

# Feedback from:

Not for profit partnership: EuroHealthNet

EuroHealthNet welcomes the initiative of a future Recommendation on Quality in Early Childhood Education and Care (QECEC). This feedback builds upon the health equity implications of QECEC and the related positive and negative consequences. Health inequalities (HI) reduce people's ability to contribute to society, and undermine economic growth and prosperity. They increase health, social care, and wider public expenditures.

## FINDINGS OF THE LINK BETWEEN QECEC & HEALTH EQUITY

In 2016, more than one in four (26.4 %) children in the EU28 countries were at the risk of poverty or social exclusion[1]. In all European societies, for every step down the socio-economic ladder, children and young people experience a higher level of a wide range of physical and mental health problems that will also affect their future health and life opportunities. This is not only related to access and quality of health services, but to the broader conditions in which they live, learn, and grow[2]. There is clear evidence that access to high-quality health care, together with effective health promotion, disease prevention, and social protection policies can help reduce health inequalities, social exclusion,

and poverty[3]. It is essential to address the root causes of these wider social determinants from a holistic, integrated approach in order to sustainably tackle the challenges described in the QECEC Roadmap.

The foundations for emotional, intellectual, and physical development are laid early in life. The environment a child lives in, from the prenatal period through early childhood, can have a profound influence in later life[4]. Socio-economic status is a significant factor in children's health and wellbeing[5]. Research findings have shown that children who have low cognitive scores at 22 months but grow up in families of high socioeconomic conditions improve their relative scores as they approach the age of 10; however children with high scores at 22 months who grow up in families of low socioeconomic position worsen as they approach age 10[6]. To level up the health gradient among mothers, particularly those in low income groups, it is important to activate labour markets and expand the provision of quality early child education and care programmes. These provisions should be accessible and affordable for all[7]. Timely access to health care can increase workforce productivity, support people to actively participate in society, and can avoid higher costs for health care in the long run[8].

## POLICY RECOMMENDATIONS

- ▶ The QECEC Recommendation should make a clear connection to health equity and wellbeing over the life course.
- ▶ The QECEC Recommendation should promote the investment in early years to support good quality early years education and childcare provided in a proportionate way across the social gradient[9]. Support for families should be improved by investing in pre- and post-natal interventions, encouraging parental leave, ensuring the income for a decent life, as well as through parenting programmes and children's centres including outreach interventions to identify the most vulnerable and provide targeted support.

- ▶ Use the European Regional Development Fund and European Social Fund to implement early child health and development interventions in areas of social deprivation.
- ▶ Foster the implementation of the EC Recommendation on Investing in Children, which calls on MS to support parents into paid work and improve access to affordable early year's childcare, education, and healthcare.
- ▶ Connect the initiative to the EU Semester (Country Specific Recommendations, National Reform Programmes, and the Social Scoreboard, in the latter is it necessary to broaden the use of indicators to children at the risk of poverty and social exclusion).
- ▶ Connect the initiative to the European Pillar of Social Rights (Principle 11: Childcare & Support to Children; the Social Scoreboard; the Work-Life Balance Directive).

Sources in attachment

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## QUALITY IN EARLY CHILDHOOD EDUCATION AND CARE

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### Feedback to Inception Impact Assessment

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#### FINDINGS OF THE LINK BETWEEN QECEC AND HEALTH EQUITY:

In 2016, more than one in four (26.4 %) children in the EU28 countries were at the risk of poverty or social exclusion<sup>[1]</sup>. In all European societies, for every step down the socio-economic ladder, children and young people experience a higher level of a wide range of physical and mental health problems that will also affect their future health and life opportunities. This is not only related to access and quality of health services, but to the broader conditions in which they live, learn, and grow<sup>[2]</sup>. There is clear evidence that access to high-quality health care, together with effective health promotion, disease prevention, and social protection policies can help reduce health inequalities, social exclusion, and poverty<sup>[3]</sup>. It is essential to address the root causes of these wider social determinants from a holistic, integrated approach in order to sustainably tackle the challenges described in the QECEC Roadmap.

The foundations for emotional, intellectual, and physical development are laid early in life. The environment a child lives in, from the prenatal period through early childhood, can have a profound influence in later life<sup>[4]</sup>. Socio-economic status is a significant factor in children's health and wellbeing<sup>[5]</sup>. Research findings have shown that children who have low cognitive scores at 22 months but grow up in families of high socioeconomic conditions improve their relative scores as they approach the age of 10; however children with high scores at 22 months who grow up in families of low socioeconomic position worsen as they approach age 10<sup>[6]</sup>. To level up the health gradient among mothers, particularly those in low income groups, it is important to activate labour markets and expand the provision of quality early child education and care programmes. These provisions should be accessible and affordable for all<sup>[7]</sup>. Timely access to health care can increase workforce productivity, support people to actively participate in society, and can avoid higher costs for health care in the long run<sup>[8]</sup>.

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- ▶ Foster the implementation of the EC Recommendation on Investing in Children, which calls on MS to support parents into paid work and improve access to affordable early year's childcare, education, and healthcare.
- ▶ Connect the initiative to the EU Semester (Country Specific Recommendations, National Reform Programmes, and the Social Scoreboard – in the latter is it necessary to broaden the use of indicators to “children at the risk of poverty and social exclusion”).
- ▶ Connect the initiative to the European Pillar of Social Rights (Principle 11: Childcare and Support to Children; the Social Scoreboard; the Work-Life Balance Directive).

Sources can be found in attachment.

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## QUALITY IN EARLY CHILDHOOD EDUCATION AND CARE

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### Footnotes from the Feedback to the Inception Impact Assessment

1. Eurostat (2018), 'Children at risk of poverty or social exclusion 2016 in EU28'. Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tespm040&plugin=1>
2. GRADIENT (2013) Report Summary Final Report Summary - GRADIENT (Tackling the gradient: applying public health policies to effectively reduce health inequalities amongst families and children) [https://cordis.europa.eu/result/rcn/54339\\_en.html](https://cordis.europa.eu/result/rcn/54339_en.html)
3. Eurofound (2014), Access to health care in times of crisis, Publications Office of the European Union, Luxembourg
4. DRIVERS (2015) Universal, quality early childhood programmes that are responsive to need promote better and more equal outcomes in childhood and later life (Childhood Development Policy Brief). Available at: [http://healthgradient.eu/wp-content/uploads/2015/02/DRIVERS\\_Policy\\_Brief\\_Early\\_Childhood\\_rel2.pdf](http://healthgradient.eu/wp-content/uploads/2015/02/DRIVERS_Policy_Brief_Early_Childhood_rel2.pdf)
5. Vulnerable Scientific Report: [http://www.health-inequalities.eu/wp-content/uploads/2017/11/vulnerable\\_scientific-report\\_final\\_october2017-lowres-compressed.pdf](http://www.health-inequalities.eu/wp-content/uploads/2017/11/vulnerable_scientific-report_final_october2017-lowres-compressed.pdf)
6. Fair society, healthy lives —The Marmot review — Strategic review of health inequalities in England post-2010 (2010) Marmot Review Team. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
7. GRADIENT (2013) Report Summary Final Report Summary - GRADIENT (Tackling the gradient: applying public health policies to effectively reduce health inequalities amongst families and children) [https://cordis.europa.eu/result/rcn/54339\\_en.html](https://cordis.europa.eu/result/rcn/54339_en.html)
8. Eurofound (2014), Access to health care in times of crisis, Publications Office of the European Union, Luxembourg
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