2012 EPHA Recommendation on Child Poverty, Health and Well-being

EPHA is the European Platform bringing together public health organizations representing health professionals, patient groups, health promotion, and disease specific NGOs, academic groupings and other health associations. Our membership includes representatives at international, European, national, regional and local level.

EPHA's mission is to protect and promote public health in Europe. EPHA brings together organizations across the public health community, to share learning and information and to bring a public health perspective to European decision-making. We help build capacity in civil society participation across Europe in the health field, and work to empower the public health community in ensuring that the health of European citizens is protected and promoted by decision-makers. Our aim is to ensure health is at the heart of European policy and legislation.

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INTRODUCTION

In a run to the upcoming Commission Recommendation on Child Poverty and Well-being, and following the Social Protection Committee's (SCP) report on the issue, the Cyprus Presidency of the Council of the European Union prepared the Council Conclusions on the subject of *"Preventing and tackling child poverty and social exclusion and promoting children's well-being"* (adopted on October 4, 2012).

In a framework of the Europe 2020 strategy, Member States were required to set specific targets or sub-targets to reduce the number of people at risk of poverty and social exclusion by at least 20 million by 2020 in their respective National Reform Programmes on fight against poverty and social exclusion. This gave a new push to efforts aimed at addressing child poverty and social exclusion in the EU.

In fact, the Country Specific Recommendations adopted in July 2012 highlight the importance of addressing child poverty if the EU is to achieve its objectives of smart, sustainable and inclusive growth. While this priority "*calls for a multidimensional and integrated approach incorporating actions for the purposes of guaranteeing equal opportunities of all children and involving all the services which support children and their families,*" it certainly has to "*go beyond [only] providing employment opportunities for parents and income support*." Due attention has to be given to "*reconciliation of work and family life, early childhood education and care, healthcare, education and housing, as well as the empowerment of children*."

Main messages from the draft conclusions as well as the SCP's advisory report is to call on the Commission, the Member States and the Social Protection Committee to:

- aim to ensure **adequate and sustainable investment in child and family support**, mitigating negative impacts on the most vulnerable whilst maintaining an adequate balance between universal and targeted measures;
- firmly incorporate child poverty and social exclusion, **as well as child well-being**, as key issues in the EU 2020 strategy and the reinvigorated Social OMC[1], making full use of existing tools to improve the monitoring of child poverty and well-being;
- further develop a multi-annual work programme on preventing and tackling child poverty and social exclusion in cooperation with the Social Protection Committee;
- take action to further **develop synergies between social inclusion and other key policy areas** (such as education, **health** and housing) and with other instruments (such as EU

[1] The Open Method of Coordination for Social Protection and Social Inclusion

funding programmes), in order to better address child poverty and social exclusion, endorsing a **holistic approach and making the well-being of children a priority**;

- explore how the European Platform against Poverty and Social Exclusion could further contribute to this issue, whilst strengthening participation and partnerships with stakeholders;
- continue and accelerate the work on enhancing the EU indicators as regards, in particular, child deprivation, quality and affordable childcare, **children's health**, as well as the **situation of the most vulnerable children**;
- make full use of financial opportunities provided in an EU context for this purpose, including in the design of structural funds' future operational programmes;
- promote the **engagement of all key actors, including regional and local authorities, and Civil Society**, by using the existing instruments in a broader and more strategic way, thus promoting more visibility, shared awareness and learning of policies and programmes.

EPHA rationale behind advocating for increased EU-level actions on child poverty and health stems from Article 168 of the TFEU: "*A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health."*

TACKLE CHILD POVERTY THROUGH INVESTING IN HEALTH AND WELL-BEING PROMOTION, AND DISEASE PREVENTION

EPHA strongly welcomes the political commitment from the Council of the European Union, which called on the European Commission to develop Child Poverty Recommendation. Whilst awaiting the Recommendation, EPHA acknowledges the main messages outlined in the Council conclusion (EPSCO Council October 2012) based on the Social Protection Committee's advisory report "*Tackling and Preventing Child Poverty, Promoting Child Well-being*". We strongly support a call for a **multi-dimensional and integrated approach towards a comprehensive fight against child poverty and social exclusion** – a response which while incorporating actions aimed at guaranteeing equal opportunities of all children and involving all the services that support children and their families, **must go beyond** "*improved access to healthcare services*" and "*providing employment opportunities for parents and income support*" only.

In many EU Member States healthcare services are designed and even more so – in order to cut on soaring healthcare system expenses under the ongoing economic crisis – urged to deliver mainly treatment services for children and their families. Except for a minority of countries, such pathogenic approach (as opposed to salutogenic) of healthcare services fail to promote health and prevent diseases by adequately addressing a broad spectrum of social determinants of health impacting on children's health and well-being. Moreover, "*improved access*" does not automatically guarantee end- users in need will *de facto* be able to reach the services due to factors of accessibility, affordability, reimbursement, adequacy or legal arrangements in place (think of the Roma, homeless, migrants, rural populations).

And let us stress it once more: an eased access to healthcare services does not automatically guarantee good health outcomes. Health is about more than having access to doctors, drugs and hospitals – when we make use of them when already ill. Our health is pre-shaped by a complex set of interconnected and dynamic social factors.

In a similar vein, "*providing employment opportunities*" does not guarantee quality work or work-life reconciliation match. Without quality and affordable supported childcare parents will have little choice to re-enter highly demanding and family-life discriminating labour market.

For a purpose of preventing and tackling child poverty and promoting child well-being, we have consistently advocated for due focus placed on **children's physical, emotional and social developments** (in line with the World Health Organisation's definition of health), in particular during crucial period of **early childhood and even before** (the antenatal period). With this rationale behind, we believe that any policy response that targets child population at any level needs to embrace cross-sectoral collaboration, especially health, education and care, housing and environment, and employment. Prevention is here understood as going beyond a rather narrow focus on reducing key risk factors of ill-health, towards broader societal drivers including environmental and socio-economic-political determinants.

Supported by vast body of evidence[2], we should highlight the fact that virtually **all aspects of health and well-being of children** - from pre-natal stage through early childhood and adolescence into adulthood - **are profoundly and negatively affected** (both from a short- and long-term perspective) **by being born into and growing up in poor and socially exclusive environments**.

However, the links between poverty and ill-health go far beyond the immediate health effects of living on a low income. Of course, people's health may deteriorate quickly without adequate

[2] http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf Accessed 27 November 2012.

and affordable food and nutrition, safe drinking water, sanitation, quality air or safe road infrastructure. But these effects – too often seen as within the remit of repair by medical interventions only – may be intermediated by one's social position, one's background and to a far greater extent than thought so far by policies and political options of states one happen to live in. Moreover, the impact is not 'incidental' but rather follows people through their lives and beyond. All along people's lifeline, poor health associated with poverty and social exclusion weakens their and their future off-spring's potential. Reducing and eventually eliminating child poverty would break this vicious cycle, with profound benefits for the health level of the population as a whole.

We strongly believe that the underlying objective of modern and fit-for-current political and economic climate health policy is to move towards preventing ill-health, rather than concentrating all available resources on treatment and cure. Well-aimed early interventions in children's lives to eliminate the health-damaging socio-economic deprivation can be a major leap towards tackling and preventing child poverty.

We believe such an approach should be rights-based, as outlined in the United Nations Convention on the Rights of the Child[3] (UNCRC), and firmly founded in policy pillars of:

- access to adequate **resources**, according to the need (and across a social gradient);

- access to quality **services**; and

- equal opportunities for children's **empowerment and participation**.

EPHA's main message to the Social Protection Committee, the European Commission and the Member States is to take up an **early-years-development (with a strong health dimension)** approach while developing messages, policies and initiatives on tackling and preventing child poverty and promoting child well-being. Such a recommendation is underpinned by a number of dynamics like the inter-generational aspect of poverty and social exclusion, profound social and health impacts of austerity measures in times of economic and financial crisis; the under-recognition of pre- and neo-natal conditions linked to poor maternal health and socio-economic status; and family and community aspects of physical and social environments with long-term if not life-long poor health consequences.

[3] http://www2.ohchr.org/english/law/crc.htm

Specific health-related elements of the 2008 recommendations endorsed by the Social Protection Committee and the European Commission on "Child poverty and well-being in the EU: current status and way forward"[4] clearly mention to:

- quantify the reduction of child poverty and social exclusion based on the diagnosis of the causes of poverty and social exclusion
- develop one or several child well-being indicators to cover the important dimensions of child well-being that are still missing or not satisfactory covered in the EU framework, such as: health, exposure to risk and risk behaviour, social participation and family environment and local environment
- identify the groups of vulnerable children that need to be specifically monitored.

RECOMMENDATIONS

Therefore for policy implications **we recommend to include the following**:

1. Pursue an approach towards tackling and preventing child poverty, promoting child well-being that **integrates wider determinants of health and well-being** by due attention to **disease and injury prevention, and health promotion** among the child population group and across the social gradient.

2. Invest adequate financial and human **resources towards improved socio-economic determinants of children's health and well-being** to advance and equalize, make more accessible, affordable, adequate and available for all:

- **physical environment of children**, their families and communities (to prevent in- and out-house injuries and accidents, green infrastructure, energy, water and sanitation, safe and health-promoting urban planning, housing, schools and care infrastructure)
- **social environment of children**, their families and communities (link to advertising, marketing, public transport, safe social cohesion-promoting places and education)

[4] http://www.google.com/url?sa=t&rct=j&q=child%20poverty%20and%20well-being%20in%20the%20eu%3A%20current%20status%20and%20way%20forward.%20the%20social%20protection%20committee.%202008.&source=web&cd=1&ved=0CCUQFjAA&url=http%3A%2F%2Fec.europa.eu%2Fsocial%2FBlobServlet%3FdocId%3D2049%26langId%3Den&ei=O9ycUJSbO4i3hQeUyYGIBA&usg=AFQjCNHF3ZTk2cuo787QP_2OZRO5q194rw

- **food and nutrition security, adequacy, accessibility and affordability** (agriculture and food policies, eg. School Fruit Scheme, health-contributing shorter food supply chains, local and regional food production in particular of fresh fruit and vegetables)

3. **Go beyond the currently prevailing *'monetary and growth'* approach** to tackling and preventing child poverty, and focus more on **early years health interventions** aimed at improving the health and well-being of infants, children and young people, such as: breastfeeding, sexual and reproductive health maternal education and care, comprehensive tobacco control, comprehensive food and drink industry regulation applied to production, marketing and advertising to vulnerable consumers such as children and young parents.

4. **Develop and monitor the health-specific child poverty indicators** according to beyond-GDP approach:

- emotional and cognitive readiness for school

- language skills at the age of 3

- child emotional and mental well-being, social skills of children (suicides, depression, eating and sleeping disorders, ADHD, anxiety)

- parenting skills, families in behaviour-related difficulties

- childhood chronic poor diet-related conditions such as childhood obesity and type-2 diabetes (especially early childhood)

- breastfeeding (up to recommended by WHO period of 6 months and beyond, compliance rate)

- hospital admissions caused by unintentional and accidental injuries amongst the child population

- preventable child deaths from other sources

- infant mortality beyond 1 year of age (under 3s – first 1000 days) per live births

- low birth weight (less than 2500gr, 5.5 pounds) and length at age 7 (deprivation indicator)

- childhood deprivation-related health conditions (muscoskeletal, respiratory, dental, audio-visual)

- vaccination coverage by the 1st year (DPT[5]) and polio, 2nd year (MMR[6]), and by the 5th year to capture the child population from vulnerable background (migrants, out of formal care, ethnic minorities)

- second-hand smoking in public and private places; parents as regular smokers

5. **Improve living conditions of children and reduce their direct and indirect material deprivation (including severe and relative deprivation).** The key indicators could be as follows:

- percentage of disposable household income spent on:
  - new clothes, seasonal clothes (especially winter), school uniforms
  - fresh fruit and vegetables (rate of fulfillment of a *'5-a-day'* WHO recommendation)
  - healthy and nutritious warm meal (with meat or fish or vegetarian equivalent at least 3 times a week)
  - energy and fuel for household consumption (important for heating, food storage and preparation)
  - (hot) water and sanitation facilities
  - necessary public transport (to reach school, work, services)
  - cultural activities
- overcrowding
- housing deprivation (indoor and housie construction quality), cooking facilities, light
- maternal and paternal leave arrangements and other care-related leave instruments, length-renumeration proportion (to support sustained family income, enable sustained breastfeeding practice)
- social transfers in a form of pre-birth, after-birth, childhood allowances, fiscal measures applied to health insurance, family incomes
- quality of physical environments:
  - child development-promoting built environments
  - urban mobility and transport infrastructure
  - access to and availability of green spaces, safe and attractive playgrounds
  - indoor and outdoor air quality (air pollution, second-hand tobacco smoke)
  - water, soil, food and other consumer products of everyday use (chemicals, pesticides, endocrine disruptors)

[5] pertussis (whooping cough), diptheria, tetanus
[6] measles, mumps, rubella

6. **Review and monitor progress on the relevant child health indicators** contained in the programme of the Member States Child Poverty Strategies (if existing) through their annual National Reports.

7. Allocate **adequate funding to poverty reduction in the next Multiannual Financial Framework 2014-2020** with 25% of Cohesion Policy's budget for the European Social Fund (ESF) and at least 20% of the ESF earmarked for social inclusion and poverty reduction.

- An adequate health dimension to funding for social cohesion and poverty reduction should be ensured.
- An adequate child poverty dimension to funding for social cohesion and poverty reduction should be ensured.

8. Pursue the **coherent and comprehensive approach to use of all relevant EU funds** for Member States and for candidate countries, for advancing preventing and tackling child poverty, promoting children's health and well-being - so not exclusively ESF, but also other Cohesion Funds, the European Fund for Rural Development, the EU School Fruit (and Milk) Scheme, the **new European Fund for the Deprived Persons**, the Global Adjustment Fund, and the Horizon2020.

9. Develop an **EU-wide Child Health and Well-being Strategy** – a strategy that focuses on early and sustained intervention as an overarching framework to coordinate the impact of different policy processes at EU level have on children's health. Such a strategy should also successfully take up a "Health in all policies" approach to child health and complement the already existing European Innovation Partnership on Healthy and Active Ageing with a lifecourse approach towards build-up of health capital and resilience of European population.

10. **Intensify early childhood cross-national and cross-sectoral research** and monitoring within the Open Method of Coordination, as well as stabilize the framework and long-term agenda for the evaluation of anti-poverty and social exclusion measures. Perform comparative analysis of national investment in families and children's services, use indicators disaggregated along the social gradient to monitor progress on the achievement of health and well-being of children.

11. **Include healthy lifestyles education in the care and educational curricula of the child population**. With this regard, ensure comprehensive sexual and relationship education and gender equality from birth for healthy growing and to prevent mental health and maternal health problems in the later life.

12. **Ensure comprehensive vaccination uptake and coverage for childhood diseases**, with a particular attention to disadvantaged children's groups (Roma, migrant background) and in disadvantaged regions (see health-related child deprivation indicators above).

13. **Make specific reference to children of Roma and migrant backgrounds,** both in the European Commission Recommendation and the current text of the draft conclusions. Such reference would make an explicit case for the Member States to develop targeted interventions under their planned national reforms (as a requirement out of the Recommendation).

14. **Emphasise the position of children born in undocumented migrant families with no or limited access to the health and social system** and in families and communities in which sexual and gender inequality put girl children at risk of female genital mutilation, gender based violence and honour crimes and boys and girls at risk of bullying for their sexual orientation or perceived orientation.

15. **Emphasise on the very high risk of trafficking and forced prostitution for socially excluded children**, abandoned children, children living in the street and children in state's care institutions and a very high risk of sexual abuse and abuse of reproductive rights of disabled children particularly girls and non accompanied minors and girls in asylum seekers reception centers.

16. **Work across-sectors**, according to **"whole-of-government" but also "whole-of-society"** approach, where Civil Society actors, service deliverers, end-users and individuals affected by poverty (in this regard - children and families) at all levels are included at all levels of policy making cycle (developing, funding allocation, implementing, monitoring, evaluating).

17. **Expand early years' education and care** so that universal, comprehensive, high quality, accessible and affordable services can be reached and proactively reach out in order to reduce poverty and social exclusion of children and their families. A special focus on increasing the take-up by children from disadvantaged backgrounds and areas should be encouraged.

18. **Upgrade and expand the early childhood workforce t**hat make this possible by ensuring appropriate level of recruitment, training and retention practices, as well as working conditions for staff in all forms of childcare provision. Recognize the growing social and educational roles of the profession, in particular with regards to promoting health equity across the social gradient; increase collaboration between the childhood workforce and healthcare professionals, and establish sustainable and working links among educational and primary health care facilities.

19. **Encourage (re)emergence of integrated primary health and social services that put a child and a childhood at heart** of their regular preventive interventions and care, support a family as a natural environment for child's development, and reach out towards all accompanying and complementary services relevant for the child population from a public health perspective.

20. **Monitor, facilitate and urge implementation of the 'Barcelona childcare targets'** according to the recommendation of the Council of the European Union (2002)[7] to provide childcare for at least 90% of children aged 3 to mandatory school age, and 33% of children under-3.[8]

21. **Encourage an emergence and provide leadership and guidance in the early childhood policies' field** towards increased equity in children's health and well-being, poverty and social exclusion reduction. As health, child and family-related policies differ widely across Europe, a due consideration should be given to setting up clear guidelines for the EU Member States with regard to all relevant policies, organization and investment in Member States' National Action Plans on Social Inclusion, as well as National Action Plans on Poverty Reduction.

22. **Protect mothers in the workplace**[9] and especially the health of pregnant and breastfeeding workers by entitlement to full salary during maternity leave, strengthening legal protection against dismissal and unfavorable working time arrangements on return to work, protection from occupational hazards, sexual harassment and passive smoking.

23. **Develop and implement policies dealing with family difficulties** like domestic and child physical and emotional violence; policies on corporal punishment of children, stress and other difficulties. Ensure support to parent-child relations from birth, increase in parental knowledge, and parenting programmes for families at risk.

24. **Create a living environment which supports families**, friendships and other forms of close personal relationships and meaningful social participation, including across generations and cultures, as well as social innovation, change and volunteering. Target reducing social inequalities in life skills of children from disadvantaged background.

25. **Promote an assets-based approach to help individuals and communities** to help themselves, to re-take control over their life and health opportunities and outcomes, to become active owners and shapers of services and the systems.

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[7] Spanish Presidency of the Council of the European Union. Presidency Conclusions Barcelona 15 and 16 March 2002. http://ec.europa.eu/research/era/docs/en/council-eu-30.pdf

[8] By the 2010 deadline, the ail was not met in most all Member States.

[9] Directive 92/85/EEC

26. **Ensure full commitment of the EU towards implementation and evaluation of recommendations from Children's Environment and Health Action Plan for Europe**[10] as well as from Parma Declaration on Environment and Health[11] where a specific priority is given to pre- and post-natal period, and where a link between mother and child is considered.

[10] http://www.euro.who.int/__data/assets/pdf_file/0006/78639/E83338.pdf
[11] http://www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf