

COVID-19 and Health Inequalities: applying the lessons to deliver change

Learning from the Feasibility Study for a Child Guarantee (FSCG) on policies and programmes to address health inequalities aggravated by Covid-19

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EU Child Guarantee

“every child in Europe at risk of poverty (including refugee children) has access to free healthcare, free education, free childcare, decent housing and adequate nutrition.” (European Parliament)

- **Feasibility Study 1** - 2018-2020 *Feasibility Study for a Child Guarantee*
 - Focus on 4 target groups access to 5 policy areas (i.e. healthcare, education, childcare, housing, nutrition)
 - children residing in institutions / children in alternative care
 - children with disabilities
 - children with a migrant background [including refugee children]
 - children living in a precarious family situation
- **Feasibility Study 2** – 2020-2021 - *Study on the economic implementing framework of a possible EU Child Guarantee Scheme including its financial foundation*
 - Focus on specific policies & in-depth case studies (in each of the 5 policy areas + integrated services)
 - Access to free health services
 - each child at risk of poverty should be provided with free regular health examinations & follow-up treatment at successive growth stages
 - organisation of free post-natal health examination at birth; home visits or other forms of regular examinations organised during the first years of life and then regular health monitoring in school or in other settings
- European Commission **Proposal for a Council Recommendation** establishing a Child Guarantee
 - 24th March 2021 - under political negotiation and possible adoption by end June 2021

EU Child Guarantee and Covid-19

- Covid-19 impact on children became an **increasing concern** during latter part of Feasibility Study
 - NB features strongly in Commission Proposal
- Covid-19 highlighted and intensified **pre-existing inequalities** affecting children growing up in poverty
- Increased focus on the need to **both**:
 - **ensure access** of children in vulnerable situations to quality health services **and**
 - address the **social determinants** of health, especially
 - decent **housing** and living environment
 - adequate **nutrition**
- Importance of **prevention & early support & integrated/holistic delivery of services**

Actions to improve access to free healthcare

- Agree **on basic elements to be covered** by free healthcare & so have baseline for monitoring
- Increase **investment** in children's health services where needed
- Put in place **regular health check-ups** (esp. during the first years of life and regularly at school)
- Introduce exemption or reimbursement schemes to **cover co-payments**
- Invest in & **improve (mental) health & rehabilitation services** adapted to needs of children in vulnerable situations
- Invest in **health literacy** for all children (and their parents)
- Develop **multiservice or extended schools** offering integrated services (incl. healthcare & dental care)
- Emphasise **early detection, prevention & outreach** (esp. for mothers & babies)
- Enhance **professional training** & develop workforce skills in relation to children's health
- Explore the potential **role of nurses** (e.g. in strengthening the care delivery team)
- Make mainstream healthcare provision **more responsive** to the needs of children in vulnerable situations
- Develop child **e-health networks** to spread rural cover & centres of expertise to retain local health professionals
- Develop **unique record identification** to improve coordination across services

The important role of free regular routine health examinations / screening programmes & follow-up treatment

- **Benefits**

- detecting developmental problems
- detecting diseases, including chronic disorders
- providing age-appropriate immunisation
- detecting dental problems
- detecting problematic lifestyle habits (diet, physical activity, daily screen time...)
- detecting learning disabilities, attention-deficit/hyperactivity disorder
- detecting bullying;
- detecting signs of neglect or abuse;
- detecting and counselling to prevent future health problems; and
- promoting better health

- **Diversity of provision in EU**

- **Requires systematic approach**

- identifying the population eligible for screening
- invitation and information
- testing, referral for screening positives and reporting of negative screening results
- diagnosis
- follow-up/treatment
- reporting of outcomes



4 Examples of effective schemes

Austria	The Mother-Child-Pass and the Yearly School Health examinations	<ul style="list-style-type: none"> ▪ Universal schemes ▪ The mother-child-Pass : <ul style="list-style-type: none"> - pre-natal, post-natal, first-year and other examinations up to the fifth year of age; - Childcare allowance dependent on attending the first ten examinations ▪ The yearly school health examinations scheme carried out by school physicians ▪ Increase likelihood of, and in school age, guarantee regular health examinations
Germany	The German child examination programme (U1 to U9)	<ul style="list-style-type: none"> ▪ Universal scheme ▪ Ten check-up appointments (after birth (U1) to the 60th-64th month (U9)) carried out in the medical practice of GP or paediatrician ▪ Allows to detect and treat possible disorders/abnormalities at an early stage ▪ High participation in the programme: System of invitations, registration and reminders
Finland	The maternity and child clinics, the “baby box” and the school healthcare programme	<ul style="list-style-type: none"> ▪ Universal schemes ▪ The maternity and child health clinics: medical examinations of pregnant women, regular examinations of children from birth to the age of 5 ▪ The maternity package as a positive incentive to attend pre-natal health screenings ▪ The school healthcare programme provides regular mandatory health examinations ▪ Integrated services aiming to ensure the physical, mental and social well-being of the child, provide support to children and families and involving multi-professional teams
Portugal	Child Vision Screening	<ul style="list-style-type: none"> ▪ Universal scheme ▪ Systematic vision screening of all children turning 2 years of age ▪ Good results of the scheme ▪ Systematic follow-up allows effective diagnosis and treatment

Actions to improve access to decent housing

- establishing an **enforceable right** to access adequate housing for children & their families
- developing **comprehensive strategy** on access to housing & on fighting homelessness
- ending **ethnic segregation**
- increasing/subsidising the supply of **affordable and social housing** and giving prioritised access to children and their families
- generating **more funds** to increase availability of affordable housing
- introducing measures to address issue of **affordability** (e.g. improve housing allowances)
- increasing **legal protection in eviction processes** for children and their families
- providing support for **utility bills** (water, electricity, heating)
- introducing targeted **exemption** from house-ownership taxes
- supporting households with children with disabilities to **adapt dwelling**
- **combating discrimination** on the private rental market
- supporting the provision of **housing for asylum seekers**

Actions to improve access to adequate nutrition

- ensuring adequate **income support** systems for families with children
- providing **free healthy meals** in education and care facilities and at schools
- developing **educational activities** on healthy food
- encouraging **healthy lifestyle** (e.g. exercise)
- developing **food banks** and meal-at-home programmes
- **regular monitoring** of children's health & nutritional status
- promoting **mother and child health** including breastfeeding
- supporting **healthy food in schools/ECEC centres**, taxing fatty food & lowering taxes on healthy food; encouraging “no fry” zones round schools
- ensuring nutrition policies adequately address nutrition needs of **children with disabilities** & with particular dietary needs in general, & **respecting cultural diversity**
- establishing nutrition standards for **alternative care** settings
- ensuring the quality of food for children in the **asylum system**

Importance of integrated/holistic delivery of services

- **Multi-disciplinary approach**

- Coordination & cooperation between services key to addressing poverty & social exclusion
- e.g. whole school/extended school approach
 - wide range of stakeholders(e.g. social services, youth services, outreach care workers, psychologists, nurses, speech and language therapists, guidance specialists, local authorities, NGOs, business, unions, volunteers) and the community at large

- **Examples**

- Finland Multiservice schools
 - offering a wide variety of health and social services, free meals and recreational activities in addition to free and high-quality conventional education
- Sweden: Family Centres
 - typically includes a maternity clinic, an open pre-school facility, child healthcare & preventive aspects of social work

- **Benefits** of integrated approaches

- improved access and speedier responses
- better & clearer agreements on information sharing & communication between services
- greater consultation on case planning
- more holistic approach & seamless services
- greater accessibility
- smoother transition between services

Feasibility Study Reports are available on European Commission website

- <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>