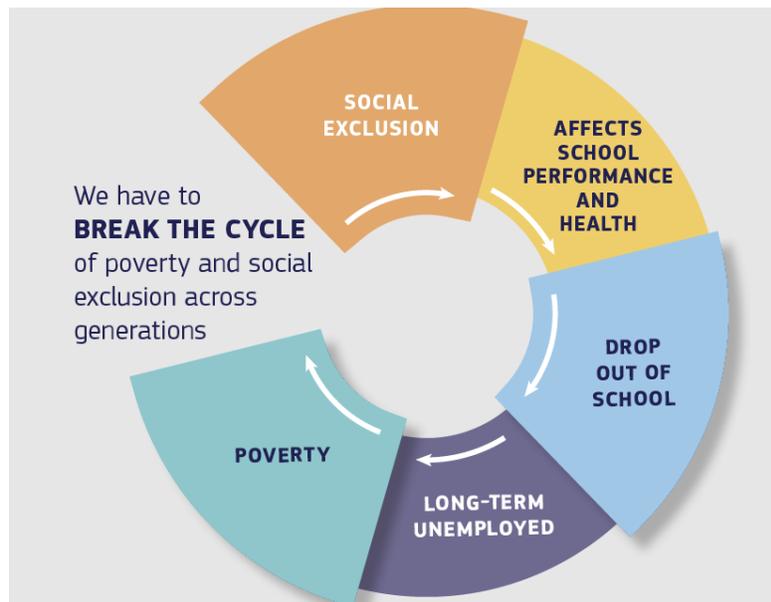


Addressing child health inequalities through the European Child Guarantee (ECG)

A report of an online Country Exchange Visit highlighting resources and key messages



6-10 September 2021, Online



EuroHealthNet study visits are supported by the European Commission, through the Programme for Employment and Social Innovation (EaSI 2014-2020)

Introduction

EuroHealthNet organised an online Country Exchange Visit (CEV) on child health inequalities in September 2021. It provided a platform to explore and discuss among child health experts from 16 Member States on how to improve child well-being and take forward the European Child Guarantee (agenda and participants list in Annex 1-2). This short report brings together the collective insights and resources available for everyone working to improve the life of children. Investing in child health and wellbeing is crucial for a resilient, socially just, and healthy Europe.

Child Health inequalities: a persistent problem

Nearly 18 million children are at risk of poverty or social exclusion in the EU¹. The COVID-19 crisis has been exacerbating existing inequalities and it risks to further widen health inequalities. Almost 1 in 4 children in the EU grow up in vulnerable families facing disadvantages on a daily basis. These children need adequate food, housing, support to enable school attendance, and support to participate in sport, leisure, and cultural activities. In addition, despite a high universal healthcare coverage across the EU, children from low-income families still have an unmet need in accessing healthcare services which will need to be addressed.² It is crucial to break the intergenerational cycle of poverty and multiple actions across sectors are needed to do so.

Improvements in bringing down the numbers of children at risk of poverty and social exclusion in the EU have been too slow and too limited.² To accelerate action to address child poverty and social exclusion, European Ministers of Social Affairs adopted the proposal for the **Council Recommendation establishing a European Child Guarantee (ECG)** on 14 June 2021. The ECG is the first comprehensive EU-level policy tool which aims to address disadvantage and exclusion by supporting Member States efforts to ensure access to quality key services for children in need.

Member States will be required to implement the Child Guarantee and ensure free and effective access to (1) early childhood education and care, (2) education and school-based activities, (3) healthcare including health promotion and preventative measures, (4) at least one healthy meal each school day, and effective access to (5) healthy nutrition and (6) adequate housing for children. Member States will develop multi-annual national action plans outlining implementable actions in all the areas mentioned, supported by the EU funds (ESF+) and complemented with national budgets.

EuroHealthNet organised this Country Exchange Visit (CEV) to encourage the public health community to proactively consider how best to take advantage of the tool to identify and propose concrete actions aimed to improve the health and life chances of children at risk of poverty and social exclusion.

Effective access - services are readily available, affordable, accessible, of good quality, provided in a timely manner and where the potential users are aware of their existence, as well as of their entitlements to use them.

Free access - services are provided free of charge, either by organising and providing such services or by adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access.

¹ Eurostat (2020). Children at risk of poverty or social exclusion. Statistics explained. [\[access here\]](#)

² Inequalities in access to healthcare. A study of national policies. Baeten, R., Spasova, S., Vanhercke, B. and Coster, S. (2018) European Social Policy Network (ESPN), Brussels: European Commission: <https://www.liser.lu/?type=news&id=1620>

Content

Introduction.....	2
1. What we know about the European Child Guarantee and preparation of the National Action Plans	3
2. What should be taken into consideration to improve child health equity? - Recommendations.....	6
3. Examples of promising practices put forward.....	9
4. Take-away messages from the Country Exchange Visit	16
Annex 1. List of participants	17
Annex 2. Country Exchange Visit agenda.....	18
Annex 3. List of useful resources	20
Annex 4. Five briefings covering main areas of the European Child Guarantee	23

1. What we know about the European Child Guarantee and preparation of the National Action Plans

The Country Exchange Visit provided an opportunity to raise awareness and update public health experts on the reasoning for the development and status of the European Child Guarantee (ECG). At the time of the CEV, Member States were nominating national Child Guarantee Coordinators, with a view to organise work around the ECG, work with adequate resources and a mandate, enabling the effective coordination and monitoring of the implementation of [Council Recommendation](#) that had established the ECG.

One of the first tasks of Member States is to **identify children in need** and specific barriers that they face in accessing essential services under the scope of the Guarantee. The Member States should consider specific disadvantages experienced by:

- a) homeless children or children experiencing severe housing deprivation;
- b) children with disabilities;
- c) children with mental health issues;
- d) children with a migrant background or minority ethnic origin, particularly Roma;
- e) children in alternative, especially institutional, care;

National Action Plans to implement the ECG should be submitted to the Commission by 14 March 2022, within nine months from the adoption of the [Council Recommendation](#) establishing a European Child Guarantee on 14 June 2021. A national action plan, covering the period until 2030, should take into account national, regional and local circumstances as well as existing policy actions and measures to support children in need. Each action plan should include, in particular³:

- i. targeted categories of children in need, to be reached by corresponding integrated measures;
- ii. quantitative and qualitative targets to be achieved in terms of children in need to be reached by corresponding measures, taking into account regional and local disparities;
- iii. measures planned or taken to implement the Child Guarantee, including at regional and local level, and the necessary financial resources and timelines;

- iv. a national framework for data collection, monitoring and evaluation, also with a view to establishing a common monitoring framework (see below).

In brief, throughout the preparation, implementation, monitoring and evaluation of the action plan, the national coordinators must ensure **stakeholder participation** of regional, local, and other relevant authorities, children and relevant stakeholders representing civil society, non-governmental organisations, educational establishments, and bodies responsible for promoting social inclusion and integration, children’s rights, inclusive education and non-discrimination, including national equality bodies³.

In order to raise awareness and encourage the uptake of the services covered by the Child Guarantee, the Member States have to develop effective **outreach measures towards children** in need and their families, in particular at regional and local level and through educational establishments, trained social workers, family-support services, civil society and social economy organisations³.

Member States will have to **report every two years** to the Commission on the progress, in line with their national action plan. The European Commission aims to **monitor progress** in implementing the Recommendation on the EU Child Guarantee, including its outcomes and the impact on children in need, also as part of the Social Scoreboard in the context of the European Semester, and propose, where appropriate, country-specific recommendations to Member States.³

The European Commission will also work jointly with the [Social Protection Committee](#) to establish a **common monitoring framework** using existing data sources, indicators and, if necessary, develop further agreed common quantitative and qualitative outcome indicators to assess the implementation of this Recommendation. This will help to inform policy making, enhance the availability, and scope of comparable data at EU level, including on children in need and their access to services, and adequacy and coverage of benefits targeted at children.³

EU funds are available to support the implementation of the European Child Guarantee and further supportive measures. Within the European Social Fund Plus (ESF+), all Member States will earmark an appropriate amount to tackle child poverty or social exclusion. For Member States in which the rate of children at risk of poverty or social exclusion is above the Union average, that amount is to be at least 5 % of their national ESF+ allocation. In accordance with the principles of subsidiarity and proportionality, the European Regional Development Fund (ERDF) and InvestEU will also support investment in enabling infrastructure, such as social housing and early childhood education and care facilities, as well as equipment and access to quality and mainstream services.³

As part of the Recovery Plan for Europe and the ‘Next Generation EU’ instrument, the Recovery and Resilience Facility offers additional Union funding for reforms, investment, and policies for the next generation. Children and youth objectives, such as those related to education and skills, will need to be included in national recovery and resilience plans. Finally, the Technical Support Instrument (TSI) can support Member States in designing and implementing structural reforms in the areas of education, social services, justice, and health, including cross-sectoral reforms tackling child poverty and social exclusion.³



Click on the image to learn more about the EU Funding



Seizing the opportunities for a healthy recovery

- Multiannual Financial Framework 2021-2027 and NextGenerationEU

EuroHealthNet
April 2021

Click on the image to read EuroHealthNet analysis about how different areas of the EU funding can be used to improve health and tackle health inequalities

As a minimum, the Council Recommendation establishing a European Child Guarantee has recommended Member States to guarantee³:

Equal and free access to quality healthcare for children in need:

- a) facilitate early detection and treatment of diseases and developmental problems, including those related to mental health, ensure access to periodic medical, including dental and ophthalmology, examinations and screening programmes; ensure timely curative and rehabilitative follow-up, including access to medicines, treatments and supports, and access to vaccination programmes;
- b) provide targeted rehabilitation and rehabilitation services for children with disabilities;
- c) implement accessible health promotion and disease prevention programmes targeting children in need and their families, as well as professionals working with children.

Effective access to sufficient and healthy nutrition for children in need, including through the EU school fruit, vegetables, and milk scheme:

- a) support access to healthy meals also outside of school days, including through in-kind or financial support, in particular in exceptional circumstances such as school closures;
- b) ensure that nutrition standards in early childhood education and care and education establishments address specific dietary needs;
- c) limit advertisement and restrict the availability of foods high in fat, salt and sugar in early childhood education and care and educational establishments;
- d) provide adequate information to children and families on healthy nutrition for children.

Effective access to adequate housing for children in need:

- a) ensure that homeless children and their families receive adequate accommodation, prompt transfer from temporary accommodation to permanent housing and provision of relevant social and advisory services;
- b) assess and revise, if necessary, national, regional and local housing policies and take action to ensure that the interests of families with children in need are duly taken into account, including addressing energy poverty and preventing the risk of homelessness; such assessment and revision should also include social housing or housing assistance policies and housing benefits and further improve accessibility for children with disabilities;
- c) consider the best interests of the child as well as the child's overall situation and individual needs when placing children into institutional or foster care; ensure the transition of children from institutional or foster care to quality community-based or family-based care and support their independent living and social integration.

Effective and free access to high quality early childhood education, and care:

- a) identify and address financial and non-financial barriers to participation in early childhood education and care;
- b) adapt facilities and educational materials of early childhood education and provide the most appropriate response to the specific needs of children with special educational needs and of children with disabilities, using inclusive teaching and learning methods; for this purpose, ensure that qualified teachers and other professionals are available, such as psychologists, speech therapists, rehabilitators, social workers or teaching assistants;
- c) put in place measures to support inclusive education and avoid segregated classes in early childhood education and care establishments; this may also include giving priority to, or, when needed, early access for, children in need;
- d) ensure provision of educational materials, including digital educational tools, books, uniforms or any required clothing, where applicable;

³ The European [Council Recommendation](#) establishing a European Child Guarantee, 2021

2. What should be taken into consideration to improve child health equity? - Recommendations

The experts and representatives of EuroHealthNet member institutes discussed every area of the Child Guarantee leading to the following recommendations for the development of the National Action Plans, which were further underpinned by evidence from the Feasibility study for a Child Guarantee.⁴ All areas of the Child Guarantee address the social determinants of health and are crucial for integrated approaches to tackle child health inequalities.

1. Actions to improve equal and free access to quality healthcare for children in need

ECG National Action Plans should:

- Set minimum standards for free healthcare for children (in need)
- Introduce **exemption** or **reimbursement schemes** to cover co-payments. Increase investment in children's health services where needed.
- Include proposals for **monitoring** of health promotion and disease prevention activities and provide information on factors such as coverage, uptake rate, effectiveness, and quality of care.
- Emphasise **early detection**, prevention, and outreach - this includes putting in place regular health check-ups during the first years of life and regularly at school.
- Promote close multistakeholder cooperation to address healthcare for children in local "**early intervention**" networks.
- Introduce a **binding system of invitation, registration, and reminders** with a competent authority at local level. If screening programmes are targeted, clearly define the target groups and make the health and care provision more responsive. Set up a clear and effective procedure to ensure that the child receives free of charge the required follow-up treatment and care.
- Enhance professional training and develop **workforce skills** in relation to children's health, including strengthening the potential role of nurses.
- Organise awareness-raising initiatives among parents and health and social workers to promote the uptake of health screenings and preventative measures, especially among the most vulnerable children, as part of the overall **health literacy** efforts.
- Engage in **pilot projects** that would better address national challenges to explore effective actions and support vulnerable families in accessing health promotion and preventative measures.

⁴ Most of the recommendations were taken from:

Frazer, H., Guio, A-C. and Marlier, E. (eds) (2020). Feasibility Study for a Child Guarantee: Final Report, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Summary of Final Report, Brussels: European Commission.

2. Actions to improve effective access to sufficient and healthy nutrition for children in need

ECG National Action Plans should:

- Ensure adequate **income support systems** related to healthy nutrition for families with children. Lower **taxes** on healthy food and adequately tax fatty food. Provide free healthy meals in education and care facilities and at schools, which might entail tackling infrastructure issues. Use **EU funding** to support infrastructure improvements, encourage the development of experimental initiatives and stimulate match funding from other sources (public and private).
- Include particular attention to **stigmatisation and peer-group effects**. This entails attention to the modes and timings of meal provision, the quality of food provided, and the variations of provision as a result of the children's different cultural backgrounds or as a result of ill health or disability, when facilitating free school meal provision. Teenagers are rarely covered, but their nutrition is also very important.
- Address how certain **gaps in provision** would need to be filled (for instance when children are not at school because of holidays, COVID-19 regulations, *etc.*). For example, what can be the role of food banks and meal-at-home programmes.
- Include **educational activities** on healthy food, involve children and parents/carers in the provision process as key stakeholders of the initiative, to gain further insight into the key challenges and good practices. Encourage "no fry" zones around schools and promote healthy lifestyle.
- Introduce regular **monitoring** of children's health and nutritional status. Include evaluation, including cost-benefit evaluations, throughout.

3. Actions to guarantee effective and free access to high quality early childhood education, and care

ECG National Action Plans should:

- Support **long-term planning** to ensure universal access and legal entitlement to quality early childhood education and care (ECEC), specifying that children in need are granted free access. The national and sub-national geographical differences must be taken in consideration to target vulnerable children at every level.
- Encourage the development of **national standards** with local flexibility to monitor quality of services. Achieving universal coverage to high quality ECEC is challenging but setting realistic mid-term objectives can be a steppingstone.
- **Outline the needs**, including the psycho-social needs, of the children for free ECEC provision, to ascertain that the programmes are truly tailored and accessible. Nonetheless, pursuing pro-active and effective outreach to children in vulnerable situations to facilitate their inclusion in initiatives related to ECEC will be crucial.

4. Actions to facilitate better access to education and school-based activities

ECG National Action Plans should

- Devise a strategic and legal framework which **clarifies the school-related costs and facilitates access to education for low-income settings for free**. It would include the removal of any hidden costs, such as uniforms, school trips, sports kit, access to computer, etc. EU funding to implement needs-based solutions to make education free can be utilised.
- Like for any other aspect of breaking the cycle of disadvantage for children in need, establishing a monitoring and evaluation system to assess the sufficiency of the support provided and making the necessary amendments to ensure that the education is truly free, are essential.

5. Actions to effectively promote adequate housing and combat child homelessness

ECG National Action Plans should

- **Raise awareness about the strong link between housing quality** (determined by the presence of health and safety risks such as overcrowding, inadequate ventilation, dampness, and mould growth) **and the physical, mental, and emotional well-being of children** and their overall development.
- Include preventative and early intervention evidence-based strategies and permanent (re)housing solutions.
- Make available specialised support for homeless families and children.
- Using EU funding mechanisms to advocate structural reform which caters for children's rights to access decent housing. Generate more funds to increase availability of affordable housing as well as provide support for utility bills.
- Strengthen system-level outcomes at the policy, programme and practice level aiming at changing and improving the functioning of support systems.

6. Actions to monitor of policies and programmes

ECG National Action Plans should:

- Monitor and evaluate programmes, as well as rigorously assess outcomes to ensure the development of evidence-based interventions, and to maintain or improve quality of services over time.
- Assess the need for action in each of the policy areas and assign responsibility.
- Then monitor availability, accessibility, affordability, and quality of services for each of the ECG component.
- Address data gaps.

3. Examples of promising practices put forward

During the Country Exchange Visit, the experts and representatives of EuroHealthNet member institutes presented and exchanged a wide variety of promising practices related to tackling child health inequalities and improving child health and wellbeing. Such discussions addressed early childhood interventions, interventions for school-aged children (including mental health and violence prevention), nutrition interventions and promising practices in monitoring.

Early childhood interventions

Well-Child Visits is a programme for children in **Germany**. In 2018, the well-child visits were extended, and elements such as the medical observation of parent-child-interaction, and structured and defined programmes of primary preventive counselling (including dental health) were implemented. In case of need, the GP could also transfer children to early prevention networks, with the cost being covered by the social insurance

This early prevention network is outside of the health system, but forms part of the social care system. Every child that is entitled to a combined support of social and health care, gets transferred to social care. This is a way to access complex needs care.

In 2010, Germany implemented the invitation system to well-child visits. It has led to an increase in participation of 94-98%, where the 98% stands for the earliest child visits. In each Bundesland, specific parts of the public health system carry out reminders to the parents ahead of the visit. Well-child visits are paid by the social insurance system, but the reminders are carried out by the healthcare system. If the reminders are not successful, then they are taken over by the public youth social service (e.g. visiting to control a situation).

These are important steps that make health promotion and disease prevention more effective, rapid and pro-active rather than reactive. Finally, parents also received YouTube videos, which focused on strengthening child-related health literacy including parental competencies on mental health.⁵

To achieve effective care for vulnerable children, both health and social care must be combined. The **National centre for early prevention** is organising this work, which is based in BZgA. They support quality development of early prevention networks in all states across Germany. BZgA funds part of the services provided by these networks, beginning with the birth clinics. Services also entail home visits and provision of communication

gesundheits-info.de | Bundeszentrale für gesundheitliche Aufklärung | BZgA | Gebärdensprache | Leichte Sprache | Date

FÜR FACHKRÄFTE | INFOMATERIAL & SERVICE

Sal & Service • Filme

Filme: Vom Essen, Spielen und Einschlafen

Die Kurzfilme greifen in authentisch gefilmten, nur wenig kommentierten Alltagsszenen Themen auf, die Eltern von Babys und Kleinkindern oft besonders beschäftigen.

ELTERN UND KIND
Eltern und Kind: Austausch im Miteinander
Jedes Kind braucht die Fürsorge und Zuwendung seiner Eltern, damit es sich wohlfühlen und entwickeln kann.
[lesen](#)

EINSCHLAFEN
Einschlafen: Leichter zur Ruhe finden
Spielen nach Lust und Laune, Regelmäßigkeiten im Tagesablauf und die sichere Gewissheit von Nähe und Zuwendung der Eltern erleichtern das...
[lesen](#)

BEIKOST
Mit der Beikost beginnen: Schritt für Schritt
Zwischen Beginn des fünften und des siebten Monats ist ein Baby so weit, dass es lernen kann, Brei vom Löffel...
[lesen](#)

⁵ Strengthening mental health competences (brochures and videos) <https://seelisch-gesund-aufwachsen.de/> AND Project Reading Start for the health visits („Projekt Lesestart“ <https://www.lesestart.de/aerzte/>)

materials (in 5 languages). This early intervention is worthwhile as, for example, from a social support lens, those families in need can enter the health care system more efficiently.

The **Healthy Children Network**⁶ in Brandenburg region in **Germany** has been active for the past 15 years, having established 21 Regional offices. It is an association of people and institutions with competencies in the field of child and family health and coordinated by the Ministry of Education, Youth and Sport of the Bundesland Brandenburg. This network is supported by around 1000 volunteers.

The network reaches all families, covering the period from pregnancy to the child's third birthday, and offering 10 follow-up visits as a minimum. They cooperate with institutions that are important for health and social care, such as pregnancy counselling centres, maternity and children's clinics, midwives, paediatricians in private practice and gynaecologists, early intervention centres, day care for children, family centres, cities, municipalities, health insurance funds.



With its structures, political support, and non-stigmatizing approach, the **Healthy Children Network** is successful in reaching single parents and families with low socio-economic status. There are approximately 4,200 children in the network. Despite no real cost-effectiveness of the programme being assessed, the evaluation of the Brandenburg school entrance examinations has shown that children who benefited from the support from the Network's activities were more often fully vaccinated, and their health needs were more often detected and addressed. This may allow the conclusion that costs for health and social spending will be saved here in the long term.^{7,8}

Preventive health programme ZDAJ for women during pregnancy, babies, children and adolescents in **Slovenia**. The programme ([website](#)) addresses promoting healthy lifestyles including family interventions (e.g., screen time, mental health, nutrition, physical activity, sleep), and strengthening cooperation with schools. Individual questionnaires are also provided in order to learn more about each child and set personal targets. New mental health services were set up to increase the availability of services during COVID-19.

Strengthening families programme in **France** aims to increase resilience and reduce risk factors for behavioural, emotional, academic, and social problems through a 14-week course with trained community facilitators. The two hours per week course provides a Parent Training Programme and Children's Skill Training Programme, as well as a Family Skills Training Programme. Developed in the US, the programme is implemented for children aged 6-11 years in Spain, France, and Germany, and for children aged 10-14 years in UK and Sweden. In France the programme is implemented in priority neighbourhoods with higher health disparities as well as via universal prevention programs. As per evaluation conducted by Sante Publique France (SPF) (2017-2019), the programme showed good family attendance overall and high parental satisfaction. There were positive effects on parental mental health and improved child wellbeing scores. Currently SPF is organising a large-scale dissemination, follow up, and monitoring.

⁶ For more details feel free to contact Stefan Bräunling at Bräunling@gesundheitbb.de

⁷ <https://www.thieme-connect.de/products/ejournals/abstract/10.1055/a-0996-8522>

⁸ the final report of Berlin School of Public Health:

https://www.gesundheitbb.de/fileadmin/user_upload/GesBB/Projekte/Brandenburger_Projekte/Netzwerk_Gesunde_Kinder/2019_NGK_Projektbericht_zur_wissenschaftl._Begleitforschg..pdf and <https://link.springer.com/article/10.1007/s11553-020-00807-8> here

All Babies Cry is an [initiative](#) in the **UK** that aims to reduce parental stress, improve parental understanding of child behaviour and introduce calming strategies for the babies. The overall objective is to reduce instances of infant maltreatment. The programme does not require face-to-face contact and uses online educational resources for parents. The programme is successful, with parents reporting a significant improvement in their coping strategies for stress.^{9,10}

As part of early childhood education and care programme, **Luxembourg** introduced **childcare vouchers** in 2009 which can cover child-related products but also day-care in public or private centres. The voucher is generous but proportional to parent income. All families are entitled to receive it. Government contribution is around 75% of the cost. A lot of families are using it and programme shows good results: availability of childcare slots increased, the number of families that can afford childcare also increased. After introduction of childcare vouchers, at least 30% of children were enrolled in nurseries. However, there are no studies evaluating how it affects psychosocial development or wellbeing of children.

Interventions for school-aged children

The **UK** Government has launched the **‘wellbeing in education’ training programme** that will help train educational staff in England on how to support young people under the additional pressures they may have faced as a result of COVID-19, such as bereavement, stress, trauma and anxiety.¹⁰

Set up in 2019, the **Wales Violence Prevention Unit (VPU)** is a **Wales** wide multi-agency team that uses a public health approach to prevent violence. The team is comprised of members from police forces, Public Health Wales, Prison and Probation Service, Immigration Office and voluntary sectors. The VPU uses research to understand the causes and effects of violence in Wales and uses this evidence to develop effective interventions, instead of pushing the problem to be addressed somewhere else in the system. As part of the VPUs work, data is collected and collated into a monthly COVID-19 monitoring report which allows for the identification of trend, patterns and gaps within the evidence.¹⁰

Something’s not right - a campaign that was created by the Home Office in the **UK** in response to evidence that suggests children and young people faced a greater risk of violence during COVID-19 e.g., sexual abuse, criminal exploitation and domestic abuse. The campaign directed at 13–18-year-olds aims to communicate the indicators of abuse to help the public identify children and young people at risk. Additionally, **‘something’s not right’** aims to raise awareness and understanding of how to respond to instances of abuse and exploitation, such as the different methods for reporting and what support services to access. The campaign utilises social media to communicate these aims effectively to the target population.¹⁰



⁹ Early Intervention Foundation. Covid-19 and early intervention: evidence, challenges and risks relating to virtual and digital delivery. 2020. [Access here](#)

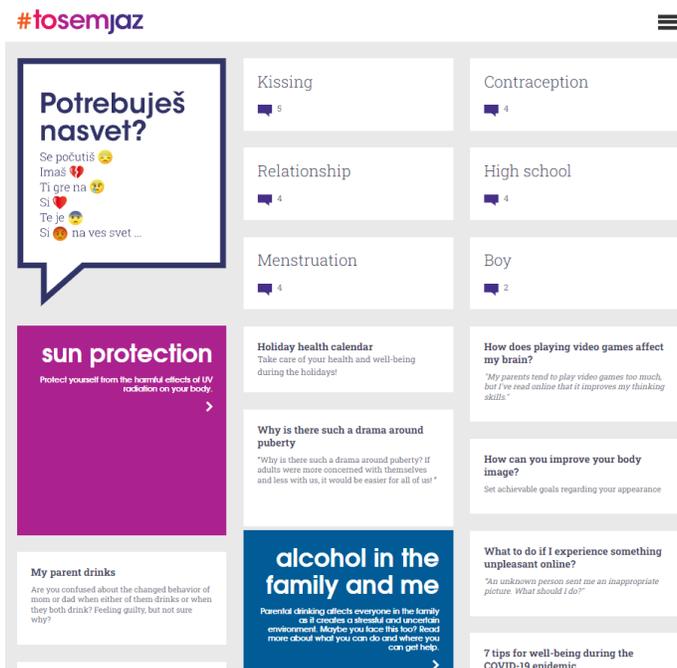
¹⁰ Katie Cresswell, Emma R. Barton, Lara Snowdon, Annemarie Newbury & Laura Cowley (2021) A health needs assessment: The impact of COVID-19 on children and young people’s experiences of violence and adverse childhood experiences. [Access here](#)

The **adverse childhood experience (ACE) support hub** delivers **awareness and trauma informed practice training** to primary and secondary schools across **Wales**. To ensure that the training continued during the pandemic, resources were made available online. Resources are available for all schools, and in 2020, two-thirds of primary schools had completed the training.¹⁰

Understanding of **adverse childhood experiences (ACEs)** and their longer-term impacts **within child refugee and asylum-seeking population**, will enable to provide children with support, so they can live happy, healthy and productive lives. Read the **Welsh report**¹¹ which aims to bring together what is known about ACEs in refugee and asylum seeking children arriving and settling into host countries. Furthermore, Public Health **Wales** implemented a **project** to gain insight into the views of primary school education providers on their available support and potential resource gaps as they strive to meet the needs of refugee and asylum-seeking children.¹²

The **promotion of mental health among adolescents** programme/ website in **Slovenia** – **To sem jaz** (in English “This is me”, also screenshot on the right).

Primary Care Paediatricians from the Slovenian Paediatric Society under the auspices of Primary Health Care Committee of the Medical Chamber of Slovenia, together with experts from other fields, prepared the first national **Guidelines for children’s and adolescents’ screen use in Slovenia**. Funds have been allocated to the national mental health strategy to boost the dissemination of guidelines, which could be followed by training for kindergarten and school teachers on how to promote a healthy approach to screen use/time.



In recent years, **Slovenia** passed a regulation introducing **extra support for physical education in schools**. An extra physical education teacher was assigned to schools to provide more physical activities, including afternoon engagements connecting with sport clubs in the local community. The program showed good results, as children health measures improved. Then, the programme was changed so that any teacher could lead the activities which negatively affected the programme achievements. Similar activities are usually covered by Healthy School Networks, and one example is **Active School Flag (ASF)** in Ireland. In the framework

¹¹ Wood S, Ford K, Hardcastle K, Hopkins J, Hughes K and Bellis MA (2020). Adverse Childhood Experiences in child refugee and asylum seeking populations. Cardiff: Public Health Wales NHS Trust

¹² Leung J, Richardson G, Fisher E, Brennan K and Wood S. (2020). Exploring the perspectives of providers of education and educational support services on their ability to meet the needs of sanctuary-seeking primary school children in South Wales. Cardiff: Public Health Wales NHS Trust.

of Joint Action CHRODIS PLUS, the ASF project was transferred and implemented in several schools in Italy and Lithuania. Learn more about the transfer, adaptation and implementation [here](#).

Co-funded by the European Social Fund, the project Know and Do ("[Proti un dari!](#)") in Riga, [Latvia](#), aims to **motivate and engage young people not in education, employment or training** (NEET) aged 15-29 years and to facilitate their transition into the labour market or re-integration into the education system. The main target group includes young people with complex disabilities, youth with addictions, new mothers with high social risk, young people after out-of-family care, or having dropped out from school. These individual support programmes last from 1 to 9 months. The project does not provide medical support, but health promotion activities. The most demanded services among the target group were: consultations with specialists, psychologists, coaches, career consultants; courses in business, marketing, computer graphics, in the beauty field, languages, life skills development classes, seminars for personal development, obtaining a driving licence, sports, cultural events, camps. Riga City council is coordinating the project with the support of other departments including education, sport, children and youth centre. To reach out to the target group, the Council cooperates with various NGOs on the ground. Before this project, Riga City Council had no strategy for this target group. The results of Know and Do project convinced the City Council to continue funding the project.

The Welsh Government has made it possible for 16- and 17-year-olds to **vote** in parliamentary (Senedd) and local government elections in [Wales](#). The first minister highlighted how important the voices of children and young people are in the decision-making process.¹⁰

The [Equal opportunities for Children and Youth \(2020-2023\) strategy](#) in [Norway](#) is a responsibility of six ministries: health, housing, culture, labour, education and family affairs. The strategy has nine focus areas and 65 indicators to prevent children from inheriting poverty and low income from their parents and increase social mobility.¹³



Initiatives to tackle inequalities through nutrition

The [inter-disciplinary panel](#) for **Promotion, Protection and Support of breast-feeding** at Ministry of Health in [Italy](#) was established in 2012 and renewed in 2019. The panel aims at spreading awareness among the target population of the importance of breastfeeding as a natural norm, and of its cultural and social value, in accordance with [national and international](#) guidelines. As part of the awareness campaign, a mobile-clinic left the Ministry of Health and toured around big Italian cities, stopping for 24h, giving the opportunity for pregnant women and women with children to ask professionals questions related to breastfeeding. Socioeconomic inequalities exist between groups, and those living in poverty often having shorter breastfeeding rates.

Human milk banks are well-established in Italy, with roughly 60 banks for preterm babies within the neonatal units. During EuroHealthNet Country Exchange Visit on [Promoting Healthy Diets amongst children](#) in Vienna in

¹³ You may also be interested in Norwegian [Strategy: Children living in poverty \(2015-2017\)](#) (English version)

2019, participants visited the human milk collection site at a Krankenhaus Nord hospital. The summary report is available [here](#).



The **Traditional Slovenian Breakfast Initiative** has been initiated by the Slovenian Beekeepers' Association in 2011 and coordinated by the Minister of Agriculture, Forestry and Food. This involved all Slovenian kindergartens and primary schools. Later, the initiative was supported by the Ministry of Education and Sports, Ministry of Health, Institute of Health, Institute of Education, Chambers of Commerce and Industry and Agriculture and Forestry of Slovenia. The main goal of the project is to inform and raise awareness about the importance of improved eating habits through breakfast, the consumption of locally produced food, and the role of agriculture and beekeeping, to infants and children of school age, as well as the general population.

It is mandatory that all schools in **Slovenia** are involved in the well-organised and well-supported **National School Meals Program**, regulated by the [School Meals Act](#). A mid-morning meal/snack as part of this programme, partially funded by the Ministry of Education and Sport. All schoolchildren pay only for the price of raw food in the meal. Other meals such as lunch or breakfast are affordable and are part of non-profit programme. School meals for children and adolescents from families with lower socioeconomic status are subsidised.

Member States can also benefit from the 2017-2023 [EU school fruit, vegetables and milk scheme](#) to make healthy products more available to children and improve their understanding of the benefits of healthy and sustainable food.

The Joint Action on [Best Practices on Reformulation Marking and Procurement of food \(BestReMaP\)](#) seeks to contribute to an improved quality of food supplied to citizens of **Europe** by facilitating the exchange and testing of good practices concerning: (1) the monitoring and analysis of how the food that people consume changes at the European and national level; (2) the regulations on the marketing of food and beverages to children; (3) and the procurement of food by public bodies for educational institutions, social care facilities, etc.

Reformulation of foods, especially products that are high in (saturated) fat, salt and sugar (HFSS), limiting advertising and marketing is important. The Ministry of Health in **Italy**, in cooperation with Federalimentare, initiated a process to improve the nutritional characteristics of food products and to achieve a more responsible way to market foods to children. This action was undertaken jointly with IAP (Institute for Advertising Self-Regulation) Istituto di Autodisciplina Pubblicitaria. Read the monitoring report of 2017 - [Common objectives for the improvement of the nutritional characteristics of food products with a special focus on children \(aged 3-12\); Guidelines regarding commercial communications on food products and beverages for the protection of children and their proper nutrition](#).

STOP - Science and Technology in childhood obesity is an **EU**-funded project which aims to expand and consolidate the multi-disciplinary evidence base upon which effective and sustainable policies can be built to prevent and manage childhood obesity. The primary focus of **STOP** is to monitor the cumulative impacts of multiple and synergistic exposures in vulnerable and socially disadvantaged children and their families.

Cardiff Youth Centre in **Wales** adapted their services during the **COVID-19 pandemic** to host an emergency foodbank in collaboration with a local supermarket. This provides access to food for families who are not eligible for the foodbank, but are still struggling. This also allows the opportunity to identify risk and allow children, young people and their families to discuss any issues/worries and receive support.¹⁰

Data collection and monitoring

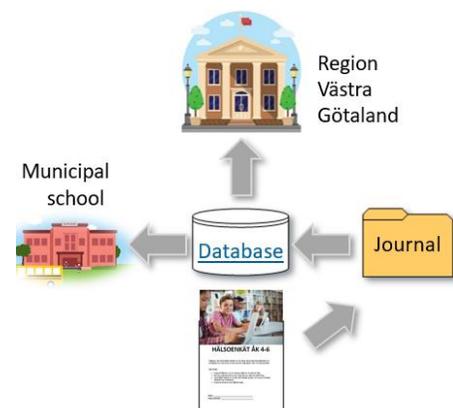
In 2013, in collaboration with Gothenburg city, Västra Götaland region (VGR) in **Sweden** started the project "Elevens hälsa i fokus" to develop one mutual **digital survey for school children connected to a health database for the whole region**. The goal is threefold; to make pupil health data available and comparable, to enable knowledge-based decision-making concerning children's health and living conditions and also to allow the children to be part of that knowledge making. In 49 municipalities of the VGR there are 1,300 schools and around 375,000 children under the age of 18.

Project group (Table 1) is composed of regional development officers, epidemiologists, student health care staff, IT engineers among others. Communication was established with other regions and other parts of the healthcare system in the region. They had many ideas of what would be interesting to know more about, but this survey could not be too long. Many people were involved in choosing indicators -a process that took the entire year of 2017. Due to GDPR, the survey designers needed to prove why every question was there. IT protection is extremely important because VGR can link data to the social security number of a child. In the end, the questions covered school environment, self-rated physical and mental health, sleep, food, physical activity, sexual health and rights, leisure time, family and friends, alcohol, tobacco and drugs, life, and their future. It took very long to make sure that the process had a very high level of security and integrity for the child and for parents to trust in the regional healthcare system.



The legal advice team consulted with every working group. The project ran since 2013 and 80% of time the project was concentrated around legal issues. This was because municipalities needed to consider different sets of laws, including regional, national, and European laws, as the project was centred around collecting, coding, and sharing data.

A survey manual was developed to support professionals (like school nurses) to interpret the answers. The pupils answered the digital survey at school, which were then transferred to a journal and looked through with the school nurse. With the consent of the pupil/caregiver, some of the data was then transferred to the database where the data was compiled, anonymised, aggregated, and made available for analysis. Not all data was there to make statistics -some answers provided space for a health conversation with the school nurse.



4. Take-away messages from the Country Exchange Visit

The European Child Guarantee is important to improve the health and wellbeing of all children and has a real potential to tackle inequalities in health through its focus on children in need. The EuroHealthNet Country Exchange Visit allowed representatives of national public health institutes and other child health experts to exchange insights and examples of good practices. These resources can be helpful to the national Child Guarantee Coordinators to further develop the ECG National Action Plans. Finally, the discussions at the end of the Country Exchange Visit led to three take away messages.

The first take away message is about the importance of **universal measures** and interventions for all children, while providing targeted support related to specific needs (proportionate universalism). During the CEV, we discussed various ways to make sure the underserved families and children are reached.

- The Well-Child Visits in Germany use **invitation systems and reminders** in order to reach all families. In case of no response, there are extra efforts through youth services.
- The child voucher system in Luxemburg that all parents receive covers the costs for attending early childhood education. **Vouchers are proportionately higher** for families in need.
- The national preventative health care programme – a universal scheme in Slovenia, includes **additional efforts to detect and reach** vulnerable children. They aim to **digitalise** all information for improved targeted, personal follow ups.
- **Cooperation with schools** (healthy meals, screening, early intervention, preventing drop out, etc.) is crucial to reach children in need.

The second take away message is acknowledging the **complexity of factors**, and the fact that there can always be **unintended side effects** of our measures that we need to be aware of and act on.

- Dedicated support to children in need can lead to **stigma** – or even **fear** of youth services taking children away.
- Information campaigns often **reach families in higher social groups** which heightens the risk of increasing the gaps.
- Improving digital skills of children that may lag behind, can lead to **more screen use and less physical activity**.
- Providing guidelines on healthy food may not be effective, as poorer families simply **can't afford them**.
- Child benefits sometimes also have unwanted side effects, parents are afraid to empower their children, fearing **the loss of state support**.

A third take away message stresses the increased awareness of the importance of **psycho-social wellbeing** of children due to COVID-19. There is a social gradient in child wellbeing and Member States are putting measures in place which can be further strengthened by the ECG National Action Plans.

- In **Wales** we heard how COVID-19 has exacerbated existing problems in families with alcohol and substance use, physical and sexual abuse. They found an increase in use of child helplines, visits to the emergency departments, and increase in violence at school. Wales is looking at **whole system transformation** instead of pushing problems to other professionals.
- In **Wales** they offer **free social counselling** via schools in low SES neighbourhoods.
- In **Slovenia** they set up new **mental health centres for children** across the country.
- In **Italy** the number of children who are overweight or obese is increasing, leading to issues of **stigma and impacts on mental health**. There is also social gradient in childhood obesity, which will need to be addressed.
- In **Latvia** a dedicated programme for young people not in education or employment **boosted self-confidence**.
- Several countries are developing **guidelines regarding screen time and use of social media/gaming**

EuroHealthNet and its Partnership will continue to engage with the development of the national action plans for the implementation of the European Child Guarantee and provide input and support where needed.



EuroHealthNet study visits are supported by the European Commission, through the Programme for Employment and Social Innovation (EaSI 2014-2020)

Annex 1. List of participants

List of participants		
Country	Organisation	Last name, first name
Austria	Federal Ministry of Labour, Social Affairs, Health and Consumer Protection	Reibmayr, Georg
		Singhuber, Christopher
Bulgaria	National Center of Public Health and Analyses (NCPHA)	Bardarova, Ralitsa
		Chileva, Anina
France	French National Public Health Agency (SPF)	Frery, Nadine
		Lasbeur, Linda
		Shah, Jalpa
Germany	Federal Centre for Health Education (BZgA)	Bräunling, Stefan
		DeBock, Freia
		Münstermann, Ursula
Greece	Institute of Preventive Medicine Environmental and Occupational Health (PROLEPSIS)	Kouvari, Matina
Ireland	National University of Ireland, Maynooth	Frazer, Hugh
Italy	National Institute of Health (ISS)	Carrano, Elena
		Sarmi, Eleonora
		Silano, Marco
Latvia	Riga City Council Department of Welfare	Izinkevičs, Andris
		Upelniece, Inese
Latvia	The Centre for Disease Prevention and Control	Aumeistere, Liva
Luxembourg	Luxembourg Institute of Socio-Economic Research (LISER)	Bousselin, Audrey
		Guio, Anne-Catherine
Norway	Norwegian Directorate for Children, Youth and Family Affairs	Søimer Andresen, Nina
Poland	National Institute of Public Health - National Institute of Hygiene	Piotrowicz, Maria
Slovakia	Ministry of Health	Kállayová, Daniela
Slovenia	National Institute of Public Health (NIJZ)	Dravec, Sonja
		Kozar, Jerneja
		Pibernik, Tjasa
		Pucelj, Vesna
		Truden, Polonca

Sweden	Public Health Committee - Region Västra Götaland	Broberg, Emma
		Sundin-Andersson, Charlotta
Wales	Public Health Wales	Hopkins, Joanne
		Snowdon, Lara
	DG Employment, Social Affairs and Inclusion, European Commission	Iszkowski, Krzysztof Stefan
	EuroHealthNet	Costongs, Caroline
		Papartyte, Lina
		Sienkiewicz, Dorota

Annex 2. Country Exchange Visit agenda

Monday, 6 September

9:30 – 10:00 Welcome

- Welcome words and introduction, Caroline Costongs, Director, EuroHealthNet
- Tour-de-table, introduction of participants

10:00 – 11:00 Improving health and wellbeing outcomes for children at risk of poverty and social exclusion, preparing National Action Plans to deliver on the European Child Guarantee (ECG)

- **Key learnings from the feasibility study for establishing the European Child Guarantee for vulnerable children**, *Anne-Catherine Guio, Luxembourg Institute of Socio-Economic Research (LISER)*
- **Unpackaging the European Child Guarantee (ECG): what's in it for public health actors?**, an interactive Q&A session with *Stefan Iszkowski, Policy Officer at DG Employment, Social Affairs and Inclusion (EMPL.D1: Social policies, Child Guarantee, SPC), the European Commission*
- **Member exchange on the current activities working on the ECG:** status of nominating national Child Guarantee coordinator, preparation of National Action Plans, collaboration with other national bodies/ministries, state of play on the national infrastructure/frameworks needed to implement the ECG.
- **Summary and conclusion of the discussion**

Tuesday, 7 September

9:30 – 11:00 Access to health promotion and preventive measures, mental health support for children in need

During this session, members will share good practices on access to health promotion and preventive measures for children in need, including mental health support, as well as identify factors of success for investable solutions in this field. As per ECG, Member States should ensure access to timely, high-quality and affordable (community) services integrated with primary health care, including addressing psychosocial needs, eye health, dental care and linguistic development.

- **Accessing health promoting services: spotlight on vulnerable children**, *Freia De Bock, Federal Centre for Health Education (BZgA), Germany*
- **Violence Prevention and Inclusive Practice: Learning from Children and Young People in Wales**, *Joanne Hopkins and Lara Snowdon, Public Health Wales*
- Roundtable discussion where all participants are encouraged to contribute
- Summary and conclusion of the discussion

Wednesday, 8 September

9:30 – 11:00 Access to healthy diet and nutrition

The ECG in the area of nutrition encourages innovation and adoption of evidence-based models of nutrition-oriented services and interventions focused on vulnerable children; provision of healthy school meals; addressing marketing and advertising of unhealthy products and lifestyles/consumption patterns for children. During the roundtable discussion that will follow the two presentations, members will share good practices on access to healthy diet and nutrition, as well as together identify factors of success for investable solutions in this field.

- **Program for reducing childhood obesity in local community (led by primary health care centres)**, *Polonca Truden, National Institute of Public Health (NIJZ), Slovenia*
- **Addressing obesogenic environments for children: marketing and advertising of unhealthy products and lifestyles/consumption patterns**, *Marco Silano, National Institute of Health (ISS), Italy*
- Roundtable discussion where all participants are encouraged to contribute
- Summary and conclusion of the discussion

Thursday, 9 September

9:30 – 11:00 Access to (early childhood) education, school-based activities and care

In relation to health equity and (early childhood) education and care, the ECG encourages Member States to build up competences and skills for healthy lives; ensure health and digital health literacy interventions for children and young people facing disadvantage; provide support to parenting and caring skills in family settings; foster inter-sectoral collaboration between education, health and social services. During the exchange, members will share good practice on access to (early childhood) education, as well as together identify factors of success for “best buys” in this field.

- **Offering good quality early childhood education and care**, *Jalpa SHAH, French National Public Health Agency (SPF), France*
- **Education and training support programme for young people with special needs**, *Andris Izinkēvičs, Riga City Council Department of Welfare, Latvia*
- Roundtable discussion where all participants are encouraged to contribute
- Summary and conclusion of the discussion

Friday, 10 September

9:30 – 10:30 Discussion around the remaining topics of the ECG: housing, monitoring, implementation

Even though it is less evident what role the health sector could play in providing effective access to adequate housing for children in need, it forms part of highly relevant determinant of health. Members are encouraged to share their experiences and practices in this field. This last session will also serve to address any other remaining issues that should be covered to holistically address inequalities in child health, including implementation and monitoring of progress.

- **Focusing on databases as means to selecting indicators and monitoring progress**, *Charlotta Sundin-Andersson, Västra Götalands region, Sweden*
- **Ensuring access to decent housing is one of the keys to combating inequalities in child health**, *Hugh Frazer, National University of Ireland, Maynooth*
- **Government Strategy against child poverty**, *Nina Sjøimer Andresen, Norwegian Directorate for Children, Youth and Family Affairs*
- Roundtable discussion where all participants are encouraged to contribute

10:30 – 11:00 Closing of the Country(-ies) Exchange Visit

- Reflection on lessons learnt
- Summary of key conclusions and follow-up steps

Annex 3. List of useful resources

General

Read the results of EuroHealthNet [country exchange visit on Giving all young children a healthy start: an exchange on evidence-based interventions](#), hosted by Santé Publique France (2018)

Watch EuroHealthNet video '[1000 life-changing days](#)' (Also available in Spanish, Portuguese, German, French, Italian, Polish, and Greek [here](#))

Read the results of EuroHealthNet [country exchange visit THE PROMOTION OF PSYCHO-SOCIAL HEALTH: multidisciplinary, integrated and institutional approaches to prevent violent behaviours and support victims of violence](#), hosted by the Directorate for Citizenship Rights and Social Cohesion of the Region of Tuscany, Italy (2019)

Frazer, H., Guio, A-C. and Marlier, E. (eds) (2020). *Feasibility Study for a Child Guarantee: Final Report, Feasibility Study for a Child Guarantee (FSCG)*, Brussels: European Commission. [Access here](#)

Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). *Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation*, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission. [Access here](#)

Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). *Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation*, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Summary of Final Report, Brussels: European Commission.

EuroHealthNet [factsheet on childhood, health inequalities, and vaccine preventable diseases](#) (2019)

Naja Hulvej Rod, Jessica Bengtsson, Leonie K Elsenburg, David Taylor-Robinson, Andreas Rieckmann *Hospitalisation patterns among children exposed to childhood adversity: a population-based cohort study of half a million children 2021*, The Lancet Public Health, [Access here](#)

UNICEF (2021). *The State of the World's Children 2021: Promoting, protecting and caring for children's mental health. Regional brief for Europe*. [Access here](#)

OECD (2021). *Measuring What Matters for Child Well-being and Policies*, OECD Publishing, Paris, <https://doi.org/10.1787/e82fded1-en>

Combating child poverty: an issue of fundamental rights (2018, European Union Agency for Fundamental Rights), [access here](#)

Guidelines of the Committee of Ministers of the Council of Europe on child-friendly health care (2018, Council of Europe), [access here](#)

The First Years First Priority Campaign launches a series of Country Profiles and an accompanying [Cross Country Analysis](#) highlighting a need for better data and greater investment in public policies for early childhood development (ECD). Nine Country Profiles share data collected by national campaign coordinators in **Bulgaria, Finland, France, Hungary, Ireland, Portugal, Romania, Serbia, and Spain**. [Access here](#)

EU Alliance for Investing in Children welcomes the EPSCO Council adoption of the Council Recommendation establishing the European Child Guarantee. [Link here](#).

European Commission Directorate-General for Employment, Social Affairs and Inclusion: European Platform for Investing in Children (EPIC). [Link here](#).

EU Strategy and Recommendation for child rights and wellbeing. [Link here](#)

Wood S, Ford K, Hardcastle K, Hopkins J, Hughes K and Bellis MA (2020). *Adverse Childhood Experiences in child refugee and asylum seeking populations*. Cardiff: Public Health Wales NHS Trust. [Link here](#)

Leung J, Richardson G, Fisher E, Brennan K and Wood S. (2020). *Exploring the perspectives of providers of education and educational support services on their ability to meet the needs of sanctuary-seeking primary school children in South Wales*. Cardiff: Public Health Wales NHS Trust. [Link here](#)

Public Health Scotland developed a survey to find out how children in Scotland aged 2–7 years have been affected by COVID-19. The survey covered the following themes: key behaviours; children’s play and learning, use of outdoor spaces and social interactions; and the experience of parents and carers during COVID-19 in Scotland. The final report from the first round of the COVID-19 early year’s resilience and impact survey (CEYRIS) shows that the pandemic and its associated restrictions had a negative impact on most young families in Scotland, particularly those who were already experiencing challenging circumstances due to income, family composition or family health. [Find reports, infographics and the briefing paper here.](#)

[UNICEF Innocenti’s Children and COVID-19 Library](#) is a database collecting research from around the world on COVID-19 and its impacts on children and adolescents.

The [Helping Adolescents Thrive Toolkit](#) was developed by the World Health Organization and UNICEF. It has been developed to improve programming for adolescent mental health promotion and prevention and to support the implementation of the WHO HAT guidelines on mental health promotive and preventive interventions for adolescents.

This series of [six Evidence Briefs](#) set out the case for action in the first 1001 days. Together, they tell the story of why the first 1001 days is so important, describe the factors that are necessary to optimise the wellbeing of babies and young children, and explain the current state of government policy and services for families in the first 1001 days in the UK.

Healthy diet and nutrition

Read the results of our Country Exchange Visit on [Promoting Healthy Diets for Children](#) - hosted by The Austrian Health Promotion Foundation (FGOe)

[Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar](#)
Published: 2021-07-08, Corporate author(s): Directorate-General for Health and Food Safety (European Commission), ECORYS, Kantar Public, University of Helsinki. There are many associated documents following this [link](#).

[STOP Project](#) – Science and technology in Childhood Obesity Policy is a 4-year EU-funded project aimed to generate scientifically sound, novel and policy-relevant evidence on the factors that have contributed to the spread of childhood obesity in European countries and on the effects of alternative technological and organisational solutions and policy options available to address the problem. Social vulnerabilities and health inequalities are intrinsic to the project’s design, expected outcomes and impacts.

UNICEF, [Prevention of Overweight and Obesity in Children and Adolescents](#).

Communication [Europe’s Beating Cancer Plan](#), COM(2021) 44 final, 2021

[School fruit, vegetables and milk scheme](#), European Commission

[EU Action Plan on Childhood Obesity \(2014-2020\)](#), European Commission

[Communication A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system](#)
COM(2020) 381 final

Healthy and Sustainable Diets - Key workstreams in the WHO European Region - [Factsheet \(2021\)](#)

[Provision of school meals across the EU: An overview of rationales, evidence, facilitators and barriers](#), European Commission (2021)

Education and health

EuroHealthNet Policy Precip [Making the link: health, education, and inequality](#) (2020)

Balaj, M. et al. Parental education and inequalities in child mortality: a global systematic review and meta-analysis, VOLUME 398, ISSUE 10300, P608-620, AUGUST 14, 2021 [access here](#) & a [factsheet](#)

Erasmus+ and Early Childhood Education and Care (ECEC): [Past Project results and analysis](#) (2021)

WHO Europe [Health 2020: Education and health through the life-course](#) (2015)

Building social and emotional skills to [BOOST mental health resilience in children and young people](#) in Europe – an EU-funded project

[Council Recommendation on high quality early childhood education and care systems](#), which aims to support Member States in their efforts to improve access to and quality of their early childhood education and care systems.

[Toolkit for inclusive early childhood education and care](#): Providing high quality education and care to all young children.

Annex 4. Five briefings covering main areas of the European Child Guarantee

EuroHealthNet Members' Brief on the new European Child Guarantee

June 2021

1 What has happened?

On 14 June 2021 European Ministers of Social Affairs adopted the proposal for the **Council Recommendation establishing a European Child Guarantee**. The European Child Guarantee is the first EU-level policy instrument which aims to address disadvantage and exclusion in childhood, which often lead to disadvantage in adult life impacting health and wellbeing. This now puts into action a long-needed aim.

The European Parliament called for a European Child Guarantee in 2015. The European Commission President von der Leyen announced it in the Political Guidelines for 2019-2024, with a view to ensuring that *“every child in Europe at risk of poverty or social exclusion has access to the most basic of rights like healthcare and education”*.

The aim of the Recommendation is to **prevent and combat poverty and social exclusion of children in need and fostering equal opportunities by upholding and guaranteeing access to a set of key basic services** for children across EU Member States. Member States will be expected to ensure **effective and free access** to: (1) early childhood education and care, (2) education and school-based activities, (3) at least one healthy meal each school day and (4) healthcare, as well as **effective access** to (5) healthy nutrition and (6) adequate housing.

EU funds will help to achieve this aim. The European Social Fund Plus (ESF+) Programme, part of the new EU budget to 2027, includes that in EU Member States where child poverty is a challenge¹ **at least 5% of the ESF+ resources must be earmarked for child poverty reduction**. Complementary EU funding is available via the *European Regional Development Fund (ERDF)*, *InvestEU*, *React-EU* and the *Recovery and Resilience Facility (RRF)*, plus through the *Technical Support Instrument (TSI)*. These funds aim to support design and implementation of structural reforms which will support addressing child poverty - (early) education and

¹ Where child poverty levels are higher than the EU average

care, social and health services. Member States can also benefit from the 2017-2023 EU school fruit, vegetables and milk scheme to help implement the Child Guarantee.

The Child Guarantee puts into practice Principle 11 of the **European Pillar of Social Rights**, on childcare and support for children, which says that “*children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities*”. It also directly and concretely contributes to delivery of the [EU Strategy on the Rights of the Child Part 2](#): socio-economic inclusion, health and education.



Why is this relevant for EuroHealthNet?

Nearly 18 million children are at risk of poverty or social exclusion in the EU². The COVID-19 crisis is expected to exacerbate existing inequalities which will greatly impact health inequalities. Almost 1 in 4 children in the EU are growing up in vulnerable families that need support to break the cycle of poverty and provide adequate food, housing, or school attendance. This also means children being unable to participate in sports, leisure, and cultural activities. It means they are more likely to not receive the health care that they need.

Despite theoretically universal healthcare coverage across the EU, children from low-income families have hindered access to healthcare services, such as dental care or eye care such as spectacles³. They also have fewer opportunities and resources to benefit from disease prevention and health promotion services. Income poverty and other social determinants significantly affect overall child development and health, increasing the risk of ill-health in later years, including mental health problems. Better access to early years public health prevention and promotion programmes, including vaccinations, plus parenting support, are essential and can help achieve better and more sustainable outcomes, life-long.

²Eurostat (2020). Children at risk of poverty or social exclusion. Statistics explained. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion

³ Inequalities in access to healthcare. A study of national policies. Baeten, R., Spasova, S., Vanhercke, B. and Coster, S. (2018) European Social Policy Network (ESPN), Brussels: European Commission: <https://www.liser.lu/?type=news&id=1620>



Improving child access to services has been identified by the EU Council as a core method to prevent and combat social exclusion and poverty early in life while promoting social inclusion and equal opportunities. It is cost-effective, generating savings for health and social protection systems.

Access to healthy, sustainable nutrition is a challenge for low-income families. Healthy food and nutrition programmes help address Non-Communicable Diseases (NCDs)⁴, notably overweight and obesity, and lack of physical activity. This will reduce malnutrition, which is more prevalent among children from disadvantaged backgrounds. Linked with

poorer psychosocial functioning, issues which impact childhood poverty and social exclusion are complex.

They are best addressed from a multi-dimensional and cross-sectoral perspective including health promotion.

3 Main elements of the European Child Guarantee

The EU Recommendation aims to prevent and combat social exclusion by guaranteeing access to key services for children in need. This upholds rights via tackling poverty and promoting equal opportunities. The core recommendations are for Member States to **ensure effective and free access to:**

- high quality Early Childhood Education and Care (ECEC) and school-based activities,
- at least one healthy meal each school day,
- healthcare,

as well as an **effective access to:**

- healthy nutrition, and
- adequate housing.

“Children in need” are defined as children under 18, especially those who are in severe housing deprivation; face overcrowding or energy poverty; suffer from disabilities or mental illnesses; are from ethnic minority or migrant backgrounds (particularly Roma); are in alternative (institutional) care; or are in precarious family situations, such as having family members with substance dependencies.

To guarantee such children effective and free access to quality healthcare, States are invited to:

(a) facilitate **early detection and treatment of diseases and developmental problems**, including those related to mental health; ensure **access to periodic medical examination and screening programmes**,

⁴ such as childhood overweight and obesity, diabetes, some types of cancers and cardiovascular diseases (CVD)

including dental and ophthalmology; ensure **timely curative and rehabilitative follow-up**, including access to medicines, treatments and supports, and access to vaccination programmes;

(b) provide **targeted rehabilitation services** for children with disabilities;

(c) implement **accessible health promotion and disease prevention programmes** targeting children in need and their families, as well as professionals working with children.

To guarantee such children effective access to sufficient and healthy nutrition, States are encouraged to:

(a) support **access to healthy meals** also outside of school days, including through in-kind or financial support; *(in addition to the Recommendation to ensure at least one healthy meal each school day)*;

(b) ensure **adequate dietary needs-responsive nutrition standards** in early childhood education and care and education establishments;

(c) **limit advertisement and restrict the availability of foods high in fat, salt and sugar (HFSS)** in early childhood education and care and education establishments;

(d) provide **adequate information to children and families on healthy nutrition for children**.

4

Next steps to implement the EU Child Guarantee

Member States are recommended to **build integrated and enabling policy frameworks** to address the social exclusion of children, break intergenerational cycles of poverty and reduce the socioeconomic impact of COVID-19. This policy framework should include gender and ethnicity perspectives.

Member States are encouraged to **nominate national Child Guarantee Coordinators** with adequate resources and mandate to effectively coordinate and monitor implementation.

National, regional and local organisations with relevant stakeholders should **identify children in need** and the **barriers** they face in accessing and participating in relevant services. Furthermore, Member States are requested to **submit 2021-2030 national implementation action plans to the Commission within nine months** from the adoption of the recommendation including targets and data collection, adequate EU and national budget resources allocation, monitoring and evaluation framework. They must **report to the Commission** every two years on the implementation progress.

The **EU (social and economic governance) Semester and its revised Social Scoreboard** will become a main monitoring tool for the Commission on the progress on child poverty and social inclusion. The Social Scoreboard will include a new headline indicator on numbers of children at risk of poverty or social



exclusion, aided with secondary relevant – although not aggregated by age – indicators in areas such as healthcare⁵, social protection spending, quality and cost of housing or ECEC figures.

Therefore, this should be a universal, accountable process for progress everywhere in the EU Member States. But the Guarantee is based on a Recommendation, not EU formal laws. It will need actions by all stakeholders to make it reality. The time to act is now as national Plans will be defined and submitted this year. EuroHealthNet’s members are encouraged to:

- **contact** their national Child Guarantee Coordinator
- **help** develop national action plans for the implementation of the Guarantee in areas most relevant for their mandate (health and care services, social inclusion, nutrition, education, etc.)
- **be involved** in the implementation process, developing metrics, resources and data
- **Liaise with** the EuroHealthNet Office including our Policy team via D.Sienkiewicz@eurohealthnet.eu and our Practice Help Desk for further information about the Guarantee, EU Funds, and network with Partners.

⁵ Unmet need for medical care, standardized preventable and avoidable mortality

European Child Guarantee: ensuring access to health promotion and preventive measures for children in need

Day 2: Briefing for the EuroHealthNet Country Exchange Visit, 7 September 2021

Background and Relevance for EuroHealthNet Members and our Partnership

Children at risk of growing up in poverty or social exclusion are less likely to enjoy good health¹. In addition, they are often deprived of effective access to health promoting and care^{2,3,4}. This problem poses a significant strain on child development, particularly since 22.5 % of children (aged less than 18 years) in the EU-27 have been estimated to be at risk of poverty or social exclusion in 2019. In comparison to the risk of poverty or social exclusion in 2019 for working-aged adults (21.5%) and older people (18.6%), it can be observed that out of all the different age groups, children are the most susceptible to ^{3,5,6}, at varying rates across Europe, as outlined in Figure 1^{4,6}. The pandemic has added extra burden on those already more vulnerable.

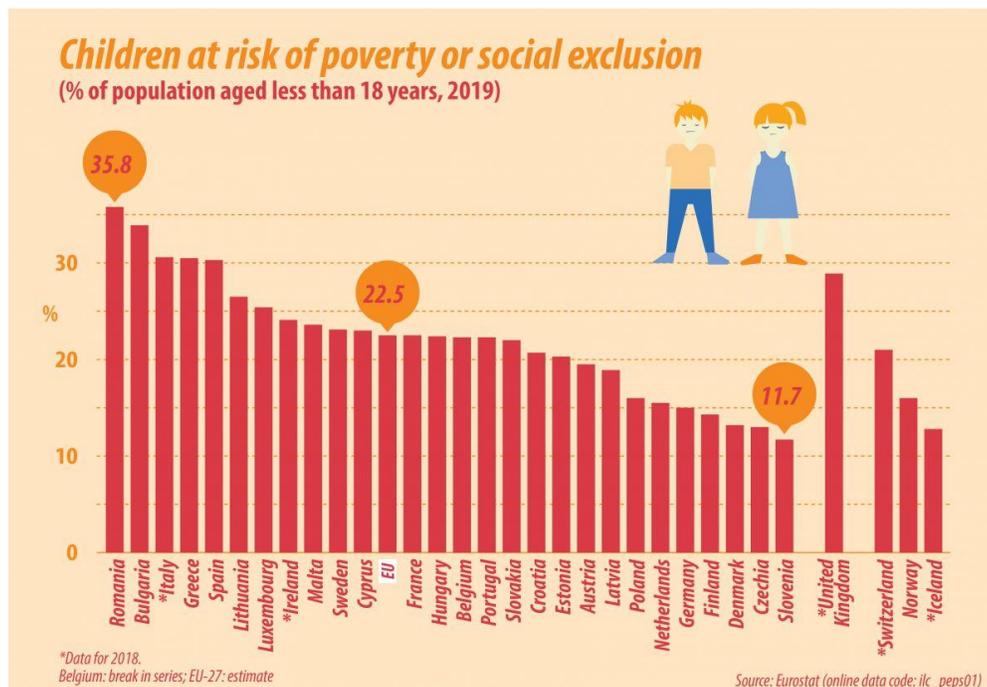


Figure 1: Children at risk of poverty or social exclusion in Europe (Eurostat, 2019)

These circumstances strongly challenge children’s fundamental right to equitable access to healthcare, bearing a negative impact on their long-term healthy development⁵. Against this background, the European Child Guarantee has strongly recommended Member States to provide, amongst others, free and accessible healthcare to children in need, including access to health promotion and preventative measures⁶.

¹Children at risk of poverty or social exclusion (2020, Eurostat), [access here](#)

²Combating child poverty: an issue of fundamental rights (2018, European Union Agency for Fundamental Rights), [access here](#)

³Children at risk of poverty or social exclusion (2020, Eurostat), [access here](#)

⁴Children at risk of poverty or social exclusion (2019, Eurostat), [access here](#)

⁵Guidelines of the Committee of Ministers of the Council of Europe on child-friendly health care (2018, Council of Europe), [access here](#)

⁶Commission proposes action to uphold child rights and support children in need (2021, European Commission, press release), [access here](#)

Within this context, it is also worth mentioning the Final Report on the Study on the Economic Implementing Framework of a Possible Child Guarantee Scheme including its Financial Foundation⁷, which highlighted emerging inequalities in relation to the irregular participation of children in need with respect to healthcare services and preventative health programmes. It was also noted that “in many European countries, the process for detecting health problems in children has undergone a shift from active surveillance, involving routine visits to a general practitioner or paediatrician, to more passive systems that place more responsibility on the parent to detect abnormalities.”⁸ In this sense, the report outlined that, in addition to the discrepancy across Europe regarding which core health services are free and accessible, this shift could also compound the inequality to children’s access to healthcare, since parents have unequal access to the necessary health promotion and disease prevention skills to carry out this surveillance.

In the field of equal and free access to quality healthcare for children in need, the Council Recommendation establishing a European Child Guarantee⁹ has recommended Member States to:

- a) facilitate early detection and treatment of diseases and developmental problems, including those related to mental health, ensure access to periodic medical, including dental and ophthalmology, examinations and screening programmes; ensure timely curative and rehabilitative follow-up, including access to medicines, treatments and supports, and access to vaccination programmes;
- b) provide targeted rehabilitation and rehabilitation services for children with disabilities;
- c) **implement accessible health promotion and disease prevention programmes targeting children in need and their families, as well as professionals working with children.**

These recommendations require multi-sectoral effort to facilitate effective and equitable access to health services for children in need. From a public health perspective, a number of measures can be taken to, amongst others, invest in health literacy initiatives which support cooperation on health promotion and disease prevention schemes, as well as monitor the outcomes and develop pilot projects which are more tailored to the needs of vulnerable families.

Action to address gaps and challenges

- Organise awareness-raising initiatives among parents and health and social workers to promote the take-up of health screenings and preventative measures, especially among the most vulnerable children, as part of the overall health literacy efforts.
- Promote close multistakeholder cooperation to address healthcare for children in local “early intervention” networks.
- Support the monitoring of health promotion and disease prevention activities, to provide more information on factors such as coverage, take-up rate, effectiveness, and quality of care.
- Engage in pilot projects that would better address national challenges and support vulnerable families in accessing health promotion and preventative measures

(The above were based on some of the recommendations listed in the “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”)

⁷ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission.

⁸ Wolfe, I. and McKee, M. (2013). European Child Health Services and Systems: Lessons without borders. United States: Open University Press.

⁹ Council Recommendation establishing a European Child Guarantee (2021, Council of the European Union), [access here](#)

Examples of country practices which supported free and accessible health promotion and prevention measures for children in need*

Health screening programmes in school settings

Health screening services for first grade students in Mazowsze region in Poland¹⁰

A hearing screening programme for students of the first grades of primary schools, financed by the European Social Fund, was implemented in 2017 and 2018 as part of the regional health programme in Mazowieckie voivodship in Poland. The aim of the programme was to improve early detection of any hearing disorders and better educating parents about hearing problems. Throughout the course of this programme, a total of 34,618 first graders were screened. The screening was coupled with educational trainings for the parents and the medical staff on how to care for hearing and information campaigns for the local community.

Pilot testing of the “EU Child Guarantee”

Expansion of existing home visiting services for families with small children in Bulgaria^{11,12}

As part of the preparatory actions undertaken by the Commission for the European Child Guarantee, the pilot project in Bulgaria focused on targeting children with disabilities and developmental difficulties as well as from vulnerable communities. In doing so, one of the objectives was to expand the home visiting services for families with small children (0-3 years), provided by the Center for Child and Maternal Health at the Medical Center "Dr. GV Mirkovich" in Sliven, since 2014. Multidisciplinary teams of health and social workers would provide tailored counselling based on the family's needs, which amongst others includes providing support to parents on how to build a healthy lifestyle for their children, facilitating access to health services, and closely collaborating with other professionals in the health sector.

It was estimated that during Q4 2020, when the work of the Center was supported by the Child Guarantee pilot project, there were:

2,106 visits (of which 1,578 were in family homes)
1,704 children (under 3) supported
1,549 families with young children who received counselling

¹⁰Skarzynski, P., Świerniak, W., Gos, E., Gocel, M. and Skarzynski, H. (2021). Organizational Aspects and Outcomes of a Hearing Screening Program Among First-Grade Children in the Mazovian Region of Poland. *Language, Speech, and Hearing Services in Schools*. Vol. 52, pp. 1-12. DOI: 10.1044/2021_LSHSS-20-00083.

¹¹Pilot testing of the EU “Child Guarantee” in Bulgaria, Phase III of the Preparatory Action (UNICEF-Bulgaria, 2021), [access here](#)

¹²The European Commission and UNICEF - supporting young children in Sliven district (UNICEF-Bulgaria, 2021), [access here](#)

* Examples were extracted from: Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission

European Child Guarantee: ensuring effective access to healthy diet and nutrition

Day 3: Briefing for the EuroHealthNet Country Exchange Visit, 8 September 2021

Background and Relevance for EuroHealthNet Members and our Partnership

As enshrined in the United Nations Convention on the Rights of the Child, adequate nutrition is fundamental within the context of the right to health (article 24, sub-article 2c and 2e), as well as with respect to the right to an adequate standard of living (article 27, sub-article 3)¹. Apart from being a fundamental right, effective access to healthy nutrition is very important to a child's well-being and development, since it is related to improved health, stronger immune systems, lower risk of non-communicable diseases and increased learning capabilities life-long.

The risk of malnutrition in any form, whether undernutrition or overweight, presents a threat to a child's health and development². Across Europe, severe obesity in children is becoming an increasingly significant public health issue. In fact, a 2019 report³ on the Childhood Obesity Surveillance Initiative indicated that approximately 398,000 children aged 6-9 years (out of 13.7 million children included in the study across 21 European countries) are severely obese, with the highest prevalence being in Southern Europe. In many countries, one in four obese children was severely obese. Figure 1 displays the prevalence of pre-obesity, obesity and severe obesity among children aged 6-9 in Europe.

Unhealthy lifestyles, including suboptimal fruit and vegetable consumption, play a big part in the prevalence of obesity. Consequentially, an estimated 5.2 million deaths globally were attributed to low fruit and vegetable intake in 2013⁴. In the EU, worrying statistics emerged in 2009-2010, noting that only 1 in 3 girls and 1 in 4 boys aged 15 years reported eating at least one piece each of fruit and vegetable daily in 21 EU Member States.

In view of the above, the EU Child Guarantee is an essential instrument in guaranteeing all children access to healthy nutrition, additionally ensuring that they have access to at least one free healthy meal for each school day⁵.

¹ Convention on the Rights of the Child (1990, United Nations), [access here](#)

² Nutrition (2021, World Health Organisation) [access here](#)

³ Childhood Obesity Surveillance Initiative (2019, World Health Organisation), [access here](#)

⁴ Global Burden of Disease Study, (2013, Lancet), [access here](#)

⁵ Infographic - European Child Guarantee: how the EU protects children (2021, Council of the European Union), [access here](#)

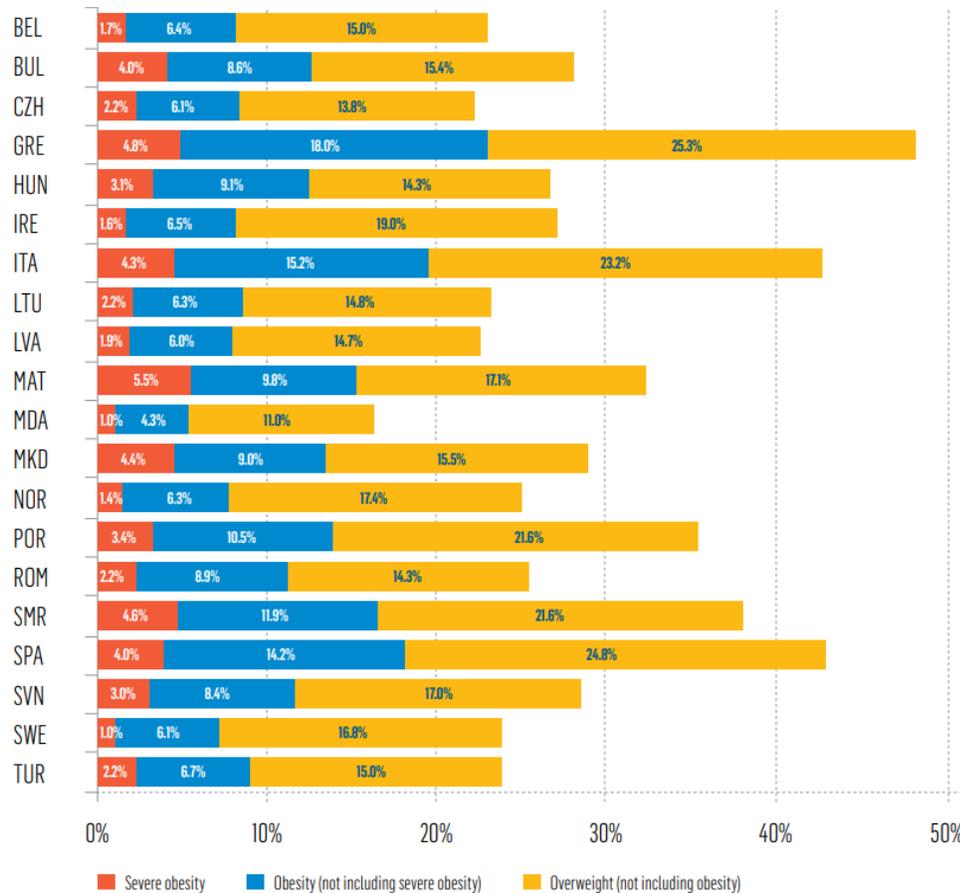


Figure 1: Prevalence of pre-obesity, obesity and severe obesity in children (6-9 years old) in Europe (Childhood Obesity Surveillance Initiative, 2019)

With the view of guaranteeing effective access to sufficient and healthy nutrition for children in need, including through the EU school fruit, vegetables and milk scheme, the European Child Guarantee recommends⁶ Member States to:

- a) support access to healthy meals also outside of school days, including through in-kind or financial support, in particular in exceptional circumstances such as school closures;
- b) ensure that nutrition standards in early childhood education and care and education establishments address specific dietary needs;
- c) limit advertisement and restrict the availability of foods high in fat, salt and sugar in early childhood education and care and educational establishments;
- d) provide adequate information to children and families on healthy nutrition for children.

As outlined in the European Child Guarantee, Member States will also continue benefitting from the 2017 – 2023 EU milk, fruits and vegetable scheme. In 2023, the Commission will propose a revision of the scheme to make healthy products more available to children and improve their understanding of the benefits of healthy and sustainable food.

⁶ Council Recommendation establishing a European Child Guarantee (2021, Council of the European Union), [access here](#)

Placing a spotlight on the provision of free school meals, the feasibility study for a Child Guarantee⁷ and study on the economic implementing framework of a possible EU Child Guarantee scheme^{8,9} have outlined three main options for provision of free school meals across the EU – universal, schools-based targeting, and individual targeting. As outlined in Table 1, there is a diversity of approaches to full school meal provision in the EU.

Table 1: Free and subsidised full school meals provision in EU Member States

Universal free meals (at least at some ages)	EE, FI, LT, LV, SE
Targeted free meals across the whole country	CY, CZ, DE, ES, HU, LU, MT, PT, SI, SK
Subsidised meals and/or free meals not covering the whole country	AT, BE, BG, EL, FR, HR, IE, IT, PL, RO
No provision	DK, NL

Despite the variety of meal provision incentives across the EU, public health agencies have an important role to play in taking up the recommendations of the European Child Guarantee. In this regard, a number of actions can be integrated in such initiatives to ensure free and effective access to healthy diet and nutrition, as exemplified in the table below. Beyond health services and/or educational settings-oriented actions, there is a legal room to act on improving healthy nutrition in childhood via policies and initiatives within primary responsibility of other sectors, such as agricultural production (subsidies, organic, local), public procurement of healthy foods (nurseries and schools), food reformulation towards healthier options, and regulating HFSS food marketing and advertising activities to protect children.

Action to address gaps and challenges

- Pay particular attention to stigmatisation and peer-group effects, the modes and timings of meal provision, the quality of food provided, and the variations of provision as a result of the children’s different cultural backgrounds, when facilitating free school meal provision.
- Address how certain gaps in provision would need to be filled (for instance when children are not at school because of holidays, COVID-19 regulations *etc.*)
- Include children and parents/carers in the provision process as key stakeholders of the initiative, to gain further insight into the key challenges and good practices
- Facilitate an exchange of good practices with other countries on school meal provision, as a means of information dissemination and idea interchange.

⁷ Frazer, H., Guio, A-C. and Marlier, E. (eds) (2020). Feasibility Study for a Child Guarantee: Final Report, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

⁸ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Summary of Final Report, Brussels: European Commission.

⁹ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission.

Examples of country practices which supported the provision of school meals to facilitate access to healthy diet and nutrition*

Finland's "School Meals for All"¹⁰

School feeding: investment in effective learning

In Finland, free-of-charge school meals have dated back to the 1940s, with the aim of supporting the educational system. To date, all students attending pre-primary, basic and upper secondary education are entitled to a free-of-charge school meal for every school day. Through pre-primary, basic and upper secondary education the demand for coverage is 100%. This is being implemented in tandem with an educational aspect, where according to the Finnish national core curriculum, the mealtime also serves to raise awareness about the importance of healthy diets and nutrition. This service is being spearheaded nationally, with implementation taking place at municipal level.

Greece's "DIATROFI programme on Food Aid and Promotion of Healthy Nutrition"^{11,12}

Promoting Healthy Diets amongst children

DIATROFI - the programme on food aid and promotion of healthy nutrition - has been running since 2012, with the Greek Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis) as the main implementor, and Stavros Niarchos Foundation as the Founding Donor.

The programme provided support to students in primary and secondary public schools, who came from socioeconomically vulnerable settings across Greece, with the aim of combatting against food insecurity and obesity.

In doing so, this initiative facilitated the provision of daily free healthy meal to all the students in the participating schools, which was also coupled with educational material and activities aimed at the students and their families.

Since 2012, over 16 million meals have been given to more than 110,000 students in 688 schools. It is worth noting that the programme was met with great demand, receiving more than 2,100 school applications in the last three years, equating to about 260,000 students.

¹⁰ School Meals for All (2019, Ministry for Foreign Affairs of Finland and Finnish National Agency for Education) [access here](#)

¹¹ Food Aid and Promotion of Healthy Nutrition Program – DIATROFI, EuroHealthNet Country Exchange Visit (2019, Prolepsis), [access here](#)

¹² Food Aid and Promotion of Healthy Nutrition Program – DIATROFI (2021, Prolepsis), [access here](#)

* Example was extracted from: Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission

European Child Guarantee: ensuring access to early childhood education and care (ECEC), education and school-based activities

Day 4: Briefing for the EuroHealthNet Country Exchange Visit, 9 September 2021

Background and Relevance for EuroHealthNet Members and our Partnership

The European Commission defines Early Childhood Education and Care (ECEC) as “any regulated arrangement that provides education and care for children from birth to compulsory primary school age - regardless of the setting, funding, opening hours or programme content - and includes centre and family daycare; privately and publicly funded provision; pre-school and pre-primary provision”¹. The time between birth and compulsory primary school age is the most formative period for children’s lives since it greatly impacts their lifelong learning, social integration, personal development and potential employability in the later years¹.

Nevertheless, in approximately one-third of the Member States, parents on moderate incomes find costs of early childhood education and care to be **very high and children from disadvantaged backgrounds have significantly lower attendance rates**². This, together with the fact that in Europe, most families would have to pay fees out-of-pocket for ECEC in the child’s earlier years (below the age of 3), renders such services unequally accessible. It is worth noting however, that the availability of free ECEC increases noticeably at age 3, becoming more and more universal along each year of age, up until the last year before compulsory primary education starts³, as outlined in Figure 1 below. Figure 1 visually represents the incremental trend of free provision of ECEC across the early child years in Europe between 2018 and 2019.

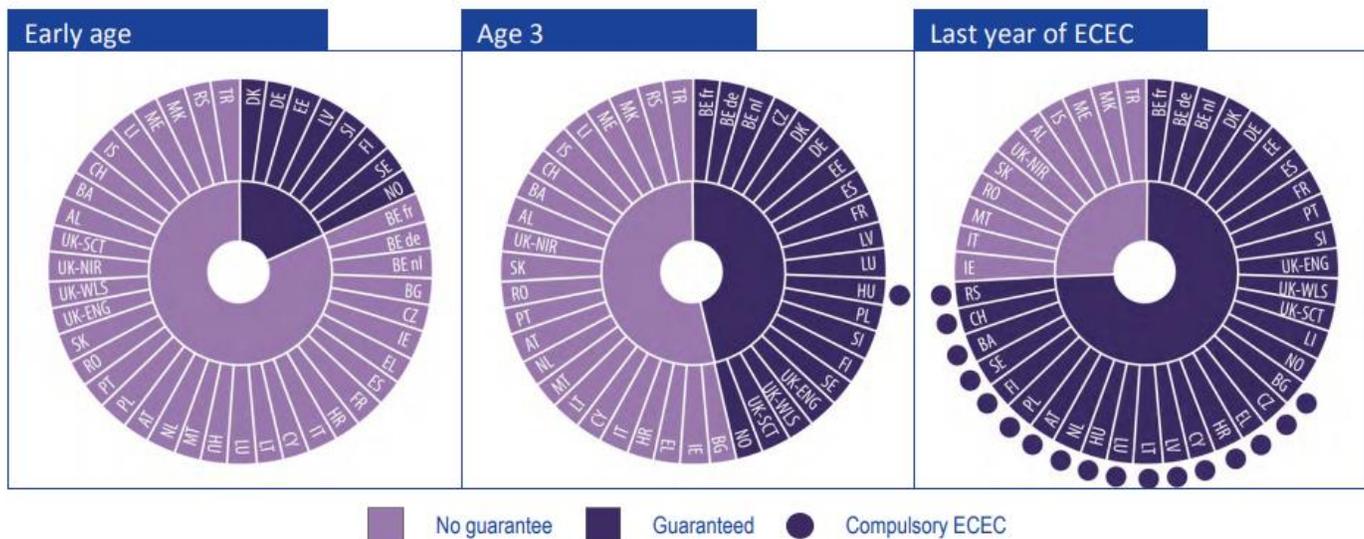


Figure 1: Trend of free-of-charge provision of ECEC services for children below, at and above the age of 3 in Europe, between 2018 and 2019 (Key Data on Early Childhood Education and Care in Europe – European Commission Eurydice Report, 2019)

¹ Proposal for key principles of a Quality Framework for Early Childhood Education and Care (2014, European Commission), [access here](#)

² Council Recommendation establishing a European Child Guarantee (2021, Council of the European Union), [access here](#)

³ Key Data on Early Childhood Education and Care in Europe, Eurydice Report (2019, European Commission), [access here](#)

The “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”⁴ showed that the provision of free ECEC does not necessarily equate to accessibility for children in need. It was noted that in many Member States, the shortage of guaranteed access often excludes more vulnerable families from availing themselves of free ECEC, due to the lack of availability. In this sense, free-of-charge ECEC provision for low-income children does not secure their high participation or equality in access. Figure 2 outlined the percentage participation rates in ECEC, for both children and children in need, between the ages of 0 to 2 in 2019.

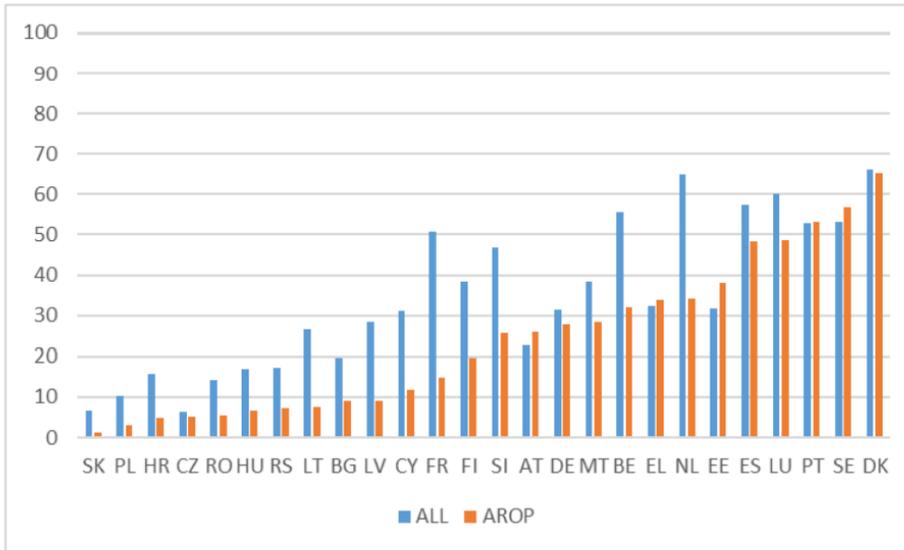


Figure 2: Percentage participation rates in ECEC, for all children and children at risk of poverty (AROP), ages 0-2 in 2019 (Taken from: Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission

Source: EU-SILC 2019; no data for IT, IE.

This strongly highlights the degree of health inequalities across the EU with respect to early childhood education and care, depicting a pattern of varying accessibility to such key services for children. Within this context, the European Child Guarantee has outlined the importance of preventing and combatting social exclusion by guaranteeing access to early childhood education and care to children in need.

With a view to guaranteeing effective and free access to high quality early childhood education, and care, Member States are recommended² to:

- a) identify and address financial and non-financial barriers to participation in early childhood education and care;
- b) adapt facilities and educational materials of early childhood education and provide the most appropriate response to the specific needs of children with special educational needs and of children with disabilities, using inclusive teaching and learning methods; for this purpose ensure that qualified teachers and other professionals are available, such as psychologists, speech therapists, rehabilitators, social workers or teaching assistants;
- c) put in place measures to support inclusive education and avoid segregated classes in early childhood education and care establishments; this may also include giving priority to, or, when needed, early access for, children in need;
- d) ensure provision of educational materials, including digital educational tools, books, uniforms or any required clothing, where applicable;

⁴ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission.

- e) provide transport to early childhood education and care establishments, where applicable.

Many of these recommendations are equally applicable when it comes to child education and access to school-based activities. Investing in frameworks for cooperation of educational establishments, local communities, social, health and child protection services, families and social economy actors to provide after school care and opportunities to participate in sport, leisure and cultural activities can turn educational establishments to centres of inclusion and participation.

These recommendations⁴ require multi-sectoral effort to facilitate effective and equitable access to health services for children in need. From a public health perspective, a number of measures can be taken to, amongst others, support the long-term planning of quality education provision free-of-charge, highlight the disparities at geographical level to ensure that funding covers the different vulnerable groups, pursue effective outreach to children in vulnerable settings and outline their needs to ascertain that the programmes are truly tailored for the demand.

Action to address gaps and challenges

Facilitating better access to early childhood education and care

- Support long-term planning to ensure universal access and legal entitlement to quality ECEC, ensuring that children in need are granted free access
- Highlight the national and sub-national geographical differences so as to ensure that any funding granted with respect to the free provision of ECEC targets the vulnerable groups at every level
- Pursue effective outreach to children in vulnerable groups to facilitate their inclusion in initiatives related to ECEC
- Outline the needs of the groups targeted for free ECEC provision, to ascertain that the programmes are truly tailored and accessible

Facilitating better access to education and school-based activities^{5,6,7}

- Legally clarifying the school-related costs
- Devising a strategic and legal framework which facilitates access to free education for low-income settings (including the removal of any hidden costs)
- Establishing a monitoring and evaluation system to assess pertinent measures
- Assessing the sufficiency of the support provided and making the necessary amendments to ensure that the education is really free
- Providing sufficient funding and support even at regional/local level to narrow the inequalities gap
- Utilising EU funding to implement needs-based solutions to make education free.

⁵ Frazer, H., Guio, A-C. and Marlier, E. (eds) (2020). Feasibility Study for a Child Guarantee: Final Report, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

⁶ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Summary of Final Report, Brussels: European Commission.

⁷ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission.

Examples of country practices which supported the improved accessibility to (early childhood) education and care

Slovenia’s “Together for knowledge” project

Improving accessibility of ECEC services to the Roma community⁵

An example illustrated by the feasibility study was the “together for knowledge” project which has been implemented since 2016 and has contributed to Slovenia’s ECEC services. One of the project initiatives involved the preparatory kindergarten in the Roma settlement of Kerimov Grm which was established 10 years ago for children aged 2-5 without kindergarten experiences. With the support of Roma assistants, an individualised approach was forged for Roma parents, preparing them and their children for the transition to mainstream kindergarten. This training included adapting to the elementary school environment and addressing language barriers to facilitate better integration at school. The study noted that although almost none of the Roma children were enrolled in kindergarten, through the training the enrolment rate has reached 75%.

Sweden’s Universal Entitlement to ECEC

Ensuring accessibility, affordability, and quality in ECEC services⁴

In Sweden, ECEC is a legal entitlement. Provision of ECEC is taken care of by the municipalities, within the regulations set out in the national frameworks. Within four months of application to the municipality, every child (between the ages of 1 to 5) should be offered a place in any pre-school facility. It is worth noting that the majority of children above age 1 go to a pre-school facility, with enrolment rates increasing over the last decade. In terms of out-of-pocket pre-school expenses, fees are based on household income, and are capped at a national threshold. For no-income households, there is no fee at all, and for lower-income household, it is not necessary to pay the maximum fee. Moreover, the ECEC services are value-based, with the aim of actively engaging children to embrace societal values. With the above factors considered – mainly, universal provision and lower out-of-pocket fees, Sweden has one of the highest enrolment rates in ECEC, combined with the lowest inequalities in enrolment, in the EU.

Ireland’s free education scheme and back-to-school-clothing-and-footwear allowance^{4, 8}

Ireland has a free education scheme, wherein funding is available to public primary and post-primary schools through the Department of Education and Skills to help with the cost of schoolbooks. Children from low-income settings are also eligible for a one-off “back to school clothing and footwear allowance” (BSCFA), which is paid at the beginning of the scholastic year (€150 for children aged 4-11). In 2018, a total of 266,700 children received the BSCFA (against a reference population of 930,671).

⁸ Operational Guidelines: Back to School Clothing and Footwear Scheme (2019, Department of Social Protection), [access here](#)

* Examples were extracted from: Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). “Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation”, Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission

European Child Guarantee: ensuring effective access to adequate housing

Day 5: Briefing for the EuroHealthNet Country Exchange Visit, 10 September 2021

Background and Relevance for EuroHealthNet Members and our Partnership

Ensuring adequate housing is another key pillar to ensure a child's healthy development. Children living in poverty or in vulnerable communities are more likely to face hurdles in accessing adequate housing¹. In 2019, 17.2% of the EU-27 population lived in an overcrowded home. Children living in crowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, and perform less well at school.²

The rate of housing cost overburden in 2019 was 9.4% for the overall population but it rose to over 35.4% among those on low incomes, with important disparities among countries. The burden is more visible for single parent families who spent a much higher proportion of their income on housing than any other group – 31.9% in 2019 in the EU28, compared to 20.6% for the general population. One in five single people with dependent children were living in unfit housing – 19.7% compared to 13.1% of the general population.³

Investing in housing, particularly for vulnerable people, can not only improve their health and wellbeing but can also avoid costs for other public services, reducing costs of health services and residential care, as well as crime costs.⁴ According to a 2019 report by the World Health Organisation, increasing public spending on housing by 1% would reduce health inequalities by 2%.⁵ Even if the EU does not have any direct competence when it comes to housing, it can indirectly influence outcomes for social housing sector through state aid rules, fiscal regulations and competition law.⁶ Against this background, the European Child Guarantee also aims at establishing an EU-wide impetus that encourages access to adequate housing.

With a view to guaranteeing effective access to adequate housing for children in need, Member States are recommended¹ to:

- a) ensure that homeless children and their families receive adequate accommodation, prompt transfer from temporary accommodation to permanent housing and provision of relevant social and advisory services;
- b) assess and revise, if necessary, national, regional and local housing policies and take action to ensure that the interests of families with children in need are duly taken into account, including addressing energy poverty and preventing the risk of homelessness; such assessment and revision should also include social housing or housing assistance policies and housing benefits and further improve accessibility for children with disabilities;
- c) provide for priority and timely access to social housing or housing assistance for children in need and their families;
- d) take into account the best interests of the child as well as the child's overall situation and individual needs when placing children into institutional or foster care; ensure the transition of children from institutional or foster care to quality community-based or family-based care and support their independent living and social integration.

¹ Council Recommendation establishing a European Child Guarantee (2021, Council of the European Union), [access here](#)

² Joia de Sa, How does housing influence our health? (2017) The Health Foundation, [access here](#)

³ Sixth overview of housing exclusion in Europe 2021, FEANTSA, [access here](#)

⁴ Joia de Sa, How does housing influence our health? (2017) The Health Foundation, [access here](#)

⁵ WHO (2019), 'Healthy, prosperous lives for all: the EU Health Equity Status Report', pp. 68-80.

⁶ Caturianas, D. et al. (2020). Policies to Ensure Access to Affordable Housing, [access here](#)

Action to address gaps and challenges

Effectively promote adequate housing and combatting child homelessness^{7,8,9,10}

- Raising awareness about the strong link between housing quality (determined by the presence of health and safety risks such as overcrowding, inadequate ventilation, dampness and mould growth) and the physical, mental and emotional well-being of children and their overall development
- Using EU funding mechanisms, including the EU Child Guarantee and European Regional Development Fund, to advocate structural reform which caters for children's right to access decent housing
- Devising strategies and frameworks that adopt a cross sectoral rights-based approach centred on children's experiences of homelessness, and which place limits on the time that families/children stay in emergency/temporary accommodation
- Addressing the underlying factors of homelessness - by legally integrating the right to adequate housing, ensuring its enforceability, and aligning welfare and housing benefits with current housing costs (to promote better financial stability for struggling families)
- Reinforcing governance and funding mechanisms
- Strengthening monitoring and evaluation systems to evaluate progress and improve on system-level outcomes
- Expanding service provision by strengthening preventative and early intervention evidence-based strategies and permanent (re)housing solutions, by ensuring that the children's needs are well-considered at policy and service level and that the specialised support is made available for homeless families and children.

Example of country practice which supported effective access to adequate housing*.

Germany's municipal specialised prevention services to combat child homelessness⁴

Municipal specialised prevention services in Germany form part of the municipal assistance system for the homeless, which is built on Länder policies and federal social law principles. Such services target households facing imminent risk of housing loss and/or homelessness or families who are already homeless. Several measures have been implemented to prevent such housing loss, and in turn the negative impact it has on families, especially children, such as assuming rent arrears or providing preventive advice. Other reactive measures are also in place to support families and children move out of homelessness, such as by providing rapid rehousing support.

⁷Frazer, H., Guio, A-C. and Marlier, E. (eds) (2020). Feasibility Study for a Child Guarantee: Final Report, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

⁸ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Summary of Final Report, Brussels: European Commission.

⁹ Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission.

* Examples were extracted from: Guio, A-C., Frazer, H. and Marlier, E. (eds) (2021). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report, Brussels: European Commission

¹⁰ Understanding the housing conditions experienced by children in the EU (2020, European Commission)