in the public space, for example in a shop, café or restaurant, or when using leisure or sports facilities, etc. In this case, the respondent might have felt discriminated against if a trader or service provider:

- refused to provide them with goods or services;

- gave them goods that were of a worse quality or a service on worse terms than is normally offeredfor example, charging them more or making them wait longer; or

- caused them any other harm or disadvantage when providing goods or services.

In exceptionally rare cases, if the person didn't visited any public places during the last 12 months (e.g. cannot leave the house due to a long chronic illness), then modality 8 should be selected.

3-YEAR ROLLING MODULE - CHILDREN

Children`s health and Unmet need for medical and dental examination or treatment for children

Information on general health and limitations in activities due to health problems, unmet need for medical and dental examination or treatment is to be provided for each **child aged 0 – 15 at the time of the interview**. These questions are answered for each child separately

• RCH010 How would you describe your child's health in general?

The question RCH010 refers to a feeling of general /overall health of the child and not on the current state of health, i.e. it is not intended to affect temporary health problems. It is expected to include different dimensions of health, i.e. physical, social and emotional functioning, mental health (covering psychological well-being and mental disorders) and biomedical signs and symptoms. It is answered in principle. Excluded are momentary and transient conditions.

• RCH020 During the last 6 or more months, has your child been restricted in performing his or her usual activities due to a health problem?

Question RCH020 refers to the existence of restrictions on the performance of normal activities for children, i.e. difficulties with activities that are usually expected to be performed by children of the same age: self-care and mobility, school activities, home and leisure activities. Temporary or short-term restrictions are excluded, as well as restrictions due to financial, cultural or other reasons not related to health.

• HCH010: Unmet need for medical examination or treatment (children)

Included:

- Health care provided for different purposes (curative, rehabilitative, long-term health care) and by different modes of provision (inpatient, outpatient, day, and home care);
- Medical mental health care;
- Preventive medical services.

Excluded:

- Taking prescribed or non-prescribed drugs;
- o Dental care.

• HCH020: Main reason for unmet need for medical examination or treatment (children)

Description of the reasons for unmet needs:

\circ Could not afford to (too expensive)/ Not covered by the Health Insurance Fund

The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not to include interpretations about "too expensive" which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account and coded under this answer category if the household could not afford to pay for the treatment/examination of the children. Moreover, if the cost of transport to the medical examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected.

• Waiting list or the time needed to obtain an appointment was too long

This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children because of perceptions of the long waiting times.

Excluded: waiting time to see a doctor on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent.

• Too far to travel or no means of transportation

Excluded: could not afford the cost of transport, which should be referred to the answer "Could not afford to (too expensive)".

• HCH030: Unmet need for dental examination or treatment (children)

Included:

- Health care provided by dentist or orthodontists (specialist in orthopedic dentistry);
- Preventive dental services.

Excluded:

- Self-medication, taking prescribed or non-prescribed drugs;
- $\circ \quad \text{Other medical care.}$

• HCH040: Main reason for unmet need for dental examination or treatment (children)

Description of the reasons for unmet needs:

• Could not afford to (too expensive)/ Not covered by the Health Insurance Fund

The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not to include interpretations about "too expensive" which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account and coded under this answer category if the household could not afford to pay for the treatment/examination of the children. Moreover, if the cost of transport to the dental examination/treatment was too expensive and therefore the need of treatment/examination was not met the category could not afford (too expensive) should be selected.

\circ $\;$ Waiting list or the time needed to obtain an appointment was too long

This answer is to be used for children who were actually on a waiting list and, at the same time, were not helped even though the need for care was urgent, for children experiencing delay in getting appointment soon enough to meet their need of care, as well as for persons who were discouraged from seeking care for their children because of perceptions of the long waiting times.

Excluded: waiting time to see a dentist on day of appointment (the time spend in the waiting room), being on waiting list for planned (non-urgent) care if the need is not seen as urgent.

\circ ~ Too far to travel or no means of transportation:

Excluded: could not afford the cost of transport which should be referred to the answer "Could not afford to (too expensive)".

CHILDREN-SPECIFIC DEPRIVATION

If there are children in the household between the ages of 1 and 15 as of 31.12.2023, the questions related to the basic needs of the children in the household are filled in. Even if only one child does not have the item, all children in the household are assumed not to have the item.

Question HD2 examines children's needs for food, clothing and footwear, educational or leisure needs. All sub-questions are given a specific answer for each type of need. If the needs of at least one child in the household cannot be met, it is assumed that for all children in the household the answer is "NO" depending on the reason.

The category "new clothes" (**HD2.1**.) refers to worn out clothes, not to old-fashioned ones. The emphasis is on new clothes, but some of them can be second-hand.

The concept of shoes (**HD2.2.**) has to be understood in a broad sense - boots, sandals, etc. depending on the climatic features, incl. and for all seasons (casual shoes).

Question **HD2.3.** refers to the provision of fresh fruits and vegetables at least once a day for children in the household. Fresh fruits and vegetables also include frozen fruits and vegetables, but canned fruits are excluded.

The needs of children related to their education or leisure time relate to a separate place set aside for learning, the availability of books, various play equipment, participation in excursions and paid celebrations.

"Books suitable for the age" (HD2.5.) means that the books are adapted to the age and the level of knowledge of the child. School books are not to be taken into account.

"Outdoor play equipment" (HD2.6.) covers the cases in which for each child in the household, according to his age and physical condition, play equipment is provided - bicycle, rollerblades or other roller skates, rackets for badminton, tennis and other. It is not strictly necessary for all children in the household to have their own equipment or facilities. It is possible for all children in the household to use a bicycle or roller skates, as long as they are suitable for their age.

"Indoor games" (HD2.7.) includes at least one type of indoor play according to the age of the child and his physical condition - educational games for young children, building blocks, blocks sets, dominoes, computer games, backgammon, chess and others. In addition, it is not strictly necessary for all children in the household to have their own games, as long as they are adapted to the age and needs of all children in the household.

The term **"regular activities" (HD2.8.)** is linked to the considered activity(ies). A "yes" answer should imply that leisure activities (all together) occur several times per year. The entertainment activity should occur outside home and it is assumed that some money will be spent on it. For example for entrance and / or travel costs, purchase costs (eg equipment, musical instrument, etc.)

Question **HD2.10.** Inviting friends to play and eat from time to time refers to inviting friends, classmates of children in the household, which include eating and playing. Invitations are most often made at home, but outdoor activities are also included.

Question HD2.11. Holidays away from home at least one week a year (including holidays with family, visiting relatives, friends, organized school holidays, etc.). When completing this question, it is not necessary for all children in the household to go on holiday together at the same time. If each child in the household goes away from home for at least one week a year during the holiday, the answer should be "yes", regardless of the context (holiday with family, relatives, friends, youth organization, school trip, etc.). If there is a child in the household who does not go on holiday due to health problems, but the household can afford to provide rest for him and his other children (if any), then the answer should be "No - for other reasons".

"One week" means 7 days.

Question **HD2.12**. **Participation in paid school trips, activities and celebrations** includes only activities organized by the school. If the interview takes place during a school holiday, refer the answer to the school period. If the child does not attend school, indicate answer 4.

"Suitable place to study or write homework" (HD2.13.) means a quiet place with enough space and light. The place should be at home, not in a library, school or other type of self-study center. If the child does not attend school, indicate answer 4.