

Strengthening the health dimension of the European Child Guarantee

EuroHealthNet's policy input for improving children's health and wellbeing through the European Child Guarantee

[EuroHealthNet](#) is a not-for-profit partnership of over 90 public health and health promotion agencies with the core mission of reducing health inequalities by addressing socioeconomic determinants. We work to advance health promotion, disease prevention, social equity, and wellbeing for all, including children, across the life course—from early years into older age.

We support the European Commission's ambition to strengthen the European Child Guarantee (ECG) to “prevent and fight social exclusion through education, healthcare and other essential public services”.⁴

The ECG takes a comprehensive approach to fighting child poverty by addressing health and the broader determinants of children's wellbeing. Access to healthcare, social and education services, healthy food, healthy housing, physical activity, recreational time, commercial influence and living in a pollution-free environment are all factors playing a role in children's wellbeing. Strengthening the ECG is necessary to achieve the 2030 European Pillar of Social Rights (EPSR) target to lift 5 million children out of poverty.

The challenges ahead of us are enormous. Currently, 24.8% of children (aged under 18 years) in Europe are still at risk of poverty or social exclusion.² In certain EU Member States, such as Romania, Spain, and Bulgaria, the rate of children at risk of poverty is still higher than 30%. In recent years, the percentage of children at risk of poverty has not decreased significantly, with some countries, such as Hungary, Spain,

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Luxembourg, and Malta, reporting an increased rate. The uneven recovery from the COVID-19 pandemic, geopolitical tensions (including from the war in Ukraine), climate change risks, the rising cost of living, socioeconomic uncertainties, and the increased use of social media all impact children's physical and mental health. Furthermore, efforts to strengthen the ECG need to consider the new Preparedness Union Strategy³ to boost resilience, including for the healthcare systems and social services, as well as the EU Skills Union⁴, including ensuring healthcare professionals have adequate skills for implementing the ECG. Efforts to strengthen the ECG have to take into consideration this evolving context.

EuroHealthNet puts forward the following considerations to strengthen ECG's measures to improve children's health and wellbeing. Our recommendations represent the perspectives of health organisations at both national, regional and local level. Strengthening the health dimension of the ECG requires a strong multidisciplinary and preventive approach, focusing on health promotion. Child wellbeing is also a good basis for a competitive and inclusive Europe and a smart social investment with a high return on investment.

¹ [Mission Letter to Roxana Mînzatu](#)

² [Eurostat - Children at Risk of Poverty or Social Exclusion 2023](#)

³ [Preparedness Union Strategy](#)

⁴ [EU Union of Skills](#)

Generally investing in the early years, including adequate social and health protection, universal and high-quality childcare, and education, has a high return: up to 17 US dollars for each dollar invested.⁵

1. A stronger focus on health: ensure effective and free access to healthcare, strengthen primary healthcare and address unmet medical needs, from health promotion and disease prevention to treatment and care

Unmet medical needs of European children are still significant, especially for vulnerable children. Under the United Nations Convention on the Rights of the Child (UNCRC),⁶ signed by all EU Member States, all children have the right to the “highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”. Currently, about 4% of all European children, up to the age of 16, are reported to have unmet needs for medical and dental care, with the rate being higher for children at risk of poverty and social exclusion (AROE).⁷ For example, in the Netherlands, there is a 9% difference in unmet medical needs between children at risk of poverty and social exclusion and non-vulnerable children.⁸

Strengthening the health system in all its components, from health promotion, disease prevention to accessibility, availability, and quality of care, is crucial to improving the health outcomes of children, especially those living in vulnerable situations, as well as to ensure that health professionals are well-trained and up to date with the most effective medical treatments to adequately address the needs of children.

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The WHO Pocket book of primary health care for children and adolescents⁹ could be, for instance, adopted by the ECG as an easily accessible reference manual. The Pocket book encourages a ‘multidisciplinary care’ model, where primary healthcare acts as the first point of entry and a care coordinator, medical specialists, social services, educational and other community services, working across disciplines.

The Pocket book also provides up-to-date evidence-based guidelines for treatment of children, promoting a holistic approach to health promotion and prevention of diseases and development difficulties, including nutritional counselling, oral health, sleep, physical activity, screen time, mental health, and wellbeing. A dedicated focus is also provided for caring for children with complex needs (such as mental or physical disabilities), chronic conditions and from vulnerable situations, such as migrants and refugees, without prejudice, stigma and discrimination.

5 Dyakova and all. (2017) [“Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020”](#)

6 [Convention on the Rights of the Child](#)

7 [Health Statistics – Children \(2023\) Eurostat](#)

8 [The new ECG framework to better monitor children access to education, healthcare and housing](#)

9 [Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence](#)

2. Prioritise mental health, support the mental health and psychosocial wellbeing of children in community- and school-settings, address social isolation and loneliness, and improve the quality of integrated health and social data collection

Current EU-level indicators do not sufficiently cover mental health in children and adolescents; therefore, efforts should be made to collect more accurate data. It is a positive development that the European monitoring framework to assess the implementation of the ECG¹⁰ refers to the WHO's Health Behaviour in School-aged Children (HBSC) study to collect more and better information on mental health issues.¹¹ According to HBSC data,¹² in recent years, the mental health situation of children has worsened, especially for 15-year-old girls. At the same time, amongst adolescents, peer violence through bullying and cyberbullying is still an issue with no indication of improvement across the years. Likewise, UNICEF estimates that over 11 million EU children – 13% of children aged 19 and younger – suffer from a mental health condition, while suicide is the second most common cause of death amongst 15 to 19-year-olds, especially amongst boys.¹³

The ECG needs to provide a framework for Member States to monitor the mental health and wellbeing of children and to collect comparable data, with information on gender and stratified by socioeconomic background. This gap can be addressed in coordination with the implementation of the EU's Comprehensive Approach to Mental Health.¹⁴

The ECG needs to strengthen mental health actions across all levels of the health system, with a focus on prevention, early intervention, and community and school-based integrated programmes.

School and education settings should also be the first point of support for children, with programmes for enhancing social and emotional skills, mental health literacy, critical thinking on social media, as well as preventing bullying and self-harm.

The WHO European Quality Standards for Children and Youth Mental Health Service¹⁵ could be used, for example, as a reference point in the ECG. Primary healthcare also needs to focus on promoting mental wellbeing, including raising awareness of the harmful effects of gambling and substance use.

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Schools also need to train teachers on children's mental health, as well as work in cooperation with families, the community, and mental health services and professionals. For example, in Finland, the recent government program on mental health aims also to create a strong system of mental health education, with teachers, mental health services, municipalities, and the community working together. Finland has also integrated mental health into community sport programmes, and this successful approach has been scaled up to other EU Member States through the EU Icehearts project.¹⁶ Likewise, Portugal's 'Promoting Mental Health in Schools'¹⁷ initiative focuses on vulnerable children and outreach in underserved communities.

10 [The new ECG framework to better monitor children access to education, healthcare and housing](#)

11 [The WHO Health and Behaviours in School-age Children \(HBSC\) survey is based on regular surveys](#) in schools of 11, 13, and 15-year-olds. The survey is performed every four years, allowing longitudinal and cross-country comparisons. The latest survey was conducted from 2021 to 2022

12 [A Focus on Adolescent Mental Health and Well-Being in Europe, Central Asia and Canada](#)

13 [The State of Children in the European Union 2024, Unicef](#)

14 [A Comprehensive Approach to Mental Health](#)

15 [WHO European Quality Standards for Children and Youth Mental Health Service](#)

16 [Icehearts Europe – Preventing social exclusion, enhancing social skills and promoting the wellbeing of vulnerable children](#)

17 [Implementing the European Child Guarantee in Portugal, OECD](#)

3. Further address increasing levels of obesity and overweight, strengthen healthy nutrition, and curb substance abuse, including through free or subsidised healthy school meals and fresh fruit and vegetable schemes

Childhood overweight and obesity are serious public health challenges in EU countries and have increased in Europe since 2010, with over 20% of 15-year-olds being overweight or obese.¹⁸ Cyprus, Greece, Italy, and Malta display the highest prevalence of child obesity.¹⁹ Socioeconomic inequalities play a significant role in the adolescent obesity rate, which is over 60% higher amongst vulnerable children.²⁰ Obesity correlates with a range of diseases such as diabetes, cardiovascular diseases, mental health issues, and several types of cancer. As child obesity is likely to continue into adulthood, it is an important risk factor for these diseases.

Children are increasingly growing up in environments that promote the consumption of ultra-processed foods and foods high in fats, sugar, and salt. They are also increasingly suffering from food insecurity, defined as a lack of regular access to safe and nutritious foods for healthy growth and development.²¹ In the WHO European region, only 43% of children consume fresh fruit daily, and only 34% eat vegetables daily.²² The rate of households with dependent children unable to afford a meal with protein every two days has increased from 5.8% in 2019 to 9.2% in 2023.²³

Socioeconomic inequalities in nutrition are also evident. While families struggle with inflation and rising costs of living, unhealthy foods have become more accessible and available, and at a lower cost than healthy foods such as fresh fruits and vegetables. This has further exacerbated inequalities in access to healthy food. As a result, the number of obese children is twice as high in low-income families.²⁴

There are also concerning trends in smoking, vaping and alcohol use amongst adolescents: alcohol is the most frequently consumed substance, with four out of ten 15-year-olds having consumed alcohol in the past 30 days.

Similarly, one in ten have experienced significant drunkenness, and 32% report cigarette and e-cigarette use.²⁵

With the brain still in the developing stage, children and adolescents need to be protected from the effects of toxic and dangerous products, which contribute to a range of diseases such as infections, cancer, and respiratory diseases, and can lead to injuries and violent and risky behaviour.²⁶

Furthermore, the arteries of adolescents who drink and smoke, even very occasionally, are damaged in a way that increases their risk of cardiovascular problems later on in life.²⁷

The ECG needs to encompass measures to promote healthy nutrition and curb the consumption of unhealthy food, alcohol, nicotine, and tobacco products through a wide range of measures. These include educational programmes in schools and community settings, as well as encouraging Member States to limit the sale of unhealthy food nearby schools, reducing VAT on fruits and vegetables, using public procurement to ensure free and healthy meals at schools, enforcing legislation banning underage purchasing of alcohol, nicotine, and tobacco products such as vapes, and protecting children from second-hand smoke.

The approach of EuroHealthNet's Schools4Health²⁸ and the School for Health (SHE) network²⁹ promote health literacy and empowering adolescents to make good decisions about their own health and should be integrated in the ECG.

18 [Health at Glance Europe \(2024\)](#)

19 [WHO European Childhood Obesity Surveillance Initiative \(COSI\) -2022-2024](#)

20 [Health at Glance Europe \(2024\)](#)

21 [Hunger and food Insecurity, Food and Agricultural Organisation](#)

22 [WHO European Childhood Obesity Surveillance Initiative \(COSI\) 2018-2020](#)

23 [Children in the EU- Eurostat 2024](#)

24 [Measure to reduce child obesity, EESC opinion of 13/07/2023](#)

25 [New WHO/HBSC report reveals concerning trends in adolescent substance use](#)

26 [Are we overlooking alcohol use by younger children? BMJ, 2022](#)

27 [Smoking and drinking can damage arteries 'very early in life' \(University of Bristol\)](#)

28 EuroHealthNet leads [Schools4Health](#), an EU-wide project to foster healthier school environments

29 [Health promoting schools \(WHO\)](#)

4. Adopting the WHO recommendation on physical activity and promoting equitable access to safe outdoor environments and community sports infrastructures

Regular physical activity offers numerous benefits for children's physical and mental health. These range from improving physical fitness and cardiometabolic health, and reducing body fat, to developing cognitive and social skills and enhancing self-confidence. Outdoor play is hugely important for children's healthy development, and it is linked to better school outcomes.

However, there are growing rates of sedentary lifestyle and inactivity due to increased use of screens for education and recreational purposes and lack of access to safe and child-friendly outdoor environments such as playgrounds, parks, walkable areas, and cycle lanes. It is estimated that 80% of children and adolescents do not meet the WHO-recommended level of physical activity, which is 60 minutes per day.³⁰

Furthermore, screen time has increased, particularly since the COVID-19 pandemic. For example, a third of adolescents play digital games daily, with 22% playing more than four hours on gaming days.³¹

Children from vulnerable backgrounds, especially girls, are most affected by inactivity and time spent indoors, for instance due to limited access to safe play environments, sports, and recreational activities.³²

The ECG needs to include the WHO recommendation of 60 minutes of physical activity per day for children, and its compliance should be included in the monitoring framework. It should also encourage gender-sensitive programmes aimed at children from vulnerable households and strengthen cross-sectoral collaboration between different services, such as education, social, health, civil society, and urban planning.

To ensure sustainable results, measures need to embed physical education in early childhood and school settings—as is done by EuroHealthNet's Icehearts and Schools4Health EU projects³³—to promote active and affordable school travel—including in rural and remote areas—and free access to physical activity in schools and communities, and encourage investment in community facilities such as green areas for playing and practicing sport and other recreational activities.

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³⁰ [Factsheet Physical Activity \(WHO\)](#)

³¹ [WHO/HBSC report shed light on adolescent digital behaviour 2020-2021](#)

³² [The importance of outdoor play – \(2025\) UNICEF](#)

³³ [Icehearts](#) and [Schools4Health](#)

5. Strengthen innovative interventions for health promotion among children from vulnerable communities: social prescribing and nature-based solutions

Social prescribing is a relatively new and promising approach to improving health and wellbeing. The practice integrates social intervention in medical settings by connecting individuals to non-medical and community services to co-create a non-medical prescription. These interventions are tailored to the individual's needs, and typically include arts and cultural programmes, social and playful activities, and spending time in nature.

Social prescribing programmes have a strong preventive dimension and have demonstrated a high return on investment, with reductions in healthcare demand and costs. For example, in the United Kingdom (UK) it has been estimated that social prescribing had a return of £5.04 for every £1 invested, as well as a reduction in the number of doctors' consultations and hospital admissions.³⁴ Furthermore, these approaches lead to positive results in dealing with complex psychosocial needs of children from vulnerable communities, enhancing their confidence, sense of autonomy and trust.³⁵

Access to nature is also a particularly promising non-medical approach. Spending time in the natural environment can benefit health and wellbeing, and it is associated with lower risks of cardiovascular diseases, obesity, diabetes, asthma, hospitalisation, mental distress, and problems regarding cognitive development.

Forests, urban parks, riverbanks, seaside, community gardens, and urban farms provide children with space for rest, relaxation, social interaction, play, and learning.³⁶ Green space also

provides an environment with better air quality, reduced noise pollution, and cool and shaded areas to better cope with heat waves.³⁷

According to research, a minimum of 120 minutes per week spent in nature is associated with improved health and wellbeing.³⁸ Furthermore, the WHO recommends that urban residents have access to public green space within 300m of their home, corresponding to a 5-minute walking distance.³⁹ As in other cases, children from lower socioeconomic backgrounds more often suffer from limited access to nature, especially in urban contexts, where healthy and safe green areas are concentrated in the most affluent part of cities.

The ECG should recommend that community-based health systems include social prescribing and access to inclusive green space as viable measures to enhance children's physical and mental health outcomes, cognitive development, and wellbeing, especially for vulnerable children. Likewise, schools should incorporate nature-based education, both as curricular and extracurricular activities.

The design of green spaces must take into consideration accessibility issues for children with disabilities, providing benches for rest, toilets, fountains with free water, paths with appropriate width and layout, and multi-sensory information and experiences. The WHO recommendation on a 5-minute walk to access green areas should be adopted as a guideline.

34 Bertotti and all. (2020) "[A Two-Year Evaluation of the Young People Social Prescribing Pilot](#)", Institute for Connected Communities, University of East London

35 [Social Prescribing for children and young people](#). The National Academy for Social Prescribing. UK

36 [Healthy environment, healthy lives: how the environment influence health and well-being in Europe](#). (2020). European Environmental Agency

37 [Who benefits from nature in cities? Social inequalities in access to urban green and blue spaces across Europe \(2021\)](#). European Environmental Agency

38 White at all. (2019) [Spending at least 120 minutes a week in nature is associated with good health and wellbeing](#)

39 [Urban green space and health](#) (2016), WHO

6. Include measures to reduce the impacts of climate change and environmental pollution on the health and wellbeing of young people facing socioeconomic disadvantage

Climate change and environmental pollution are heavily impacting the health and wellbeing of children. Europe is the fastest-warming continent on Earth. Heat waves and tropical nights, floods, droughts, and other extreme events are increasing.⁴⁰ Extreme heat and cold, rainfall and storms, wildfires, and ecosystem change are impacting almost every aspect of children's health: increasing premature birth, respiratory diseases, and mortality rates.⁴¹

Air pollution is a risk factor for heart and lung diseases, asthma, and cancer.⁴² Children are also highly vulnerable to environmental hazards: they breathe more air and consume more liquids in proportion to their body, increasing their exposure to pollutants and toxins.

Children are less able to regulate their body temperature, and they are more prone to dehydration, making it more difficult to cope with heat stress and adjust to extreme temperatures.⁴³ Natural disasters also affect the mental wellbeing of children, making episodes of mood disorders and post-traumatic stress disorder more likely to occur.

Infrastructures in the EU, such as housing, schools, and healthcare centres, are still not prepared for extreme weather events. For example, half of the schools and hospitals in European cities are in 'heat islands', putting children at high risk of heat stress. One in ten schools and hospitals is located in a flood-prone area.⁴⁴

Furthermore, one in three children in Spain does not have access to healthy, cool housing, which has a larger impact on more vulnerable households that cannot afford air conditioning.⁴⁵

The ECG needs to take into consideration the negative impact of climate change on children and ensure targeted strategies to protect children's health and assess gaps in current healthcare measures, especially for children from vulnerable communities that are disproportionately affected by pollution and climate change.

Multi-stakeholder collaboration is necessary, and policies for climate change mitigation and adaptation, as well as for preparedness and reducing environmental pollution, have to be considered as an integral part of intervention for the health promotion of children. It is also essential to ensure that housing, schools, and educational settings are adapted to deal with extreme weather events. The number and the health of children exposed to excessive heat in their housing should be monitored.

The ECG should, for example, support the creation of child health climate change vulnerability mapping, guided by the Health Equity Assessments Tool (HEAT-maps),⁴⁶ at regional and local levels to help health authorities design and implement targeted interventions.

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40 [The 2024 European State of the Climate \(ESOTC\) report](#), Copernicus Climate Change Services

41 [A Threat to Progress: Confronting the effects of climate change on child health and well-being](#), (2024) UNICEF

42 [The environment and child well-being – The State of Children in the European Union 2024](#)

43 [Heat wavers and how they impact children](#), UNICEF

44 [Towards 'just resilience': leaving no one behind when adapting to climate change](#) (2022), European Environment Agency

45 [One in three children in Spain are unable to keep their home cool as extreme heat rips through Europe \(Save the Children\)](#)

46 [Health Equity Assessment Toolkit \(WHO\)](#)

